



COVID-19 | Disability | Displacement in Ukraine  
a gcrf ahrc funded research project

# The impacts of COVID-19 on Persons with Disabilities in Ukraine (with a particular focus on internally displaced Persons with Disabilities).

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# Context (1)

- People with disabilities in Ukraine
  - 2.7 million (7% of population) – significant under-estimate leading to a state-level failure in response (Statistical Service of Ukraine 2021)
- COVID-19 in Ukraine
  - As of 1 September 2021: 2.3 million diagnosed; 54 thousand deaths; concerns about the underreporting (Government of Ukraine 2021)
- Conflict and internal displacement in Ukraine
  - Conflict in the east erupted in 2014, transitioned into a stalemate: Eastern Ukraine as a ‘...post-apocalyptic landscape with thousands of people — many elderly and sick — in search of medical help’ (UN 2020).
  - As of March 2021: 1,461,770 IDPs, including 51,478 persons with disabilities
  - 3.4 million people in need of humanitarian assistance, including people living in occupied territories (UN 2021)



## Context (2)

One-line summary: Dire situation, lack of response, lack of data

‘Millions of people in the region already drained by the on-going conflict have been forced to deal with a health emergency on top of insecurity, reduced livelihood opportunities and insufficient access to health care and other basic services’ (OCHA Ukraine 2021)



# Research project

- Funded by the UK's Global Challenges Research Fund and Arts and Humanities Research Council (February – December 2021)
- First ever participatory community-based research project in Ukraine focusing on disability.
- Co-designed & co-delivered in close partnership with people with disabilities in Ukraine, including IDPs.
  - Phase 1 - views and perspectives held by non-governmental organisations working with and/or led by people with disabilities from across Ukraine (n=108)
  - Phase 2 - interviews with people with disabilities (including IDPs) from 10 regions in Ukraine with the highest number of IDPs (n=300)
  - Phase 3 relies on a system of written diaries and audio/video-testimonies self-recorded by internally displaced people with disabilities over a period of 8 weeks (n=20)
  - Phase 4 involves qualitative interviews with policymakers at both national and regional levels of governance in Ukraine (n=20)



# Methodology (Phase 1)

- Survey of non-governmental organisations working with and/or led by people with disabilities in Ukraine.
- Co-designed with the National Assembly of People with Disabilities of Ukraine - umbrella organization bringing together about 130 community-based groups from across Ukraine
- Survey: run between 27 May & 1 July 2021 hosted on Qualtrics
- 150 organisations invited, 108 responses
- A combination of closed and open-ended questions. Two key aspects: their view on how the pandemic affected people they were 'taking care of' (not 'clients' or 'service recipients') and how pandemic affected organisations themselves (as in their capacity as service providers and disability rights activists)
- Analysis: thematic coding in Nvivo + 2 participatory analysis workshops with disability activists in Ukraine

# Findings: 'Rock bottom' and 'Triple Jeopardy'



- Overarching theme: nothing 'spectacular' happened overall – the pandemic did not, fundamentally, cut the time into two (pre-pandemic / post-pandemic) for people with disabilities in Ukraine, including IDPs
- "COVID19 did not change much. We were already at the rock bottom'.  
[organisational survey response]
- 'Triple jeopardy (for people with disabilities)... the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic. (Shakespeare et al. 2021, p. 1331)
- On the top of excessive and often preventable deaths, the pandemic did not, in the main, create new barriers, but intensified and magnified existing structural inequalities, disadvantage and injustices.
- Intersecting inequalities and intersecting impact (including dis/location for IDPs)

# Key themes: impact on health and access to healthcare



## ‘Inaccessible healthcare became even more inaccessible’

- The overall deterioration of health in the absence of access to healthcare: long terms effects of COVID19 (‘long covid’ ), flare-ups of chronic conditions due to lack of access to routine and emergency healthcare; and significant impact on psychological wellbeing.
- If managed to access healthcare, treatment was not guaranteed (and sometimes denied): closure and COVID19 reprofiling of healthcare facilities; inability to pay for free healthcare (‘voluntary’ contributions to hospitals, bribes and having to pay for own medication);
- Lack of access to free or subsidised (PPE); lack of means to pay for COVID19 tests, lack of availability and accessibility of free Covid testing
- Direct experiences of COVID-19 related death: of people with disabilities and their family members, and deaths of the organisational staff

# Key themes: impact on health and access to healthcare



- One of the respondents described an ordeal faced by a partially sighted patient in one of the COVID19 wards highlighting a complete disregard for specific needs /lack of accessibility:  
...the so-called free treatment of this disease costs at least 20,000 UAH [620 Euros], if others can see the corpses, which are placed near the shower rooms or in the shower rooms of the wards, until they [hospital staff] have time to move the corpses, sighted people can still enter [the shower room], but people with visual impairments they fall over these corpses. [organisational survey response]

# Key themes: Psychological Wellbeing, Mental Health and Social Isolation



‘they [people with disabilities] have always been living in isolation so not much changed for them; it is simply that the rest of the population stepped into their shoes’ [organisational survey response]

- Increased feeling of loneliness and abandonment leading, in some cases, to complete isolation and breakdown of the pre-covid social support networks.
- Lack of access to leisure facilities
- Digital Poverty and inability to ‘get online’ (to retain some degree of social connections)
- Impeded communication and access to information for people with hearing difficulties
- Increased stigmatization of people with disabilities.

All of the above leading to general deterioration of mental health and increased levels of fear and worry (including fears to contract/get sick with COVID19); apathy and indifference; stress; aggression; panic attacks; and depression.



# Key themes: other themes

As important as the previous two but no time to cover in this presentation:

- Reduced or withdrawn mobility (impact on access to care, healthcare, food, medicine, informal support networks)
- Reduced access to social services, social support and education (the average monthly disability pension in Ukraine 82 Euros vs 'factual subsistence level' of 120 Euro, one-off payment of 31 Euros over the course of pandemic) – reports of food poverty and destitution
- Specific barriers and impact on specific groups:
  - Children with disabilities
  - Older persons with disabilities
  - People with disabilities living in rural areas
  - People who are blind or partially sighted
  - People with hearing impairments
  - IDPS

# Internally displaced people with disabilities



- 54 organisations (50%) indicated they work with internally displaced people with disabilities
- 5 organisations suggested that IDPs with disabilities faced no additional challenges, with one of the respondents suggesting that ‘there are no special issues; we are all facing the same problems’ [organisational survey response]
- Other responses: specific challenges in addition to the ones mentioned above and in the context of what is not ‘protracted displacement’ (more than 5 years):
  - (a) Accessing to housing and, in particular, accessible housing
  - (b) Poverty and, overall, difficult financial situation (unemployment, difficulties in accessing IDP and disability specific social security payments)
  - (c) Concerns about the lack of access to healthcare, education, and other services linked to being registered as IDP or as a person with disabilities
  - (d) Closure of exit-entry points along the ‘contact line’ and the withdrawal/suspension of transport (no access to occupied territories in case of families, property etc.)
  - (e) Increased social isolation (in the absence of established informal networks or extended family)



# Concluding thoughts

- Research is ongoing: in-depth picture of the impact of the pandemic emerging from qualitative interviews with persons with disabilities (227 interviews so far, of which 127 with internally displaced persons with disabilities)
- Emerging theme: disproportionate and intersectional impact of the pandemic on the most socio-economically vulnerable individuals and communities, including people with disabilities, IDPs, and, in intersection with other ‘identity markers’ (gender, age, location) on internally displaced people with disabilities
- Pandemic did not necessarily create new barriers but magnified existing structural inequalities and disadvantages that people with disabilities face in their daily lives (pandemic or not) and exposed their socio-economic and political abandonment
- Conceptual analysis (to follow) drawing on Elizabeth Povinelli’s ‘neoliberal abandonment’ (2011), Mbembe’s ‘necropolitics’ (2019), João Biehl’s ‘social abandonment’ (2005).

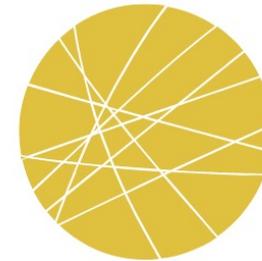
# To follow the project:

[www.covidanddisability.com](http://www.covidanddisability.com)

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