



**INTERNALLY DISPLACED PEOPLE  
WITH DISABILITIES  
MONITORING MISSION  
“TOGETHER WE CAN”**

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### I. INTRODUCTION

#### 1.1. General terms

People with disabilities constitute a special category of population, which is constantly being increased. Social care service of persons with disabilities in global development circuit is considered to be as a primary objective, and attitude of the society towards disability and other vulnerable target groups, unfolds the level of civility. In the recent report of the European Parliament it was mentioned, that “in what way the society treats their vulnerable members, in the way it eloquently spells out the level of its development”. Contiguity with people with special needs addresses each of us in thinking of humanistic principles, and after driving to internal conclusions, people keep walking their life with an inflamed intussusception of values towards other people”. This is that very contribution, which can be provided by persons with disabilities to the society. “Society which does not provide them such an opportunity is impoverishing itself”. Persons with disabilities belong to one of the most socially unprotected category of the society. They hardly are able to get education and employment. In most of cases, their income is lower than average, however, needs for medical treatment and social care is much higher than it. Most of them possess no family, and unwilling to partake in civic life. Therefore the state has to provide social care for persons with disabilities and create equal opportunities for possessing decent level of livelihood, including, income generation, education, employment, active civic participation. Recreation of persons with disabilities capability for social functioning, independent way of living, ought to be created a well-rounded system of multilevel rehabilitation as an independent ambit for scientific and practical work. The shift of public attitude towards problems of persons with disabilities and development of complex system of social rehabilitation is a principle objective for the current state politics.

The term “disability” (Standard rules for equal opportunities for persons with disabilities” United Nations Organization) encompasses a pervasive number of various functional disorders, which can be found among societies in the world. People can obtain disability due to physical, mental or sensor defects, health condition, or psychological diseases. Such defects by its type can be permanent or temporary.

The term “disablement incapacity” stands for loss or restriction of ability to partake in social life equally with others. The term preconditions the relations between a person with disability and his/her milieu. This term is used for highlighting the drawbacks of milieu and many other aspects of activities within a society, in particular, in information distribution, communication, education, which restricts persons with disabilities from equal participation in community life. Therefore, terminology in international law documents observe the necessity for rigorous consideration as individual as social problems of persons with disabilities.

People with disabilities constitute a category with the status which is less privileged comparing to other categories of people and require additional conditions to be integrated into the society. Integration, but isolation or institutionalization must comply with general international practice and principles, and be the main objective for social care politics of the state.

A special importance of all these questions turn to be more painful for persons with disabilities displaced from conflict effected area ATO zone. For the last year from Lugansk and Donetsk oblasts there were internally displaced over 1,5 million people. These people obtained from the Ukrainian authorities an official status “internally displaced persons” (*IDPs*). Unfortunately, there is no “statistic portrait” of *IDPs* at the current moment in Ukraine. We do know, whether this category is encompassing vulnerable target groups, including, persons with disabilities or not. Their number is daily being increased due to injured civilians and soldiers.

Today persons with disabilities face insuperable barriers in realization of their rights. Vast majority of them are forcedly locked at home or within psycho-neurological care houses system.

Not always the society is ready to adopt such type of people, considering them as dysfunctional, as well they can not be integrated into a new context and requests from employers at local labour markets. As a result, we face an evident absence of any perspective for development, leveling of a person and increasing a number of marginalized society groups. Family members are suffering economically and psychologically from occurred situation either. Moreover, internal displacement leaves merely no chance for a person with disability to set up a normal independent life at host place.

It ought to be mentioned, that there was no detailed survey related to human rights protection situation with *IDPs* with disabilities in the official status of “*IDP*”. There was no study about the role of local authorities, state authorities and society itself in adaptation of persons with disabilities at host communities.

The urgency of the current project and monitoring is caused by number of factors. First of all, bearing in mind, that the topic of *IDPs* in general is quite often discussed, however persons with disabilities are not highlighted. Secondly, ratification of the UN Convention on the Rights of Persons with Disabilities by the state of Ukraine binds the authorities and the society to be more active in dealing with realization of rights of persons with special needs, including development of infrastructure, setting new job places and self-realization opportunities and personal development.

Without an external assistance and public advocacy a person with disabilities possesses no opportunity to be realized and engaged into the society life as an equal member.

To improve the situation in the indicated circuit from April, 2015 there was established a project “INTERNALLY DISPLACED PEOPLE WITH DISABILITIES MONITORING MISSION “TOGETHER WE CAN” in Donetsk, Zaporozhee, Lugansk and Kharkov oblasts. The Action was possible due to joint efforts of nonprofit organization “Human Rights Foundation (Kiev, Ukraine) and “Abilis Foundation” (Helsinki, Finland) with active participation of 12 national nongovernmental organizations, working with/for persons with disabilities.

The main objective of the current monitoring was to circumscribe the framework of the question: who are the IDPs with disabilities? - Sterling citizens or unadvisable burden for the society of Ukraine. The monitoring report will shed some light on the aforementioned question, as well it elaborated recommendations regarding improvement of human rights protection for IDPs with disabilities.

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## **1.2. Methodological approach**

The survey was conducted in Donetsk, Zaporozhee, Lugansk and Kharkov oblasts applying traditional for sociological research the interrogation approach-unanimous perquisition. It should be declared, that the applied methodology differs from scientific sociological researches due to absence of excerpt.

Interrogation covered 250 internally displaced persons with disabilities.

The following objectives were set for the monitoring survey:

1. setting of expert groups for interrogation process;
2. elaborating of a questionnaire sample for unanimous perquisition
3. obtaining data related to fixed points; its generalization and analysis.

### *The process of interrogation*

The monitoring was conducted in several phases.

Initially, there were pre-selected target regions. The project venues choice took into consideration the difficulty and specifics of administrative and territorial areas, as well IDP density and ability to reach broader IDP population.

At the next phase there was elaborated and approved the sample of a questionnaire, as well as a format of potentially generalized results.

At the next phase there was conducted the training education for NGO team leaders, selected for interrogation implementation. The leaders were trained in main principles, rules and basic recommendations for monitoring procedure, as well as special recommendations with regard to sensitive communication skills talking with IDPs with post-trauma syndrome. The questionnaire sample was analyzed and discussed in detail.

At the next stage the interrogation with IDPs was accomplished. The interrogation was conducted at IDP settlements/camps or premises where they temporally live, and were selected by sporadic excerpt.

Data obtained from questionnaires was analyzed in quantitative dimension and converted into percentage ratio. At the final phase there was accomplished the analysis upon obtained data, made conclusions and elaborated the recommendations for the follow up actions.

### **1.3. Goals and objectives of monitoring**

The milestone of our research is the information about basic situation with human rights protection of IDPs with disabilities, access to emergency assistance and conditions for integration into host communities.

The objective of the analysis is an assessment of the situation with human rights protection of IDPs with disabilities and elaboration of recommendations for:

- improvement of bylaws application practice for human rights protection, equality and fundamental freedoms, in addition, social and medical treatment of IDPs with disabilities;
- setting new opportunities for IDPs support, active engagement into host communities' life.
- the current survey is a “watch dog” tool for public authorities to understand the causes of human rights violations, and circumscribe follow-up mainstreams for further livelihood development actions.

## **II. MONITORING RESULTS**

### **2.1. Information obtained from state institutions and local municipalities, nonprofit organizations**

To obtain the following information there were directed enquiries related to human rights protection of IDPs with disabilities to governmental and nongovernmental institutions. In particular, according to the article 19, part 2 of the Law of Ukraine “About access to public information” public authorities were asked to provide the following information:

1. Overall number of IDPs arrived to the territory in between 2014-2015, including IDPs with disabilities;

2. Venues and procedures of accommodation of IDPs;
3. List of documents requested for registration;
4. Procedure for allocation of a financial bursary, overall amount of transferred funds and sources of income for allotted budget;
5. algorithm for realization of needs for IDPs, including IDPs with disabilities:
  - number of medical and rehabilitative institutions, which can provide assistance to IDPs with disabilities;
  - number of IDPs approached them with requests for assistance;
  - availability of reserve fund of medicines;
  - procedure of medicine distribution;
  - amount of bursaries allotted by bylaws for IDPs;
  - what measures were taken to improve accessibility to infrastructure for IDPs with disabilities;
  - demand for employment and results of employed IDPs with disabilities;
6. The main problems in working with IDPs with disabilities.
7. Number of NGOs in the field, which are working for IDPs, as well as types and amounts of assistance delivered.

Enquiry to nongovernmental organizations was built on a similar basis.

With regard to Lugansk and Donetsk regions – the enquiries emphasis was given to the rights of disabled people living in these regions specifically. However, to get an objective and accurate information was not possible in all target regions. As for the NGOs, unfortunately, they did not provide any information, and formally referred the request to the Ministry of Social Affairs of Ukraine.

For example, in Luhansk region, the monitoring team sent requests to the Lugansk regional military and civil administration and the City Council of Severodonetsk. From Lugansk regional MCA the respond has not been received. Severodonetsk City Council provided the answer in general terms. From unofficial sources it became known that as of May 29, 2015, in Lugansk region there were registered 5034 IDPs. According to Severodonetsk City Council, the City of Severodonetsk registered 901 IDPs.

According to authorities, the Government of Ukraine in Donetsk, Kharkov and Zaporozhee regions following the aim for social protection of internally displaced persons adopted a number of regulations related to IDPs livelihood. Thus, the Cabinet of Ministers of Ukraine dated 01.10.2014, № 509 approved the procedure for registration of internally displaced persons.

Under this procedure IDP certificate is a document which is issued to citizens of Ukraine, foreigners and stateless persons who permanently reside in Ukraine and displaced from temporarily occupied territory of Ukraine, the area of anti-terrorist operation or area located on the front line.

To obtain the IDP certificate, a person who was displaced submits an application for registration in host community according the regulation adopted by the Ministry of Social policy and public protection. To register children, who were

internally displaced without parents or family members, the application is submitted by their official representative or custodian. The application must contain all necessary data about the applicant. The applicant permits to handle, usage, storage his personal data, data related to minors, who were displaced together with him according to the Law “About personal data protection”

Jointly with the application, an applicant is submitting the following documents: for citizens of Ukraine: passport of citizen of Ukraine or any other identification document; for foreigners or persons without citizenship: foreign passport or residence permit, or any other identification document. In case of documents loss, a person has to inform the local department of the State Immigration Service of Ukraine at host community, and the department ought to issue a new impermanent document within one working day, which reaffirms the identification of an internally displaced citizen of Ukraine, foreigner or a person without citizenship. In case of submission of documents by an official representative, the representative submits additional documents:

- documents reaffirms the identity of the applicant;
- document reaffirms the power/connection with a child.

The regulation of the Cabinet of the Ministers dated 01.10. 2014 № 505 prescribes the amount of monthly bursary for IDPs to cover living expenses and utility bills expenses.

To obtain financial bursary the principle family member applies to the local department of social care at host place and submits the application, shows identity documents, certificates for IDP registration of all family members, who are being displaced.

The application unfolds the data of all family members claiming the financial aid. The application is supplemented with the copies of marriage certificate, child birth certificate and written consent on behalf of other family members on personal data handling. The financial bursary for IDPs family is allotted to the whole family and is paid out to the one principle family member. The amount of bursaries:

- for labour incapacitated ( elderly, kids)- 884 hrivna for one family member;
- for disabled persons- the minimum cost of living for persons who have lost labour efficiency;
- for labour capable- 442 hrivna for one family member.

The overall amount of the bursary for one family can not be bigger than 2400 hrivna. The bursary is wired to the bank account not later than 2 working days after the money was allocated to the responsible state institution.

Regarding the factual work with IDPs with disabilities, according to Donetsk region administration data, in 2014 the social care service registered 299,300 IDPs (186,800 families), who very displaced, including 12,800 IDPs with disabilities.

As of 23.06.2015 the institutions of social care registered 486,800 persons (418,600 families), who were internally displaced, including 41,600 IDPs with disabilities.

In 2014 over 48000 persons (24000 families) received bursaries for living and for utility bills with the overall amount over 41.8 million hryvna. At the current moment,

the indicated bursary is being paid to 64300 persons ( 38500 families). Overall amount allotted for bursaries is 241,54 million hrivna.

Special attention is given to elderly persons and persons with disabilities, who are lacking constant institutionalized medical care.

The overall number of social care orphanages in the region is 21 institutions as of 23.06.2015.

The determination of elderly persons and persons with disabilities over 18 years old in care institutions of orphanage type is being accomplished according to the regulation of the Ministry of Labour and Social politics dated 29.12.2001 № 549. Determination of children with disabilities into care orphanages is accomplished according to the regulation of the Ministry of Labour and Social Politics of Ukraine 02.04.2008 r. № 73.

According to the data obtained from Donetsk state administration, the assistance to IDPs with disabilities as well as other citizens of Ukraine, residents of Donetsk oblast are being provided at all medical care institutions, hospitals, specialized dispensaries and centers for medical emergency.

Medical institutions are registering overall number of IDPs, who approached for medical assistance without stratification by gender, age and social status. The oblast possesses the reserve fund of medical remedies in case of emergency.

Distribution of medicines and medical equipment is being implemented in accordance to bylaws issued by local medical care department. All medical care institutions are equipped with ramps and elevators for accessibility of persons with disabilities.

All questions related to provision of medical and rehabilitative equipment for IDP with disability is being resolved on individual basis in accordance to medical-sanitation expert commission and is being operated at local hospitals.

According to Donetsk employment service in 2015, there was implemented a region-wide survey among indicated target group. The aim of the survey is enhance motivation in labour search, through enhancing awareness about employment service labour opportunities, social care assistance and establishing cooperation with employers.

The Employment Service experts analyzed received data from respondents and circumscribed motives and inceptives of potential job hunters.

Thus, among overall number of respondents:

- only 64% are about to approach the state employment service. This rating is quite high, and unfolds that employment is not a primary task among IDPs;

- 36% are refused from the state employment services due to the following reasons: 24,5% - they are employed;

- 22,4% - are about to go back home;

- 15,3% - are caring for elderly or disabled family member and unable to be employed;

- 11,2% - are planning to start a job search later;

- 10,2% - are to not willing to quit with labour record with previous employer;

- 5,1% - are planning to receive a financial bursary for IDPs and then will think further;

- 4,1% - are full time students;



- 3,1% - can not be employed due to medical restrictions;
- 2,0% - registered as a private entrepreneur;
- 2,0% - are financially stable.

According to the results of the survey, there appeared an objective opportunity for situation monitoring and clarification of IDP needs with labour market demands.

Donetsk employment service established partnership with local municipalities, state education departments, health care department, nonprofit and voluntary organizations. As of today, there are 83 partnership agreements are being implemented.

As of 01.06.2015 there were 5543 IDPs approached the local employment service, including 167 – persons with disabilities. 459 persons were employed due to the efforts of employment service, 10 % among those were representatives of our target group.

As of 01.06.2015 there were established 20 mobile experts groups consisting of representatives from local city councils, labour and social care departments, voluntary organizations. The field trips to IDPs settlements are organized on regular basis.

Following the purpose to assist with IDP employment at host communities, including IDPs with disabilities and attracting broader public attention towards IDPs issues, local employment centers are conducting consulting events which are meant to enhance IDP employability. The events are engaging the representatives from local public authorities, local labour and social care departments, pension funds, employers and local grass-root voluntary organizations. Since January 2015 the overall number of events implemented by city and rayon employment centers is about 330 events for IDPs, including for IDPs with disabilities, 121 among those were conducted during site visits to IDP settlements/camps. As of 01.06.2015 the vacancy database in Donetsk region contains 210 pending vacancies for persons with disabilities.

According to the city architecture administration of Donetsk oblast, there was adopted and pending the Action plan for accessibility measures for persons with restricted ability 2010-2015 “Accessible Donetchina”. The indicated Action plan assigns to equip 2593 venues, including 2165 venues have to be equipped for free access of persons on wheel chairs.

In the period of 2010-2014 there were re-constructed 2644 venues (what constitutes 131,7% of scheduled plans), 1603 were equipped with ramps ( 99,1%).

According to the Action plan for accessible life in Donetsk region in 2014, the authorities ought to re-construct 371 venues, 310 among them had to be equipped with ramps. Excluding territories which are not under Ukrainian state control, planned outputs are 155 and 130 accordingly. After rigorous analysis of data received from remote cities, there were equipped 191 accommodation venues, and 119 among them were equipped with ramps for persons on wheel chairs. Some work has been done in improvement of “road-pavement” network and transportation infrastructure for needs of persons with restricted mobility. For the last year there were reconstructed 88 crossroads with lower welts and declivities. As of 01.06.2015 there were constructed 24 sound traffic lights objects: Artemovsk- 1, Konstantinovka- 1, Kramatorsk- 1, Krasnoarmeysk- 1, Maryupol- 17, Dobropolje-1. Local railway stations are constantly

being improved for needs of persons with restricted mobility (toilets, care rooms and stairs). Railway stations personnel is obliged to assist persons with disabilities. The information about disabled persons' assistance options is broadcasted by railway station announcements. Civic passengers transportation operates from the station Kostantinovka to other destinations. According to the official data from the local Donets railway company, there are left 2 train coaches accessible for persons with restricted mobility. All these coaches are located in Lugansk depot. The work for improvement of bus stations for the needs of persons with disabilities is being done on a constant basis. In case of the necessity of transportation of a person on a wheel chair, there are specialized cars for persons on wheel chairs. The cars are operating in the framework of local social care departments: Avdeevka (2), Artemovsk (1), Dymitrov (2), Druzhkovka (10), Konstantinovka (2), Krasnoarmeysk (1).

According to the information received from Zaporozhee state administration, the situation with IDPs with disabilities unfolds as the following:

According to the regulation of the Cabinet of Ministers of Ukraine dated 01.10.2014 r. № 509, public authorities as of 05.06.2015 registered 93160 persons, among them: 4687 persons with disabilities. The regional coordination committee for social care related issues ought to coordinate and map the internal displacement of IDPs within the region.

As of 03.06.2015 sanatorium institutions absorbed 5477 persons, 259 persons were accommodated at venues owned by social care service, 771 were accommodated at collective centers, 397 at hotels, 59539 persons are accommodated at individual premises.

As of 01.06.2015 in Zaporozhee oblast 20078 internally displaced families received financial aid bursaries for the overall amount over 82,1 million hrivna.

The medical and social expert assistance provides over 18 health care committees "of children with disabilities". There are three centers for social rehabilitation of children with disabilities, one center for professional rehabilitation of adults with disabilities and one center for mixed type adults and kids with disabilities:

Community based institution "Zaporozhee oblast center for professional rehabilitation of persons with disabilities" Zaporozhee city council in Berdyansk city;

Community institution "Zaporozhee oblast center for social rehabilitation of kids with disabilities" Zaporozhee city council;

Community institution "Center for social rehabilitation of kids with disabilities" Primorsk city council, Zaporozhee oblast;

Community institution "Center for social rehabilitation of kids with disabilities" Berdyansk City Council;

"Center for rehabilitation of mixed type for kids and adults with disabilities"- Melitopol city council, Zaporozhee oblast.

In the frame work of Energodar city council there are 7 departments, where IDPs with disabilities can receive social rehabilitation.

The overall number of IDPs with disabilities approached medical care institutions is 641 persons.

The reserve fund of medicines and medical arsenal as of 01.06.2015 is about 451,706 hrivna.

For implementation of the article 4 of the Law of Ukraine “About human rights and liberties protection of internally displaced persons” dated 20.10.2014 №1706-VII (with amendments), with the purpose to provide medication to IDPs who left Donetsk and Lugansk regions, monthly by the 20<sup>th</sup>, the local health care department submits the information to the Ministry of Health Care about the amount of distribution of drugs to IDPs at host places.

According to the Regulation of the Cabinet of Ministers №505 dated 01.10.2014 «About provision of monthly addressed aid to IDPs”, during 2014-2015 years, internally displaced persons, including persons with disabilities received bursaries for the overall amount in Zaporozhee oblast 44,100 hrivna.

According to the Regulation of the Cabinet of Ministers №535 dated 01.10.2014 « About the procedure of utilization of resources obtained from physical and business entities for one-time financial aid to internally displaced persons from ATO zone” between 2014 -2015 years, internally displaced persons, including persons with disabilities displaced to Zaporozhee region received financial aid for the overall amount over 173,3 million hrivna.

For medical care assistance for IDPs, including IDPs with disabilities is provided as of 01.06.2015 to 5396 persons and utilized 155,000 hrivna, including IDPs with disabilities - 382,975 hrivna.

According to the data received from the Zaporozhee state institutions, all necessary accessibility measures for persons with disabilities and children with restricted mobility, including IDPs with disabilities are taken and created free access to public buildings, social infrastructure, government authorities building. Overall number of social infrastructure buildings as of 01.04.2015 is 168 objects: department of labour and social care of population - 43, territorial centers of social accompaniment for population - 50, orphanages - 71, centers of social rehabilitation of children with disabilities- 3, centers of professional rehabilitation for disabled persons- 1, where inaccessible buildings are not listed. Moreover, there are 116 specialized parking places for vehicles of persons with disabilities. Moreover, Zaporozhee oblast established regional accessibility committee, where invited representatives from profile state departments, local NGOs. The committee is in charge of monitoring control of issues related to accessibility of person with disabilities to objects of social infrastructure. Annually local authorities develop detailed action plans for livelihood development and development of accessible social infrastructure for persons with disabilities. For the period from October, 01 till June, 05, 2015 Zaporozhee employment service provided assistance to 2772 internally displaced persons, 2246 among those obtained the status of unemployed person. Among those, 87 persons with disabilities. Since the CMU Regulation dated 01.10.2014 № 509, there were employed 464 persons, among them 4 IDPs with disabilities. One IDP with disability received one-time bursary for setting individual entrepreneurship business in Zaporozhee. As of 05.06.2015 there were registered 1207 unemployed IDPs, including 54 IDPs with disabilities.

There are registered problems with provision of IDPs with sanatorium rehabilitation permits.

There are several charity foundations, which are operating in the region, and providing assistance to IDPs: CF “Foundation of good actions”; CF “Christian center

for rehabilitation”; NGO “LLH”; CH “Happy Child”; Regional branch of Red Cross organization.

According to the data received from Kharkov oblast, as of 03.06.2015 department of social care in Kharkov region registered 172,600 of internally displaced persons, 8,100 -among them with disability.

At the current moment, Kharkov oblast is a transit zone region. Regional IDP issues Committee, which operates in the framework of the State emergency service, reported that Kharkov region absorbed 39395 IDPs. In most of cases IDPs were accommodated by compassionate residents of Kharkov, sanatoriums, territorial centers for social accompaniment, transit module IDP settlement, hotel, hostels and etc. All premises which are provided for temporary accommodation of IDPs are being checked accordingly to minimum standard living conditions. 13 orphanages absorbed 160 lonely elderly persons and bed-ridden persons with disabilities.

At the current moment, there are 60 free places available in Bogudovskogo, Komarovskogo, Shevchenkovskogo child care orphanages (children can be with mental disabilities and psychiatric disorders). The Regulation of the CMU dated 11.03.2015 №95 included amendments to the Regulation of the CMU dated 01.10.2015 № 505 and states that in 2015 all expenses related to IDPs addressed financial aid, including utility bills expenses is covered by the State Budget. The department of social care in Kharkov region received the overall amount allotted for funding between January-May 2015 is about 171,0 million hrivna. All mentioned funds were wired to local departments of social care.

The regulation of CMU dated 01.10.2014 №535 about utilization of financial resources wired from physical and business entities for allocation of one-time financial bursary for internally displaced persons from ATO zone. To receive financial bursary an applicant has to address local social care department in Kharkov region and submit an application where it is clearly stated the reasons of financial aid and the information about a valid bank account. The local committee after rigorous analysis of submitted documents and their assessment take a decision about allocation of funds. As of 03.06.2015 the Ministry of Social policy of Ukraine was submitted applications for 260 IDPs with the overall amount of funds - 395 784 hrivna.

One-time bursary is wired to 36 IDPs for 62 388 hrivna.

The medical assistance for IDPs with disabilities is provided across all health care institutions of the region. However, *there is no statistical data about the number of IDPs with disabilities approached medical and rehabilitative institutions (!). In addition, there is no reserve medicine fund for persons with disabilities.* The public authorities declare the efficient work has been done for substantive improvement of social infrastructure objects access for persons with disabilities. To facilitate the aforementioned work, there was established a regional accessibility committee, and 34 rayon committees. All committees operate on quarterly basis. During plenary sessions they are resolving the most urgent problems, related to development of accessible environment for persons with disabilities and offer solutions. According to the state declaration note, at the current moment the rating of accessible public authorities buildings in Kharkov region is about 97.8 %, territorial centers are fully equipped with ramps(100%).

The state social care department states, that there were no request from IDPs with disabilities to equip their accommodation according to accessibility norms.

With the purpose of enhancement of employment of internally displaced persons in Kharkov region for the period till 2017, it was adopted the Action plan by Kharkov city council dated 20 June 2013 № 748UI, in 25 September 201 № 1036-VI there were supplemented additional measures/events (further- Action plan).

Starting from October, 01 till June, 01- 2015 the Regional employment service approached 34 IDPs with disabilities, 33 of them were with unemployed status, 24 received financial aid for unemployment status. After taken measures, 20 persons with disabilities were employed, 7 persons were enrolled for vocational training programmes, 9 persons were enrolled for public work and other jobs of temporary type. After the Law of Ukraine came in power “About amendments to several laws related to social care of internally displaced persons” dated 5.03 2015 № 245-VIII. The law of Ukraine “About labour of population” amended with measures related to internally displaced persons. The programme for second quarter will be amended with additional events, which will supplement the enhancement of IDPs employment.

According to the regulation of provision with technical and other rehabilitative equipment for persons with disabilities, kids with disabilities and other categories of population, adopted by the Cabinet of Ministers dated 04.05.2012 № 321, local departments of social care, 74 persons among IDPs, were provided with rehabilitative means.

The biggest problem of the region is an evident lack of specialized institutions for long-term persons with disabilities accommodation.

*Therefore, it ought to be concluded, that bigger activity with IDPs with disabilities registration is pursued by state institutions. Nongovernmental organizations revealed passiveness in sharing their own outcomes of work, as well as general understanding of the situation related to IDPs with disabilities.*

*The number of problems, which are highlighted by the state authorities, limited to the following:*

- *lack of places for sanatorium rehabilitation;*
- *lack of specialized institutions for long-term accommodation of persons with disabilities.*

*Taking into account received data, the state does not envisage any problems with social care and accessibility for IDPs with disabilities, their leisure, employment, health care, etc.*

*Local authorities consider that for IDPs rehabilitation, all necessary measures are taken, which are determined by the pending legislation. However, in majority of cases there is no registration of IDPs appeals with requests for different types of assistance.*

## **2.2. Information obtained from mass media channels about IDPs with disabilities problems.**

The survey of mass media publications in regions covered by the Mission disclosed that problems of IDPs with disabilities are not visible in press. The most acute situation with information is in Donetsk and Lugansk regions.

The mass media comments in Zaporozhche region bear neutral or positive connotation with regard to internally displaced persons. Materials with negative connotation are rare. Positive materials contain life stories, positive examples of adaptation of IDPs and positive examples of interrogation between IDPs corps and host communities, which motivate for dialogue and mutual help.

However, there are several points, which raise our concerns and negatively impact relations between host communities and IDPs. The following publications:

- “Refugees in Zaporozhche: greed, kindness and inconvenience”, newspaper “Saturday plus” dated 11.12.2014.
- “Zaporozhche hosted “refugees”, newspaper “Saturday plus” dated 29.09.2014;
- In Zaporozhche internally displaced persons are “playing dirty games”, newspaper “Z-city” dated 18.07.2014.

Taking into account, that Zaporozhche emergency service conducts committees on weekly basis, the predominant number of materials about IDPs unfolds only general information with statistics. For example:

- Newspaper “Mig”: “Zaporozhche region hosted 3 thousand IDPs” dated 01.06.2014; “In Zaporozhche region 16 thousand families receive financial aid” 10.02.2015; “The number of IDPs is substantively decreased” 17.03.2015; “The number of IDPs is being increased day by day”, 04.06.2015.
- Newspaper “Zaporizheskaya Sich”: “The state and IDPs: relations are not legally binding”, 24.07.2014; “Pension tourism and IDPs”, 11.06.2015.

The hottest story in mass media in 2015 was related to the transit IDP camp. There were some publications:

“Transit camp is ready, but uninhabited. Oleksandr Sin ordered to put on pace with inhabitation of IDP camp”- newspaper “Zaporozhskaya Sich” dated 22.01.2015; “Transit camp absorbed first IDPs”- newspaper “Zaporozhskaya Sich” dated 16.02.2015; “Transit camp is open”- newspaper “MIG” dated 19.02.2015; “In module camp there are 90 IDPs”- newspaper “MIG” dated 13.03.2015; “Zaporozhche region constructed for IDPs “the golden city”, newspaper “Saturday plus”, 24.02.2015.

In addition, newspapers disclosed life stories of IDPs, their life conditions and cases of successful adaptation. Publications of that ilk: “IDPs from Donbass in Zaporozhche: “Bullets were over our heads!”- newspaper “Z-city”, dated 11.06.2014; “Multi-children family was gifted with washing machine and five cubic metres of woods by young people from “Zaporozhsteal”, 10.01.2015.

In Kharkov region the overall intonation regarding IDPs with disabilities is totally neutral. Either there are posted statistical data, or given citations from speeches of local authorities and state authorities. Rare cases disclosed condescension towards IDPs.

Conditions of IDPs with disabilities, especially kids with disabilities, are taken as an example of desperate situation with IDPs. In particular, they are privileged in selection of modules, while accommodating in transit camps. Nevertheless, they are hardly visible in TV news. One exception was given to deportation of kids from orphanage “Malutka” in Kramatorsk. Very often with IDP related topic, there were visible personas, for example- local official Ms. Gorbunova- Ruban and volunteers from various nonprofit organizations. The assistance to persons with disabilities is named as “paradox”. Meanwhile IDPs’ assistance is a normal practice, according to Kharkov mass media (<http://www.visti.tv/new.aspx?newsid=27163>).

For youth mass media in Kharkov, the problems related to IDPs do not exist! Mass media in 2014 led a tendency of local authorities critics for passiveness with regard to IDP’s assistance( including persons with disabilities). Later in 2015 the heading of mass media articles became more optimistic, something of this ilk: “Accommodation is pursued according to the Action Plan”. The conflicts among volunteers and local authorities were highlighted in mass media, for example, camp “Romashka”, where authorities were highly criticized for lack of attention towards livelihood problems of IDPs. Linked to the issue of IDPs, there were mentioned some actors, as “Promin”, “Station Kharkov”, IDP camp “Romashka and the process of accommodation of IDPs in module transit camp.

In 2015 we witnessed some critical messages towards passiveness of IDPs (<http://izvestia.kharkov.ua/on-line/20/1182863.html>); in the number of mass media sources IDPs with disabilities are mentioned in emergency context or cases related criminal procedures.

Very often IDPs with disabilities are mentioned in the connection to “elderly disabled” people, in other words, their social statuses are perceived as equal.

*Aforementioned information allows us to confirm, that the informational politics related to IDPs with disabilities is bias and deviated. This topic is not interesting for the majority of local mass media channels. The topic is utilized by local authorities for self-prestige and rating raising manipulations or for making stories on negative facts, related to IDS with disabilities.*

## 2.3. Information obtained from IDPs with disabilities interrogations

### *General information*

The overall number of IDPs with disabilities participated in the survey was 250 persons, including 2 children. In addition, there were analyzed life conditions of IDPs in specialized institutions at host territories.

### **General portrait of respondents**

<b>Indicator</b>	<b>Donetsk (%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee (%)</b>	<b>Lugansk (%)</b>
<b>Gender</b>				
women	46	48	58	64
men	54	52	42	36
<b>Age</b>				
till 18 years old	1	1	0	0
18-20	16	3	2	2
21-30	31	4	18	9
31-40	26	15	24	24
41-50	17	14	26	36
51-60	4	40	20	13
over 60 year old	5	23	10	16
<b>Place of living</b>				
City	62	95	92	88
Rural areas	38	5	8	12
<b>Disability grade</b>				
Disability 1 grade	19	29	4	12
Disability 2 grade	34		44	58
Disability 3 grade	47		52	30

As it is evident from the template, the overall number of respondents according to the gender denominator is practically equal to half to half. This is common for all the target regions.

The predominant number of respondents are settled in cities, and are capable for labour (the majority of them belong to the 3 grade of disability). Therefore, the majority of IDPs with disabilities' integration into host communities, and active life might be accomplished with minimum efforts taken by the local authorities and host population.



## Diagnose

<b>Indicator</b>	<b>Donetsk (%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee (%)</b>	<b>Lugansk (%)</b>
Cerebral Palsy	21	11	6	7
Pathology of the musculoskeletal system	23	31	18	16
Nosology with eyes	8	8	4	0
Nosology with speech	14	2	2	1
Other «general diseases»	34	48	76	76

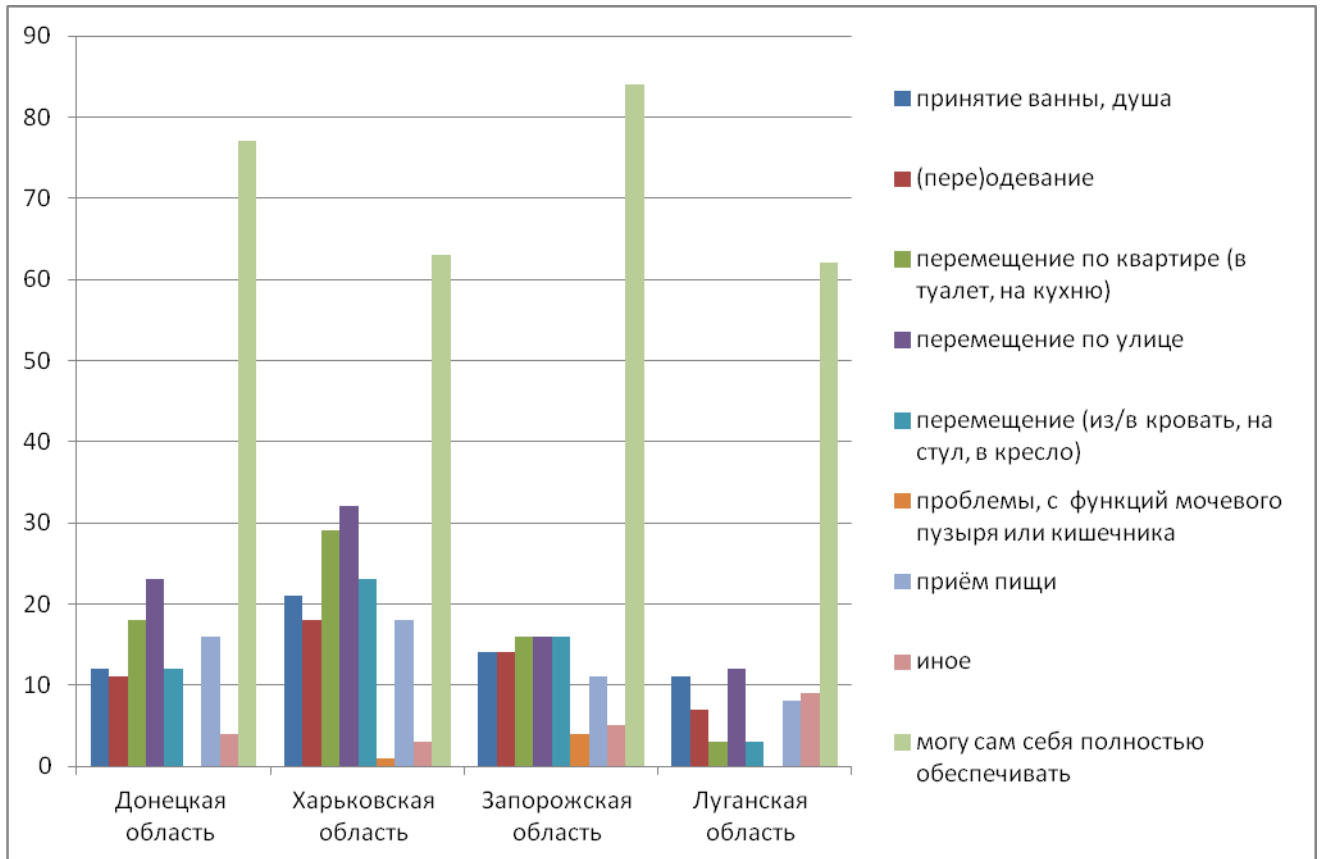
In particular, so called “general diseases” constitute the main group of reasons for disability status. In this number, there are disorders with heart and nerves systems, cancer and many others. In Lugansk and Donetsk, there were cases of disability status determination were related to severe injures due to war actions (4-5% of respondents).

The predominant number of respondents is not requesting any external assistance and can be fully independent.

### Needs<sup>1</sup>

<b>Type of needs</b>	<b>Donetsk (%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee(%)</b>	<b>Lugansk (%)</b>
Taking shower and bath	12	21	14	11
Clothes change	11	18	14	7
Walking inside a premise	18	29	16	3
Walking outside	23	32	16	12
Shift from bed to chair	12	23	16	3
disorders related to stomach, urine, bladder and bowel	0	1	4	0
Eating	16	18	11	8
other	4	3	5	9
I can help myself	77	63	84	62

<sup>1</sup> Note: respondents were given an option to choose several variants at a time, therefore overall % is higher than 100%.



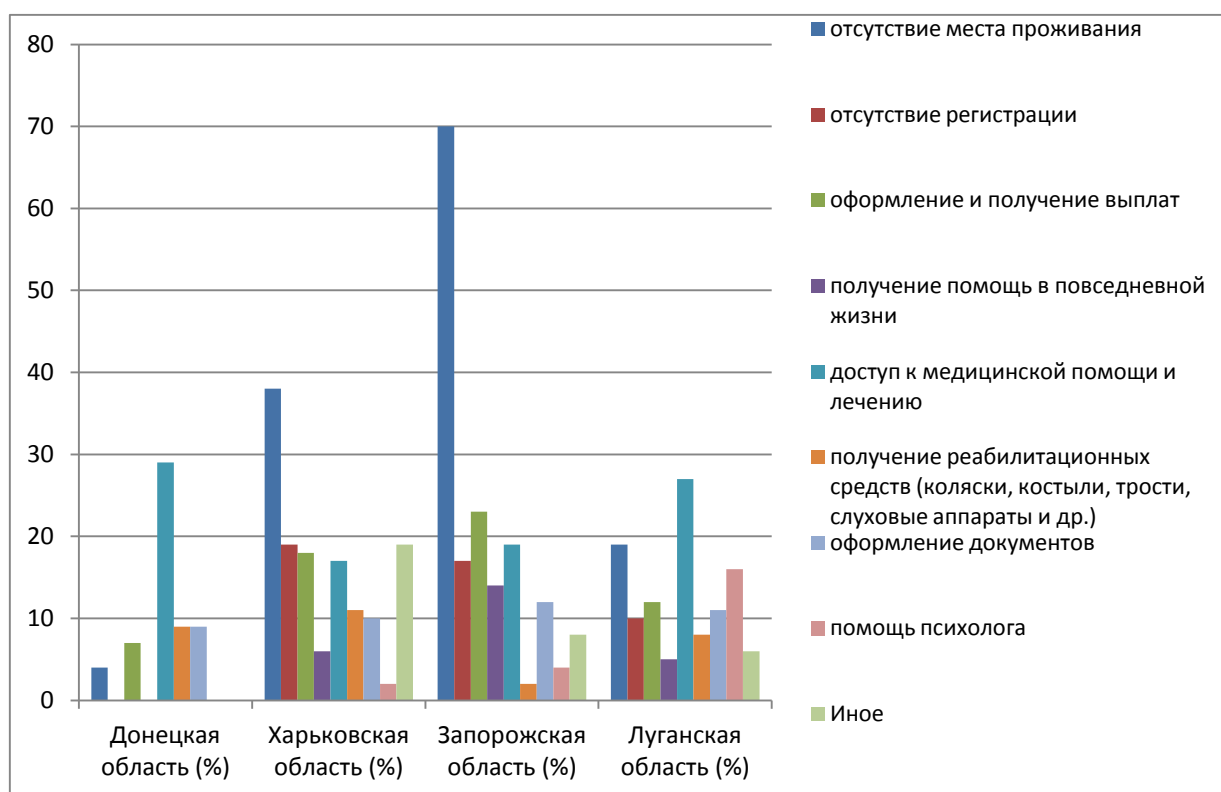
In majority of cases persons with disabilities do not require external help, however, some of them need to be accompanied to walk outside, to take a shower, to have food and to shift from chair to bed. The number of respondents stated, that physical exercises are prohibited for them, and they are lacking social care and financial aid.

The interrogation disclosed that the biggest and urgent problem for the majority of respondents is accommodation. Many respondents pointed out difficulties with registration, paper formalities for financial bursaries, assistance with day-to day life, access to health care and medical treatment, bad life conditions. Factually, there were no new problems occurred after displacement.

The assistance with documents/paper formalities is the most highlighted need for 100% of IDP women with children with disabilities.

Urgent problems<sup>2</sup>

Problem type	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
Absence of accommodation	4	38	70	19
Absence of registration	0	19	17	10
Paper formalities	7	18	23	12
Absence of assistance in daily life	0	6	14	5
Access to health care	29	17	19	27
Provision of rehabilitative means (wheel chairs, crutches, canes, hearing aids, etc)	9	11	2	8
Document submissions	9	10	12	11
Psychologist assistance	0	2	4	16
Other	0	19	8	6



Internally displacement caused additional problems for people with disabilities lives. Only one respondent among all questioned said, that none of listed reasons is a matter of his concern.

Due to the conflict actions thousands of people had been displaced. This is not an easy process for anyone, especially for persons with disabilities, who had to set up a new life at a new place, during economic recession and shortage of social care

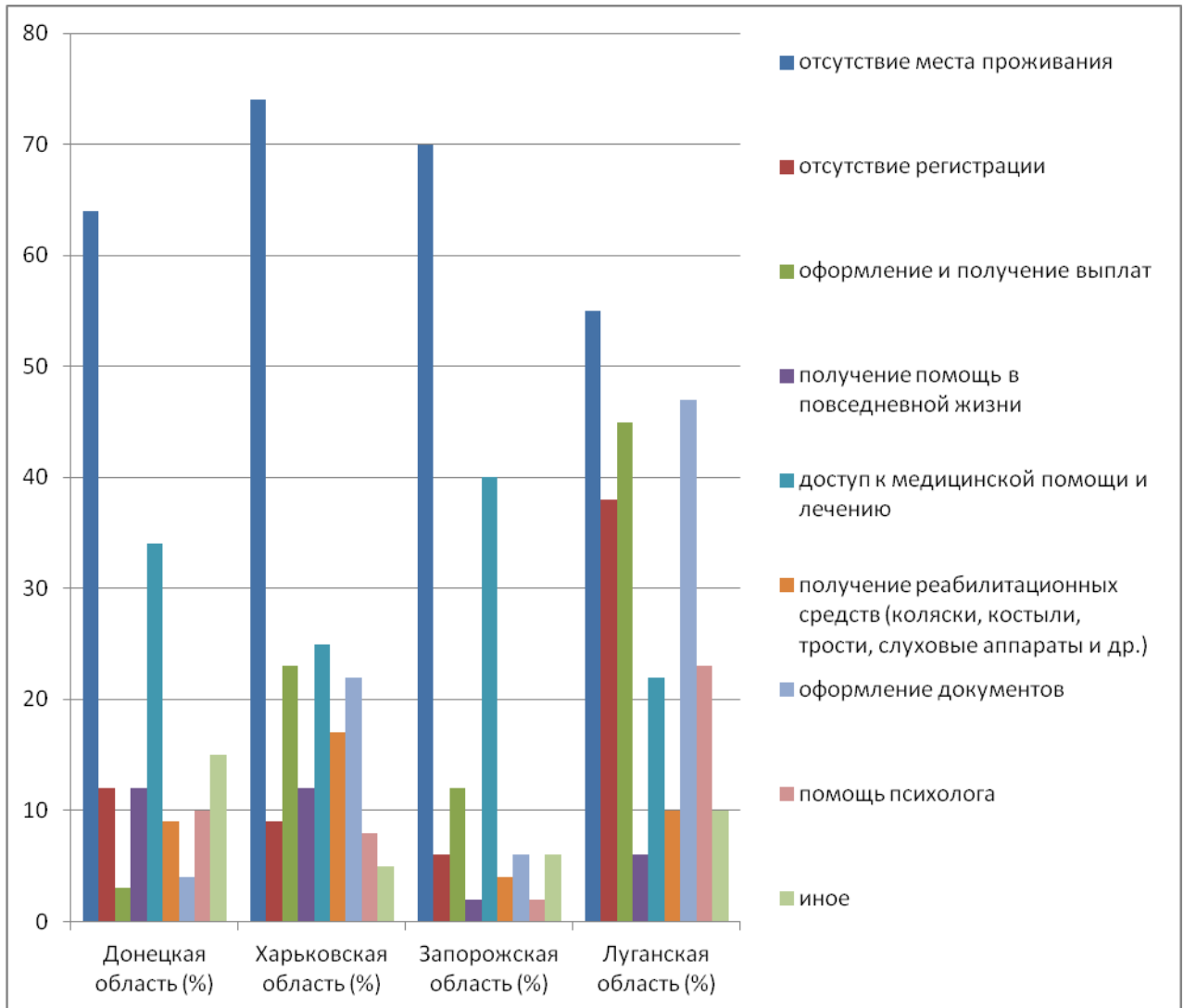
<sup>2</sup> Note: respondents were given an option to choose several variants at a time, therefore overall % is higher than 100%.

programmes for disadvantaged people. Inflation and Ukrainian currency instability directly impact the prices on medication. All this is conducive to substantive negative impact on IDPs with disabilities quality life. Therefore, it was not a surprise, that majority of respondents faced aforementioned problems. However, it is ought to be mentioned, that bigger part of problems were before displacement and got worse at host places.

### Problems related to displacement<sup>3</sup>

<b>Problem type</b>	<b>Donetsk(%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee (%)</b>	<b>Lugansk (%)</b>
Absence of shelter	64	74	70	55
Absence of permanent accommodation	12	9	6	38
Absence of registration	3	23	12	45
Paper formalities	12	12	2	6
Absence of assistance in daily life	34	25	40	22
Access to health care	9	17	4	10
Provision of rehabilitative means (wheel chairs, crutches, canes, hearing aids, etc.)	4	22	6	47
Document submissions	10	8	2	23
Psychologist assistance	15	5	6	10
Other				

<sup>3</sup> Note: respondents were given an option to choose several variants at a time, therefore overall % is higher than 100%

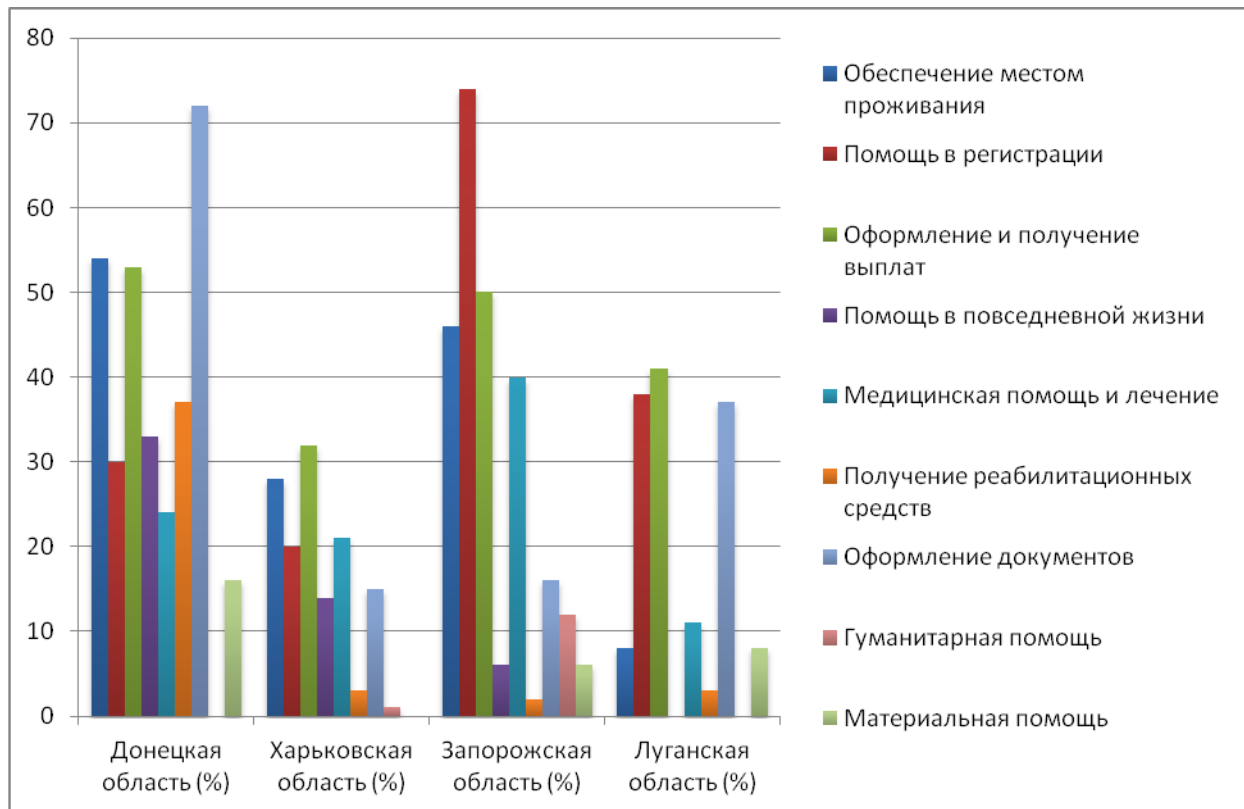


It must be raised some positive points. Thus, number of IDPs do not possess any permanent accommodation, finally the problem with IDP registration was successfully resolved.

Certain activities are undertaken by the state authorities and volunteers to help IDPs after displacement. Assistance encompasses temporary accommodation search, assistance with registration, assistance with receiving financial aid and health care. However, it must be stated, that amount of aid is evidently insufficient.

### Provided assistance to IDPs while displacement<sup>4</sup>

Help assistance	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
Accommodation	54	28	46	8
Registration	30	20	74	38
Financial aid and bursaries	53	32	50	41
Assistance in day-a – day life	33	14	6	0
Health care	24	21	40	11
Rehabilitative means	37	3	2	3
Paper formalities	72	15	16	37
Humanitarian aid	0	1	12	0
Material aid	16	0	6	8



It must be highlighted that the negative factor is 20% of all respondents never received any assistance. Once we analyzed obtained data, it should be stated, that only limited number of IDPs received rehabilitative means and assisted with accommodation. However, all respondents pointed out that their current accommodation is temporary and allowed to be lodged for a maximum of 3 months.

In most of cases IDPs arrived to a host place, had a little chance to visit a doctor.

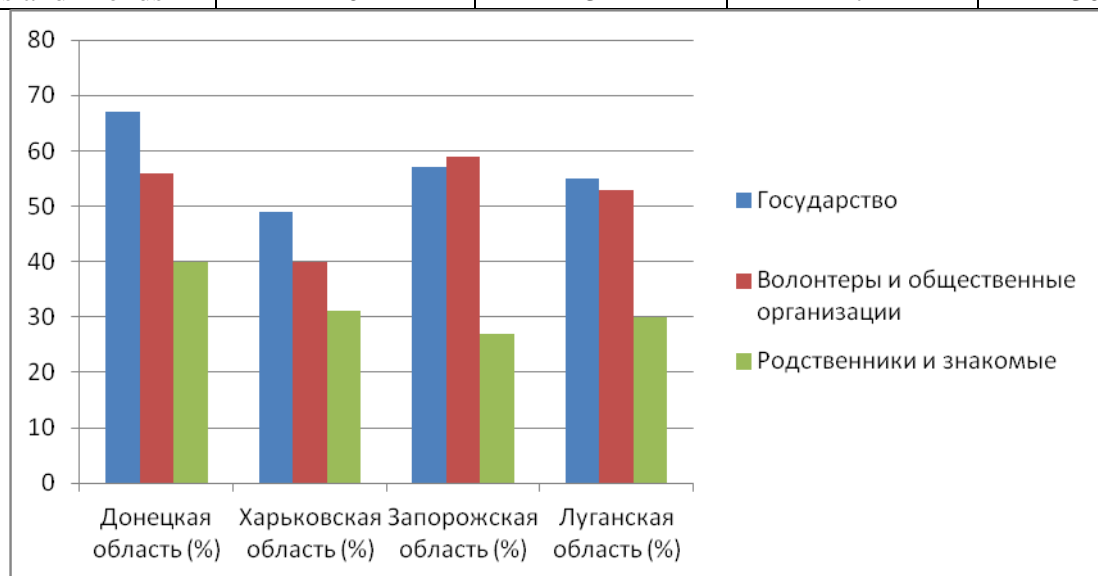
<sup>4</sup> Note: respondents were given an option to choose several variants at a time, therefore overall % is higher than 100%

### Visit a doctor

Source of assistance	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
Health point at IDP camp	19	33	54	19
No	70	56	32	56
Other	11	11	14	25

### Source of assistance<sup>5</sup>

Source of assistance	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
State	67	49	57	55
Volunteers and nonprofit organizations	56	40	59	53
Relatives and friends	40	31	27	30



During our survey, it was noted, IDPs with disabilities are acutely lacking information: less than 40% of IDPs with disabilities were informed about their rights and ways of protection of rights. All the rest such type of information were not provided. Majority of IDPs are receiving information from neighbors “saraphan radio”, what evidently halts urgent resolution of a problem. Another source of information for IDP is volunteers and NGOs. Among those who are engaged in information spreading are relatives and friends. Unfortunately, public authorities are not a source of information for IDPs, therefore a broad awareness raising campaign on behalf of civil society is highly needed.

The most acute this problem is for deaf and blind citizens, as they can't study information materials without special means and channels of deliverance. Factually for aforementioned target groups there is no information on specialized formats. The information for relatives and parents of kids with disabilities is absent either.

<sup>5</sup> Note: respondents were given an option to choose several variants at a time, therefore overall % is higher than 100%

### *Communication and attitude of others.*

In general, the interrogation respondents were nice with interview monitors and gladly came in contact. The exception was with IDPs with disabilities, who were lodged in sanatoriums and social care orphanages.

#### **Evaluation of communication circuit**

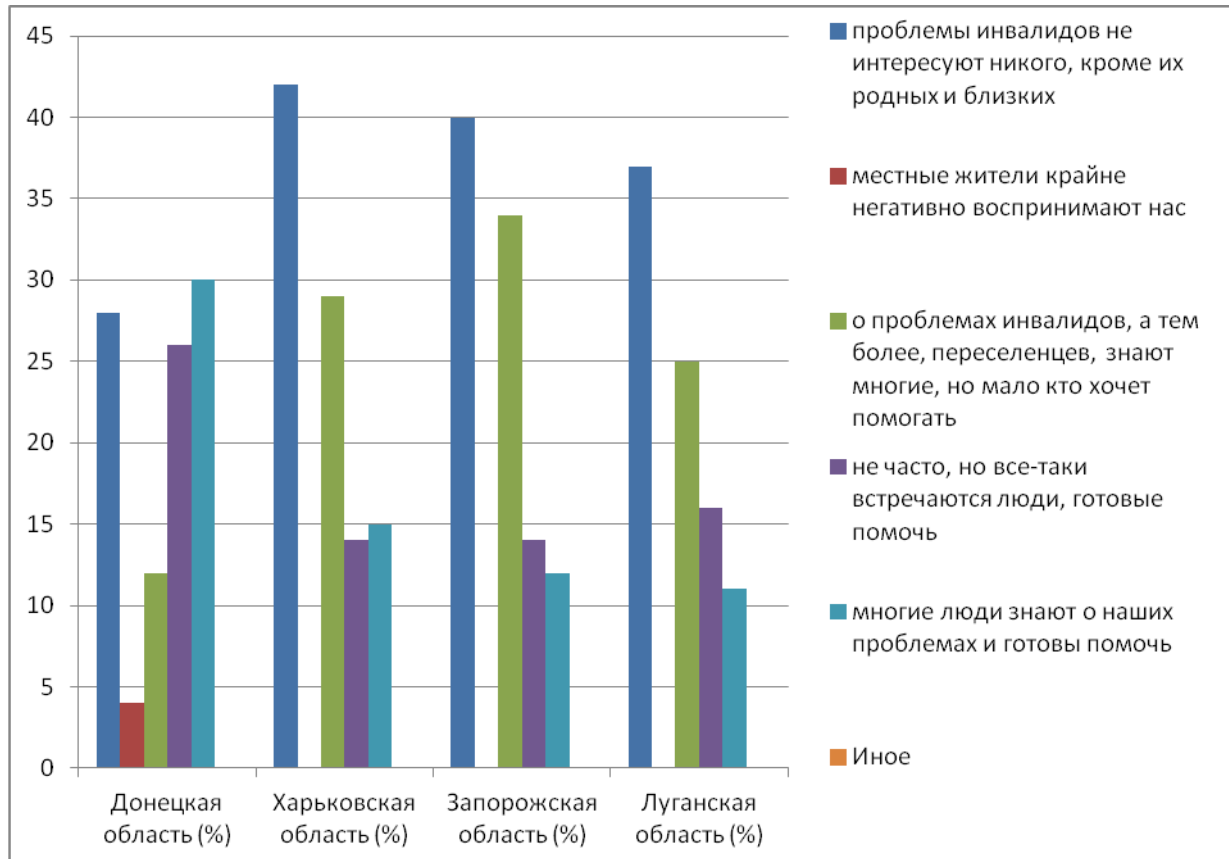
<b>Assessment</b>	<b>Donetsk (%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee (%)</b>	<b>Lugansk (%)</b>
I almost do not talk to anybody, and it hurts me much.	49	11	16	16
I almost never talk to anybody, but I am fine.	14	11	16	23
In general, I can say, that I am lacking communication	18	39	30	33
I am fully satisfied with my circuit of communication	16	35	38	25
Other	3	4	0	3

The assessment of attitude towards persons with disabilities at host communities is quite positive, but varies in different regions.

#### **Host community attitude**

<b>What citizens at host communities think about IDPs with disabilities</b>	<b>Donetsk (%)</b>	<b>Kharkov (%)</b>	<b>Zaporozhee (%)</b>	<b>Lugansk (%)</b>
Disabled peoples' problems are not related to anybody but their relatives and friends	28	42	40	37
Local people negatively perceive us	4	0	0	0
Problems of persons with disabilities are known to all, but little number is willing to assist	12	29	34	25
Very rare, but there are some people who are willing to assist	26	14	14	16
Many people know about our problems, and ready to help	30	15	12	11
Other	0	0	0	0





In general, respondents consider, that majority of people are aware of IDP problems and ready to help, however, there is no information about where and how to do it. Monitors noted, that IDPs are awaiting sympathy towards them, concomitantly the mass media announcements about social care institutions programmes are on very low level. Therefore, IDPs with disabilities at the first place will approach not state institutions, but NGOs, volunteer groups, relatives and friends.

### Assistance addressing

Where IDPs are suppose to address for assistance	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
State	8	23	17	51
Volunteer groups and NGOs	8	17	9	50
Relatives and friends	84	60	72	71
Other	0	0	0	3

In general a greater number of IDPs are satisfied with communication circuit they have, but they could not rely on anybody, but themselves. Satisfaction with surrounding is linked to the fact, that people simply could not change it, as they are locked indoor. All mentioned is conducive to broadening the gap between society and IDPs with disabilities. The survey disclosed, that IDPs will approach relatives and local people, than public authorities. However, looking at number of addressing cases to public authorities, volunteer groups and NGOs, they are all at the same level.

**Mobility**  
**Comfort level at host place**

Answer options	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
Comfortable enough	9	26	38	11
Not worse than home	21	30	10	18
feel constant discomfort	68	11	44	68
other	2	33	8	3

It should be noted, that the difference between feelings of IDPs with disabilities in urban and rural areas is substantive. Thus, in rural areas majority of IDPs suffer from remote access to regional center, limited transportation, prices for transportation to receive necessary medical care. Other respondents felt a difficulty to assess the accessibility to public buildings, as they have a little clue about available accessible destinations and venues. Majority of them do not have any information about how they can get to places and receive assistance.

**Walking outside for a stroll**

Type of answer	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
I have no problems with outside strolls	47	49	45	53
I have a little problems with walking outside	23	11	18	25
I have some problems with walking outside	10	11	16	10
I have serious problems with walking outside	12	18	8	10
I can not walk out	4	6	4	2
Other	4	5	9	0

The question whether there are new buildings equipped with accessibility means (shops, medicine stores, health care institutions, education establishments, transportation communications, etc), was supplemented with the following answers:

**Donetsk region:** 40% respondents consider that public places are equipped but not enough. 20% of IDPs consider social infrastructure as accessible. Only 18% of respondents consider public places as inaccessible. 22% possess some difficulty with responding as moved recently and did not adapt to new neighborhood

**Kharkov region:** majority of IDPs with disabilities consider that main public places are accessible, but 12% noted, that accessible social infrastructure is far from them.

**Zaporozhee region:** practically all respondents in Zaporozhee region are from urban locations, therefore social infrastructure is accessible for them. Public transportation is a main factor for active social life was assessed as in accessible (94%). Electric transport and buses are not equipped with wheel-chair lifts. The bigger problems with transportation are related to persons with musculoskeletal system problems.

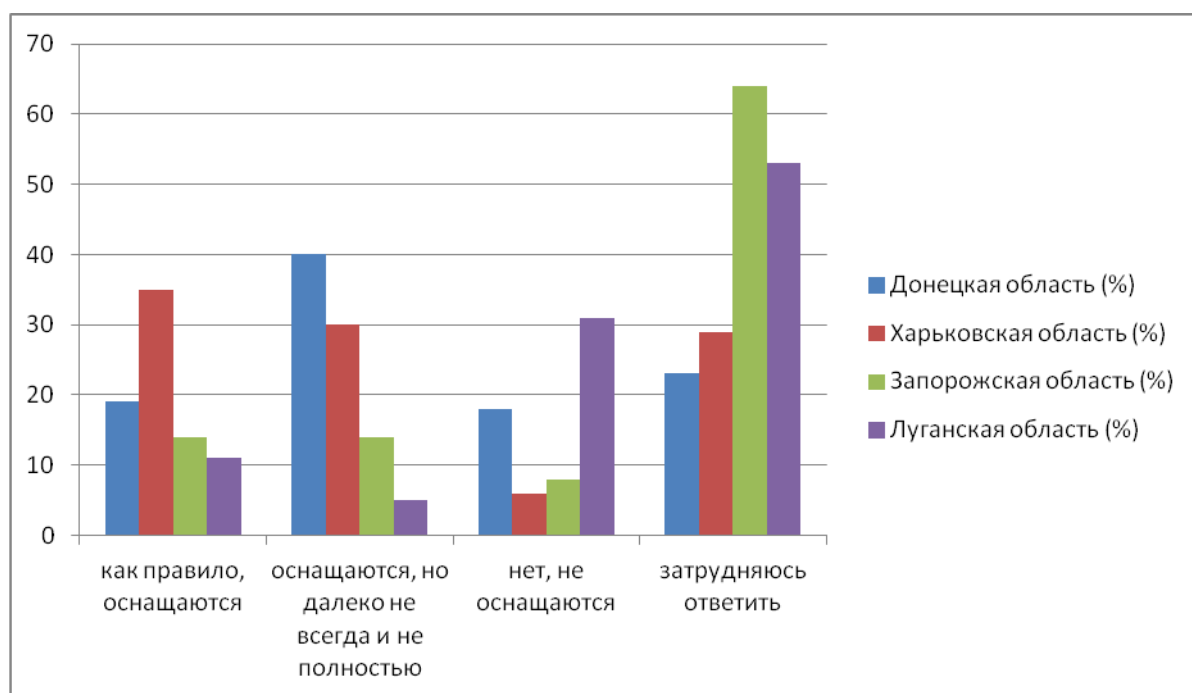
**Lugansk region:** IDPs with disabilities pointed out, that they have various objects with social infrastructure, shops(56%), medicine stores( 30%), services centers and health care institutions(26%).

18% respondents noted, that they are living next to leisure and cultural establishments; 16%- administrative buildings; 12- sports, leisure and entertainments venues. 8% are living next to social care institutions. 5% of IDPs with disabilities felt difficulty to answer this question, as they never go outside.

As we might see, majority of IDPs with disabilities consider that they are living in accessible social infrastructure. Minor part of them consider that these venues are far away from them. This standing is clear because of majority of respondents has no difficulty with moving, consequently, do not pay attention to accessibility means. However, if we analyze answers of persons with limited moving capacity, we will envisage, that they assess neighborhood as “inaccessible”, or “partly accessible”. Absence of accessibility means is noticed by those who need it. Therefore, the answer “as a rule, it is accessible”, we will not be accepted as reliable.

### Accessible buildings of public usage

Type of answer	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
As a rule, it is accessible	19	35	14	11
Accessible, but not enough	40	30	14	5
Inaccessible	18	6	8	31
Difficult to answer	23	29	64	53



We may admit, that principle venues of social infrastructure are still inaccessible for persons with disabilities. We are talking about state institutions, cultural and leisure establishments, health care institutions which are meant for rehabilitation and social integration of persons with disabilities.

#### *Right on social care*

The evaluation of receiving financial aid according to a region was very diverse.

**Donetsk region:** Pension and other social bursaries are not being received only by 2 persons among all respondents (3,5%). While analyzing the amount of bursaries, we envisage, that are the same, and is equal to 1062 hrivna. Ten persons, what constitutes 17,5% among all respondents the range of financial aid differs from 1070-3000 hrivna. However, only 3 persons pointed out, that they are satisfied with amount of allotted aid. The majority of other pensioners receive not higher than 949 hrivna per month.

Much dire situation is with kids with disabilities younger than 18 years old. All such cases are operated by the central social care service and the cases are not transferred electronically, but in paper, what causes long prolongations. Bursary is paid only in case of the case hard copy deliverance.

**Kharkov region:** Pension and other social care benefits are not received only by 6% of respondents. During the survey, majority of persons refused to name the amount of allocated bursary.

In general this amount equals to 1796,48 hrivna. This denominator can not be taken into account, as one quarter of respondents were allotted with special bursaries, where the amount of which is much higher than average level of a pension for disability. The average amount for a disability pension is about 1236,80 hrivna.

*Majority of kids with disabilities are not receiving any financial aid, as they are lacking necessary documents!*

**Zaporozhee region:** 96% receive various types of financial aid. Social pension is receiving 28% of respondents. 18% do not know what type of pension will be allotted, social pension for disability is received by 62%, some of them are receiving pension for loss of a breadwinner or labour injures. 4% do not receive anything because of papers' loss.

**Lugansk region:** 97% receive various types of financial aid. Only 3% of respondents are not receiving any aid due to delays with document formalities. The amount of allotted financial aid differs from 900 till 6000 hrivna. Thus, less than 1000 hrivna receive only 30% of respondents, from 1000-2000 hrivna- 56 % of people, and from 2000-3000 hrivna is allotted to 12% of respondents, 2% among all target groups is receiving 6000 hrivna. In addition, the level of satisfaction with amount of bursaries also differs.

#### Contentment with financial aid

Type of answer	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
Satisfied	2	4	8	3
More likely to be satisfied	4	5	4	2
Less likely to be satisfied	29	29	48	47
Totally unsatisfactory	65	62	60	48

Some of respondents were asked about the desirable amount of adequate bursary. There were stated amounts from 1500- 5000 hrivna. The most often amount reiterated was 3000 hrivna.

#### Upkeep, dependents, benefits, location

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Who cares of you?</b>				
Nobody	19	11	4	4
Relatives and friends	25	46	62	72
Trustee	7	3	0	0
Other	49	40	34	24
<b>Is there someone in your content?</b>				
yes	68	34	76	27
No	32	66	24	73
<b>Where are you accommodated?</b>				
Independent rent	19	53	56	67
Premise is given by the state	25	14	28	0
Premise is given by NGOs	7	3	4	4
Accommodated with relatives	47	27	10	26

I have no fixed venue to stay.	2	0	0	0
Begging				
other	0	3	2	3
<b>Who pays for your accommodation?</b>				
personally	39	59	56	77
relatives	42	32	10	15
municipality	17	7	28	4
other	2	2	6	4
<b>What benefits do you utilize?</b> <i>(multiple option is possible)</i>				
Benefits for rent (50%)	4	8	0	11
Benefits for utilities/water	2	0	0	0
Benefits for city phone (50%)	4	2	0	4
Benefits for transportation	83	58	92	48
No benefits	0/7	0/32	0/8	0/37

The unexpected result was a revealed fact, that a substantive number of IDPs with disabilities has a dependent among his relatives, and sustaining others, taking into account, that an average amount of bursary is about 1062 hrivna. It means, that ratio per person comparing to income is beyond minimum living wage!!!

Very pessimistic monitoring results related to accommodation of IDPs with disabilities. Rare cases of IDPs on wheel chairs possess temporary accommodation given by the state, but vast majority is settled with their relatives or dealt with this problem independently.

Taking into account an average level of rent correspondently to an average level of income of IDP family, it is hardly possible to speak of decent life conditions. The part of IDP influx is settled in rural areas, where accommodation is given for free with utilities bills to cover. Another part is settled with relatives, who are covering the bills. Less than 20% of IDPs with disabilities' cases are covered by the state. Therefore, taking into account the minimum income, majority of IDPs with disabilities are in utmost frightful financial situation.

Only minor part of respondents obtained benefits for accommodation bills. Bigger benefits are utilized on transportation, but in practice buses drivers are reluctant to board persons with disabilities. In addition, many persons with disabilities can't rely on social care due to the loss of documents.

***The quarter of all respondents have no clue about their right on benefits!***  
The survey unfolded that majority of IDPs are lacking the efficient access to information related to rehabilitation and social adaptation.

#### **Rehabilitative means**

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Are you aware of your right on rehabilitative means?</b>				
yes	68	69	14	71
no	32	31	86	29
<b>Have you approached any state organ to receive rehabilitative means?</b>				
yes	76	25	4	7
no	24	75	96	93
<b>What were the results of your efforts?</b>				
Rehabilitate means were given	24	31	0	100
No answer was received	1	1	100	0

I was refused orally	0	25	0	0
I was refused in written form	0	0	0	0
I was asked to resubmit the application	68	37	0	0
Other	7/0	6/0	0/0	0/0

The awareness level related to the right on rehabilitative means differs in target regions. As it must be noted, that the denominator of success: higher number of persons with disabilities aware of possibilities to get rehabilitative means, higher number of respondents received the means. In addition, other social services are accessed as in sufficient, despite the fact of the results with appeals feedback given..

### Assessment of social care

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Are you satisfied with social care service?</b>				
yes	42	25	50	48
no	37	68	28	49
other	21	7	22	3
<b>If “no”, please state what was insufficient?</b>				
Non-effective and intricate procedure of application	40	69	45	42
Indifferent attitude of officials	25	21	28	23
Rude attitude of officials	10	10	15	0
other	25	0	12	35
<b>Have you submitted a complaint on officials’ performance?</b>				
yes	3	2	10	4
no	97	98	90	96
<b>If “yes”, where did you complain?</b>				
Management of this service	100	50	0	50
Local state administration	0	0	100	50
Prosecutor/ police	0	0	0	0
Court	0	0	0	0
other	0	50	0	0
<b>What were the results of your complaint?</b>				
I was a success	0	50	0	0
Nobody was punished	0	0	50	50
Nothing has been changed	100	50	0	50
other	0	0	50	0

The monitoring survey disclosed a substantive inertness of IDPs with disabilities in human rights advocacy, what is explained by apathy and uncertainty in capability to change anything. In most of cases, IDPs do not complain because “complaints are useless” or “why should I complain? To whom? - they are all the same in the system”. Therefore, it is clear that IDPs with disabilities are not in the position to fight for their rights and submit complaints, they are not awaiting for any change.

### *Access to health care*

The problem with access to health care and medication is the second biggest problem among those, which were pointed out by our target group. It is confirmed by the number of visits to medical care institutions for various types of assistance.

#### **Frequency and subject of service enjoyment**

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>How often are you visiting a doctor for consultations related to your disability?</b>				
Once a month	36	34	26	37
Once per 3 months	18	21	22	3
Once a half a year	16	30	6	19
Once a year	14	8	18	12
other	16/0	7/0	28/0	19/10
<b>What type of medical care institution are you approaching to?</b>				
Governmental	90	97	98	100
Private	0	3	2	0
No idea	0	0	0	0
other	10	0	0	0
<b>Do you have a family doctor?</b>				
yes	10	5	22	16
no	90	95	78	84

In order to get medical consultation all IDPs with disabilities are approaching governmental clinics. Private hospitals are excluded as they are too expensive. In addition, family doctor is quite a rare case, what makes it difficult to provide medical assistance in systematic way. The predominant number of IDPs is using public transportation to get to medical care institution. More than a half of them are spending over an hour to get to the hospital.

#### **Territorial and functional accessibility of health care**

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>How far do you live from the nearest health care institution?</b>				
Very far	25	40	20	15
Not far, if I take public transport	38	29	46	16
Not far afoot	24	21	22	23
close	11	2	12	19
other	2	8	0	27
<b>How can you access the level of physical accessibility of health care service?</b>				
Health care is accessible	25	12	2	16
May say, that health care is more or less accessible	33	23	50	45
Level of accessibility is insufficient	35	37	22	32
May say, health care is inaccessible	3	18	24	4
Totally inaccessible	4	10	2	3



Concluding with physical accessibility of medical care institutions, more than a half of respondents consider health care service “more or less” accessible, however, medical care buildings were assessed as “inaccessible”. For persons on wheel chairs the independent moving in urban and rural areas is still very problematic. Transportation infrastructure technically is not up to transportation of persons with disabilities. “INVA taxi” is absent in majority of regions, but taxi companies are reluctant to provide transportation for persons on wheel chairs. Moreover, this problem is bleeding for blind persons, as there are no systems of special signals and signs.

56.1% of respondents are paying to a doctor for consultation, and 43,9% receive medical help for free, but purchase medication for their own expense.

### **Defrayal for doctor consultation**

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Do you pay official rate for a doctor's consultation?</b>				
yes	0	17	36	12
no	44	73	48	85
Yes, directly to a doctor	56	10	16	3
other	0	0	0	0

This is mainly defrayal for blood tests, counseling and medical therapy manipulations (massage, drips, injections, physical therapy and other treatments). According to regions, the data is given as the following:

**Donetsk region:** only 42% of IDPs with disabilities having a prescription for free medicines can cash them, 58% of IDPs are not receiving free medication, although have a right on it. Among total number of respondents, those who are receiving free medication, only 15,8% among them is receiving enough on monthly basis. Only 16% of respondents receiving medication consider it “of a good quality”.

After displacement only 19% of IDPs underwent doctor's investigation and received medication. There were cases when IDPs received medication without doctor's investigation, and vice versa. Only 20% of respondents were informed about a doctor's investigation/ tests' results. In general IDPs assess the attitude of medical personnel towards them in the range from “good” till “unsatisfactory”.

**Kharkov region:** only 38% of persons with disabilities having a prescription for free medication can receive it, but 62% of IDPs with disabilities do not receive free medicines, but have a right on it. Among total number of respondents, those who are receiving free medication, only 17% among them is receiving enough on monthly basis. We are talking about those persons, who were displaced to the state medical institutions (orphanages). Factually, the current survey unfolds, that only 6% of respondents enjoying free medication. 18% of those who are receiving free prescription for medicines consider them as good. Other consider the quality of medicine as low, explaining that cheap medication can't be effective. After displacement 36 % of IDPs with disabilities were checked by a doctor and received medical treatment in the hospital. Sometimes IDPs were receiving medication without medical checks, and vice versa. In general IDPs assess the attitude of medical personnel towards them in the range from “good” till “unsatisfactory”. One respondent noted the attitude towards him was “rude”.

Only 7% of IDPs with disabilities received free sanatorium medication.

**Zaporozhe region:** in the course of our survey, it was possible to disclose the fact, that 64% of respondents are receiving free medication. 78% are paying for medical care officially- 40%, 16%- directly to a doctor, 22%- for therapy treatment manipulations and tests. The bigger majority of respondents, 82% are purchasing medicines, 16%- partly purchasing, and only 10% obtain medicines for free once a month. 8% responded that received medicines are enough for a month and they are of a good quality, but not always are available in governmental drug store. The hospital medication treatment related to disability received 42 % of IDPs upon displacement.

Only 38% of respondents were informed about a doctor's investigation/ tests' results, but 4% were not informed about medical checks' results. 40% assessed medical care personnel as good, 30%- satisfactory, 6- indifferent, the rest 16% did not visit a hospital at all. Among those who were questioned, only 4 % received sanatorium medication.

**Lugansk region:** only 12% of respondents are paying for doctors' consultations. 3% of people are paying directly to a doctor. Some payment is taken place for medical therapy manipulations, tests- 15%, 3% paid for massage, drips, injections, physical therapy and other treatments. Only 7% of respondents are receiving free medicines. 4% free medication is received on monthly basis. 3% - once per half a year. All the rest of respondents are paying for medication by themselves. Once a person possesses a prescription for free medicines, only 1% can cash it. For a monthly medication only 4% of respondents receive a sufficient amount of drugs. The same number of persons is satisfied with a quality of medical treatment. The answer on the question "Have you received medication at the hospital after displacement?", was affirmative with 11% of respondents. 4% had to undergo the commission on confirmation of disability. Never be checked or treated at the hospital was 56% of respondents. All those who were checked were informed with the test results. The medical personnel attitude was assessed as satisfactory- 7%, good- 4%, very bad- 1%.

Sanatorium medication after displacement was received 1% of respondents.

### Assessment of the quality of health services

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Are you satisfied with the quality of health care?</b>				
yes	37	33	36	31
no	63	67	40	11
other	0	0	24	58
<b>If "no", please explain what is unsatisfactory?</b>				
Non effective treatment	46	33	10	1
Doctor's indifferent attitude	34	25	18	4
Rude doctor's behavior	0	4	2	0
other	20	38	70	95
<b>Have you been harmed with non-qualified health care assistance?</b>				
yes	5	8	4	4
no	95	92	96	96
<b>Have you complained on non-qualified health care assistance?</b>				
yes	3	8	4	1
no	97	92	96	99

<b>If yes, whom did you complain to?</b>				
Health care institution management	100	100	50	100
Health care state department	0	0	0	0
Prosecution, police	0	0	0	0
Court	0	0	0	0
Other	0	0	50	0
<b>What were the results of your complaints?</b>				
Nobody was punished	100	100	100	100
My damage was reimbursed	0	0	0	0
Guilty person was punished	0	0	0	0
Other	0	0	0	0

The low number of complaints is explained with the IDPs standing, that complaint itself will not bring any effect on quality of health care treatment, nobody was punished for harm “before us”. In most of cases people consider that complaints are useless and will not drive to any improvements. It is also must be noted, that majority of respondents are not satisfied with the quality of health care due to indifferent attitude of medical personnel and insufficient medication treatment. Therefore, we may say, that improvement in the current circuit is related to individual factor and human attitude.

### ***Employment***

Employment is the most painful issue for a person with disabilities. Labour for a person with disability is not only related to financial and economic sustainability, but to the fact of independent living, to opportunity to be helpful for the society, and consequently, to be equal with other citizens. Our survey disclosed the information, that despite the physical disability to be employed, the biggest majority of IDPs with disabilities is not working.

## Employment

Type of answer/question	Donetsk (%)	Kharkov (%)	Zaporozhee (%)	Lugansk (%)
<b>Are you employed currently?</b>				
Yes, officially	0	11	0	3
No	86	84	98	92
Yes, unofficially	14	5	0	5
Other	0	0	2	0
<b>Do you have a need to be employed?</b>				
Yes, I can and want to be employed	55	28	18	11
No, I can't be employed	37	68	60	49
No, I can be employed, but I do not want	2	4	6	4
other	6	0	16	36
<b>Have you visited a local employment service office?</b>				
yes	10	27	10	5
no	90	73	88	95
Other	0	0	2	0

The situation with employment unfolds as the following.

**Donetsk region:** a potential labour opportunity to be employed was not offered to anyone at the local employment service. At the Donbass center for rehabilitation there were employed 8% of IDPs with disabilities. At the current moment, they are submitting documentation to be enrolled for the computer training programme.

**Kharkov region:** in employment service center only 11% of respondents were offered jobs, and vocation education was offered to 8% of our target audience. Among those who did not approach employment service: absence of will- 14%; they won't help- 9%; no documents- 16%; "what is the point to be employed for a person with disability?!"- 12%.

**Zaporozhee region:** 8% of our target group members were offered jobs in state institutions; 2%- relatives, friends; 4% were employed without any external assistance. 88% did not approach local employment service due to various reasons: 10%- absence of will, 8%- loss of documents, 20%- were thinking that employment service can't help; 52% did not approach a local employment service due to other reasons: health condition, maternity leave, pension age, student. 6% were offered assistance with necessary information search.

**Lugansk region:** survey participants over 60s are taking medication course or in maternity leave, therefore, they can't be employed. Only 3% pointed out the fact, that they were offered a job. 1% was offered to be employed in state institution, 1%- by relatives and friends.

While approaching a local employment service, only 1% was offered with information search assistance. The reasons why the employment service was not visited, 14% responded, that they have no will to be employed, 10%- lost their documents, 4% consider employment service as inoperative.

Majority of survey participants shared their overviews, as they might try to be employed, but they are afraid to be refrained from state bursary and pension benefits.

Bigger part of respondents is willing to be employed, but opportunity for vocational education and potential employment was never offered by the state employment service for them.

Moreover, the reason for not to visit the state employment service is absence of intent to be employed. As well as loss of documents and infidelity in effective operation of the service should be taken into consideration. It should be noted, that a big number of respondents on wheel-chairs can work, but there is no accessibility to get to work places on daily basis.

Comparing to other social groups, persons with disabilities less advantaged at the labour market. Diverse discrimination is expressed towards women with disabilities and elderly persons. Unresolved problems with employment of IDPs with disabilities are paving the way to decrease of their quality of life and increase of marginalization and isolation.

We may constitute, that the situation with employment of IDPs with disabilities reveal two sides. On the one hand, persons with disabilities desire “much”, but can “little”. Very often this target group pretends on those vacancies where they lack professional competences. On the other hand, there is an evident lack of readiness to employ persons with disabilities by local employers.

Employment of a person with disability is associated with bothers, which might occur after employment. The main duty of mass media is to deliver the message to employers that equal employment is a normal European practice. To conquer the disabled person’s problems together is a challenge for both sides: society and our target group. In addition, there is a need to enhance public awareness and development of convenient climate for disabled people’s employment. In ordinary people’s mentality there are lots of prejudices towards persons with disabilities. There is no clear understanding of positive change for livelihood of persons with disabilities. Unfortunately, our post-Soviet society does not know a case of such successful stories.

### *Leisure*

Leisure is a conscious and targeted human activity, where a person learns his inner personality and social surrounding. As a result a person enhances his ability to self-expression and satisfaction of individual interests.

Integration into social-cultural dimension can be implemented due to functional operation of various types of clubs, based on members’ interests in sports, hand-made, contests, etc. A special place is dedicated to sports activities based on contest format.

However, IDPs with disabilities are highly constrained with leisure opportunities.

Thus, in Donetsk region: there are 3 variants of leisure: TV watching, talking with friends and web surfing. TV watchers- 40%, talking to neighbors – 47%, playing games on computer - 47%, other – 14%.

**NOT a single person attends museums, cinema and other places of public interest (!!!!), 10% - are doing nothing!**

None of mentioned types of leisure is meant to overcome isolation and orient on society integration. Hand-made workshops were offered to 7% of respondents. In most of cases such offers are coming from NGOs and volunteers.

Kharkov region: the results are very much alike to Donetsk one. The television is watching 65%, talking with friends and neighbors – 63%, reading – 49%, playing on computer - 27%, other – 16%, doing nothing– 6%.

As a positive indicator, it should be mentioned, that in Kharkov region there are 12% of respondents are attending museums, cinemas and other venues of public interest. Moreover, special cultural programmes were offered to a slightly bigger number of people- 21%, but it was also done by NGOs.

Zaporozhchee region: television- 44%, chats with friends – 48%, reading – 28%, computer games - 10%, museums – 14%, fishing – 6%, working at home – 1%, doing nothing – 6%.

18% were offered cultural workshops by: 4% state institutions, 10% - NGOs. 80% respondents were not offered anything.

**Lugansk region:** friends- 22%, 18% - television watching, 11% reading and computer, 4% -doing nothing. 23% are devoting their time to family matters, medication, gardening, listening to music.

The situation with disabled persons' leisure is worsen due to several reasons. At the current moment, social adaptation and cultural integration is not coordinated by anybody, including by the state. The state functions related to socio-cultural rehabilitation is scattered among several state bodies: health care, culture, education and social care ministry. Finally, nobody is responsible for persons with disabilities care and rehabilitation.

#### ***IDP families with disabled children***

During the survey, there were covered several IDP families with children (7 families). This little number of respondents revealed common problems, which are not being resolved.

There is a well-known fact, that life of all families can find lots of similarities, parents of children with disabilities experiencing unusual special occasions, often unexpected and prolonged, what is causing severe stress. It is likely that the presence of a child with disabilities, along with other factors may significantly affect the life of a family, reduce the opportunities for earnings, contacts with friends and recreation. If we add here a constant stress, which is associated with displacement, the loss of usual way of living and financial security - the situation in these families is much dire.

The parents have to resolve issues related to recreation of physical and moral powers. Another issue is to information associated with a kid's health. Information related to services, which can be provided to children is requested by 60% of parents. However, received information was by 20% family members. There is no work done by the state for families fostering kids with disabilities. Another substantive need is psychological assistance for families with disabled kids, meeting with other family members dealing with the same life situations.

Parents of kids with disabilities are afraid to send their kids to schools, and have a little idea about access to education. In regions there is a common case when there are no specialized education establishments for kids with disabilities, and ordinary schools are not ready to enroll for education such type of children.

There is no specialized literature with adjusted formats for various needs where kids with disabilities can receive knowledge and skills.

We envisage that local authorities are not keen to resolve these issues, saying that “temporary displaced people are temporarily here and will return home soon”. This is not a rare case, when parents of other school children are reluctant to study together with kids with disabilities. Majority of teachers and school administrators have a little clue about disability needs.

Ordinary kids have no awareness of their peers with disabilities’ needs and prefer to stay away from them.

As a result kids with disabilities are not ready for self-management and society integration. The problem is worse for those kids who must overcome infrastructure constraints to get to study classes.

In our survey, we have found only one exception in Zaporozhee region. There are three social rehabilitation centers for kids with disabilities in the framework of Zaporozhee city council social care department. In addition, there is a private rehabilitation center for kids with disabilities “Prometey”, where kids can be assigned for full time study programme.

### III. GENERAL CONCLUSIONS AND RECOMMENDATIONS

We may unhesitatingly constitute, that formal declaration of internally displaced persons right protection has no practical implementation side. Upon displacement IDPs can't rely on state support. Imperfection of state legal and municipal bylaw framework oriented on IDPs, and supplemented with low level of professionalism and personal responsibility of state officials what causes social tension and negative consequences for our target group members. Low level of financial payments basically rolls unprotected people towards poverty and brink of survival.

Volunteer and other nongovernmental organizations are of high level of trust among IDPs with disabilities, which are trying to provide aid within allotted financial opportunities, mostly this assistance related to paper work, documents renovation and humanitarian aid. However, these organizations have no trigger to impact the state system change. IDPs are very isolated and scattered over the entire country and do not express any interest to be involved in advocacy activities. Regarding attempts related to legislation and executive power operation level change we are not talking at all. In the course of monitoring, there was figured out a common problem related to incapacity to subsidies for accommodation rent for IDPs with disabilities.

In addition, one more obstacle is related to registration within social care system, once an IDP with disabilities is not an orphan. According to the Law, even if relatives of a person are located on the uncontrolled territory of Lugansk/Donetsk regions and can't take care of him, an IDP with disability is refrained from the right to be determined into a social care orphanage.

It must be mentioned, that despite the fact, that Ukrainian legislation related to IDPs protection is universal for the entire territory of Ukraine, however, the situation with implementation is much diverse in different regions. It constitutes, that problems exist not only in absence of necessary bylaws, but in their practical application and local authorities' attitude.

The biggest issue for IDPs with disabilities is access to information. The modern society is tailored by information exchange networks, where persons with disabilities have to be a part of: they must know their rights and guarantees given by the state. Information politics is far away from being perfect. There are no specialists who can speak in gesture language what complicates matters for information exchanges between persons with limited communication abilities. All aforementioned paves the way to isolation and marginalization of persons with disabilities.

***Absence of accommodation*** - another big problem occurred after displacement for IDPs with disabilities. According to the data received from IDP camps administrations, the predominant number among IDP camp residents is persons with disabilities and other vulnerable social target groups. It is important to develop a unified database of such people in order to circumscribe the amount of potential resources needed to deal with this issue. First of all, the citizens displaced from LNR/DNR territories who are committed to stay in Ukraine and unwilling to return back. In order to tackle this issue, there must be attracted profile international



organizations, which possess a substantive experience and resources in inclusive rehabilitative programmes for persons with disabilities.

***Access to medication.***

This is the second by importance priority for IDPs with disabilities. First of all, it must be banned the practice of arrogation for payments and refusals to provide medical help once a IDP with disabilities has no financial resources to cover expenses related to medical manipulations and services at all state health care institutions.

The solution of this issue can be organized a “HOT LINE” for patients to declare all cases of corruption and bribery demands. With regard to provision of free of charge medicines, there is a need to conduct a separate monitoring focused on this painful issue. Upon obtained results, there will be elaborated an effective mechanism for medicine free of charge’ distribution. For example, establishment of electronic socio-medical profile/card of a person with disability, which will enable accounting all prescribed medicines and allotted financial aid bursaries and benefits. It would also be possible to develop a governmental programme for private health care institutions based on social state tender request.

***Right on social care and financial aid.***

It is important to develop and put in action the bylaw which will register persons with disabilities and kids with disabilities for provision with free of charge rehabilitative means. Indexation of social benefits for IDPs with disabilities and balance their income with minimum cost of living. It must be developed and activated a pilot project “Long-term accommodation and rehabilitation center for IDPs with disabilities”.

One of the forms for awareness raising is to develop a web-portal for IDPs with disabilities, where will be posted the information related to IDP rights, opportunities, vocational education courses, employment, rehabilitation, NGO database, etc. It should be taken into consideration the questions related to legal aid/consultations through “hot line” and courses for kids with disabilities parents.

***Accessibility to infrastructure and mobility.***

So far as, the survey results are different with regard to access to public infrastructure, we envisage development and publicizing a map of factual public venues’ accessibility for our target group. Since a big number of IDPs with disabilities are lacking access to transportation, it would be wise to develop a pilot project “INVA-Transport”, which would be operated by local DPOs.

***Communication and peoples’ attitude. Leisure.***

The modern situation with setting IDP camps would lead to creation of “artificial ghettos”. It is urgently needed to launch project activities in order to ban this practice. Isolation of IDPs and self-isolation of IDPs with disabilities would lead to additional level of tension in the society. Our monitoring revealed, that family and relatives are the key people who are approached by IDPs with disabilities for help. It is important to pay attention to this resource while developing any programme for this target group, and actively engage them into project activities. With regard to leisure,

we suggest applying art therapy approach in psychological trainings in order to reduce and release pain. There is a need to develop training programmes for IDPs with disabilities competence raising, their activation and engagement into host community activities.

***Labour and employment.***

In modern Ukraine employment of persons with disabilities is not an easy task. The solution must be complex and on the highest governmental level. It is important to lobby on the governmental level the responsibility of the State fund for employment and disabled persons equal labour. We must avoid such cases, when a person approaches the Fund for assistance, but neither jobs, nor vocational education is offered. It is necessary to analyze the existing employment programmes for persons with disabilities and inform our target group about available opportunities. It is highly important to conduct a rigorous analysis of taxation of working disabled people and lobby amendments to the Tax Code of Ukraine for our target group. At the end of such survey, there must be conducted an awareness campaign regarding bursaries, benefits, subsidies for employed persons with disabilities. Highly important to implement projects oriented on self-esteem, financial independence and active citizenship. Such type of project might tackle:

- establishing of workrooms for plastic arts, where ladies and men can communicate and be engaged into joint artistic labour process. It can be applied hand-made approach: hand-made paper, quilling, stained glass painting, beading, making greeting cards and toys from felted wool and wood;
- establishing training programmes, where persons with disabilities can obtain labour skills, education, legal advice and other resources. This knowledge and experience will be useful in social, industrial and other activities to make money for living by employment, and as a result, feel themselves as an independent personality.

We suggest implementing of series of training programmes for state officials and local municipalities servants, those who are working for IDPs and persons with disabilities. We suggest conducting a Forum for IDPs with disabilities where it should be engaged all key actors and prominent international experts in order to facilitate better implementation of the UN Convention on the Rights of Persons with Disabilities.

It is important to apply additional means to protect blind persons. This can be changed once there will be launched a special publishing house with necessary equipment for publications in Braille alphabet.

A separate attention must be given to women with disabilities, as they are representing several vulnerable target groups.

The accumulated international and national experience constitutes that an effective solution to sporadic problems can be effective once a framework operates with deliberate state policy on the one hand, and the respective social groups activism- on the other. The Law of Ukraine "About social protection of invalids in Ukraine" provides a mechanism for social partnership between the state and public organizations of disabled persons.

While driving to the conclusions, we offer the following solutions:

**At the municipal and governmental level.**

1. to pursue the policy of IDPs with disabilities rights protection together with local NGOs and host communities; develop and adopt local programmes oriented on better rights protection mechanisms of IDPs and stabilization of their livelihood level;
2. to provide strict observance of all pending legislation with regard to people with disabilities rights protection;
3. to create conditions for self-realization and active engagement into host community life, enhance information exchange among IDPs, paying attention to accessibility to information and public buildings.
4. to conduct active informational campaigning targeted on strict observance of human rights and creation of guarantees for human rights protection for IDPs with disabilities and decrease a level of tension in host communities;
5. to consolidate and unify the operation of all state organs and services related to IDPs with disabilities protection;
6. to create databases of IDPs with disabilities and follow their access to necessary services, timely to taken measures for problems resolution;
7. to liaise and take a decision upon a pass of several functions for disabled persons protection from the state into nongovernmental organizations circuit;
8. to liaise a question about raising a level of pension and other financial benefits for IDPs with disabilities;
9. to update and improve bylaws and regulations in order to cancel several intricate and inoperative procedures for delivering aid to IDPs and to IDPs with disabilities;
10. to foresee financial reserve fund for medical surgeries and medication courses for IDPs with disabilities, which they can not pay for themselves;
11. to foresee and develop a procedure of determination in social institutions;
12. to establish a well-rounded channel of communication with local mass medias in order to deliver a message to the society about disabled persons' needs, opportunities for their resocialization and rehabilitation; to conduct awareness raising seminars for journalists.

**At the NGO, host communities and IDPs with disabilities level:**

1. to initiative a consolidation of efforts in state organs, local municipalities and host communities for IDPs with disabilities rights protection through forums, round-tables, conferences;
2. to conduct proactive information campaigning targeted on community tolerance towards IDPs with disabilities;
3. to set up specialized courses in vocational education, training programmes for various categories of IDPs with disabilities. To set up various workrooms where IDPs could be trained and obtain labour, educational and legal skills;
4. to attract public attention and develop various types of web resources, "hot lines", information contact points, etc;

5. IDPs with disabilities are actively engaged into community life, as a minimum –to inform NGOs about their needs;
6. to engage parents of kids with disabilities into psychological School for parents, to conduct for them seminars on social inclusion and integration;
7. to conduct seminars for parents with kids without disabilities in order they could overcome stereotypes and fostering tolerance;
8. to initiative round-tables and dialogue platform with teachers and educators at state universities in order they could pursue a research and further development of social programmes in general disability perception in the society and in philosophy of independent life style of persons with disabilities;
9. to conduct education programmes for pupils in secondary schools and high education institutions related to problems of persons with disabilities;
10. to engage kids with disabilities into the work of local NGOs, what would enhance activism and social integration of children with special needs;
11. to develop a leisure programmes for IDPs with disabilities through designing recreation programmes with artistic elements, like hand-made, plastic arts and engagement our target group into positive and proactive forms of spending free time.

## **CONCLUSION**

In order to improve the situation with all revealed gaps during this monitoring survey, we recommend establishing “NATIONAL ADVOCACY PLATFORM FOR IDPs WITH DISABILITIES” in order all proactive actors and sporadic projects will be encompassed into one national networking.

The platform of this ilk will enable us to optimize existing resources and to develop a database for launching small-scale enterprises where persons with disabilities will be employed and to promote a qualitative leisure approach “Friend NEXT to a Friend”.

The platform can observe the protection of civil and political rights and “voices online”, and as a result could impact authorities’ decision making process at the state and municipal levels.

In the framework of the platform, it would be wise to establish online fraternity in order to disseminate operative and trustful information among all members, as well as provide specialized assistance to those persons with disabilities, who can’t act individually, by engaging professional advocates and lawyers.

Only due to complex and unified approach it would be possible to guarantee the fundamental advocacy programme for internally displaced persons with disabilities.