



## BRIEFING NOTE

### IMPACT OF THE COVID-19 PANDEMIC ON PERSONS WITH DISABILITIES IN UKRAINE

5 October 2020<sup>1</sup>

#### Summary

The COVID-19 crisis has exacerbated existing institutional, attitudinal and environmental barriers that persons with disabilities face in exercising their rights and accessing basic services. HRMMU's monitoring of the human rights situation of persons with disabilities indicates that during the pandemic their access to healthcare, habilitation and rehabilitation services, education, social protection, work and employment has been further impeded. The COVID-19 crisis has also exposed a large gap between social services that are available in the community and the real needs of persons with disabilities. The lockdown also further aggravated the isolation and exclusion of persons with disabilities in Ukraine.

Persons with disabilities in institutions are particularly vulnerable, as evidenced by the number of COVID-19 cases in residential care homes and psychiatric facilities in Ukraine. In institutionalised settings, it is difficult for carers and residents to practice social distancing, and the quarantine measures such as bans on family visits further increased residents' social isolation. The pandemic has highlighted the need to develop comprehensive community-based support services which would enable persons with disabilities to live in the community rather than in institutions. This would also allow Ukraine to comply with the UN Convention of the Rights of Persons with disabilities (the Convention) and ensure non-discrimination, liberty and security of persons with disabilities and their right to independent living.

HRMMU calls on the Government to ensure that all prevention and response measures introduced during the pandemic, including health-related information, health services and medical protocols, as well as socio-economic recovery measures are equally accessible to persons with disabilities in line with the Convention. It is also important to collect disability disaggregated data concerning COVID-19 infections as well as on the socio-economic consequences of the pandemic because such data is essential for appropriate policy development. Persons with disabilities and organisations that represent them should be closely consulted and actively involved in the decision-making process on COVID-19 measures that affect them, and beyond. The pandemic has also increased the urgency of the need for the Government to implement the recommendations made by the UN Committee on the Rights of Persons with Disabilities during the review of Ukraine's initial report in 2015 and by the UN Committee on the Elimination of All Forms of Discrimination against Women regarding the situation of women and girls with disabilities in 2017. This note builds on some of these recommendations and also provides specific recommendations to ensure persons with disabilities have equal access to healthcare, habilitation and rehabilitation services, social protection and an adequate standard of living, education and employment during the COVID-19 crisis.

<sup>1</sup> This note includes information and data as of 5 October 2020. HRMMU is grateful to UN Women, UNICEF and WHO that contributed to this document by providing their expertise and valuable comments.

## **Introduction**

1. The United Nations Human Rights Monitoring Mission in Ukraine (HRMMU) has been monitoring the human rights situation in Ukraine since its deployment in 2014.<sup>2</sup> Amidst the global COVID-19 crisis, HRMMU has been monitoring the human rights impact of the pandemic as well as the authorities' response, specifically on the rights of individuals and groups in marginalized and vulnerable situations, in line with the realization of the 2030 Agenda for Sustainable Development and UN commitment to leave no one behind.

2. Although the COVID-19 pandemic has impacted societies around the world, persons with disabilities have been disproportionately impacted due to institutional, attitudinal and environmental barriers that have been exacerbated during the COVID-19 response.<sup>3</sup> Information on preventative measures has not been communicated in accessible formats, leaving persons with disabilities at greater risk of catching the infection. Due to underlying health conditions, some persons with disabilities have been at a greater risk of developing more severe cases of infection and dying. Persons with disabilities have been denied their right to equal access to social services, education, work and employment during the quarantine. In Ukraine, the lockdown has also disproportionately affected family members of persons with disabilities, in particular women, on whom persons with disabilities have to rely for care and support because of the lack of facilities, services and information to support them living independently.

3. Persons with disabilities who in institutions are particularly vulnerable, as evidenced by the number of infections in residential care homes and psychiatric facilities in Ukraine. Persons with disabilities suffering from intersectional forms of discrimination such as the rural population, conflict-affected populations, including internally displaced persons (IDPs), persons living in homelessness and persons belonging to minority groups, such as LGBTI, face an even a greater risk of being left behind in COVID-19 response and recovery measures. Women with disabilities and those with additional intersectional forms of discrimination will often be particularly marginalized. Furthermore, persons with disabilities are often denied their right to an effective remedy for the human rights violations they experience.

4. This note highlights the impact of the pandemic and the Government's response on the rights of persons with disabilities in Ukraine and makes recommendations as to measures that should be taken to ensure the equal enjoyment of rights of persons with disabilities. This note exclusively covers the Government-controlled territory of Ukraine.<sup>4</sup>

5. Between 27 April and 5 October 2020, HRMMU conducted 86 semi-structured interviews with 20 men and 68 women mainly from civil society organisations of persons with disabilities (OPDs), but also companies employing persons with disabilities, residential care institutions, psychiatric facilities, professional societies and social protection departments nationwide. The large number of women is due to the fact that many OPDs are run by women, including organisations of children with disabilities that are run by their caregivers, mainly mothers. Women are also traditionally overrepresented in the social and healthcare systems in

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<sup>2</sup> HRMMU was deployed on 14 March 2014 to monitor and report on the human rights situation throughout Ukraine and to propose recommendations to the Government and other actors to address human rights concerns. HRMMU, as a part of the Office of the High Commissioner for Human Rights (OHCHR) implements its mandate to protect and promote human rights in Ukraine.

<sup>3</sup> OHCHR, *COVID-19 and the Rights of Persons with Disabilities: Guidance*, 29 April 2020, available at [www.ohchr.org/Documents/Issues/Disability/COVID-19\\_and\\_The\\_Rights\\_of\\_Persons\\_with\\_Disabilities.pdf](http://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf).

<sup>4</sup> Territory of the Autonomous Republic of Crimea, and the city of Sevastopol, Ukraine, temporarily occupied by the Russian Federation, as well as territory controlled by self-proclaimed 'Donetsk people's republic' and self-proclaimed 'Luhansk people's republic' are not covered in this note.

Ukraine. In addition, HRMMU received 120 responses to its online questionnaire of organisations and individuals representing persons with disabilities or working with them. The findings were also enriched by a focus group discussion with persons with disabilities or carers (three men and three women) held on 10 July 2020 and discussion at an OHCHR webinar on COVID-19 and the rights of persons with disabilities organized on 13 May 2020.

## **Background**

6. According to the State Statistical Service of Ukraine, 2,703,006 persons with disabilities were registered in Ukraine as of 1 January 2020.<sup>5</sup> Of them, 163,886 were children, of which 42.7 per cent were girls. Out of 136,300 persons who registered their disability<sup>6</sup> for the first time in 2019, 44 per cent were women.<sup>7</sup> As affirmed by civil society representatives, the actual number of people with disabilities in Ukraine is likely to be higher because the Government only counts persons who are registered as having a disability, and a number of barriers exist to registering including physical and financial obstacles to passing the necessary medical examinations and an evaluation by a socio-medical commission, lack of identity documents and homelessness.<sup>8</sup> The official statistics are also lower than the World Health Organisation (WHO) estimation that 15 per cent of the world population are persons with disabilities.<sup>9</sup> A Help Age International survey conducted in eastern Ukraine in May 2020 reveals that 41 per cent of older persons reported at least one significant or total disability according to the Washington Group Questionnaire,<sup>10</sup> but only 4.8 per cent had their disability status officially recognised.<sup>11</sup>

7. International human rights instruments supported by Ukraine, including the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR) protect and promote the human rights of everyone, including persons with disabilities, through their non-discrimination clauses. In 2009, Ukraine ratified the Convention on the Rights of Persons with Disabilities (CPRD) and its Optional Protocol. The Convention addresses the challenges faced

<sup>5</sup> Державна служба статистики, Соціальний захист населення у 2019 році. Статистичний збірник, Київ, 2019 [State Statistical Service. Social protection of the population in 2019. Statistical collection], Kyiv, 2020, available at [ukrstat.gov.ua/druk/publicat/kat\\_u/2020/zb/07/zb\\_szn\\_2019.pdf](http://ukrstat.gov.ua/druk/publicat/kat_u/2020/zb/07/zb_szn_2019.pdf).

<sup>6</sup> According to the Law on the Basics of Social Protection of Persons with Disabilities and the Instruction on Determination of Disability, adopted by Order of the Ministry of Health No. 561 of 5 September 2011, disability and its type are established after an examination by a medico-social commission.

<sup>7</sup> Other data on persons with disabilities disaggregated by gender, age, social status is not published by the Government.

A recent media investigation also revealed alleged cases of corruption implicating members of socio-medical commissions who demand bribes for granting disability status. See Suspilne TV, 'Помилка 83: Чому платять за встановлення інвалідності? [Error 83?: Why Do They Pay for Establishing Disability?]', video, 30 September 2020, available at [www.youtube.com/watch?v=sm9hlelQwA&fbclid=IwAR2MdPFq5Ff66kk-AZZOwZPN373cCj0w8-GNYwIFeg-K3O1ps792OKDWOC](https://www.youtube.com/watch?v=sm9hlelQwA&fbclid=IwAR2MdPFq5Ff66kk-AZZOwZPN373cCj0w8-GNYwIFeg-K3O1ps792OKDWOC).

<sup>9</sup> In Ukraine, with an estimated population of 41.89 million people by January 2020, according to government data, the 15 per cent share would be at least 6 million persons with a disability. According to the WHO report, 15 per cent of the world's population are estimated to live with some form of disability. Of these, 2-4 per cent experience significant difficulties in functioning. See WHO, *World Report on Disability*, 2011, pp. 7-8, available at [https://apps.who.int/iris/bitstream/handle/10665/70670/WHO\\_NMH\\_VIP\\_11.01\\_eng.pdf;jsessionid=3AF50472B478AB1250C71051F13356E0?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70670/WHO_NMH_VIP_11.01_eng.pdf;jsessionid=3AF50472B478AB1250C71051F13356E0?sequence=1).

<sup>10</sup> The Washington Group Short Set is a set of questions designed to identify (in a census or survey format) people with a disability. The United Nations Statistical Commission and the United Nations Economic Commission for Europe Council of European Statisticians recommended it as the method for collecting information on disability in the upcoming 2020 round of censuses. See [www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions](http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions).

<sup>11</sup> HelpAge International, *Older women and men needs assessment in COVID-19 pandemic May 2020*, available at [https://reliefweb.int/sites/reliefweb.int/files/resources/older\\_women\\_and\\_men\\_needs\\_assessment\\_in\\_covid-19\\_pandemic\\_en.pdf](https://reliefweb.int/sites/reliefweb.int/files/resources/older_women_and_men_needs_assessment_in_covid-19_pandemic_en.pdf).

by persons with disabilities and sets out additional State obligations to ensure that persons with disabilities can enjoy human rights without discrimination and on an equal basis with others.

8. In September 2015, the Committee on the Rights of Persons with Disabilities issued Concluding Observations in relation to the initial report of Ukraine. The Committee strongly recommended Ukraine adopt a human rights based approach to disability in all its laws, policies and decisions and urged policy makers, professionals and the public in general be educated on the rights of persons with disabilities based on the Convention and its Optional Protocol.<sup>12</sup> In particular, the Committee called on Ukraine to revoke national legislation that discriminates against persons with disabilities, including to abolish all forms of deprivation of legal capacity in relation to all persons with disabilities, as well as deprivation of liberty on the basis of disability. These latter recommendations are yet to be implemented by the Government. Ukraine's next report on the implementation of its obligations under CRPD, which was due in March 2020, has not been submitted to the Committee yet, for unknown reasons.

9. In its Concluding Observations on the 8th periodic report of Ukraine in March 2017, the Committee on the Elimination of Discrimination against Women (CEDAW), responsible for overseeing implementation of the Convention on the Elimination of Discrimination against Women, stressed its concern about the lack of public policies and measures to protect the rights of women and girls with disabilities, including their rights to inclusive education, healthcare, employment, housing and participation in political and public life, as well as the absence of mechanisms to protect women and girls with disabilities from intersecting forms of discrimination and from violence and abuse. The Committee was also concerned about the alleged practice of forced sterilization of women recognized as legally incapable without their free and informed consent.<sup>13</sup> The Committee, therefore, recommended Ukraine to adopt comprehensive policies and programmes to protect the rights of women and girls with disabilities, in particular those facing intersecting forms of discrimination.<sup>14</sup>

10. In addition to its obligations under international human rights law to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity, Ukraine is committed to the implementation of the Sustainable Development Goals (SDGs), such as

- SDG 1 on eradicating poverty, which includes access to social protection and basic services;
- SDG 2 on ending hunger, which includes access by all people, in particular the poor and people in vulnerable situations to safe, nutritious and sufficient food;
- SDG 3 on access to healthcare, including universal health coverage, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all;
- SDG 5 on achieving gender equality and empowering all women and girls, which includes the elimination of all forms of discrimination and of violence against women and girls, on

<sup>12</sup> Committee on the Rights of Persons with Disabilities, *Concluding Observations in relation to the initial report of Ukraine*, 4 September 2015, available at <http://daccess-ods.un.org/access.nsf/Get?Open&DS=CRPD/C/UKR/CO/1&Lang=E>.

<sup>13</sup> It should be noted that legislative amendments were made in December 2017 that only allow for the sterilization of an adult person on the basis of his/her expressed consent.

<sup>14</sup> Committee on Elimination of All Forms of Discrimination Against Women, *Concluding Observations to the eight periodic report of Ukraine*, 9 March 2017, available at [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/UKR/CO/8&Lang=En](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/UKR/CO/8&Lang=En).

equal access to economic resources and on universal access to sexual and reproductive health and reproductive rights and;

- SDG 16, which includes reducing violence, improving access to justice and public services and recovering from the armed conflict.<sup>15</sup>

Disability is also included in

- SDG 4 that guarantees equal and accessible education by building inclusive learning environments and providing the needed assistance for persons with disabilities;
- SDG 8 on promoting inclusive economic growth, full and productive employment allowing persons with disabilities to fully access the job market;
- SDG 10 emphasizing the social, economic and political inclusion of persons with disabilities;
- SDG 11 on creating accessible cities and water resources, affordable, accessible and sustainable transport systems, providing universal access to safe, inclusive, accessible and green public spaces; and
- SDG 17 underlining the importance of data collection and monitoring of the SDGs, with an emphasis on disability disaggregated data.<sup>16</sup>

11. The national legal framework on the rights of persons with disabilities includes specialized legislative acts such as the Law on the Basics of Social Protection of Persons with Disabilities, the Law on Rehabilitation of Persons with Disabilities, the Law on State Social Assistance to Persons with Disabilities from Childhood and Children with Disabilities. In addition, relevant provisions on the rights of persons with disabilities are contained in other legislative acts such as the Law on Combating and Preventing Discrimination in Ukraine, the Law on the Obligatory State Pension Insurance, the Law on Social Services, the Law on Basics of Health Protection, the Law on Psychiatric Assistance, the Law on Education, the Labour Code and a number of other laws on education, employment, social protection, asylum seekers, city planning and so on.

12. Whereas the CRPD envisages as key principles participation and inclusion, equality and opportunity, accessibility, respect to dignity, and thus, active participation of persons with disabilities in all spheres of life, Ukrainian legislation has yet to adopt a human rights-based approach to disability. The legislation in force provide social benefits and care to persons with disabilities, rather than creating favourable conditions for them to fully enjoy their human rights on an equal basis with others, and therefore, to be less dependent on social assistance.

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<sup>15</sup> See Ministry of Economic Development, *Trade and Agriculture, Sustainable Development Goals: Ukraine – 2017 Baseline Study*, available at [www.un.org.ua/images/SDGs\\_NationalReportEN\\_Web.pdf](http://www.un.org.ua/images/SDGs_NationalReportEN_Web.pdf).

<sup>16</sup> United Nations, *Disability Inclusive Sustainable Development Goals*, available at [www.un.org/disabilities/documents/sdgs/disability\\_inclusive\\_sdgs.pdf](http://www.un.org/disabilities/documents/sdgs/disability_inclusive_sdgs.pdf).

## Issues of concern

### 1. Access to healthcare

*“Due to the pandemic, my son’s life-saving medication has become unavailable in Ukraine. Even when it’s available on the black market, it costs an enormous amount of money. I can’t afford it on my caregiver’s pension. I’ve started to ration his doses to have medication for a longer period, but as a result of the reduced doses, my son ended up in the emergency room. He’s now between life and death because of the absence of medication.” – The mother of a five year-old boy with multiple disabilities who is internally displaced in Ukraine.*

13. The CRPD reaffirms the right of all persons with disabilities to the highest attainable standard of health without discrimination (Art. 25). The State’s obligations include provision of persons with disabilities with the same range, quality and standard of free or affordable health care and programmes as that provided to other persons, including in the area of sexual and reproductive health and population-based public health programmes; provision of disability-specific health services, including early identification and intervention to prevent further impairments; provision of health services as close as possible to people’s own communities, including in rural areas; provision of health services to persons with disabilities based on their free and informed consent, training of health professionals to provide such services and the promulgation of ethical standards for public and private health care; prohibition of discrimination against persons with disabilities in the provision of health insurance and life insurance; and prevention of discriminatory denial of health care or health services or food and fluids on the basis of disability.

14. Due to the patterns of poverty, social exclusion and discrimination facing persons with disabilities, including in access to healthcare, they are at higher risk of falling sick and are more likely to require healthcare services, including specialist care, than the general population.<sup>17</sup> In the face of COVID-19, some persons with disability may be at risk of being affected by the virus more severely if they have underlying health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes, and also because they may have greater difficulty implementing preventative measures and accessing healthcare.<sup>18</sup>

15. HRMMU notes that the Government does not collect data on COVID-19 infections disaggregated by disability.<sup>19</sup> A lack of clarity on the extent persons with disabilities are affected by COVID-19 in Ukraine is an obstacle to designing an effective disability-inclusive COVID-19 response. Some interviewees also mentioned a lack of reliable information on the impact of the virus on persons with various types of disability which has led to the spread of fake news and increased anxiety amongst people with disabilities and their loved ones.

16. When asked about violations of the rights of persons with disabilities that they have encountered in the context of the pandemic response, the majority of the respondents of HRMMU’s online survey provided examples of the violation of the right to health, including

<sup>17</sup> Special Rapporteur on the rights of persons with disabilities, *Report on the rights of persons with disabilities to the highest attainable standard of physical and mental health*, 16 July 2018, para.5, available at <https://undocs.org/en/A/73/161>.

<sup>18</sup> WHO, *Disability considerations during the COVID-19 outbreak*, 26 March 2020, p.2, available at [www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1](http://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1).

<sup>19</sup> Answer to HRMMU’s letter of the Ministry of Healthcare, 13 October 2020.

access to medication, medical establishments and services and a lack of rehabilitation services. This was also corroborated by OPDs interviewed by HRMMU in which the issue of access to healthcare during the pandemic was cited as one of the key concerns of persons with disabilities. Seventy-nine per cent of the survey respondents mentioned specific concerns when asked how the quarantine affected access to general healthcare, medication supplies and medical services, including access to sexual and reproductive health. The answers showed that the lack of access to healthcare, though exacerbated by COVID-19, predated the pandemic.

17. Before the pandemic, persons with disabilities lacked physical access to buildings, equipment and services, and faced information and communication barriers, for example, the lack of information in accessible formats such as in Braille or plain language, lack of sign language interpretation and healthcare staff trained in communicating with persons with intellectual disabilities. Women and girls with disabilities were denied access to sexual and reproductive health services due to the lack of suitable equipment such as gynaecological chairs, mammography and X-ray machines accessible to them, lack of training and existing prejudices among healthcare staff.<sup>20</sup> In addition, LGBTI persons with disabilities often faced stigmatisation while seeking sexual and reproductive health services.

18. The COVID-19 restrictions introduced by the Government have added another layer of obstacles for persons with disabilities to access healthcare. The suspension of planned treatment and face-to-face consultations with doctors and the closure of certain hospitals for non-COVID-19 patients disproportionately affected persons with disabilities. In Chernivtsi, for example, the healthcare centre most accessible for persons with disabilities was closed for about three months during the quarantine, according to an interviewee from the region. Persons with hearing impairments and older persons with disabilities faced barriers in accessing online/phone consultations, sometimes the only way for consulting medical staff due to the suspension of in person visits. Whereas essential healthcare services, including face-to-face consultations, have resumed in most of the regions, it is important that future pandemic response measures do not limit or restrict access to non-COVID-19 healthcare services that are essential for persons with disabilities.

19. The suspension of public transportation constituted another important barrier in accessing healthcare, especially for persons with disabilities residing in rural and remote areas. Residents of big cities had to rely on taxi services in order to see a doctor in other parts of the city, services that are unaffordable for the many persons with disabilities living in poverty. Their inability to reach a doctor also affected access of persons with disabilities to medication provided by the State as part of the Affordable Medicines programme, given that they need a doctor's monthly prescription and then must obtain the medication from dedicated pharmacies

<sup>20</sup> See also Національна Асамблея людей з інвалідністю України, Включення і рівність. Моніторинг включення стандартів конвенції ООН про права осіб з інвалідністю до «Національної стратегії у сфері прав людини» та інших довгострокових рішень в Україні [National Assembly of Persons with Disabilities: Inclusion and equality. Monitoring of the inclusion of the standards of the UN Convention on the Rights of Persons with Disability to the National Human Rights Strategy and other long-term solutions in Ukraine], 2020, pp. 62-63, available at [https://naiu.org.ua/wp-content/uploads/2020/03/NAIU-Report\\_Web.pdf](https://naiu.org.ua/wp-content/uploads/2020/03/NAIU-Report_Web.pdf); Національна Асамблея людей з інвалідністю України, Права жінок та дівчат з інвалідністю: прогрес, бар'єри, ініціативи. Стан виконання державою Україна своїх зобов'язань [National Assembly of Persons with Disabilities: Rights of women and girls with disability: progress, barriers and initiatives. The state of implementation by the State of Ukraine of its obligations], Kyiv, 2019, pp.43-45, available at <https://naiu.org.ua/wp-content/uploads/2020/01/Zvit-Monytoryng-2019-12-27-NAIU-Ukr.pdf>; Special Rapporteur on the rights of persons with disabilities, Report on sexual and reproductive health and rights of girls and young women with disabilities, 14 July 2017, available at <https://undocs.org/en/A/72/133>.

participating in the programme. Quarantine restrictions also negatively impacted access to vaccination and TB/HIV treatment.<sup>21</sup>

20. Access to health services for persons with disabilities living in conflict-affected areas in eastern Ukraine has also been impeded due to freedom of movement restrictions across the contact line introduced by the Government and armed groups. Whereas the Government lifted restrictions in June 2020, armed groups continue to maintain them.<sup>22</sup> Even when it was not necessary to cross the contact line, because of the prolonged suspension of public transportation in settlements along the contact line due to the pandemic, persons with disabilities faced even greater difficulties in accessing pharmacies and specialized healthcare services.

21. Financial barriers to accessing healthcare have also increased given that persons with disabilities had to procure personal protective equipment (PPE) and sanitiser in order to leave their homes and had to pay for COVID-19 tests before being accepted for admission to hospital for non-COVID-19-related treatments. HRMMU received allegations of persons with disabilities and persons responsible for their care being unable to receive medical care during the COVID-19 crisis. In Kyiv, for example, a mother requiring cancer treatment in a hospital was unable to leave her daughter with a disability at home alone. Hospitals refused to admit her daughter for a temporary stay without a negative COVID-19 test, but they also refused to conduct this test because the daughter did not have any symptoms.<sup>23</sup> According to a non-governmental organization (NGO) providing assistance to people with intellectual disabilities in Uzhhorod, Zakarpatia region, an ambulance refused to bring a young man with Down syndrome to a hospital to treat his stomach disease as he had not been tested for COVID-19. He was able to receive medical assistance only in a private hospital which he had to pay for.

22. Access to life-saving medication was also impeded due to the delays in centralised public procurement during the COVID-19 pandemic. HRMMU spoke to an IDP woman whose five year-old son with disabilities ended up in an emergency care unit due to the unavailability of imported life-saving medication he used to receive from the State. HRMMU is particularly concerned at reports that five persons with disabilities, including children, have died due to the lack of supply of life-saving medication.<sup>24</sup>

23. Information about COVID-19 prevention measures was not always available in formats and technologies accessible to persons with different kinds of disabilities, and authorities have generally failed to provide adequate information about COVID-19 to persons with disabilities (see Chart 1<sup>25</sup>). Risk communication messages targeting people with disabilities, particularly those who have difficulty using a mask properly or adhering to hand hygiene, are lacking.

<sup>21</sup> Ukrinform, 'MOZ zanepokoene znyzhenymy obsiahamy vaksynatsii v Ukraini [MoH is concerned about decreased levels of vaccination in Ukraine]', 17 June 2020, available at [www.ukrinform.ua/rubric-society/3046782-moz-zanepokoene-znizennam-obsagiv-vakcinacii-v-ukraini.html](http://www.ukrinform.ua/rubric-society/3046782-moz-zanepokoene-znizennam-obsagiv-vakcinacii-v-ukraini.html); Stop TB Partnership, *The Potential impact of the COVID-19 Response on Tuberculosis in High-Burden Countries: a Modelling Analysis*, May 2020, available at [www.stoptb.org/assets/documents/news/Modeling%20Report\\_1%20May%202020\\_FINAL.pdf](http://www.stoptb.org/assets/documents/news/Modeling%20Report_1%20May%202020_FINAL.pdf).

<sup>22</sup> OHCHR, *Report on the human rights situation in Ukraine from 16 February 2019 to 31 July 2020*, 22 September, p. 11-12, available at [www.ohchr.org/Documents/Countries/UA/30thReportUkraine\\_EN.pdf](http://www.ohchr.org/Documents/Countries/UA/30thReportUkraine_EN.pdf).

<sup>23</sup> HRMMU's interview with a director of a civil society organization (CSO) provides support to parents of children with intellectual disabilities in Kyiv.

<sup>24</sup> Patients of Ukraine NGO, Facebook post, 9 July 2020, available at [www.facebook.com/patients.org.ua/posts/3142944042450725](https://www.facebook.com/patients.org.ua/posts/3142944042450725).

<sup>25</sup> Here and below, the charts represent the results of HRMMU's online survey of individuals representing organisations of persons with disabilities or working with them. The percentage is taken from the number of respondents who answered the particular question. The number of answers received may vary from one question to another.

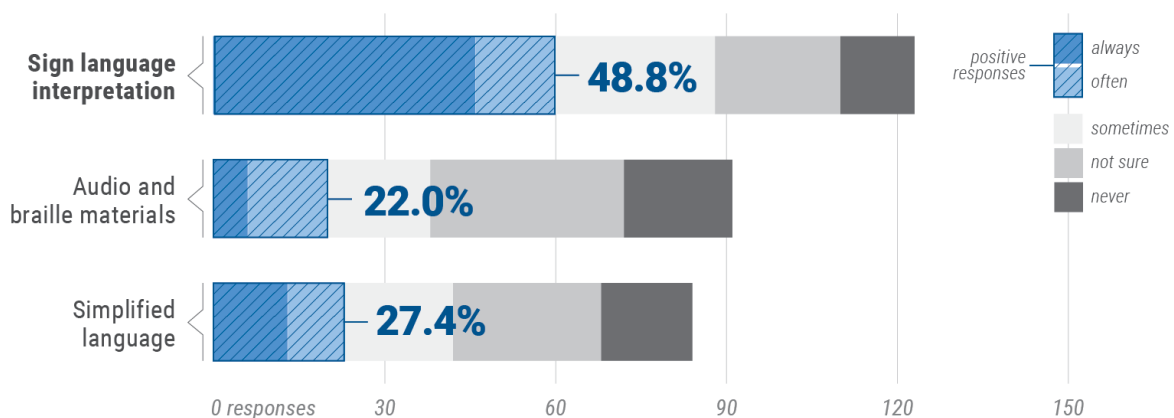


Regretfully, this pattern predates the pandemic when persons with disabilities were not targeted by strategies for health promotion and disease prevention.<sup>26</sup> As a good practice, in Kharkiv, an NGO developed a map helping deaf persons to communicate with doctors. A thousand copies were given to deaf persons and 500 copies were distributed to local clinics and hospitals with the support of the Kharkiv City Healthcare Department. In March 2020, the Kharkiv City Council also started introducing an online service of sign interpretation in all city clinics.

24. Feelings of isolation and loneliness resulting from lockdown measures were reported to HRMMU by many persons with disabilities. Few have been able to access mental health and psychosocial support services that were provided online, mainly by NGOs. Some groups of persons with disabilities who experienced additional social exclusion pre-pandemic due to intersecting forms of discrimination such as LBGTI persons with disabilities faced even greater obstacles in maintaining contacts with others or in reaching out to NGOs that could provide support to them, including protection against domestic violence. This in particular concerns LGBTI persons with disabilities living with their non-LGBTI-friendly family members who are unable to come out because of the fear of homophobic treatment, and in some cases, domestic violence.

### Chart 1. Access to health-related information about COVID-19

Are persons with disabilities provided with information regarding COVID-19, personal protection, prevention and actions in case of exposure / symptoms in accessible formats and technologies in a timely manner and without additional cost in your area?



Date: 5 October 2020 Source: OHCHR HRMMU

## 2. Access to habilitation and rehabilitation

*“Regional anti-crisis headquarters implemented the Cabinet of Ministers COVID-19 regulations to reopening of gyms and swimming pools, but not rehabilitation and day care services, leaving behind a large number of people. In Kyiv, rehabilitation services for children were reopened, but not for adults”.* – A representative of a Kyiv-based NGO for persons with intellectual disabilities

<sup>26</sup> See also Special Rapporteur on the rights of persons with disabilities, *Report on the rights of persons with disabilities to the highest attainable standard of physical and mental health*, p.20.

25. Persons with disabilities are in greater need of health-related habilitation and rehabilitation services, which are key to maintaining a good state of health, living independently, being economically productive, and living meaningful lives.<sup>27</sup> The CPRD places obligations on States to organize, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes can begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths, are voluntary and available to persons with disabilities as close as possible to their own communities, including in rural areas (Art. 26). The State's obligations also include the promotion of the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities.

26. HRMMU has documented a significant decrease of access to habilitation and rehabilitation services since the introduction of the quarantine restrictions. In particular, rehabilitation centers suspended their activities during the first three months of the quarantine (March-May 2020). When the Government revised the quarantine measures on 20 May 2020, it did not regulate the operation of rehabilitation centres and left it to regional and local authorities to decide upon additional measures. In many cities and regions, public and NGO-run rehabilitation centres remained closed during the summer (for example, in Kyiv city, Kharkiv region, Kramatorsk and Pokrovsk in Donetsk region) because the local or regional authorities did not allow for their reopening.<sup>28</sup> In other regions (for example, Poltava and Sumy), rehabilitation service providers were allowed to resume their activity in June 2020. However, in many cases, the scope of provision of rehabilitation services remained limited (e.g. only open-air activities were possible).<sup>29</sup> Since August 2020, the provision of rehabilitation services is prohibited in regions with the 'red' level of quarantine measures. Many interviewees, especially from smaller towns, mentioned that habilitation and rehabilitation services were already lacking in the areas where they live before the pandemic.

27. The lack of access to habilitation and rehabilitation services has had a detrimental impact on the physical and mental health and ability to live independently of persons with disabilities, and development of children with disabilities, and also affects their respective caregivers. The situation of people with intellectual and psychosocial disabilities who were the most vulnerable and marginalised before the pandemic is particularly worrisome, as assisted living services at the rehabilitation centres were also suspended and clients sent back home, with some of them having no place to go.<sup>30</sup> While lacking their daily routines and environments, persons with intellectual and psychosocial disabilities experienced deterioration in their mental health. Specialized mental health and psychosocial support services designed to address 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.<sup>31</sup>

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<sup>27</sup> Ibidem, p.3.

<sup>28</sup> In Pokrovsk, Donetsk region, an NGO-run rehabilitation centre for children and youth with disabilities was closed for five months due to the quarantine restrictions. It was reopened only on 13 August 2020, after the city authorities had authorised its reopening, following numerous petitions by parents of children with disabilities.

<sup>29</sup> Certain interlocutors, in particular, in Kirovohrad and Kyiv regions, reported that they were only allowed to conduct open air activities.

<sup>30</sup> Interview with an NGO representing persons with intellectual disabilities, Kyiv.

<sup>31</sup> Interviews with representatives of an NGO for persons with intellectual disabilities and an NGO of psychiatric patients and their relatives, both Kyiv-based. A study conducted in the UK revealed that carers of children and adults with intellectual disability reported significantly greater anxiety and depression than carers of neurotypical children. Disability Insider, "Pandemic seriously affecting the mental health of informal carers, study finds", 24 September 2020, available at <https://disabilityinsider.com/2020/09/24/covid/pandemic-seriously-affecting-the-mental-health-of-informal-carers-study-finds>.

28. Parents of children and youth with disabilities raised concerns that quarantine-related isolation had severely impacted children with intellectual and psychosocial disabilities and they risked losing valuable skills developed earlier. Forced to stay home, these children and youth lacked in-person interaction with teachers and peers. On-line therapy and educational sessions were often not available in accessible formats, and depended on the family having access to a computer and internet.

29. Access to means of rehabilitation, personal assistive devices and hygiene items was further impeded due to the redirection of public funding to the COVID-19 response. For example, an internally displaced man with disabilities living in the Sumy region told HRMMU that he had to limit his mobility and the use of his wheelchair because it had passed the term of use in March 2020, but he had received a new one only in July due to the quarantine. As it was explained to him, there were no public funds to purchase it earlier due to the COVID-19 pandemic, and he could not buy it with his disability allowance as it was too expensive. HRMMU is concerned that even personal assistive devices and hygiene items that by law should be provided to adults and children were also not available before the pandemic because of a lack of local funding to buy them. A mother of a child with a disability complained to HRMMU that her son was eligible for glasses with expensive lenses, however, there was no public agency that could purchase and provide them.

### 3. Access to an adequate standard of living and social protection

*“Our state takes into account what your disability status is, and not the person themselves. As if it depends on your status whether you want to eat more or less”. – The representative of a Sumy-based NGO for persons with disabilities*

30. The CRPD reaffirms the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate food, clothing and housing, and to the continuous improvement of living conditions, as well as the right of persons with disabilities to social protection and to the enjoyment of their rights without discrimination on the basis of disability (Art. 28). In particular, the State must ensure equal access of persons with disabilities to clean water and access to appropriate and affordable services, devices and other assistance for disability-related needs; to social protection programmes and poverty reduction programmes; to public housing programmes and to retirement benefits and programmes. Persons with disabilities and their families living in situations of poverty should also have access to state assistance for disability-related expenses, including adequate training, counselling, financial assistance and respite care.

31. The percentage of persons with disabilities officially employed in Ukraine remains low (see Section 5), thus the majority rely on state social security and support from family members. The average disability allowance in Ukraine (2499 UAH, or \$ 92, per month) falls below the minimum subsistence level calculated by the Ministry of Social Policy (3846 UAH, or \$ 142 a month).<sup>32</sup> This means that over 1.4 million people living on a disability allowance as their key

<sup>32</sup> A disability allowance is paid to persons with disabilities who have no, or a limited ability to work as a result of their disability, according to the Law on the Obligatory State Pension Insurance. To be eligible for a disability allowance, the person’s disability must be registered as falling under one of three recognised groups (defined according to the severity of the disability) and they must have paid into the social insurance scheme for a minimum period of at least 1 to 15 years, depending on the disability group to which they belong. The amount of the

source of income live in poverty.<sup>33</sup> The socio-economic impact of the COVID-19 crisis has negatively affected the right to an adequate standard of living of persons with disabilities and their families because many parents or carers have lost their jobs or had to take unpaid leave.<sup>34</sup> At the same time, expenditures on transportation and personal protection equipment increased, while State support remained limited.

32. During the quarantine, the Government provided a one-time cash transfer (1000 UAH, or \$ 36) to persons receiving disability allowances. In many cities, food packages were distributed to persons with disabilities by local authorities and social protection departments in cooperation with a retail shop chain. A number of interviewees also said that they had received food parcels from CSOs and political parties. While many interviewees appreciate this support, they believe that the authorities did not do enough to ensure persons with disabilities' right to food (Art. 28 of CRPD), especially during the first few weeks of the quarantine when public transportation was suddenly suspended. The respondents also note that efforts to collect information on vulnerabilities of persons with disabilities were limited during the pandemic (see Chart 2<sup>35</sup>). They also reported the Government's social protection measures had had little positive impact on persons with disabilities (see Chart 3<sup>36</sup>).

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disability allowance also depends on the disability group. Persons with disabilities who do not have the necessary insurance period can receive State social assistance according to the Law on State Social Assistance to Persons Who Do Not Have the Right to Pension and Persons with Disabilities. Persons with disabilities from childhood and children with disabilities receive state social assistance according to the Law on State Social Assistances to Persons with Disabilities from Childhood and Children with Disabilities.

<sup>33</sup> According to data of the State Pension Fund of Ukraine, 'Розподіл пенсіонерів по видах та розмірах призначених пенсій' [Division of pensioners by type and amount of the appointed pension], 1 April 2020, available at [www.pfu.gov.ua/content/uploads/2020/04/Clajdy-01\\_04\\_2020.pptx](http://www.pfu.gov.ua/content/uploads/2020/04/Clajdy-01_04_2020.pptx).

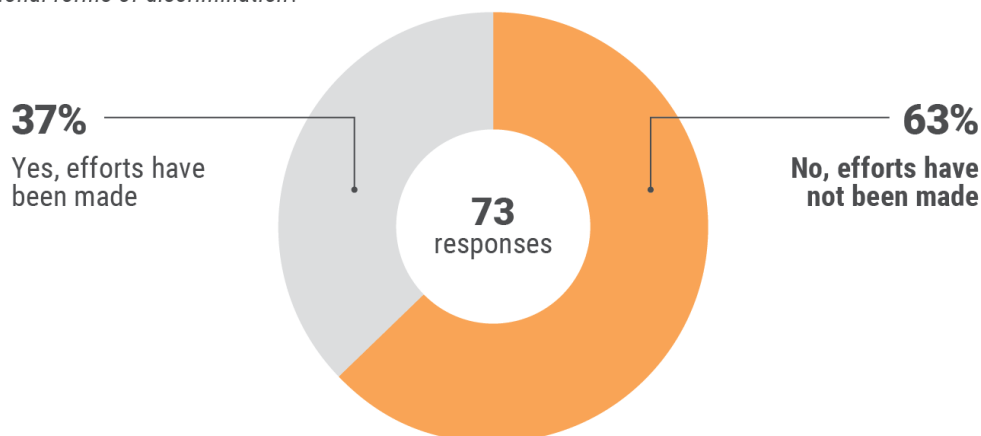
<sup>34</sup> This information comes from numerous HRMMU's interviews with NGOs representing families of children and adults with disabilities. While no figures are available as to the extent to which parents and carers have been affected by job losses during the pandemic compared to the rest of the working population of Ukraine, a study conducted in the UK shows that parents, carers and persons with disabilities are at least twice as likely to face redundancy compared to the rest of the working population. In particular, two in five people with caring responsibilities for either children or vulnerable adults (39 per cent) have faced redundancy at work. See Citizens Advice, *An unequal crisis: Why workers need better enforcement of their rights*, August 2020, available at [www.citizensadvice.org.uk/Global/CitizensAdvice/Work%20Publications/An%20unequal%20crisis%20-%20final%20\(1\).pdf](http://www.citizensadvice.org.uk/Global/CitizensAdvice/Work%20Publications/An%20unequal%20crisis%20-%20final%20(1).pdf).

<sup>35</sup> From the more detailed answers to the HRMMU online survey it appears that information was gathered to provide food parcels (mainly by social protection departments and some membership CSOs) and to collect information on the number of persons with disabilities living alone.

<sup>36</sup> Fifty-nine per cent of respondents said there was no impact and 41 per cent gave examples of negative impacts. Among the latter, half agreed that persons with disabilities cannot obtain (renew) their disability status and over a quarter stated the validity of the disability status had expired and social payments had been terminated.

## Chart 2. Data collection on vulnerabilities of persons with disabilities during the COVID-19 crisis

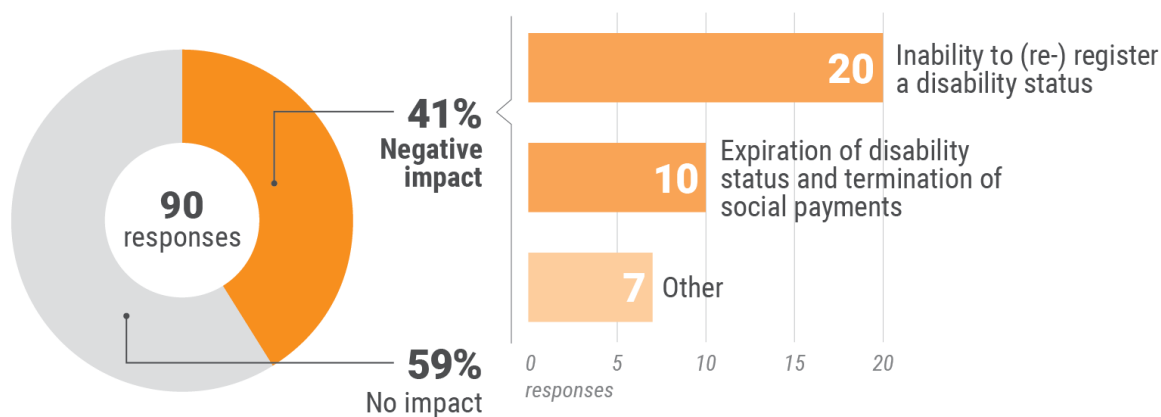
Have any recent efforts been made to identify persons in the most vulnerable situations among persons with disabilities, such as collecting data on the number of them residing alone and the number of those subjected to intersectional forms of discrimination?



Date: 5 October 2020 Source: OHCHR HRMMU

## Chart 3. Impact of the COVID-19 crisis on social protection of persons with disabilities

How is the pandemic affecting the right to social security and access to social benefits (pensions, disability benefits etc)?



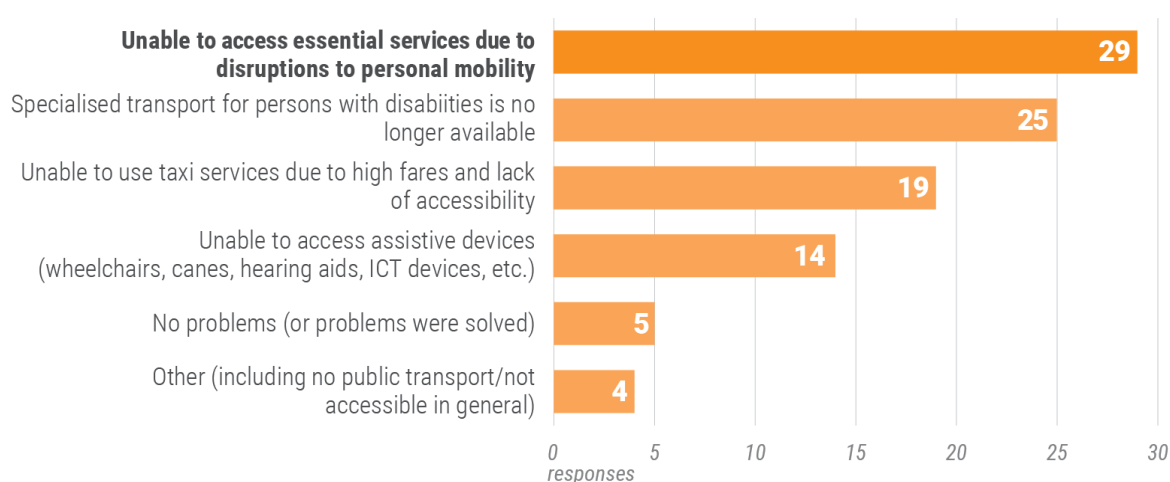
Date: 5 October 2020 Source: OHCHR HRMMU

33. During the lockdown, especially when public transportation was suspended, persons with disabilities faced increased difficulties in shopping for food and accessing other basic services due to the limitations on personal mobility (see Chart 4). Social distancing measures disproportionately affected persons with disabilities as they could not ask for help from passers-by or others whom they usually rely on for assistance to navigate public spaces that remain largely inaccessible to them. Community-based social services available to persons with disabilities remain limited in scope and reach. Territorial centres provide home-based social care only for persons with disabilities who cannot take care of themselves and who do not have

working-age relatives who can take care of them.<sup>37</sup> The provision of services largely depends on local funding and capacity rather than the needs of persons with disabilities.<sup>38</sup> The COVID-19 crisis has created new vulnerabilities for a large number of persons with disabilities who face difficulties in their daily routines, including accessing food and medical services. However, no new services were put in place, not even for children and adults with disabilities whose parents or carers became infected with COVID-19 or for parents or carers who care for children and adults with disabilities who were sent home from boarding schools or rehabilitation facilities with assisted living programmes in March, in response to the pandemic.<sup>39</sup>

#### Chart 4. Impact of the COVID-19 crisis on personal mobility

*How has the personal mobility of persons with disabilities been affected since the start of the quarantine?*



Date: 5 October 2020 Source: OHCHR HRMMU

34. The lack of community-based support services<sup>40</sup> make persons with disabilities in Ukraine largely reliant on the support of their family members, mainly women, in their daily routines. Support services for parents and carers of children and adults with disabilities, including psychosocial support and respite care, are also lacking.

35. A number of interviewees also mentioned cases where persons with disabilities faced difficulties accessing registration of disability status and, as a result, a disability allowance. This

<sup>37</sup> The Ministry of Social Policy recommended social protection units prioritise social care to persons aged over 60 and persons with disabilities who do not have working age relatives to take care of them and who had agreed to self-isolate on a voluntary basis.  
See also Commissioner of the Verkhovna Rada of Ukraine for Human Rights, *Альтернативна доповідь Уповноваженого ВРУ з прав людини про виконання Україною Конвенції про права осіб з інвалідністю [Alternative Report of Ukrainian Parliament Commissioner for Human Rights on the Implementation by Ukraine of the UN Convention of the Rights of Persons with Disabilities]*, January 2020, p.15, available at [http://www.ombudsman.gov.ua/files/Dopovidi/Aльтернативна\\_дoпoвiдь\\_пpo\\_виконання\\_Україною\\_Конвенції\\_ООН\\_пpo\\_compressed.pdf](http://www.ombudsman.gov.ua/files/Dopovidi/Aльтернативна_дoпoвiдь_пpo_виконання_Україною_Конвенції_ООН_пpo_compressed.pdf)

<sup>39</sup> Ministry of Social Policy, 'Марина Лазебна закликала місцеву владу посилити захист прав дітей в умовах карантину [Maryna Labezna called on the local authorities to strengthen protection of the rights of children during the quarantine]', 26 March 2020, available at [www.kmu.gov.ua/news/marina-labezna-zaklikala-miscevu-vladu-posiliti-zahist-prav-ditej-v-umovah-karantinu](http://www.kmu.gov.ua/news/marina-labezna-zaklikala-miscevu-vladu-posiliti-zahist-prav-ditej-v-umovah-karantinu).

<sup>40</sup> Including personal assistance necessary to support independent living and inclusion in the community (in line with the Art. 19 of CRPD), and the lack of accessibility to the physical environment, transportation, information and communications and other facilities and services open or provided to the public, both in urban and rural areas (in line with Art. 9 of CRPD).

was largely due to the closure of healthcare establishments for non-urgent care during the quarantine or due to COVID-19 outbreaks.<sup>41</sup> Some interlocutors also mentioned that the Fund of Social Insurance for Work Accidents had temporarily suspended payment of one-off allowance for people who acquired disability as result of workplace injury.

36. Persons with disabilities affected by the conflict have remained particularly vulnerable during the COVID-19 crisis. HRMMU welcomes the fact that, in the context of the pandemic, the Government did not oblige internally displaced pensioners to undergo identification checks every second month (as normally required) to be able to receive their pensions, and that pension arrears are accumulated in pensioners' bank accounts. However, persons with disabilities, including older persons, who reside in territory controlled by armed groups lost access to bank services in Government-controlled territory and could not cash their pensions and social allowances due to COVID-19 related restrictions on freedom of movement through the contact line introduced by the Government and armed groups. HRMMU also regrets that in 2020 no State budget funding was envisaged to provide affordable housing for persons with disabilities.<sup>42</sup> At the same time, internally displaced families with members with disabilities reported to HRMMU that it became more difficult for them to pay rent during the COVID-19 crisis.

#### 4. Access to education

*“Some children with disabilities cannot benefit from distance education because they have special needs. They need more time and assistance during the study process. They may need material to be explained in a slower mode and repeated and to have a direct human contact. Online and TV education is aimed at those children who are quick learners and doing well in school”.* – A human rights defender, Kyiv

37. The State is obligated to provide persons with disabilities equal access to education, without discrimination (Art. 24 of CRPD). States shall ensure an inclusive education system at all levels and lifelong learning. This includes taking measures to ensure that persons with disabilities are not excluded from the general education system on the basis of disability and can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live. They must be provided with support measures and reasonable accommodation of the individual's requirements. The right to

<sup>41</sup> Two interviewees from Kharkiv region shared examples of persons with disabilities who had difficulties in receiving their disability status due to the lack of access to medical facilities. In Kharkiv region, an 18-year old man needed to have his disability registered, for which he had to undergo an inpatient examination at a psychiatric clinic that was not accessible due to the quarantine. In another case, a person who stopped receiving disability benefits because the validity of his disability registration had expired, could not reach healthcare services in the hospital where he used to undergo medical check-ups, because the hospital was only admitting COVID-19 patients. The person had to pay for the tests to be carried out in another facility himself.

<sup>42</sup> Commissioner of the Verkhovna Rada of Ukraine for Human Rights, Альтернативна доповідь Уповноваженого ВРУ з прав людини стосовно імплементації Україною міжнародного пакту про економічні, соціальні та культурні права [Alternative Report of Ukrainian Parliament Commissioner for Human Rights on the Implementation by Ukraine of the International Covenant on Economic, Social and Cultural Rights], 24 January 2020, p. 9, available at [www.ombudsman.gov.ua/files/Dopovidi/Альтернативна\\_Доповідь\\_Уповноваженого\\_Верховної\\_Ради\\_України\\_стосовно.pdf](http://www.ombudsman.gov.ua/files/Dopovidi/Альтернативна_Доповідь_Уповноваженого_Верховної_Ради_України_стосовно.pdf).

education of all children without discrimination of any kind, including based on disability is also enshrined in the Convention on the Rights of the Child ratified by Ukraine in 1991.

38. The challenges facing persons with disabilities in distance learning during the pandemic are illustrative of the general lack of access to inclusive quality education for children with disabilities which predates the pandemic. The share of children with disabilities who enjoy access to inclusive education in the country is approximately 15 percent.<sup>43</sup> The remaining 85 per cent either attend specialised schools, are home-schooled or receive no education at all. Community schools are poorly adapted to meet the education needs of children with disabilities, including in terms of the availability of trained personnel, physical accessibility of schools and educational facilities, material and curricula, including information and communication and provision of individual support.

39. HRMMU is concerned about reports that children with disabilities have been disproportionately affected by the suspension of in-person education during the quarantine in Ukraine. Distance learning opportunities available to children nationwide were not provided in accessible formats and were not accompanied with assistive devices to accommodate the learning needs of children with different kinds of disabilities (see Chart 5 for the results of HRMMU's online survey). Many specialised support services available for children with disabilities in inclusive general schools were disrupted due to the quarantine.<sup>44</sup> On a positive note, the 'All-Ukrainian Online School', a national initiative that offered online classes that were also aired on the national TV starting from 6 April 2020, introduced sign language interpretation starting from 28 April 2020. However, sign language interpretation was available only online. In addition, the classes were not adapted to children with other educational needs. HRMMU also heard from parents of children with disabilities attending specialised schools that there had been no remote classes organised between the beginning of the quarantine and until the end of the 2019/2020 academic year.

40. Children with intellectual and psychosocial disabilities were particularly affected by the suspension of in-person schooling. In Kherson and Kharkiv, interviewees complained that children with autism spectrum disorders who attended public schools were unable to continue their education online because they are more reliant on face-to-face personal contact with teachers, while teachers and parents lacked guidance on how to adapt online classes to their needs. The education process of children with autism spectrum disorders was also severely impacted by the stress and emotional suffering caused by the lockdown and resulting isolation. Overall, the mandatory wearing of a mask in public and limitations imposed on outdoor activities did not take into account the needs of children with autism spectrum disorders. Children with Down syndrome also tend to suffer from poor eyesight which makes it difficult

<sup>43</sup> According to data from the Ministry of Education of Ukraine, as of 1 January 2020, 19,345 school students with special educational needs were enrolled in inclusive classes, seven times more than five years earlier; 4,681 pupils with special educational needs were studying in pre-school institutions and 1,312 students with special educational needs attended inclusive education at vocational, technical and higher education institutions. See <https://mon.gov.ua/ua/statistichni-dani>.

<sup>44</sup> According to a nation-wide survey of 10,175 school principals by the Institute of Education Analytics and UNICEF conducted in July 2020, 46.6 per cent of respondents reported that individualized support to pupils with special educational needs was provided during the quarantine. Thirty-one per cent reported that additional specialized support and services (e.g. by speech therapists, defectologists etc) was not provided to pupils with special educational needs during the quarantine, 18.9 per cent reported that they were provided in a limited scope and only 11 per cent reported that such services were provided in their usual scope. Thirty-eight per cent of respondents said that there were no pupils with special educational needs in their schools. Fifty-three per cent of respondents also assessed that their school was not ready to provide specialized support to children with special educational needs in the 2020/2011 school year. See [https://iea.gov.ua/07\\_2020\\_iea\\_unicef\\_covid\\_zzso/](https://iea.gov.ua/07_2020_iea_unicef_covid_zzso/); <https://drive.google.com/drive/folders/16q-wlF5V7pH5jhd1RECFBIoW1xWEjTbH>.



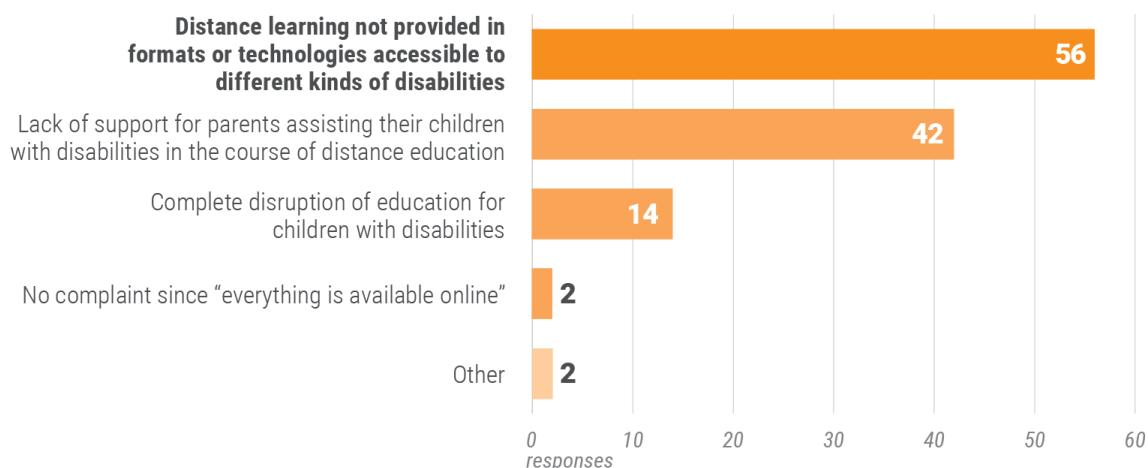
for them to spend a lot of time in front of a screen, without adequate assistive devices being provided.<sup>45</sup>

41. Children with disabilities, many of whom are members of low income families, were also limited in their ability to participate in online learning due to the lack of computer equipment and internet access in many homes. Children with disabilities from conflict-affected areas and rural areas were particularly affected. Home learning imposed an additional burden on parents of children with disabilities, who had to provide assistance to their children during home studying and simultaneously perform other duties.

42. HRMMU welcomes the fact that the Ministry of Education consulted with OPDs on the issues of distance learning and that general guidance was developed for education of children with special education needs in general secondary education establishments in 2020/2021.

### Chart 5. Access to education

Which situations related to education of children and adults with disabilities have you encountered since the start of the quarantine?



Date: 5 October 2020 Source: OHCHR HRMMU

## 5. Access to work and employment

*"People with disabilities should be encouraged to work, and not only paid benefits from the State. The present system of professional training and education is not well-adapted for the needs of persons with disabilities, so many of them can't gain qualifications and find a well-paid job". – The owner of a private social enterprise, Kyiv region*

43. The CPRD reaffirms the right of persons with disabilities to work, on an equal basis with others, including the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities (Art. 27). States' obligations include taking appropriate steps, *inter alia* through legislation, to prohibit discrimination on the basis of disability with regard to all

<sup>45</sup> HRMMU's interview with a leader of an NGO of parents of children with Down syndrome, Kherson.

matters concerning all forms of employment and to provide safe and healthy working conditions; protect the rights of persons with disabilities to just and favourable conditions of work; enable access to general technical and vocational training, employment opportunities and career advancement services, self-employment and entrepreneurship, to employ persons with disabilities in the public sector and promote their employment in the private sector, including through affirmative measures.

44. HRMMU is concerned that before the pandemic, only a quarter of adults with disabilities worked in Ukraine<sup>46</sup> and only 28 per cent of persons with disabilities who received services of the State Employment Service were employed in 2019.<sup>47</sup> Many interviewees pointed out that those employed are mainly persons with disabilities who belong to the third category of disability, the lightest form according to Ukrainian legislation. The Government does not collect data on the employment of persons with intellectual and psychosocial disabilities, but this is the group most excluded from the labour market.<sup>48</sup> While we do not have figures for Ukraine, global research has shown that persons with disabilities, who already face exclusion in employment, are more likely to lose their jobs and will likely struggle to find a new one during the recovery period.<sup>49</sup>

45. Quarantine measures have had an adverse economic impact on business activities in Ukraine, including that of companies and enterprises employing persons with disabilities (see Chart 6). According to HRMMU's interviews with representatives of companies and social enterprises of CSOs of persons with disabilities<sup>50</sup>, some had to suspend activities during the first few months of the quarantine, and others adapted by switching to teleworking or automation of certain work activities, which had previously been done manually, or by developing new business ideas. In a reaction to reduced revenues, the companies readjusted either by sending their staff with disabilities on unpaid leave<sup>51</sup> or by dismissing them.<sup>52</sup> While this situation affects workers at large, persons with disabilities also face more difficulties finding a job. Persons with disabilities who lost their jobs or income from employment then had to rely solely on State social benefits which negatively affected their living standards.<sup>53</sup>

46. Social enterprises of OPDs interviewed by HRMMU report receiving no State support during the pandemic. Some of them said that support could have include purchase of their

<sup>46</sup> See Національна Асамблея людей з інвалідністю України, Включення і рівність [National Assembly of Persons with Disabilities of Ukraine. Inclusion and equality], 2020, p. 92.

<sup>47</sup> Commissioner of the Verkhovna Rada of Ukraine for Human Rights, Альтернативна доповідь Уповноваженого ВРУ з прав людини про виконання Україною Конвенції про права осіб з інвалідністю [Alternative Report of Ukrainian Parliament Commissioner for Human Rights on the Implementation by Ukraine of the UN Convention of the Rights of Persons with Disabilities], p.21.

<sup>48</sup> National Assembly of Persons with Disabilities, *Rights of women and girls with disability*, p.35.

<sup>49</sup> United Nations, *Policy Brief: A Disability-Inclusive Response to COVID-19*, May 2020, p. 6, available at <https://unsdg.un.org/sites/default/files/2020-05/Policy-Brief-A-Disability-Inclusive-Response-to-COVID-19.pdf>. In the UK, for example, a study found that one in four persons with disability (27 per cent) are facing redundancy. See Citizens Advice, *An unequal crisis*.

<sup>50</sup> According to the Law on the Social Protection of Persons with Disabilities, CSOs of persons with disabilities can establish social enterprises that enjoy certain preferences such as tax breaks, preferential loans, financial support, and subsidies. In 2019, there were 271 social enterprises benefiting from tax breaks. However, they offer rather low salaries to their staff and have difficulties competing on the market due to outdated equipment. See Національна Асамблея людей з інвалідністю України, *Включення і рівність [Inclusion and equality]*, 2020, p. 92-93.

<sup>51</sup> Reported by interlocutors in Kramatorsk and Poltava.

<sup>52</sup> Reported by interlocutors in Zaporizhzhia, Chernihiv and Vinnytsia.

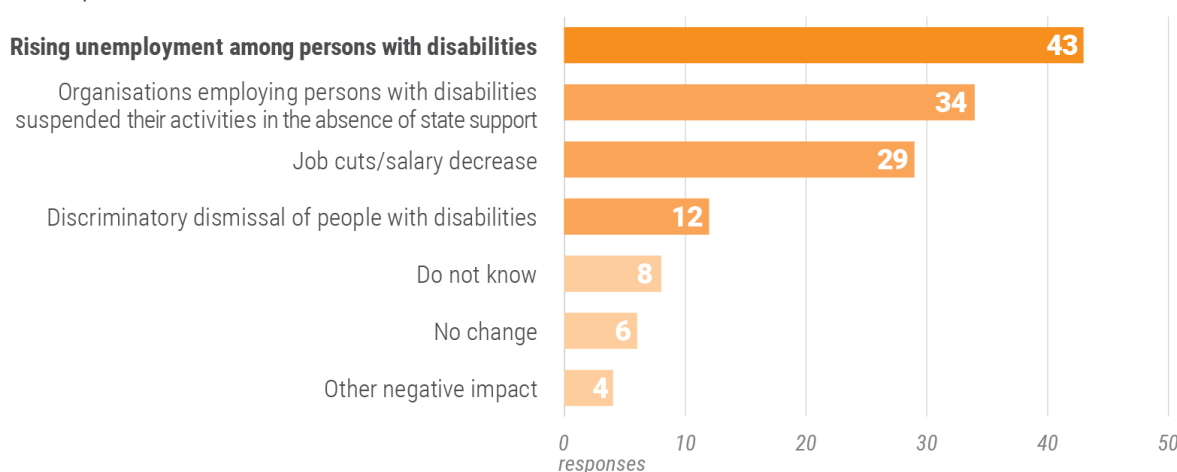
<sup>53</sup> An interviewee at a social enterprise in Rubizhne, Luhansk region, told HRMMU that the company attempted to apply for state support for a partial salary compensation for the period when their employees were on unpaid leave, introduced by the Government as a part of the COVID-19 response, however, they were not eligible as all persons with disabilities also receive disability pensions.

products, such as facemasks, for public health needs, however, the authorities did not do so.<sup>54</sup> Others said that they lacked support to supply PPE to their staff, many of whom face a greater risk of developing severe symptoms if infected with COVID-19. In one case, an enterprise producing breast prosthesis upon orders from the Ministry of Social Policy reported delays in reimbursements from the Ministry due to the pandemic, which resulted in the enterprise's inability to pay their staff.

47. In addition, due to the suspension or limited access to public transportation during the quarantine, persons with disabilities were in many cases not able to reach their work places, even if companies and enterprises continued their work. Only one social enterprise in the Sumy region mentioned that they were able to provide special transportation for their workers.

### Chart 6. Impact of the COVID-19 crisis on employment of persons with disabilities

*Which situations related to work and employment of persons with disabilities have you encountered since the start of the quarantine?*



Date: 5 October 2020 Source: OHCHR HRMMU

## 6. Persons with disabilities in institutions

48. States have the obligation to promote, protect and ensure the equal right of all persons with disabilities to live in the community, with choices equal to those available to others, and to take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community (Art.19 of CPRD). In particular, States shall ensure that persons with disabilities are able to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement. Persons with disabilities must have access to a range of at-home, residential and other community support services, including the personal assistance necessary to support their living and inclusion in the community, and to prevent isolation or segregation from the community. Community services and facilities for the general population shall be available on an equal basis to persons with disabilities and responsive to their needs. The State is obligated to ensure persons with disabilities' right to liberty and

<sup>54</sup> One interviewee complained to HRMMU that the local authorities in their town were reluctant to use the capacity of their social enterprise capacity to produce facemasks and protective suits, despite the shortage of equipment, and preferred to wait for 'masks from China'.

security of the person, and that the existence of a disability shall in no case justify a deprivation of liberty (Art. 14 of the CPRD).

49. HRMMU is concerned about the situation of persons with disabilities residing in institutions amidst the COVID-19 pandemic. Institutionalized persons with disabilities face an elevated risk of infection due to difficulties in ensuring social distancing amongst residents and staff.<sup>55</sup>

50. The exact number of persons with disabilities residing in institutionalized settings in 2020 is not available. According to a study from 2018, 41,000 adults and 6,000 children were residing in institutions in Ukraine.<sup>56</sup> In July 2020, the network of residential care homes under the Ministry of Social Policy of Ukraine included 282 institutions, with facilities for older persons and persons with disabilities, psycho-neural facilities and facilities for children and other similar accommodation.<sup>57</sup> A number of persons with disabilities also live in psychiatric hospitals, where they receive primary social care, since no services exist to support them to live in the community.<sup>58</sup> In Ukraine, adults and children with disabilities in residential care institutions and psychiatric facilities often lack access to an adequate standard of living and healthcare and can be subjected to torture, ill-treatment and sexual and gender based violence.<sup>59</sup> The Government has yet to adopt a strategy and a concrete plan of action to de-institutionalise adults with disabilities and ensure that Ukraine's legislation, policy and practice effectively prevent segregation and enable the full inclusion of persons with disabilities in the community.<sup>60</sup> The Action Plan for Mental Healthcare Development up to 2030 that aims to decrease institutionalization of persons with psychosocial disabilities has not yet been approved.

51. HRMMU is particularly concerned about reports of the spread of COVID-19 in a number of public and private facilities for older persons and persons with disabilities, resulting in 1,385 confirmed COVID-19 cases among clients and staff in public facilities, and 13 deaths and 248 ongoing infections, as of 28 August 2020, according to the Ministry of Social Policy's data.<sup>61</sup> HRMMU notes that the Government does not collect any disaggregated data on COVID-19 infections in public facilities, nor any data at all in private facilities.

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<sup>55</sup> OHCHR, *COVID-19 and the Rights of Persons with Disabilities: Guidance*.

<sup>56</sup> Dovile Joudkaite et al., *Transforming Social Care Homes in Ukraine. Proposals regarding Slavyansk and Svyatoshinsky social care homes*, Human Rights in Mental Health - Federation Global Initiative on Psychiatry in collaboration with the Ministry of Social Affairs of Ukraine, June 2018, p. 4, [www.gip-global.org/files/ss-fin-eng-1.pdf](http://www.gip-global.org/files/ss-fin-eng-1.pdf).

<sup>57</sup> Answer to HRMMU's letter from the Ministry of Social Policy of Ukraine, 21 July 2020.

<sup>58</sup> The estimated number of persons living long-term in psychiatric hospitals varies between 2,249 and 4,200 persons, according to the figures collected by the Association of Psychiatrists of Ukraine and an independent journalists' team at Suspilne.TV.

<sup>59</sup> See Ukrainian Parliament Commissioner for Human Rights, *Annual Report of Ukrainian Parliament Commissioner for Human Rights on Observance and Protection of Human Rights and Freedoms of Citizens of Ukraine*, 2018, pp. 88-95, [www.ombudsman.gov.ua/files/Dopovidi/Report-2019.pdf](http://www.ombudsman.gov.ua/files/Dopovidi/Report-2019.pdf), and Ukrainian Parliament Commissioner for Human Rights, *Annual Report of Ukrainian Parliament Commissioner for Human Rights on Observance and Protection of Human Rights and Freedoms of Citizens of Ukraine*, 2019, pp. 139-141, [www.ombudsman.gov.ua/files/2020/opendata/Zvit%202019%20English\\_22.06.20.pdf](http://www.ombudsman.gov.ua/files/2020/opendata/Zvit%202019%20English_22.06.20.pdf).

<sup>60</sup> In line with the Committee on the Rights of Persons with Disabilities General comment No. 5, "deinstitutionalization requires a systemic transformation, which includes the closure of institutions and the elimination of institutionalizing regulations as part of a comprehensive strategy, along with the establishment of a range of individualized support services, including individualized plans for transition with budgets and time frames as well as inclusive support services." See Committee on the Rights of Persons with Disabilities, *General comment No. 5 (2017) on living independently and being included in the community*, 27 October 2017, para. 58.

<sup>61</sup> According to the data provided by the Ministry to HRMMU.

52. HRMMU is also concerned that long-term care institutions for persons with disabilities are not adequately prepared to protect the health of their residents and mitigate against the negative impact of some of the prolonged COVID-19 restrictions, such as a ban on visits. According to reports of the Ombudsperson's office following monitoring visits to public and private care homes for persons with disabilities and older persons and psychiatric facilities, the most frequently-cited concerns include the lack of rapid tests for COVID-19, information about COVID-19 provided in a language and manner that can be understood by residents, clear instructions in case of suspicion and guidelines for when hospitalisation is required; insufficient PPE, especially for residents, inadequate training of staff resulting in incorrect use of PPE; improper disposal of used PPE, and insufficient disinfection and temperature screening measures, including an insufficient number of thermometers.<sup>62</sup> Access to PPE and to healthcare is also named the most pressing step that the Government needs to take to protect persons with disabilities, including those residing in institutions (see Chart 7).

53. People with disabilities in residential care institutions have been suffering from increased social isolation as all visits, including by family members, have been banned since the beginning of the quarantine in March 2020 and such bans remain in force in many regions.<sup>63</sup> In some facilities, because of the lack of internet and phone connections, residents could not even communicate with their relatives.<sup>64</sup> According to representatives of two long-term care institutions for people with psychosocial disabilities interviewed by HRMMU, the lack of communication with relatives has negatively affected the psychological well-being of their residents. Socialisation activities have also been suspended as NGO staff and volunteers could not visit the facilities.

54. HRMMU is also concerned about the situation of persons with disabilities deprived of their liberty in penitentiary and pre-trial detention facilities. Pre-pandemic, detention facilities were not equipped to accommodate persons with disabilities. Whereas the number of COVID-19 infections among prisoners and detainees remains relatively low (no disability-disaggregated data is provided), HRMMU is concerned about the low number of tests conducted and the lack of compliance with sanitary and preventive measures by those working in the penitentiary system and related weak control over this, as the majority of those infected are penitentiary staff,<sup>65</sup> as well as the lack of adequate medical care for persons with disabilities in detention.<sup>66</sup>

<sup>62</sup> See relevant reports at [www.ombudsman.gov.ua/ua/all-news](http://www.ombudsman.gov.ua/ua/all-news).

<sup>63</sup> On 22 July 2020, the Government adopted Regulation No. 641 that envisages that visits to social care institutions for older persons, persons with disabilities and persons with intellectual and psychosocial impairments are banned if the area is under the 'yellow regime' of the quarantine (and higher).

<sup>64</sup> See, for example, [www.ombudsman.gov.ua/ua/all-news/pr/rezultati-dotrimannya-prav-lyudini-v-umovax-karantinnix-zaxod%D1%96v-u-dn%D1%96provsk%D1%96j-f%D1%96%D1%96%D1%97-specz%D1%96alno-go-zakladu-z-nadannya-psix%D1%96atrichno%D1%97-dopomogi](http://www.ombudsman.gov.ua/ua/all-news/pr/rezultati-dotrimannya-prav-lyudini-v-umovax-karantinnix-zaxod%D1%96v-u-dn%D1%96provsk%D1%96j-f%D1%96%D1%96%D1%97-specz%D1%96alno-go-zakladu-z-nadannya-psix%D1%96atrichno%D1%97-dopomogi).

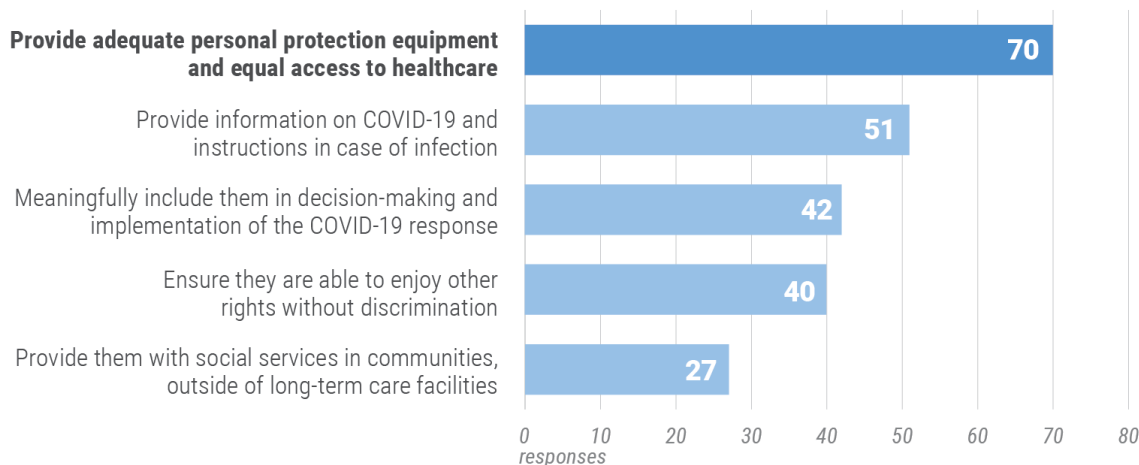
<sup>65</sup> As of 2 October, 150 COVID-19 cases have been detected in penitentiary facilities (affecting 113 penitentiary staff, 25 medical personnel, 5 prisoners, and 7 detainees), of which 120 people have recovered and three have died (one medical worker, one prisoner and one detainee).

The state authorities do not provide disaggregated data by disability or sex.

<sup>66</sup> Commissioner of the Verkhovna Rada of Ukraine for Human Rights, *Альтернативна доповідь Уповноваженого ВРУ з прав людини про виконання Україною Конвенції про права осіб з інвалідністю* [Alternative Report of Ukrainian Parliament Commissioner for Human Rights on the Implementation by Ukraine of the UN Convention of the Rights of Persons with Disabilities], pp.19-20.

## Chart 7. Actions for Government response

What steps should the authorities take towards persons with disabilities living in the community or residing in institutions?



Date: 5 October 2020 Source: OHCHR HRMMU

## 7. Gender aspects

55. Overall, women with disabilities are at a heightened risk of violence, exploitation and abuse compared to other women.<sup>67</sup> There are indications that gender-based violence has grown during the pandemic in Ukraine just as it has in other parts of the world.<sup>68</sup> In this regard, it is important that the Government collects disability-disaggregated data on sexual and gender-based violence and makes information, services and facilities for survivors accessible to persons with disabilities. This will help Ukraine implement the provisions of the CPRD (Art. 6 on women with disabilities and Art. 16 on freedom from exploitation, violence and abuse) and ensure compliance with the 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.<sup>69</sup>

56. There is also a need for greater awareness-raising about the rights of, and intersectional discrimination faced by women and girls with disabilities. Responses to HRMMU's online questionnaire show that even among OPDs there seems to be little awareness or sensitivity towards these issues. Only one per cent of respondents reported gender-based differences in the socio-economic impact of the pandemic, while only 12 per cent of those who responded were aware of the rise in violence against women and girls with disabilities during the quarantine.

<sup>67</sup> Committee on the Rights of Persons with Disabilities, *General comment No. 3 (2016) on women and girls with disabilities*, 25 November 2016, para. 29.

<sup>68</sup> Оксана Кисельова, Гендерний вимір пандемії COVID-19 [Gender Dimension of the COVID-19 Pandemic], May 2020, p. 34, available at <http://grbproject.org/wp-content/uploads/2020/06/covid-final.pdf>; UN Women, *Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine*, p. 22, available at [www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/rapid%20gender%20assessment\\_eng-min.pdf?la=en&vs=3646](http://www2.unwomen.org/-/media/field%20office%20eca/attachments/publications/2020/06/rapid%20gender%20assessment_eng-min.pdf?la=en&vs=3646).

<sup>69</sup> Committee on the Elimination of Discrimination against Women, *Concluding observations on the eighth periodic report of Ukraine, 2017*, available at [https://digitallibrary.un.org/record/1286284/files/CEDAW\\_C\\_UKR\\_CO\\_8-EN.pdf](https://digitallibrary.un.org/record/1286284/files/CEDAW_C_UKR_CO_8-EN.pdf). See also CEDAW Committee General Recommendations No. 18 (1991) on disabled women, and No. 19 (1992) on violence against women, available at [www.ohchr.org/en/hrbodies/cedaw/pages/recommendations.aspx](http://www.ohchr.org/en/hrbodies/cedaw/pages/recommendations.aspx).

57. Women with disabilities are a diverse group of individuals with different identities, including different 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 other groups of women, experience multiple barriers to accessing healthcare services, hygiene products, and services to protect themselves from sexual and gender-based violence, 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.<sup>70</sup> Women with disabilities are almost completely excluded from decision-making processes at all levels<sup>71</sup> and unable to adequately communicate their needs and problems, including during the COVID-19 pandemic and other crisis situations.<sup>72</sup>

## 8. Effective participation

58. Persons with disabilities, including children with disabilities, through their representative organizations, must be consulted closely and actively involved in the decision-making processes concerning them (Art. 4.3 CRPD). However, HRMMU's interviews show that persons with disabilities and organizations representing them have not been consistently consulted and involved in the decision-making process on COVID-19 related measures at the national, regional and local levels. Without effective participation of persons with disabilities in the decision-making process, COVID-19 response and recovery measures will not be able to take disability-related concerns into account. The survey results also show that even pre-pandemic, local and regional authorities did not always ensure close consultations and the active involvement of persons with disabilities in decision-making processes (see Chart 8).

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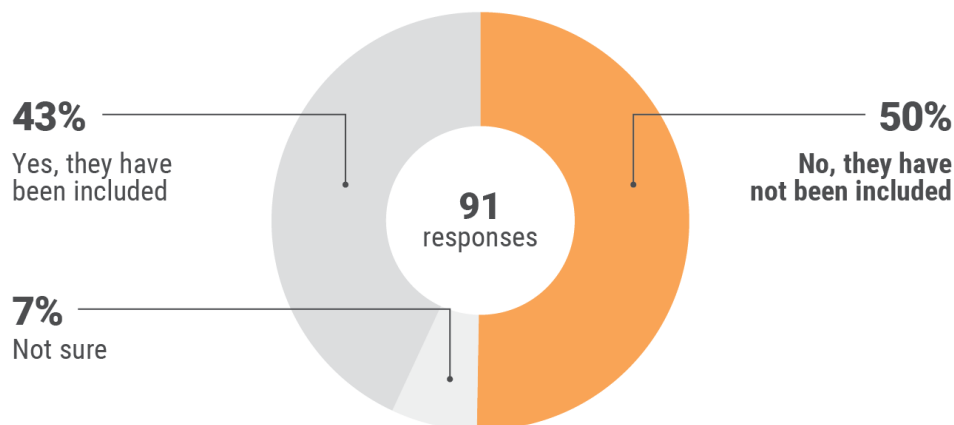
<sup>70</sup> UN Women, *Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine*, p. 23.

<sup>71</sup> The Committee on the Elimination of All Forms of Discrimination against Women, *Concluding observations on the eighth periodic report of Ukraine*.

<sup>72</sup> UN Women, *Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine*, p. 24.

### Chart 8. Inclusion of persons with disabilities in decision making

*Have people with disabilities been included in the local/regional decision making/implementation of programs impacting them?*



Date: 5 October 2020 Source: OHCHR HRMMU

### Conclusions and Recommendations

59. The COVID-19 crisis has exacerbated the existing barriers that persons with disabilities faced in accessing healthcare, habilitation and rehabilitation services, education, social protection, work and employment before the pandemic, negatively impacting their living standards. The COVID-19 crisis has also exposed a large gap between social services available in the community and the needs of persons with disabilities. The lockdown has further aggravated the isolation and exclusion of persons with disabilities in Ukraine.

60. The pandemic has highlighted and added to the urgent need for deinstitutionalisation of persons with disabilities. Thousands of persons with disabilities who reside in care facilities are particularly vulnerable to COVID-19, as their security and well-being depend on those who run and support these facilities. However, in institutionalised settings it is difficult for carers and residents to practice social distancing. Meanwhile quarantine measures such as bans on family visits further increased residents' social isolation.

61. In the context of a pandemic, all prevention and response measures introduced by the Government, including health-related information, health services and medical protocols, as well as socio-economic recovery measures should be equally accessible to persons with disabilities in line with the CRPD (Art. 9). Reasonable accommodation should be provided to ensure that persons with disabilities can enjoy and exercise their human rights and fundamental freedoms on an equal basis with others (Art. 2), for example, the right to education via telecommunication technology. Denial of equal access constitutes unlawful discrimination, according to the CRPD.<sup>73</sup>

62. In order to address the negative impact of the pandemic and mitigate related risks, HRMMU recommends that the Government of Ukraine, regional and local authorities:

<sup>73</sup> Committee on the Rights of Persons with Disabilities, *General comment No. 2 (2014) Article 9: Accessibility*, available at <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/033/13/PDF/G1403313.pdf?OpenElement>.



- Implement the 2015 recommendations made by the Committee on the Rights of Persons with Disabilities in its Concluding Observations in relation to the initial report of Ukraine.
- Ensure compliance with the 2017 recommendations made by the 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, protection from sexual and gender-based violence and other basic services and social protection and to promote their autonomy and access to community services and their participation in political and public life;
- Meaningfully consult persons with disabilities (ensuring the gender balance of the persons consulted), organisations of persons with disabilities (including women's groups and organizations), and social service providers while designing and implementing COVID-19 response and recovery measures.
- Collect and publish disaggregated data, including by sex, age and disability, on COVID-19 infections and on the situation of social and economic rights of persons with disabilities.

### **On the right to health**

- Ensure that people with disabilities have full and equal access to healthcare services during the quarantine, including to sexual and reproductive health services, medication, medical examinations necessary for the registration of a disability status, and referral mechanism services for women with disabilities who are survivors of sexual and gender-based violence<sup>74</sup>.
- Ensure that all persons with disabilities who cannot access medical consultations online have access to off-line consultations.
- Develop standard operating procedures for providing assistance to persons with different impairments. For example, create a standard operating procedure for providing people with hearing impairment a consultation with a healthcare professional both offline and online.
- Provide access to mental health and psychosocial support services in accessible formats.
- Introduce exceptions to confinement rules that enabled persons with autism not to wear masks or to go on short outings, should new stricter quarantine measures be applied.
- Provide up-to-date health-related information in a variety of formats, so that persons with disabilities can obtain, process and understand basic health information and services needed to make appropriate decisions in relation to their health. Risk communication materials should include messages for all, including persons with disabilities. They should also be adapted to children of different age groups.
- Ensure that healthcare establishments and services involved in treating COVID-19 patients are accessible to persons with disabilities.

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See also UN Women, *Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine*, p. 78, 81-82.

- Ensure that medical protocols do not discriminate on the basis of disability.

### **On the right to habilitation and rehabilitation**

- Provide essential habilitation and rehabilitation services for persons with disabilities to prevent long-term deterioration of their physical and mental health and allow them to remain independent, including through early intervention, and continue to provide, throughout the pandemic, services that are adapted to prevent the spread of COVID-19. Ensure that these services receive increased funding and are widely available, including in rural areas.

### **On the right to an adequate standard of living and to social protection**

- Review budgetary allocations and increase disability allowances to match the actual minimum subsistence level in order to provide persons with disabilities an adequate standard of living. Ensure that gender-responsive budgeting tools are applied to any public budget programmes affecting persons with disabilities.<sup>75</sup>
- Prolong the period of validity of people's disability status, so that persons with disabilities do not need to reapply for it while it remains difficult to do so due to COVID-19 prevention measures and continue paying disability allowances to persons whose disability status has expired or will expire during the quarantine.
- Ensure persons with disabilities living in settlements where access to public transportation is limited due to quarantine restrictions have access to public transportation during the pandemic, so they can reach healthcare and other essential services. In particular, consider the possibility of issuing special passes for persons with disabilities to use public transportation and fund social taxi services.
- Adopt policy measures to support family members and carers of persons with disabilities, frequently women, who may require additional social protection and work-related adjustments so that they can provide support to people with disabilities during the COVID-19 pandemic and beyond. This would help to ensure that persons with disabilities can live in the community outside of institutionalized settings. Provide psychosocial support to parents and carers of persons with disabilities.
- Provide clear step-by-step instructions for persons with disabilities, parents and carers and social services in case a parent of a child with a disability, or the carer of a person with a disability falls sick.
- Increase investment to develop social services in the community that would enable all persons with disabilities to choose freely with whom, where and under which living arrangements they live.

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In line with the Ministry of Finances of Ukraine Order No 1 (2019) on Approving the Methodological Recommendations in the implementation and application of gender based approach in the budgeting process, available at <https://zakon.rada.gov.ua/rada/show/v0001201-19#Text>.

- Enhance the work of administrative service centres to provide access to persons with disabilities to necessary administrative services, both online and directly at the centre to ensure that they have access to these services during quarantines.

### **On the right to education**

- Provide support to education actors to ensure that distance learning platforms are safe and accessible to children and youth with disabilities; teachers are trained on supporting children and youth with disabilities remotely; and that special education programmes for persons with disabilities are included in measures to ensure the continuity of education. Provide support to carers of children with disabilities, including those with development and/or intellectual disabilities, to care for and educate their children at home.<sup>76</sup>
- Facilitate access of children and youth with disabilities to information and communication technologies and explore how digital technologies can help to address their learning needs (e.g. through touch screen and voice command features, apps and educational games).<sup>77</sup>

### **On the right to work**

- Ensure that COVID-19 response and recovery measures include assistance to businesses that employ women and men with disabilities. Support the economic empowerment of women with disabilities.
- Provide for supported employment of women and men with disabilities, including those with intellectual and psychosocial disabilities, in the open labour market.
- Refrain from suspending tax breaks for companies where persons with disabilities are employed, for the entire period of quarantine restrictions.

### **On the situation of persons with disabilities in institutions**

- Whilst urgently developing a policy on the deinstitutionalization and development of community-based support services, elaborate specific instructions on prevention and mitigation measures that private and public facilities providing long-term care for older persons, and persons with disabilities, including psychiatric facilities and rehabilitation centres, should take during the pandemic, with reference to WHO recommendations. Establish a mechanism to supervise these facilities' compliance with these measures.
- Develop guidelines on the prevention of torture, ill-treatment, and sexual and gender-based violence and other forms of violence against persons in institutions, regularly monitor their implementation, and set up confidential and accessible complaints mechanisms in institutions.

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<sup>76</sup> See also UNICEF, *COVID-19 response: Considerations for Children and Adults with Disabilities*, 2020, available at [www.unicef.org/ukraine/media/5371/file/COVID19\\_responce\\_eng.pdf](http://www.unicef.org/ukraine/media/5371/file/COVID19_responce_eng.pdf).

<sup>77</sup> See also UNICEF, *Guidance on distance learning modalities to reach all children and youth during school closures: Focusing on low- and no-tech modalities to reach the most marginalized*, 2020, available at [www.unicef.org/rosa/media/7996/file/Guidance%20Continuity%20of%20Learning%20during%20COVID-19%20-%20Reaching%20All%20Children\\_UNICEF%20ROSA.pdf](http://www.unicef.org/rosa/media/7996/file/Guidance%20Continuity%20of%20Learning%20during%20COVID-19%20-%20Reaching%20All%20Children_UNICEF%20ROSA.pdf).

- Adequately equip social workers and others providing support to persons with disabilities with PPE and introduce regular testing for them. React rapidly to suspected cases by testing staff and residents of institutions.
- Enable visits by relatives and friends to residents of institutions in a manner that respects COVID-19 prevention measures or provide access to teleconferencing services so that persons in institutions can communicate with their relatives and friends online.

## **Annex. Good practices of COVID-19 responses protecting persons with disabilities**

### **1. Inclusion in decision-making processes**

- a. In Canada, a COVID-19 Disability Advisory Group was established with the participation of persons with disabilities to advise on government responses to the pandemic. The Group is co-chaired by the Minister of Employment, Workforce Development and Disability Inclusion and a prominent disability rights activist.<sup>78</sup>

### **2. Access to health care services and pandemic-related health information**

- a. Tunisia established a Psychological Assistance Unit to identify and provide solutions to manage psychiatric symptoms related to COVID-19 and confinement, and preventing a relapse in people living with existing mental health conditions, as well as preventing and managing stress related to COVID-19 among healthcare workers. Tunisia also set up a toll-free helpline that provides distant mental health consultations by 240 mental health professionals including psychiatrists, child psychiatrists and psychologists. Psychiatric patients are also redirected through this helpline to service providers to avoid discontinuation of treatment or missing consultations.
- b. In the Netherlands, a COVID-19 app, providing information about COVID-19 prevention measures and the statistics of infections, launched by the Government, is also accessible to blind and partially visually impaired individuals.
- c. The United Kingdom, France, Peru, and Spain introduced exceptions to confinement rules that enabled persons with autism to go on short outings.<sup>79</sup>
- d. The United Arab Emirates launched a home testing programme for people with disabilities, and as of mid-April had conducted 650,000 COVID-19 tests of persons with disabilities.

### **3. Access to social protection**

- a. In Austria, a federal law introduced so-called special care hours for employees to take care of their children aged under 14 and persons with disabilities in their charge, during which they continued to be paid. This exemption applied until 30 September 2020.
- b. In Thailand, the Cabinet widened economic support to address vulnerabilities

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<sup>78</sup> Government of Canada, Background: COVID-19 Disability Advisory Group, 10 April 2020, available at [www.canada.ca/en/employment-social-development/news/2020/04/backgrounder--covid-19-disability-advisory-group.html](http://www.canada.ca/en/employment-social-development/news/2020/04/backgrounder--covid-19-disability-advisory-group.html).

<sup>79</sup> Statement of Catalina Devandas Aguilar, UN Special Rapporteur on the Rights of Persons with Disabilities to the Royal Commission on Violence, Neglect, Abuse and Exploitation of Persons with Disability, Australia, 10 August 2020, para. 34, available at [www.ohchr.org/Documents/Issues/Disability/SR\\_Disability/20200810\\_StatementCatalinaDevandas.pdf](http://www.ohchr.org/Documents/Issues/Disability/SR_Disability/20200810_StatementCatalinaDevandas.pdf); OHCHR, *COVID-19 and the Rights of Persons with Disabilities*.

caused by age and disability. In particular, the Government extended compensation packages of \$155 per month for three months to 16 million people. Around 2 million US dollars was allocated to finance a new cash handout scheme to people with disabilities.

- c. Bulgaria increased funding to its social protection systems to expand social support services and cover more beneficiaries, including persons with disabilities, in particular the Government allocated around \$ 191 million for pension supplements of \$30 for all pensioners for three consecutive months.
- d. In Argentina, persons supporting persons with disabilities were exempted from restrictions of movement and physical distancing.
- e. In Tunisia, the authorities ensured that persons with disabilities were granted special authorization for movement to avoid restrictive measures having a disproportionate effect on their well-being.
- f. In the Czech Republic, parents or caregivers of children aged under 13 can apply for a caregiver's allowance if they are unable to work because they need to take care of a child who is out of school. The amount is 60 per cent of the so-called 'reduced daily basis' (calculated on the basis of the employee's salary). People taking care of their relatives due to the closure of care facilities are also entitled to the allowance.
- g. In Moldova, persons with disabilities whose status determination expires during the state of emergency have their determination extended ex-officio for three months.

#### **4. Access to work and livelihood opportunities**

- a. In Costa Rica, the National Institute for Cooperative Development decreased all interest rates for loans to cooperatives in an effort to limit unemployment among their staff. Rates for loans to business projects were to be reduced for those priority sectors of the population listed in the Institutional Strategic Plan for Development (i.e. youth, women, older adults, indigenous, afro-descendants, peasants, migrants and people with disabilities).

#### **5. Access to education**

- a. The United Kingdom of Great Britain and Northern Ireland established systems to guide parents while at home to better support the education of children with disabilities.<sup>80</sup> In particular, while schools, colleges and nurseries are closed, nursery and teaching staff, social workers and specialist education professionals were available to provide assistance to children with disabilities (to ensure continuity of care) and other children in vulnerable situations.
- b. In Morocco, the Ministry of Solidarity, Social Development, Equality and Family launched, with the support of the United Nations Development Program (UNDP), an online educational platform that provides persons with disabilities and their families access to courses, videos and resources using sign language

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See [www.gov.uk/guidance/supporting-your-childrens-education-during-coronavirus-covid-19](http://www.gov.uk/guidance/supporting-your-childrens-education-during-coronavirus-covid-19) and [www.gov.uk/guidance/help-children-with-send-continue-their-education-during-coronavirus-covid-19](http://www.gov.uk/guidance/help-children-with-send-continue-their-education-during-coronavirus-covid-19).

and moderated by Moroccan experts.

## **6. Protection against gender-based violence**

- a. Papua New Guinea is working with UN Women and partners to integrate COVID-19 aspects to improve counselling and gender-based violence case management services targeting women with disabilities.<sup>81</sup>

## **7. People with disabilities in detention**

- a. In Panama, on 26 March, a reduction in sentences was announced for persons deprived of their liberty in order to reduce prison overcrowding and prevent the spread of coronavirus in detention centres. These measures apply to persons deprived of liberty over 60 years old with chronic diseases, good behaviour and having served two thirds of their sentence.
- b. In Colombia, a decree allowed certain categories of detainees, including persons with disabilities, temporary release on house arrest.
- c. In Peru, the Government took action to release vulnerable categories of prisoners through two Presidential decrees, including older persons, persons with disabilities and chronic underlying conditions.

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<sup>81</sup> UN Secretary General, *Policy Brief: A Disability Inclusive Response to COVID-19*, p. 15.