Factsheet
October 2022

Ukraine, where sirens sound day and night

A focus on persons with disabilities and provision of emergency health services

The people of Ukraine are living through an horrendous urban armed conflict. Systematic evidence shows that, worldwide, when explosive weapons are used in populated areas 90% of those affected are civilians (AOAV, 2019). This pattern is very much evident in Ukraine, where **95% of civilian casualties have occurred in populated areas** (AOAV, 2022). Bombing and shelling in Ukraine are directly harming the civilian population, who face a high risk of death, war-related injuries and psychological trauma, increasing the need for rehabilitation, mental health and psycho-social support (MHPSS), and other services. The vast majority of internally displaced people (IDPs) are women, girls and boys. 46% of displaced families include at least one person over 60, 36% include a chronically ill person and 25% include a person with disabilities.(1)

The intense hostilities on Ukraine territory are creating massive humanitarian needs. Displaced families remain highly vulnerable, so the need for basic services and protection increases day by day. People living in situations of vulnerability and persons with disabilities face increased protection risks and challenges in accessing equal and dignified humanitarian assistance, exacerbated by intersecting factors of discrimination, intersectionality issues, and barrier constraints. At the same time, humanitarian access is a growing challenge due to the highly insecure environments created by the conflict, increasingly unreliable infrastructure, and high levels of explosive ordnance contamination. As Humanity & Inclusion – Handicap International (HI) has observed in other contexts, this contamination can persist for generations, hindering any future peace and development efforts.

The Geneva Conventions (1949) and their Additional Protocols (1977) explicitly state that all civilians must be protected, and recognize that protection is due to persons with disabilities during armed conflict. These obligations are also provided for by Article 11 of the Convention on the Rights of Persons with Disabilities (CRPD) and reiterated in UN Security Council resolution 2475 (2019).

> "**The shelling and stress from the war have exacerbated my condition.** I tried to tough it out – at my age I just want to be at home – but **the constant explosions forced me to leave.** It was too hard to endure. **The explosions were very intense and even caused me to fall out of my bed.** There is nowhere to escape in these moments. When I was offered the opportunity to evacuate, it felt like my last hope. I did not want to, and I cannot hold back my tears when I talk about it. **I left because I needed to survive.**"
>
> Nadezhda, woman living with chronic disease

This factsheet aims at highlighting the immense needs of the civilian population in this context, with a specific focus on persons with disabilities, as well as the provision of emergency rehabilitation and MHPSS services for the Ukrainian population. It is based on observations from HI's teams in Ukraine working with civilians affected by the conflict and a secondary data review.

Key facts

- Between 24 February and 5 September 2022, the Office of the UN High Commissioner for Human Rights (OHCHR) recorded 13,917 civilian casualties in Ukraine, with 5,718 persons killed and 8,199 injured. Most of the civilian casualties recorded were caused by the use of explosive weapons with wide area effects in populated areas (EWIPA), including shelling from heavy artillery, multiple launch rocket systems, missiles and air strikes. These data are most probably underestimations.[2]

- The UN Office for the Coordination of Humanitarian Affairs (OCHA) estimates that 17.7 million people are in need of humanitarian assistance in Ukraine. A staggering 14.5 million are in need of health services, and 14.6 million of comprehensive humanitarian mine action services, which include victim assistance, explosive ordnance risk education and land release.[3]

- The crisis has internally displaced 7 million people. Data from the International Organization for Migration (IOM) reveal that 46% of internally displaced households report one member aged over 60, 38% have at least one child aged 5 to 17 years, 36% a person with chronic disease, and 25% a person with disabilities.[4]

- More than 7.5 million people from Ukraine have been recorded crossing international borders into neighboring countries.[5] Civilians are taking huge risks to flee areas under attack or to return to their place of origin, in particular due to land contaminated by explosive ordnance.

- Access to essential services is complicated in this context. Humanitarian workers are struggling to reach areas affected by ongoing hostilities and non-government-controlled areas. Contamination by explosive ordnance, damage to infrastructures, including railways[6] and disruption to telecommunications are also impacting humanitarian access.

- In particular, access to healthcare is highly disrupted in a context where the needs are continuously growing. Trauma and Mental Health and Psychosocial Support (MHPSS) are among the primary threats to health for Ukrainians at the moment. War-related injuries are causing a surge in early rehabilitation needs for patients, including assistive technologies.

- At the same time, persons with disabilities reported not being taken into account, and facing severe difficulties when trying to flee or evacuate, and in receiving the humanitarian aid they need. Humanitarian actors need to ensure they consistently adopt inclusive practices and ensure the meaningful participation of persons with disabilities and their representative organizations throughout the project cycle.

- The strong local civil society, including Organization of Persons with Disabilities (OPDs), assisted by International Non-Governmental Organizations (INGOs) is providing an essential response to these growing needs, especially in the eastern part of the country where the needs are greatest. This response must be both inclusive and timely.

At about 8am a missile fell in this residential area of Kiev. One child was killed and 23 people were injured. This man and his mother were living in the residential area that was affected. ©V. de Viguerie / HI

1. Exacerbated impact of the Ukrainian conflict on persons with disabilities

1.1 Lack of data

Since 24 February 2022, a rapidly increasing number of Ukrainians, including persons with disabilities and their carers, have been forcibly displaced and are now living in collective shelters, host communities or have moved on to other countries. **Recent IOM data indicate that 25% of displaced households have at least one family member currently with them who is a person with a disability.**[7] The number of persons with disabilities still present in war-affected or enclaved and occupied regions remains unclear.[8]
HI has observed that the IDP registration system is not harmonized at country level and humanitarian actors do not systematically identify and report disability specific indicators. In transit centers and registration desks, often managed by volunteers, the categories usually recorded as having specific needs are pregnant and breastfeeding women, older persons, and unaccompanied children. However, persons with disabilities are not registered and no support is proposed based on their specific needs. Methods for identifying persons with disabilities often rely on “visual cues” which

have been demonstrated to be ineffective and discriminatory. Nor is the Ukrainian government systematically registering persons with disabilities. The data collection processes lack methodology and oversight leading to drastic inaccuracies and under-reporting.[9]

For example, an HI team explored the situation in the city of Uzghorod in March 2022 and they found that 3,246 individuals were hosted in 30 collective centers. Only 11 of these centers reported hosting persons with disabilities, with no accurate figures on numbers or the types of difficulties they faced. The imprecision of the data collection meant no additional actions could be developed to address the needs of persons with disabilities in these settings.[10]

1.2 Increased protection risks faced by persons with disabilities and access to humanitarian aid

As expressed by the CRPD Committee,[11] **persons with disabilities are exposed to a disproportionate risk of death or injury in this conflict, as a result of indiscriminate attacks against the civilian population, and due to non-inclusive and inaccessible emergency preparedness and response protocols.** HI teams have observed that persons with disabilities lack access to evacuation support, have been left behind, unable to access information and take refuge from military offensives. Many are unable to move, bed-ridden, or have other mobility issues limiting or impeding their ability to flee, seek safety, obtain food and protect themselves. Many are forced to stay home during bomb alerts, because most shelters are not accessible. For example, some IDP centers have communal showers and toilets in basements, which can only be reached by the stairs, others lack adapted facilities for the day-to-day care requirements of persons with disabilities. Many of those who have managed to leave, left their assistive devices behind and cannot afford to buy new ones in their host communities.

HI staff have also witnessed people arriving at the borders in a distressing condition, having spent days travelling through insecure areas. This is even more challenging for persons with disabilities or in need of adapted information and specialized services. The waiting areas are not adapted to people with diverse types of impairments. Upon arrival at the border, the next steps often remain unclear, generating high levels of anxiety.
Due to the dangers and challenges of the journey, the caregivers of older people and family members with disabilities face the impossible choice between fleeing or staying to care for their family members.[12]

HI has observed some general protection issues arising during displacement that are common to all IDPs but even more prevalent for persons with disabilities because of their socio-demographic characteristics. Those concerns include, for example:

- lack of identification documentation (ID), especially for persons with disabilities who have been displaced rapidly,
- lack of privacy and dignity regarding clothing, personal hygiene care and sleeping arrangements,
- lack of mechanisms for keeping in contact with their relatives or obtaining clear information on the security situation (no phone for example),
- lack of daily support and protection for their caregivers, due to their caregivers fleeing the conflict, and male caregivers not being exempt from the obligatory military call-up,[13]
- increased risk of abuse and exploitation for older women and women with disabilities, gender-based and other conflict-related forms of violence,[14]
- restrictions on freedom of movement.

"In situations of war there are huge changes which can have a significant impact on older people. They are exposed to highly distressing events, often when **they had to be urgently evacuated from their homes.** In cases of people with limited mobility, they are sometimes carried in blankets to evacuate because they cannot walk on their own. When we go to geriatric collective centers, we see some people in their beds, crying due to the high levels of distress. **What they really need is human connection. They have lost all their community support, which is one of the biggest risk factors of displacement.**"

Caglar Tahiroglu, HI MHPSS specialist in Ukraine

Those issues have consequences in terms of **persons with disabilities' decreased capacity to access inclusive humanitarian aid**, compounded by disability-specific environmental, institutional and attitudinal barriers that prevent them from easily and safely accessing humanitarian assistance. For example, the lack of ID could ultimately mean they are unable to access humanitarian assistance (i.e. official documentation is required to benefit from CASH assistance programs).[15] Based on a survey conducted in Eastern Ukraine in early March 2022, HelpAge indicated that 91% of the older people they surveyed needed help obtaining food because they had mobility issues and many lived alone, and 75% were in need of hygiene items.[16]

The CRPD Committee also raised the alarm regarding the lack of accessible humanitarian aid for persons with disabilities and of involvement and meaningful participation of persons with disabilities in emergency preparedness and response.[17] According to the UN, as of August 2022, Protection Cluster partners had reached around 5 million of the 7.8 million people targeted, including **5.5% of persons with disabilities.**[18] **The percentage of persons with disabilities reached is clearly extremely low, which testifies to the difficulty they have in accessing humanitarian aid in this crisis situation.** At the same time, some progress has been observed. In the latest Flash Appeal covering March to December 2022, the clusters committed to strengthen reporting on persons with disabilities.[19] Moreover, the Ukraine Humanitarian Fund (UHF) first 2022 Standard Allocation launched on 1 September is going to focus on addressing the needs of persons with disabilities, older people and vulnerable women, and supporting national and local partners, including OPDs.[20] The recent launch of a new website with information for persons with disabilities and older people, supported by the United Nations Development Programme (UNDP) in Ukraine and the European Union, is also a very welcome development.[21]

A center for multi-disabled children that accommodated 10 children before the conflict and now accommodates 52, where HI is providing support since the increase in patients © HI

1.3 Dire situation of persons with disabilities in institutions

Ukraine's system of residential care ihas been contested for decades. It is estimated that prior to the escalation of the conflict there were approximately 100,000 children in residential care, half with disabilities.[22] HI is particularly worried about women, girls, men, boys with disabilities and older people living in institutions. Already segregated from their communities,[23] they are at heightened risk of suffering from insalubrious conditions in overcrowded facilities, with limited capacities and resources. They are also at risk of abandonment, given that many staff themselves have evacuated with their families.

In the central and western parts of the country, **institutions are increasingly hosting IDPs, frequently older persons or children with disabilities, forcing them to double or triple their capacity**. The management of these institutions often have no choice but to accept new residents, even if they lack funding, basic equipment and human resources. Various reports have shown that persons with disabilities in some institutions are living in horrendous situations.[24] HI staff have also observed residents in some of these centers living in very poor conditions, because of a lack of space, poor hygiene, a lack of technical skills, a lack of care, and distance from their families.

> "The doctor had a call from the East telling him that they needed to evacuate 42 children with severe disabilities because of bombing in the region. The children were put on a bus and arrived in 10 hours. That is how little time the center had to prepare for the arrival of these children and we are talking about children with very specific needs. When we saw the needs in the institution, the priority was to save lives with an emergency response. HI does not usually work in institutions because we support a more inclusive approach and the inclusion of persons with disabilities in the community. But this is a war situation. When we entered the institution and saw the state of the children and the staff, it was clear to the whole team that we had to do something."
>
> Caglar Tahiroglu, HI MHPSS specialist in Ukraine

The **lack of preparedness for inclusive evacuation** from state and non-state actors is creating challenges in setting-up coordinated, needs-based support for persons with disabilities in institutional settings and other similar locations. Humanitarian organizations and OPDs working in these settings report concerns regarding compliance with minimum standards for informed, safe and accessible procedures, especially for people with significant communication barriers, and the evacuations of people with high medical support needs. Other concerns relate to persons with disabilities being forgotten or not identified as a priority for evacuation, the lack of logistic means and trained staff for evacuations, and the limited number of existing structures able to host IDPs with specific needs. Some children with disabilities evacuated from institutions have been separated from their families who stayed behind. This means some displaced children with disabilities have not seen their families for several months now. These challenges are exacerbated by the absence of reliable and comprehensive data on the number and location of existing institutions, both public and private.

The lack of trained staff to ensure quality support is provided to persons with severe functional limitations and meet their daily living needs may lead to further harms, exacerbate needs and increase exposure to protection risks such as neglect, abuse and exploitation.

Other concerns relate to the **environment and living spaces** hampering the autonomy, safety (dangers and physical hazards for all residents with specific considerations for children) and well-being of residents (such as the lack of accessibility, sufficient lightening, overcrowding, the number of beds, etc.). HI staff also observed a **lack of privacy** relating to dressing, hygiene care and management in most of the facilities visited, which impacts the dignity of patients. A major protection concern is a heightened risk of **sexual exploitation and abuse** at the hands of institution staff. This comes on top of the loss of support network, the reduced monitoring and supervision of facilities, and cultural issues.[25]

The serious issues resulting from the impact of the conflict on these institutions **exacerbate the protection issues identified prior to the escalation of the war** including negligence, physical and sexual violence and abuse, and the exploitation of the most at-risk residents including children with disabilities. Beyond the specific needs of those who remain in institution, basic access to water, sanitation, food and heating as winter approaches are hampered by the overall conflict and needs addressing with specific support from humanitarian organizations.

HI supports a vision where all persons with disabilities can fully enjoy their rights and are given the appropriate means to ensure their independent living, even in conflict settings, in compliance with the CRPD. HI believes strongly in the tenets of CRPD Article 19, which reaffirms "the equal right of all persons with disabilities to live in the community, with choices equal to others", and Article 11, which affirms that all the rights of persons with disabilities are also applicable in humanitarian emergencies. HI does not support the institutionalization of persons with disabilities, which cannot be a long-term solution for persons with disabilities living in Ukraine or elsewhere. Any alternatives, allowing persons with disabilities to move from institutional to family- and community-based care, must be prioritized. HI welcomes the adoption of Guidelines on deinstitutionalization, including in emergencies by the CRPD Committee and calls for its implementation.

While advocating for the deinstitutionalization of persons with disabilities, HI is also committed to serving, supporting and preserving the safety, protection, dignity and well-being of persons with disabilities by improving their situation wherever they may be. In the absence of community-based services and social housing for persons with disabilities, HI is working with some institutions in Ukraine that are being used as collective shelters for displaced adults and children with disabilities, because there are no immediate alternatives for residents in the current conflict situation, where the priority is to save lives. In these institutions, HI is providing physical rehabilitation, mental health and psychosocial care, cleaning and related services, as well as distributing hygiene kits and other basic items, according to the needs. For example, HI's emergency team is supporting Ukrainian children with disabilities in one orphanage, which we found facing rapid overcrowding (from ten to 52 children), and overworked staff. It is vital to ensure these children are safe and protected, and that their psychosocial and physical needs are met to the minimum required standard.

Moldova, the big gymnasium that hosted many refugees at the beginning of the crisis. © V. Germain / HI

2. Exacerbated health needs amongst the Ukrainian population

The Health Cluster has identified **trauma** and **MHPSS** among the primary threats to health in Ukraine at the moment. It also mentions that war-related injuries, in particular amputations, burns, spinal cord injuries and complex limb injuries, are causing a surge in limb-saving and other advanced surgeries, as well as **acute and ongoing rehabilitation needs, including assistive technologies**. These needs are placing a huge strain on the health system.[26] This analysis, which corroborates what HI is seeing on the ground, also highlights how people who previously needed rehabilitation and MHPSS, including persons with disabilities, are no longer able to access these services or have discontinued their medical follow-up, meaning they are at an increased risk of **secondary complications**.

Access to healthcare is highly disrupted in a context where the needs are continuously growing. As of the end of September 2022, 550 attacks on healthcare were documented by the World Health Organization (WHO).[27] It is expected that the damage and disruption to health services, coupled with the increase in conflict related traumatic injuries and the forced displacement of millions of people, will create a surge in rehabilitation needs in the country.[28]

Avoiding secondary complications and co-morbidities is key to improving the health outcomes and functioning of a person, in order to foster their autonomy and avoid marginalization and a lack of access to humanitarian services.[29]

2.1 Early rehabilitation services and Prosthetics & Orthotics (P&O) in emergency settings

When it comes to the provision of **early rehabilitation services**, HI observes that two main segments of the Ukrainian population require specific attention at the present time.[30] One segment is **war-wounded patients with amputations and burns**, who need early rehabilitation at the health facilities where they are hospitalized, as well as clear pathways after their hospital stay for up to a year to prevent the onset of complications and long-term impairments.

In a healthcare system under stress, hospitals need to discharge patients early in order to decrease the length of stays. Facilities and hospitals in Ukraine also lack rehabilitation and assistive technology provision capacity and there are limited rehabilitation services at primary and community levels to continue their care after they are discharged. Many of the hospitals HI works in offer no rehabilitation services at all. The hospitals that are able to provide rehabilitation services have limited capacity due to staff shortages and there is little to no provision of early rehabilitation. In the longer term, patients with amputations will also need to be fitted with prosthetics or other assistive devices as appropriate.

> "[By providing early rehabilitation,] our goal is to prevent further complications. Any given injury will always come with a list of potential problems. So, when you have multiple injuries, they each have their own risks that affect recovery. There is great value in getting people to move safely. It doesn't take long for the body to start deteriorating, and then recovery can be quite difficult."
>
> Gaëlle Smith, HI emergency rehabilitation specialist in Ukraine

IDPs affected by these issues also require specific attention, mainly the provision of assistive technology and follow-up rehabilitation care. In July 2022, OCHA estimated that the assistive devices for persons with disabilities and older people remains a substantial gap in provision.[31] Moreover, the collective centers hosting IDPs in Ukraine are re-purposed facilities, which are rarely accessible. The number of staff working in these facilities has not increased, despite the rise in the number of patients. They are overwhelmed and lack capacities in rehabilitation and assistive technology provision.

Health services, including rehabilitation, and services dedicated to person with disabilities are managed and financed through different ministries. The provision of early rehabilitation is provided via the Ministry of Health. However, the follow up of patients after discharge requires coordination with the Ministry of Social Services, causing coordination issues. Moreover, the funding of assistive devices is not included in rehabilitation packages.

HI has observed that the conflict is also causing a **dramatic increase in persons with amputations**. According to initial assessments, most of the amputations performed are trans-femoral, due to the need to perform emergency surgery on the front line. HI has observed that obtaining data on people in need of Prostheses and Orthotics (P&Os) is complex; the referral system for patients is not consistent. As a result, it is impossible to anticipate when and where patients might require fitting services. Another problem is the development of private P&O centers directly competing with public facilities, as private centers offer better quality equipment and services than public centers. In Lviv, for example, the public center has closed due to the competition with private practitioners.

HI has observed other institutional issues relating to the provision of early rehabilitation services, as the country lacks a national strategy in this area and there is inadequate regulation of the rehabilitation workforce. Prior to the escalation of the conflict, there was already a severe lack of professionals in Ukraine. In 2015, it was evaluated that the country only had 216 prosthetists, most of whom had no formal training, whereas 4.5 times more (980) were needed to address the actual needs in the country.[32] The WHO also reported in 2021 that prosthetists and orthotists were not recognized by the Ministry of Health.[33]

> "In the whole of Ukraine, we have only a handful of physical therapists working on burns. We have a lot of people with burn injuries, but almost no physiotherapists or occupational therapists. When I was at university, I didn't learn about physical therapy for burns. I want to bring quality physical therapy to Ukraine, and working with HI gives me more experience with international standards. I hope that I can change the sector in this country, so that Ukraine can have the best physical therapy in the world. If not me- then who? It's that simple."
>
> Rostyk, HI physical therapy assistant in Ukraine

2.2 Lack of specialist skills for managing persons with complex injuries

> "Where I was working, there was an absolutely phenomenal level of skill and [the medical staff] are doing an incredible job stabilizing patients. But the needs are enormous and these are different kinds of patients than they are used to, so providing general support to build confidence in their skills is important."
>
> Gaëlle Smith, HI emergency rehabilitation specialist in Ukraine

Having identified physical rehabilitation doctors, physiotherapists and occupational therapists' lack of specialist skills for managing persons with complex injuries, HI is also focusing on providing theoretical and on-the-job practical training in hospitals in Lviv and Dnipro, which are seeing an increasing number of patients with burns and amputations. This training helps understand the priorities and precautions to be taken when caring for polytrauma patients, and how to explain the situation to the patient who may not be in the hospital for very long.

"The hospital where HI is working in Dnipro receives war-wounded individuals and stabilizes them before they are transferred to the west. We were receiving a significant number of polytraumas, which are not just one type of injury, but several wounds inflicted by blasts from explosive weaponry. **Blasts from explosive weapons put people at risk of sustaining multiple injuries at the same time**. Firstly, pressure from the blast can impact your lungs, ears, eyes, and intestines. The explosion itself or fragments and shrapnel from the explosion can lead to broken bones and flesh wounds, which could require amputation. On impact after a blast, you may get traumatic brain and spine injuries from the collision. Finally, there are burns to the skin and even respiratory damage as you breathe in smoke, dust and chemicals. In Dnipro, patients are presenting with a mix of all these injuries. Some of these injuries on their own can be serious, but when you put them together, it's staggering."

Gaëlle Smith, HI emergency rehabilitation specialist in Ukraine

2.3 MHPSS remains one of the most urgent needs

Ukrainians are also in **dire need of MHPSS**, as the population is witnessing traumatic events but only has limited access to psychiatrists and psychologists due to cost, as many of them work in the private sector. This is also true for Gender Based Violence (GBV) survivors, healthcare workers, and local civil society organizations supporting the humanitarian response, as they face overwork, understaffing and an increased risk of psychological distress. According to the WHO, 20% of people in post-conflict settings are affected by mental health disorders.[34]

HI is working with the University of Medical Psychology of Chernivtsi and the Ukrainian psycho-social organization (UPSO) to support an existing mental health and psychosocial support hotline. Originally launched by Minister of Health and the University at the height of the Covid-19 pandemic, the initiative has become a vital link for people affected by the ongoing conflict in Ukraine. HI is providing MHPSS technical support, equipment and financial support to ensure that the service can run 24 hours a day. Operated entirely by volunteers, the hotline is operated by psychologists, but also other medical specialties, including therapists, pediatricians, pulmonologists, cardiologists, surgeons and gynecologists. Over a one-month period, the hotline took nearly 6,000 calls covering a variety of needs.

HI has also observed clear signs of distress from staff in collective centers and hospitals, due to overwork, the increasing number of people in need, and the lack of resources. In these settings, the relevant ministries have no means of replacing staff who have resigned or left, due to lack of budget. This further increases the MHPSS needs and protection risks.

"**One of the challenges faced by the teams is the risk of burnout. There is no let-up in the pace the complexity or the amount of work. Sirens sound day and night warning of possible shelling**. Every member of the team is constantly thinking about their own safety and their colleagues' safety, as well as the safety of their patients and the community around them. How do you find time to rest and recharge in these circumstances?"

Gaëlle Smith, HI emergency rehabilitation specialist in Ukraine

Galaina, 87 years old, crosses the border from Ukraine to Poland at the Medyka crossing. She was born in Russia, but lived in Cherkasy, Ukraine for 35 years where she was a medical worker. Her friend drove her to the border overnight, where they waited on the checkpoint for 4-6 hours whilst the temperature was sub zero. She has limited mobility and has to use a wheelchair and crutches to move. © Tom Nicholson / HI

3. Recommendations

We call on States and humanitarian diplomats to:

- **Strongly advocate for an immediate cessation of hostilities**, which is the only way to ensure civilians' protection. Parties to the conflict should take all feasible measures to protect civilians and civilian infrastructure.

- **Condemn, investigate and prosecute violations to IHL**, including the violation of the principles of distinction and proportionality, the rule on feasible precautions, the prohibition of indiscriminate attacks, the attacks on civilians and civilian objects, and the use of internationally prohibited weapons such as landmines and cluster munitions, as foreseen by the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions.

- Call on parties to the conflict **to allow for safe, unimpeded humanitarian access to all areas, and for humanitarian operations to be immediate and sustained**. Humanitarian action must be protected and respected, in accordance with IHL and humanitarian principles.

- Call on parties to the conflict to allow the collection of data and the rollout of needs assessments that are currently forbidden under martial law, with the aim of allowing for an informed response and long-term planning. We also recall the obligations to

an integrated approach to victim assistance under the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions.

- **We call on the Russian and Ukrainian governments** to uphold their commitments under international treaties, including the **Convention on the Rights of Persons with Disabilities (CRPD)**, to which both are State Parties.

We call on donors and humanitarian actors to:[35]

- **Pay particular attention to those who are most at risk from threats to their safety and rights violations**, including women, children, older people, and persons with disabilities in all their diversity, and act in compliance with the CRPD.

- Train in and implement expert guidance such as the **IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action**;[36] the **Humanitarian Inclusion Standards for Older People and People with Disabilities**;[37] the **IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings;**[38] the **Minimum Standards for Child Protection in Humanitarian Action**[39] and the **IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action**.[40]

- **Meaningfully involve people of all genders, ages and persons with disabilities** throughout the whole humanitarian response cycle, taking into account the diversity of barriers, intersectional factors, and spectrum of needs, including through their representative organizations.

- **Collect disaggregated data on gender, age and disability**, also using the Washington Group Short Set of questions on disability, to understand where people reside and track their movements. At the same time, **collect and analyze information on the specific barriers** that people face in reaching safety and protection, through an intersectional lens.

- **Ensure full access to basic services for people of all genders, ages and persons with disabilities on an equal basis with the general population**, including transport, assistive devices, shelter, water and sanitation, caregiver support and healthcare, including rehabilitation and MHPSS. Ensure that accessibility requirements are always met.

- **Use a comprehensive approach to Armed Violence Reduction**, including land release, stockpile destruction, EO risk education, victim assistance, advocacy and conflict transformation, which mainstreams a gender, age, and disability perspective in an intersectional manner. Ensure that survivors are identified, monitored and receive the necessary medical, rehabilitation and MHPSS support. The Mine Action sector should also contribute to identifying indirect victims, including people living in areas contaminated by explosive ordnance, to ensure they have access to EO risk education.

- **Support the Ukrainian healthcare system and rehabilitation professionals in providing rehabilitation care** to war-wounded populations and all those in need, including persons with disabilities. This could be done via alternative service delivery methods such as telerehabilitation. We also call on them to support **the social system in providing rehabilitation care and assistive devices** as needed. This includes supporting the definition of clearer pathways and referral criteria for war-wounded patients,[41] and adopting a **multi-disciplinary and patient-centered approach** to ensure that a broad range of functional needs are addressed and that the person is placed at the center of the rehabilitation intervention.

- Ensure **access to, and provision of MHPSS services to the civilian population** at large, to help them cope with the trauma of the war and its consequences.

- **Ensure that early rehabilitation and MHPSS needs are integrated into the humanitarian response**, and that rehabilitation and MHPSS professionals are systematically included in Emergency Medical Teams.

References

(1). IOM Ukraine Internal Displacement Report: General Population Survey - Round 8, 23 August 2022

(2). OHCHR, Ukraine: civilian casualty update 5 September 2022

(3). OCHA, Ukraine flash appeal, March – December 2022

(4). IOM Ukraine Internal Displacement Report: General Population Survey - Round 8, 23 August 2022

(5). UNHCR, Ukraine emergency, 30 September 2022

(6). UKRINFORM, Russian troops damage 23000km of roads over 40 railway bridges in Ukraine, May 2022

(7). IOM Ukraine Internal Displacement Report: General Population Survey - Round 8, 23 August 2022

(8). More than 2.7 million persons with disabilities were registered in Ukraine in 2018 (State Statistics Service of Ukraine, 2018), of which nearly 164,000 children. However, it is estimated that the actual figure is likely closer to 6.6 million. (Devex, Sam Mednic, People with disabilities left behind during the war in Ukraine, July 2022)

(9). Disability Rights International, Left Behind in the War: Dangers Facing Children with Disabilities in Ukraine's Orphanages, 5 May 2022

(10). HI, Quick overview of the situation of persons with disabilities and other persons at risk in Eastern Ukraine, April 2022

(11). CRPD Committee, Chapter on the situation of persons with disabilities in Ukraine and in countries where they have fled after 24 February 2022, as a result of the aggression against Ukraine by the Russian Federation, September 2022

(12). UN Women and CARE, Rapid gender analysis of Ukraine: Secondary data review, 29 March 2022

(13). Protection of persons with disabilities in Ukraine, Global Protection Cluster, 8 March 2022

(14). UN Women and CARE, Rapid gender analysis of Ukraine: Secondary data review, 29 March 2022

(15). HI, Quick overview of the situation of persons with disabilities and other persons at risk in Eastern Ukraine, April 2022

(16). HelpAge, Older people at the edge of survival in Ukraine, 4 March 2022

(17). CRPD Committee, Chapter on the situation of persons with disabilities in Ukraine and in countries where they have fled after 24 February 2022, as a result of the aggression against Ukraine by the Russian Federation, September 2022

(18). Protection Cluster Ukraine 5W Dashboard, ongoing and completed activities from 24 February to 11 August 2022

(19). OCHA, Ukraine flash appeal, March – December 2022

(20). OCHA, Ukraine Humanitarian Fund 2022 First Standard Allocation Strategy As of 1 September 2022

(21). https://dopomoha-info.org.ua/

(22). OCHA, Ukraine: Humanitarian Impact Situation Report, 25 March 2022

(23). Global Protection Cluster, Protection of persons with disabilities in Ukraine, 8 March 2022

(24). BCC, Ukraine orphanages: Children tied up and men in cots, 27 July 2022

(25). HI, Quick overview of the situation of persons with disabilities and other persons at risk in Eastern Ukraine, April 2022; Disability Rights International, Left Behind in the War: Dangers Facing Children with Disabilities in Ukraine's Orphanages, 5 May 2022

(26). Health Cluster Ukraine, Public Health Situation analysis, July 2022

(27). WHO, Surveillance System for Attacks on Health Care, 30 September 2022

(28). The Lancet, We must not neglect rehabilitation in Ukraine, August 2022

(29). ReLAB-HS, Rehabilitation through a gender lens, December 2021

(30). HI, Ukraine crisis rehabilitation sector diagnostic report, April 2022

(31). OCHA, Ukraine: Situation Report, 27 July 2022

(32). HI, Ukraine crisis rehabilitation sector diagnostic report, April 2022

(33). WHO, Situation assessment of rehabilitation in Ukraine, November 2021

(34). WHO, Mental health in emergencies, 16 March 2022

(35). Global Protection Cluster, Protection of persons with disabilities in Ukraine, 8 March 2022

(36). IASC Guideline on Inclusion of Persons with Disabilities in Humanitarian Action, 2019

(37). Humanitarian Inclusion Standards for Older People and People with Disabilities, 2018

(38). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings, 2007

(39). The Alliance for Child Protection in Humanitarian Action, Minimum Standards for Child Protection in Humanitarian Action (CPMS), 2019

(40). IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, 2015

(41). HI, Ukraine crisis rehabilitation sector diagnostic report, April 2022

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Humanity & Inclusion - Handicap International (HI)'s operations in Ukraine aim to reduce the suffering of vulnerable conflict-affected populations by delivering an inclusive, immediate and multi-sectoral humanitarian response. HI's operations address the protection, health, and basic needs of conflict-affected populations, while reducing the risks caused by explosive ordnance contamination, facilitating the delivery of aid in Ukraine, and supporting the wider humanitarian response in becoming more inclusive. HI specifically focuses on internally displaced persons, refugees, persons with disabilities, as well as persons with injuries and those with signs of psychological distress.

In Ukraine, HI works in the eastern and western parts of the country, constantly adapting its approach to the changing context, and in Moldova, in line with the Ukraine Flash Appeal and the Refugee Response Plan.

Elderly couple in Zhytomyr: A Russian rocket demolished civilian building close to a military campound. Nearby is also a hospital. Photo made at 14th of March. ©Till Mayer / HI

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