

Evacuation of People with Disabilities:

international standards
and Ukrainian realities



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Authors: Iryna Fedorovych

Editors: Yuliia Sachuk,
Virginia Atkinson

Proofreader: Rebecca
Aaberg

Design: Anna Korniiets

Contact us at:
info@ffr.org.ua

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This publication reviews international and national legislation governing humanitarian aid to civilians, with a particular focus on evacuating persons with disabilities.

In times of peace, people with disabilities remain an excluded group in decision-making processes, and during conflict, they face even greater barriers that impede timely evacuation, prevent them from receiving humanitarian aid, and expose them to significant risks.

Such barriers include:

Failure of local authorities to initiate a timely and centralized large-scale evacuation of civilians, including people with disabilities

Shortcomings in the regulatory environment and, accordingly, the inability to conduct some types of evacuations in a timely manner (such as evacuations from places of detention in areas with a high risk of capturing and constant shelling)

Lack of official and accessible information about active threats and, accordingly, the need to begin evacuation (especially in the first days after the invasion)

Lack of centralized and official information on evacuation conducted by local authorities;

Lack of accessible (and sometimes any existing) transport to evacuate people with disabilities, older people, and/or hospitalized patients or people in palliative care

Lack of accessible shelters both in cities and towns, as well as in places of freedom deprivation (contrary to regulations)

Lack of affordable temporary housing (shelter) in host communities, which isolates people with disabilities and excludes them from being involved in the host community

Absence of statistical data necessary for proper preparation for needs of persons with disabilities during evacuation and emergency assistance¹,

¹ See the report in Ukrainian about other issues and strategies to address them ad hoc by the civil society sector in the first months after the full-scale invasion.

State and local authorities can both assist in removing these barriers and, alternatively, reinforce them, making it impossible for persons with disabilities to overcome them on their own.

For instance, the lack of an inclusive approach and consideration of disability when developing a regulatory environment or training the military may cause both persons with disabilities and their needs to be largely unnoticed.

Thus, there are situations when all response, assistance, and security measures are designed to meet the needs and capabilities of a presumably young person without disabilities.

The reasons for being neglected and unnoticed are as follows:

- 01 Lack of institutional awareness among decision-makers and failure to provide mandatory training on human rights-based approaches in the professional development of civil servants and military personnel at all stages of their careers
- 02 Lack of high-quality and disaggregated data on the number of people with disabilities and their needs
- 03 Insufficient skills for using the tools of a human rights-based approach and inclusive decision-making
- 04 Failure to involve persons with disabilities and organizations of persons with disabilities in decision-making and monitoring of their implementation

A thorough study on the causes of barriers, and readiness to address them, can enhance the access of persons with disabilities to shelters and humanitarian aid during the war.

A collaborative and inclusive approach to developing solutions that address these barriers is essential, too. In other words, persons with disabilities must be involved in developing and making decisions about their safety and well-being.

International humanitarian law and international human rights law – which are binding on Ukraine – as well as national regulations, set forth minimum standards. Compliance with these standards can help state authorities, local governments, and temporary military administrations to ensure accessible and inclusive evacuation, including assistance to persons with disabilities, thus, overcoming these barriers and filling the gaps.

In particular, the Order of the Ministry of Internal Affairs No. 579 provides a clear list of issues to be identified and considered by local authorities and military administrations when developing an evacuation plan for persons with disabilities:

- Priorities and specifics during the evacuation of persons with disabilities, including those in healthcare, educational, and social protection institutions
- Number of persons with disabilities with musculoskeletal disorders
- Number of persons with disabilities and other low-mobility population groups in need of assistance and medical support during evacuation
- Number of assistants accompanying persons with disabilities and medical personnel required to escort persons with disabilities
- Selection of vehicles to be involved
- Equipping vehicles with special devices for boarding (disembarking) and transportation of persons with disabilities
- Involvement of special medical vehicles for transporting persons with disabilities (if necessary)².

Addressing these questions can assist in evacuation planning and must be mandatory for every local government body preparing for the organized evacuation of civilians.

The analysis of the international practice of evacuating people with disabilities from war zones, as well as the relevant cases of Ukraine, have made it possible to identify several strategies that are also needed for inclusive planning.

² The abbreviated list; see National law on the protection of persons with disabilities during hostilities for the full text and links to the Order.

Thus, seeking an answer to the question whether to evacuate should always begin by considering four standard questions (based on the practice of the Norwegian Refugee Council):

- 01 Do people want to be evacuated, and do they have enough information to make an informed decision?
- 02 Is there an immediate threat of violence against civilians?
- 03 Was there a prolonged denial of civilians' access to rescue services and protection?
- 04 Have all other alternative means of protection or rescue for the civilian population been fully exhausted?

Although each of the four questions certainly involves many further refinements and additional components, they are still the guiding lights that can identify the moment when decisions need to be made.

This publication is not intended to address all the shortcomings in the implementation of international humanitarian law and ensuring all human rights of persons with disabilities; instead, it is aimed at finding a minimum standard to ensure accessible and inclusive evacuation, both in terms of the regulatory environment and its practical implementation. However, the analysis of the existing international and Ukrainian experience, the assessment of the barriers faced by persons with disabilities during evacuation, and the experience of the public sector since February 2022, allowed identification of several key recommendations for further consideration by authorities at all levels to improve the inclusiveness of both evacuation processes and the wider provision of humanitarian aid to all those in need.

Arranging an inclusive decision-making system requires authorities to take the following steps:

- 01 Assess whether older people and people with disabilities have access to decision-making processes and whether different groups of people with disabilities are involved
 - 02 Involve the final recipients of the services in the planning and development process. This results in immediate feedback and will be able to prevent mistakes before implementation
 - 03 Report on their work and transparency, as well as encourage local NGOs and activists to take part in planning and discussions; provide training for the community
 - 04 Arrange meetings to be inclusive and accessible, allowing different people with disabilities to join in on equal terms with others.
-



To central authorities:

- 01 Fill in regulatory gaps and develop clear criteria for the evacuation of civilians, including people with disabilities
- 02 Conduct an immediate evacuation from all places of detention in high-risk areas
- 03 Assess the available statistical data and develop a system of continuous collection and up-

dating of disaggregated statistical data on the population, including data on persons with disabilities (real disaggregated data should be the basis for planning)

- 04 Conduct timely information campaigns together with local authorities and temporary military administrations regarding the real threat level, the planned evacuation, and the assistance that evacuees will receive in safe areas.



To local authorities and temporary military administrations:

- 01 Conduct timely and accessible information campaigns on the real threat level and evacuation measures
- 02 Collect and update disaggregated statistical data on the civilian population, including persons with disabilities

- 03 Involve representatives of all recipients, including organizations of persons with disabilities, in the planning of any civilian assistance activities
- 04 Develop accessible and inclusive logistics for evacuation routes and delivery of humanitarian goods
- 05 Provide timely and accessible evacuation according to the “No one should be left without help” principle
- 06 Cooperate with the public sector to arrange evacuations

Key terms:



A barrier

is any aspect of society that, intentionally or unintentionally, excludes people with disabilities from full participation and inclusion in society. Barriers can be physical, informational, legal, institutional, environmental, attitudinal, etc³.

Disaggregated data

refers to data that is possible to separate by specific indicators, such as gender, age, place of residence, social status, disability or form of disability, financial or marital background, etc.

If disaggregated data is available, for instance, one can see the number of women with disabilities in rural areas and compare this data with the number of women with disabilities living in large cities. In particular, there is still a lack of disaggregated data on how many IDPs with disabilities have been registered after February 2022, how many of them are women, men, children, etc., or how many refugees with disabilities have left the territory of Ukraine after February 24, 2022.

Discrimination

implies any distinction, exclusion, or restriction based on disability that aims at or results in the impairment or denial of the recognition, enjoyment, or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil, or any other spheres⁴.

Disability

is an evolving concept; disability reflects the interaction that takes place between people who have impairments and the barriers in attitudes and the environment that prevent them from taking a full and effective part in society on an equal basis with others⁵.

Inclusion

is the process of strengthening or increasing the extent of engagement of different populations in decision-making situations. To put it simply, an inclusive decision-making process (developing policies, programs, new laws, etc.) means a process that involves those who are affected by these decisions.

Intersectionality

is the concept of multiple identities or attributes (individual human traits subject to discrimination) and their impact on the situation of a particular person and their ability to enjoy their rights and fundamental freedoms⁶. For example, women with disabilities or young people with disabilities (intersection of gender + disability and age + disability).

International humanitarian law (IHL)

refers to a set of rules aimed at protecting persons who do not or no longer take a direct part in hostilities and limiting the means and methods of warfare in armed conflicts on humanitarian grounds. IHL requires parties to armed conflict to show respect for and protect persons with disabilities and assist in

³ Find more about [barriers on the WHO](#) page in English.

⁴ Convention on the Rights of Persons with Disabilities.

⁵ Ibid.

⁶ Find more in the [video](#) or read the [article](#) in Ukrainian.

Key terms:



their integration. Several weapons-related treaties aim to prevent harm to the population by prohibiting the use of certain armaments and reducing the dangers they pose⁷.

Organization of persons with disabilities

is a non-governmental organization that constitutes at least 50 percent plus one person with disabilities in leadership and staff, whose activities should be based on the principles of the Convention on the Rights of Persons with Disabilities and must fully respect them. Such organizations include a majority of persons with disabilities among their members and, accordingly, focus on achieving the goals of the Convention. Such organizations may deal with a whole range of issues related to disability or be highly specialized⁸.

Disability rights organizations

are those organizations of people with disabilities that primarily focus on human rights, advocacy, education, and/or providing human rights advice to people with disabilities.

Persons with disabilities

are defined as persons with long-term physical, mental, intellectual, or sensory impairments which, when combined with various barriers, may hinder their full and effective participation in society

on an equal basis with others⁹.

A human rights-based approach (HRBA)

seeks to address the inequalities that often underpin development problems and human rights violations, and to focus on eradicating discriminatory practices and changing the distribution of power and resources that exclude entire groups of people from decision-making processes. HRBA focuses on those who are most marginalized, excluded, or discriminated against. This often requires an analysis of gender norms, different forms of discrimination, and power imbalances to assure that planning and policies reach the most marginalized and incorporate their voices¹⁰.

Abbreviations:

CRPD – Convention on the Rights of Persons with Disabilities.

DRO – Disability rights organizations

HRBA – Human Rights-Based Approach

ICF – International Classification of Functioning, Disability and Health

IDP – Internally displaced persons

IHL – International humanitarian law

IHRL – International human rights law

NGO – Non-governmental organization

OPD – Organization of persons with disabilities

UN – United Nations Organization

WHO – World Health Organization

⁷ Find more about IHL in Ukrainian on the Red Cross [website](#).

⁸ Read more in [the General Commentary to the CRPD No. 7, 2018, available in English](#).

⁹ Article 1 of the Convention on the Rights of Persons with Disabilities.

¹⁰ Learn more about the human rights-based approach on the [UN website](#) dedicated to this topic

Introduction

Every armed conflict poses an inevitable threat to the civilian population, even if the sides consciously try to comply with the rules established by international humanitarian law. Weapons used in the course of hostilities unavoidably affect civilians, who are not homogeneous and, according to their nature, have different protection needs.

Civilians comprise people of different ages, health conditions, social statuses, and property situations. They are people with disabilities, people who speak different languages, people with small children, relatives under care, etc. All of them, according to their profiles, need different treatment and different degrees of protection. Most of these people make their own decisions about their well-being and safety, while some of them are either protected by the state or require accessible conditions to make an informed decision about their own safety and future during the hostilities and to get help in evacuation due to multiple barriers in Ukrainian society, which are even more widespread in wartime.



First, persons with disabilities face barriers that prevent them from fully exercising their human rights and freedoms in peaceful life.

These barriers are multiplied by the challenges of wartime and the parties that may not comply with the rules of the international humanitarian law in wartime and do not fully implement the provisions of the UN Convention on the Rights of Persons with Disabilities. This leaves persons with disabilities in a much worse situation than others.



Ukraine's obligation as a state party to both the Geneva Conventions and the UN Convention on the Rights of Persons with Disabilities (CRPD) is to identify and address these barriers promptly so that persons with disabilities can enjoy the same rights to individual security measures as others, which includes making informed and independent decisions about the need for and possibility of evacuation, and protection as internally displaced persons (IDPs).

Ukraine bears a similar obligation towards those persons with disabilities, as well as the older persons, who are protected by the state, live in places of freedom deprivation, and are unable to make decisions about their own safety and life independently and sometimes intentionally.

This publication will discuss:

- 01 **Standards established by international humanitarian law (IHL) and the CRPD during armed conflicts**
- 02 **Current provisions of national regulatory acts related to persons with disabilities during conflict and martial law**
- 03 **Benchmarks for accessible and inclusive evacuation and other emergency aid to civilians who, due to social barriers, require assistance from local and national authorities**
- 04 **The importance of involving persons with disabilities and other low-mobility population groups in the development of security solutions and algorithms to ensure their inclusiveness (rules of participatory approach)**
- 05 **Advice on arranging security and evacuation measures to meet the needs of persons with disabilities**

Standards set by International Humanitarian Law and the Convention on the Rights of Persons with Disabilities

The World Health Organization (WHO) estimates that about 15 percent of people worldwide have a disability¹¹. According to the State Statistics Service of Ukraine, 2.7 million Ukrainians with disabilities were registered in Ukraine as of 2020¹². However, global studies and assessments show that the official figures are typically much lower than the actual number of persons with disabilities. Some people decide to avoid the official procedure of disability recognition because of the shame, discrimination, and attitudes towards disability that still dominate globally in the XXI century.

Thus, according to a survey conducted among Ukrainians in 2020 by the Fight For Right NGO together with Kyiv International Institution of Sociology:

Every 6th Ukrainian has significant impairments and disabilities or lacks a formalized status, although he or she has the corresponding persistent disabilities.



Every 6th
Ukrainian

has significant impairments and disabilities or lacks a formalized status



Every 10th person
in Ukraine has
a disability



10.8%

of Ukrainians
have a registered
disability

The survey showed that **10.8% of Ukrainians have a registered disability**. In addition, the number of people who have significant health disorders, but do not have a registered disability, is 6% of the population of Ukraine.

¹¹ WHO source, [text](#) in English.

¹² Ukrainian data, [Radio Liberty](#) source.

Therefore, the number of **people who have permanent impairments that can be equated to disability is 16.8%**. 12% of men have disabilities and another 5% have persistent impairments without disability status.

9.7% of women have a registered disability, and 6.9% have persistent disabilities without disability status. At least 4.4% of the population of Ukraine (one person out of 25) has one or more close relatives with disabilities. For example, a child or a parent. 4.6% of women and 4.1% of men have parents or children with disabilities.

Thus, every fifth person in Ukraine is directly affected by the state policy on the rights of people with disabilities. The number of people who have disabilities or significant impairments themselves and the number of people whose close relatives have disabilities is 22%.

These figures are significantly higher than the official data of **2.7 million people** and, of course, **fail to account for people who have received disabilities and/or significant health impairments because of the war**¹³.



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¹³ Analytical report on the results of the all-Ukrainian survey Opinions and Views of the Population of Ukraine (omnibus) in September 2020, [full text](#) in Ukrainian.



The CRPD, adopted in 2006 and enacted in 2008, reiterated the fact that all persons with disabilities have the same human rights as others.

Additionally, it established certain obligations for UN member states, which, if complied with, should not only decrease the number of barriers faced by people with disabilities around the world daily but also begin to change attitudes towards disability itself and, accordingly, educate all decision-makers on inclusive approaches. In turn, this should reduce the emergence of new barriers and help people with disabilities to take an equal part in all spheres of life.

In addition to the obligations related to human rights and the development of a barrier-free environment in peacetime, the CRPD contains a separate provision that defines the obligation of UN member

states to respect the rights of persons with disabilities during armed conflicts.

Furthermore, the Convention must be applied along with IHL. Therefore, Ukraine as a UN member state is bound to take “all necessary measures to ensure the protection and safety of persons with disabilities” during the armed aggression of the Russian Federation against Ukraine. This section is devoted to the review of this obligation and the state actions under IHL and the Convention.

IHL was developed in the aftermath of World War II when most countries still relied on the medical model of disability. This in part led to the wording used by the Geneva Convention (IV)¹⁴. However, even at that time, IHL already emphasized the need to protect both the civilian population in general and, in certain situations, targeted persons with disabilities.

¹⁴ Convention relative to the Protection of Civilian Persons, [full text](#) in Ukrainian.

What do IHL standards mean?

- 01 Overall protection of civilians includes the protection of persons with disabilities and the duty of humanistic treatment without discrimination (**Article 3 of the Convention**);
- 02 Responsibility to arrange and allow humanitarian corridors; priority in such corridors is given, inter alia, to persons with disabilities (**Articles 17 and 21**);
- 03 Obligation to evacuate and create, if necessary, separate safe zones for the civilian population (**Articles 17 and 49 on protection in the occupied territories**);
- 04 Obligation to provide medical care, including specific treatment required due to a disability, prohibition to interrupt treatment or expose a person to ill-treatment and torture caused by pain and suffering (**Articles 23 and 32**).



Internally displaced persons (IDPs) with disabilities are entitled to respect and protection as well.

The UN Guiding Principles on Internal Displacement shall be applied without discrimination of any kind, including on the grounds of disability¹⁵. IDPs with disabilities “have the right to be protected and assisted as required by their condition and to be treated according to their needs”.

Furthermore, IDPs with disabilities have the right to receive medical care “to the fullest extent possible and with the least possible delay” and attention “without discrimination on any grounds other than medical” (**Principles 4 and 19**).

¹⁵ Див. також англійською мовою 2016 Commentary on GCI, commentary on common Article 3, para. 553.

¹⁶ UN Guiding Principles on Internal Displacement, [Ukrainian translation](#).



States are bound to adopt and enforce national measures to implement IHL, including for persons with disabilities.

Such measures should be taken in both wartime and peace, and may include penalizing violations of the obligations listed in the above-mentioned instruments; ensuring that all protected persons enjoy fundamental safeguards during armed conflict; and taking IHL into account when developing, acquiring, and adopting new weapons.

Some of these measures will require the adoption of new legislation or regulations, while others will require the development of educational or assistance programs, the recruitment or training of the staff, or the introduction of planning and administrative procedures, which should be based on a human rights-based and inclusive approach to best address the needs of persons with disabilities.

IHL and International Human Rights Law (IHRL) complement each other in seeking to protect persons with disabilities in armed conflict.

Article 11 of the CRPD explicitly recognizes this complementarity.

Article 11. Risk situations and humanitarian emergencies

According to their obligations under international law, including International Humanitarian Law and International Human Rights Law, States Parties shall take all necessary measures to ensure the protection and safety of persons with disabilities in risk situations, especially in armed conflicts, humanitarian emergencies, and natural disasters.

Specific provisions in both IHL and the CRPD aim to ensure respect for the life, dignity, and physical and mental integrity of persons with disabilities, as well as to ensure their access to basic services on an equal basis with others. In addition, both IHL and CRPD specifically address the barriers that hinder persons with disabilities, thus indicating to States Parties their obligation to eliminate these barriers.

However, IHL and CRPD are applied differently. IHL is only applicable in international armed conflicts between States or non-international armed conflicts between a State and one or more organized non-State armed groups (or between such groups themselves). **As such, it imposes obligations on both States and organized armed groups to spare and protect persons** (in particular, persons with disabilities) from risks arising from armed conflict (provided they are not or no longer taking a direct part in hostilities). These risks include harm caused by military operations, as well as challenges to their survival and humanistic treatment in situations where they are under the control of the adversary.

Unlike IHL, CRPD binds only those States that are parties to it, not armed groups.



To put it simply, IHL imposes obligations on all parties to an armed conflict, while the CRPD guidelines are primarily a benchmark and minimum standard for the country responsible for persons with disabilities.

That is, on the national and local authorities of Ukraine, which are responsible for the safety and well-being of their citizens with disabilities.

Separate provisions where the CRPD reinforces IHL requirements:¹⁷:



1) Prohibition of torture and ill-treatment

The interpretation of prohibited torture and ill-treatment under IHL also considers the real adverse impact of such acts on persons with disabilities. For example, assessing the severity of the physical or mental consequences of conduct constituting torture or ill-treatment considers the individual circumstances of the person, including those resulting from intersectional factors such as disability, and the fact that the suffering caused to a person as a result of torture or ill-treatment may be exacerbated by social and cultural conditions.¹⁸



2) Protection of civilians with disabilities; duty to respect and adapt

Under IHL, the prohibition of negative distinction applies when persons are subject to the authority of a party to a conflict. Moreover, this prohibition under

IHL can be regarded as coinciding with the explicit prohibition of any discrimination on the grounds of disability under the CRPD. Furthermore, since IHL only prohibits “adverse” distinction, differentiated measures, and/or prioritization in terms of protecting persons with disabilities based on their needs, are permitted and may even be necessary. This is similar to obligations to promote the substantive equality of persons with disabilities, such as reasonable accommodation duties or accessibility-related obligations under the CRPD¹⁹.



3) Special protection measures and evacuation of persons with disabilities

When evacuating from at-risk areas or under attack, certain civilians, such as persons with disabilities, women and children, should be given priority. This is acknowledged in the Fourth Geneva Convention, according to which parties to an armed conflict should strive to conclude agreements concerning the evacuation of specific civilians, including IDPs, from areas under siege or encirclement. Under IHL, as far back as 1949, persons with disabilities were recognized as requiring special protection due to the increased risk they face as a result of impaired access to and inaccessibility of safe shelters.

¹⁷ Non-exhaustive list.

¹⁸ «How IHL protects persons with disabilities in armed conflict”, in [English](#).

¹⁹ Ibid.



Persons with disabilities are often unable to evacuate independently due to barriers, and organized group evacuation **should be carried out in such a way as to avoid forced displacement.**

After all, every person's decision to evacuate should be conscious, independent, and informed.

Persons with disabilities are often unable to evacuate independently due to barriers, and organized group evacuation should be carried out in such a way as to avoid forced displacement. After all, every person's decision to evacuate should be conscious, independent, and informed. If such an evacuation is legitimate under IHL, all feasible measures must be taken to ensure that the civilians concerned are accommodated in satisfactory conditions, have access to safe shelter, hygiene, healthcare, and food and that members of the same family are not separated. In this regard, the needs of persons with disabilities must be taken into account, and barriers that may hinder them must be eliminated²⁰.

Although IHL and the CRPD were developed at different times, the provisions of the former are based on a medical and paternalistic model of understanding disability, while the provisions of the latter are based on a human rights-based approach.

However, both regulatory frameworks have common features that mutually reinforce each other and create a minimum standard for the protection of persons with disabilities during armed conflict.

²⁰ UN Guiding Principles on Internal Displacement, [Ukrainian translation](#).



This includes the prohibition of inhuman, humiliating, and cruel treatment, as well as the requirement to take positive action and ensure the elimination of barriers for persons with disabilities so that they can access shelters, security measures, and services on an equal basis with other civilians.

Such measures should include the following:

- 01** ensuring accessibility to infrastructure and information on life-saving services related to water, food, sanitation, shelter, healthcare, and rehabilitation, facilitating the transportation of food and non-food items,
- 02** continuing to provide special necessary services to people with disabilities or assistance to victims of certain weapons used during armed conflicts.

Understanding how the provisions of IHL and CRPD complement and extend each other can contribute to better inclusion and participation of persons with disabilities in humanitarian activities and security and evacuation planning during armed conflict²¹.

Yet another aspect to which International Human Rights Law (IHRL) draws attention and which national and local authorities should keep in focus during hostilities and immediately afterward is **the issue of access to justice, which should be available to people with disabilities on an equal basis with others.**

²¹ “How IHL protects persons with disabilities in armed conflict”, [in English](#).



Investigations into previous armed conflicts and seeking justice for victims/survivors of war crimes over the past two centuries show a huge gap in documenting, prosecuting, and punishing perpetrators of war crimes against persons with disabilities²²:

One of the fundamental tenets of international humanitarian law (IHL) is that all civilians in armed conflicts must be respected and protected from direct targeting and indiscriminate attacks by the warring factions.

As part of this protection, there is recognition that there are certain more vulnerable groups within civilian populations who are “entitled to special respect and protection”. These special protections are best illustrated by Article 16 of Geneva Convention IV and Article 8(a) of Additional Protocol I of the Geneva Conventions, both of which consider the need to care for and protect those civilians who are wounded, sick, disabled, and in need of medical assistance. However, this protection does not simply extend to the provision of humanitarian assistance, but also encompasses the prosecution of acts targeting vulnerable populations as war crimes or crimes against humanity.²³

Therefore, a separate task faced by the national authorities and local self-government bodies in Ukraine is **to fill this gap, document, and submit all war crimes committed against persons with disabilities to national and international justice bodies.**²⁴

Much in the same way that the aggravating factor of a victim’s age or gender can impact the prosecution of a crime, so too should the fact that a victim is a person with a disability.

This recognition of disability as an aggravating factor will utilize the already existing international criminal legal framework – established by the ad hoc tribunals – and subsequent prosecutions will follow in the spirit and principles of the CRPD, as well as the Geneva Conventions.

Ultimately, for the international community to provide full protection for persons with disabilities during armed conflict there must be – in addition to access to humanitarian aid – prosecutions of those crimes that target persons with disabilities.²⁵

²² A/76/146: Report on the rights of persons with disabilities in the context of armed conflict

²³ An Argument for the Prosecution of Crimes against Persons with Disabilities, William Pons, [in English](#).

²⁴ Documentation and prosecution of war crimes are not the subjects of this publication. Please follow the [link](#) to read more about it.

²⁵ An Argument for the Prosecution of Crimes against Persons with Disabilities, William Pons, [in English](#).

National law on the protection of persons with disabilities during hostilities

Evacuation of civilians is regulated by the Law of Ukraine On the Legal Regime of Martial Law:

Article 8. Measures of the Legal Regime of Martial Law

1. Military command together with military administrations (in case of their establishment) may, independently or jointly with the executive authorities, the Council of Ministers of the Autonomous Republic of Crimea, and local self-government bodies, introduce and implement, within the temporary restrictions of constitutional rights and freedoms of a person and a citizen, as well as the rights and legitimate interests of legal entities, envisaged by the Decree of the President of Ukraine on the imposition of martial law, the following measures of the Legal Regime of Martial Law in Ukraine or its separate areas:

19. Evacuate the population if there is a threat to its life or health, as well as material and cultural values and if there is a threat to damage or destroy them, according to the list approved by the Cabinet of Ministers of Ukraine²⁶.



Moreover, this law separately establishes the obligation to:

- 01 conduct mandatory evacuation for detainees in temporary detention centres, suspects and accused persons in pre-trial detention facilities;
- 02 escorting convicted persons from penitentiary institutions located in the vicinity of combat operations to the relevant institutions located in safe areas²⁷.

However, this law does not provide for the mandatory evacuation of persons with disabilities, older persons, and patients of psychiatric healthcare institutions²⁸.

²⁶ Full [text](#) of the Law of Ukraine On the Legal Regime of Martial Law.

²⁷ See Article 8, paragraph 24 of the Law of Ukraine On the Legal Regime of Martial Law.

²⁸ Find more about regulatory gaps in the evacuation of adults with disabilities living in places of detention in the [report](#) called Preliminary review: places of detention during the war.



Order of the Ministry of Defence of Ukraine No. 164 of 23.03.2017 has implemented the provisions of the Convention relative to the Protection of Civilian Persons in Time of War (1949). It regulates the obligations of the state to protect civilians during hostilities. Meanwhile, there are no provisions for the evacuation (except for children) of persons held in places of detention.

According to the CMU Resolution No. 711 of 12.08.2020, the evacuation of persons with disabilities should take place according to a separate plan.²⁹ Moreover, the document stipulates that the population is subject to mandatory evacuation if there is a threat of armed conflict

(from areas of possible hostilities to safe areas), but this provision does not define the procedure for evacuation during the declaration of martial law.

Instead, the Order of the Ministry of Internal Affairs (herein after referred to as the MIA) No. 579 of 10.07.2017 provides a methodology for planning the evacuation of people and property in case of a threat, emergencies, as well as from armed conflict zones.³⁰ This order includes a separate section with a detailed list of issues related to the evacuation of civilians with disabilities. See Section V. Peculiarities of planning measures for the evacuation of persons with disabilities and other low-mobility groups.

²⁹ Full [text](#) of the CMU Resolution No. 711 of 12.08.2020.

³⁰ Full [text](#) of the Order No. 579 of 10.07.2017.



Issues to be identified

and accordingly taken into account by local authorities and military administrations when developing an evacuation plan for persons with disabilities, as described in Order No. 579:

- 01 Priorities and peculiarities during the evacuation of persons with disabilities, in particular with impaired vision, hearing, musculoskeletal system, mental retardation, mental disorders, and other low-mobility groups (persons accompanying them), including those in healthcare, educational, and social protection institutions
- 02 The number of persons with disabilities and impaired musculoskeletal system (the number of those who move independently, in wheelchairs, and those who are bedridden is determined separately)
- 03 The number of persons with disabilities and other low-mobility groups who need assistance and medical support during evacuation
- 04 The number of individuals accompanying persons with disabilities and medical personnel required to escort persons with disabilities
- 05 Places of permanent residence (stay) of persons with disabilities
- 06 Routes to “evacuation assembly points” (hereinafter referred to as EAPs)
- 07 The procedure for persons with disabilities who cannot move independently to arrive at the EAP or evacuate them from their place of permanent residence
- 08 Selection of vehicles to be involved
- 09 Determination of boarding (disembarking) points for persons with disabilities
- 10 Equipping vehicles with special devices for boarding (disembarking) and transportation of persons with disabilities
- 11 Involvement of special medical vehicles for transporting persons with disabilities (if necessary)

³¹ This entire block is a quotation from the order; in its work, the Fight For Right NGO does not adopt such outdated designations for forms of disability, but instead uses the following ones: people with psychosocial disabilities and people with intellectual disabilities. See the Glossary in Annex 1.

³² Order No. 579 of 10.07.2017



Mandatory requirements for the evacuation of people with disabilities, according to Order No. 579:

- 05 When planning evacuation measures, traffic routes, halting places, their duration, location and equipment of medical, heating, and nutrition points, as well as water supply along the entire route should be considered with due regard to the specific needs of persons with disabilities.
- 06 Transport planning for evacuation measures shall imply the preparation of vehicles to evacuate persons with disabilities and accompanying individuals.
- 07 When planning the preparation and implementation steps for sanitary treatment of the population, the specifics of sanitary procedures for persons with disabilities and other low-mobility groups must be taken into account.
- 08 Equipping of the EAP and evacuation reception point (herein after referred to as the ERP), intermediate evacuation points, boarding, and disembarking points, and evacuation routes shall be planned to meet the needs of persons with disabilities and other low-mobility groups.
- 09 Warning signals during the evacuation and informing the population about the emergency procedures at different stages of evacuation, as well as informing about the current situation shall be implemented in an accessible form for persons with disabilities and other low-mobility groups.
- 10 Planning for accommodation in safe areas shall involve adapting premises and buildings to the needs of persons with disabilities.
- 11 While planning measures aimed at life support of the evacuated population, in particular, water supply, basic necessities, housing, medical services and facilities, public utilities, transport, and necessary information, the needs of persons with disabilities should be considered as much as possible.

The plan for accepting and accommodating the evacuated population should include a separate section on accepting and accommodating persons with disabilities:



Estimates of evacuated persons with disabilities arriving by disembarking stations and ERPs



Lists of buildings and facilities of social protection institutions and private houses that are most convenient for accommodating persons with disabilities



Estimation and distribution of vehicles for meeting and transporting evacuated persons with disabilities from the disembarking station (point) to the ERP, and then to the places of their resettlement



List of social protection authorities and healthcare institutions in the safe area

Measures for accepting and accommodating persons with disabilities and other low-mobility groups in case of armed conflicts should be defined in a separate section devoted to the acceptance and accommodation of the population, material, and cultural values during armed conflicts within the civil protection plan for a special period of local executive authorities, where safe areas are located³³.

Another Order of the MIA No. 579³⁴ of 09.07.2018 has approved the requirements for maintaining and exploiting civil protection structures in case of a threat, emergencies, or armed conflicts. There are just two references to the needs of people with disabilities in this rather detailed document:

- Entrances to the protective facilities should provide free access to their premises, the possibility of being exploited by persons with disabilities and other low-mobility groups, and have sufficient (standard) throughput capacity
- If there are no ramps at the entrances of protective facilities to ensure free use of the shelter by persons with disabilities and other low-mobility groups, the entrances shall be additionally equipped with wooden or metal ramps³⁵

³³ Ibid.

³⁴ Full text of the Order No. 579 of 09.07.2018.

³⁵ Ibid.



Further aspects related to the arrangement of protective facilities and rules for civilians with disabilities staying there remained unaddressed in this document. This fact points once again to the need to amend the entire current regulatory environment to ensure the rights and freedoms of people with disabilities on an equal basis with others during martial law.

Barriers that prevent persons with disabilities from exercising their rights and freedoms and receiving humanitarian aid equally with others

Initially, the specific barriers faced by persons with disabilities during armed conflict are invisible and insignificant to a person without disabilities.

That is why these barriers are largely neglected by decision-makers, and why inclusive decision-making and a human rights-based approach are so crucial to ensuring equal opportunities for persons with disabilities to enjoy their rights and freedoms.

4

Barriers can be:



Physical,

such as architecturally inaccessible shelters, largely inaccessible and outdated housing stock that cannot be modernized and adjusted, difficulties in accessing services and assistance, loss of assistive devices, or destruction of civilian infrastructure crucial for civilians with disabilities



Informational,

related to communications, such as lack of information on available shelter, evacuation routes, or early warnings of imminent attacks;



Attitude-related barriers,

such as ignorance of disability, disregard for the needs of persons with disabilities, and negative attitudes towards them as an excessive burden, which is unacceptable in times of armed conflict. These barriers lead to discrimination



Institutional,

for example, shortcomings in legislation and/or policies that prevent persons with disabilities from exercising their rights and freedoms or disregard the need for a reasonable accommodation or lead to other forms of discrimination in their exercise

State and local authorities can both assist in removing these barriers and, alternatively, reinforce them and make it impossible for persons with disabilities to overcome them on their own.

For instance, the lack of an inclusive approach and consideration of disability when developing a regulatory environment or training the military may cause both persons with disabilities and their needs to be largely unnoticed. Thus, there are situations when all response, assistance, and security measures are designed to meet the needs and capabilities of a presumably young person without disabilities.

4

The reasons for being neglected and unnoticed are as follows: :

Lack of institutional awareness among decision-makers and failure to provide mandatory training on human rights-based approaches in the professional development of civil servants and military personnel at all stages of their careers

Lack of high-quality and disaggregated data on the number of people with disabilities and their needs

Insufficient skills for using the tools of a human rights-based approach and inclusive decision-making

Failure to involve persons with disabilities and organizations of persons with disabilities in decision-making and monitoring of their implementation

Lack of effective public monitoring and control over the actions and omissions of the authorities, lack of proper and coherent response of civil society to all mistakes and corrections of the authorities at all levels



The lack of efforts to eliminate barriers means that people with disabilities face an increased risk of remaining in the war zone, not being able to access evacuation corridors and transport, not having access to humanitarian aid, being injured, and becoming victims/survivors of war crimes³⁶.

³⁶ Find more in the article Lifting the cloak of invisibility: civilians with disabilities in armed conflict, available [in English](#).



Study 24.02 Evacuation of people with disabilities³⁷,

which analyses the experience of NGOs and activists who have been evacuating and rescuing persons with disabilities since the full-scale invasion broke out, was conducted by the Fight For Right NGO in the summer of 2022 and revealed certain persistent problems and barriers that prevented the timely and effective evacuation of people with disabilities, namely:

01 Failure of local authorities to initiate a timely and centralized large-scale evacuation of civilians, including persons with disabilities

02 Shortcomings in the regulatory environment and, accordingly, the inability to conduct some types of evacuation in a timely manner (such as evacuations from places of detention in areas with a high risk of capturing and constant shelling)

03 Lack of official and accessible information about the true threat and, accordingly, the need to start evacuation (especially in the first days after the invasion)

04 Lack of centralized and official information on evacuation conducted by local authorities

05 Lack of accessible (and sometimes any existing) transport to evacuate persons with disabilities, older persons, and/or hospitalized patients or people in palliative care

06 Lack of accessible shelters both in cities and towns, as well as in places of detention (where they should be according to the regulations)

07 Lack of affordable temporary housing (shelter) in host communities, which isolates people with disabilities and excludes them from being involved in the host community

08 Absence of statistical data necessary for proper calculation of needs during evacuation and emergency assistance³⁸.

³⁷ Add a link to the publication afterward.

³⁸ See the report in Ukrainian about other issues and strategies to address them ad hoc by the civil society sector in the first months after the full-scale invasion.

4



A thorough study on the causes of barriers, and readiness to address them, can enhance the access of persons with disabilities to shelters and humanitarian aid during the war.

A collaborative and inclusive approach to developing solutions that address these barriers is essential, too. In other words, it deals with involving people with disabilities in designing and making decisions about their safety and well-being.

For instance, the authorities have a duty to effectively warn civilians in advance of attacks that may affect the civilian population.

The effectiveness of the warning should be assessed from the perspective of the civilian population likely to be affected. The warning should be provided to and understood by as many civilians as possible

who may be affected by the attack, giving them time to seek shelter or take other measures to protect themselves.

Delivering such warnings with due regard to the needs of persons with disabilities requires presenting information in accessible formats that eliminate barriers to understanding the messages.

People with hearing disabilities cannot hear radio messages. Leaflets, pictures on social media without text descriptions, or other exclusively visual forms of warning cannot be seen by people with visual disabilities.

Complex instructions and warnings, if not simplified, cannot be understood by people with intellectual disabilities.³⁹

Feasible precautions may also include the construction of safe shelters to allow civilians to leave for safer areas of their own accord while military operations are ongoing.

³⁹ Ibid.



Taking such measures in a disability-inclusive manner means ensuring that safe shelters are physically accessible to wheelchair users or that information on their location be accessible for those with intellectual disabilities.

It means giving specific consideration during evacuations to identify people with disabilities, ensuring accessible means of transport, allowing for their personal assistants and caretakers to accompany them, and ensuring that they are able to keep assistive devices with them or a suitable alternative in case those devices have been lost or damaged.

Implementation of such measures will often be more effective if cooperative arrangements with civil authorities and/or local self-governments, military administrations and organizations of persons with disabilities (OPDs) can be obtained⁴⁰.

Before planning actions to eliminate barriers, one should look for answers to the following questions:⁴¹:

- 01 **Were local organizations of persons with disabilities and the people themselves consulted to identify barriers?**
- 02 **Is there any data on the barriers related to access and participation in the social life of persons with disabilities before the crisis or at present?**
- 03 **Are there any legislation and standards on accessibility, and are they enforced?**
- 04 **Have new barriers emerged due to the sudden onset of the crisis or the persistent crisis?**
- 05 **What barriers are faced by people who had disabilities before the crisis, and what barriers are faced by people with disabilities acquired due to the crisis? Are there differences in psychological and other barriers for these two categories?**
- 06 **Do people with different types of disabilities face varying barriers (e.g., do people with psychosocial or intellectual disabilities face attitudinal barriers more often than people with physical or sensory disabilities)?**
- 07 **Are there any attitudinal barriers related to intersectionality that magnify the barriers faced by persons with disabilities (e.g., discrimination on the basis of gender, age, or ethnicity combined with discrimination on the basis of disability)?**
- 08 **Are there people who may be isolated at home or living in places of freedom deprivation⁴³ whose needs may have been overlooked?**

⁴⁰ Find more in the article *Lifting the cloak of invisibility: civilians with disabilities in armed conflict*, available [in English](#).

⁴¹ Read the “Guidelines on Inclusion of Persons with Disabilities in EU-funded Humanitarian Aid Operations”, including a description of how to consider barriers and facilitation mechanisms, available [in Ukrainian](#).

⁴² Learn more about the consultation in the *Emancipatory Disability Research*, available [in English](#).

⁴³ The term “places of freedom deprivation” in this publication shall mean any place under state jurisdiction or control where persons may be deprived of their liberty by order or directive of a public authority or on its initiative or with its consent or acquiescence (Article 4 of the Optional Protocol to the UN Convention against Torture). See the list of types of places of freedom deprivation in Article 13, paragraph 8 of the Law of Ukraine On the Ukrainian Parliament Commissioner for Human Rights.



Disaggregated data will be needed to fully identify and assess the existing barriers⁴⁴, allowing for intersectional analysis and consideration of multiple factors contributing to barriers.

Additional barriers may be posed by humanitarian initiatives responding to the current crisis, whether state, international, or volunteer.

These barriers also affect the exercise of rights and freedoms by persons with disabilities and arise mainly due to a lack of knowledge and inclusive approaches. Therefore, a human rights-based approach and inclusive decision-making process should be a part of any policy development in response to a humanitarian crisis in both the public and civil society sectors⁴⁵. The easiest way to do this is to consult directly with

the recipients of assistance and services, as well as the organizations representing their interests.

Inclusive decision-making process

Any society is diverse. It consists of people of different ages, gender, social and property status, marital status, ethnic origin and religious views, different sexual orientations, people with or without disabilities, and people with different political views, preferences, and life experiences.

Some people might find this difference invisible, while others might resent it or find it intolerant because it requires many factors to be taken into account when making decisions. However, only an inclusive decision-making process and intersectional analysis can ensure that the needs and, most importantly, the rights of all these different people are respected by decision-makers.

After all, decision-making by men in the interests of men seems to be logical only at first glance.

⁴⁴ See Tool #B1 in the Global Protection Cluster's Toolkit for Implementing Protection Principles.

⁴⁵ See more about the [human rights-based approach](#), available in Ukrainian.

If there is no one with a disability or, for example, a representative of an ethnic minority among these decision-makers, and they lack inclusive decision-making skills, then the latter may not be suitable for the two groups mentioned above, etc.

International humanitarian organizations have consistently emphasized that needs assessments and appropriate response planning should be based on an analysis of the diversity among humanitarian recipients. A good example of such a practice of analysing different indicators is the policy of the Office of the United Nations High Commissioner for Refugees (UNHCR) called Age, Gender, and Diversity (AGD)⁴⁶.

The AGD approach ensures that all people in the community are able to enjoy their rights and freedoms equally.



Age

concerns different stages of the life cycle and is a critical indicator for aid planning since, depending on age, people need different types of assistance and have different capacities. Moreover, age can both enhance a person's ability to enjoy and assert their rights and, conversely, can reduce this ability.



Gender

refers to the socially dependent roles for women and men that often stand at the heart of how people define themselves and are perceived by others. Gender often determines the duties, responsibilities, restrictions, opportunities, and privileges of women and men in any given context. Gender equality means equal enjoyment of rights, equal responsibilities, and opportunities for women, men, girls, boys and non-binary people. Gender equality assumes that the interests, needs, and priorities of all genders are respected.

⁴⁶ Find more about UNHCR's [work](#) in Ukraine. Find more about AGD policy in the UNHCR [handbook](#), available in English.



Diversity

refers to different values, attitudes, cultural views, beliefs, ethnicity, nationality, sexual orientation, gender identity, ability, disability, health, social status, skills, and other individual attributes.

While age and gender are common to every person, other sets of attributes vary from person to person.

These differences need to be recognized, understood, and respected.

The AGD approach, developed by UNHCR, encourages us to reflect on ways to ensure the safety and inclusion of diverse groups in decision-making processes, which will consequently contribute to the development and implementation of more appropriate and effective solutions for targeted groups. This allows humanitarian policy and assistance to be as inclusive and useful as possible.

Furthermore, the AGD approach requires collecting, analysing, and exploiting data disaggregated at least by age, gender, and disability, because only decisions made with the real diversity of targeted groups in mind can ensure that the rights of everyone in the community are exercised.

The CRPD, which is binding in Ukraine, also emphasizes the obligation of authorities to ensure inclusive decision-making and to consider the rights of persons with disabilities, in particular, its Articles 29 and 31⁴⁷.

⁴⁷ Selected quotations; see the full content of these articles in the [Convention](#) on the Rights of Persons with Disabilities, available in Ukrainian.



Article 29 – Participation in political and public life

States Parties shall guarantee and undertake to ensure the political rights and opportunities for persons with disabilities to enjoy them equally with others:

b) Promote an environment enabling persons with disabilities to participate fully and effectively in the management of public affairs without discrimination and equally with others, and encourage their participation in public affairs in particular:

i) Taking part in non-governmental organizations and associations related to the state and political life of the country, particularly, activities of political parties and their leadership;

ii) Establishing and joining organizations of persons with disabilities to represent persons with disabilities at the international, national, regional, and local levels.



Article 31 – Statistics and data collection

- 01** States Parties shall undertake to collect appropriate information, particularly, statistical and research data, to enable them to develop and implement strategies aimed at the implementation of the present Convention.
- 02** The information collected under this article shall be disaggregated as appropriate and shall be used to facilitate the assessment of how States Parties are implementing their obligations under the present Convention and to identify and address the barriers faced by persons with disabilities in the exercise of their rights.

An inclusive decision-making process

involves all relevant parties in seeking and making decisions. This includes those who have the power to make decisions, those who have the power to implement decisions, and those who are affected by decisions. Only if all parties are involved, and if there is diverse representation among those concerned by the decisions, will it be possible to develop options that best reflect the needs of the end recipients. Authorities should meet their duty to respect and protect human rights as effectively as possible.

For example, the practice of seeking solutions for urban transport routes should consider all categories of urban transport users and their potential routes. If passengers with disabilities are neglected at this stage, the city will face a lack of accessible transport (as we see in many Ukrainian cities).

Given the subject of this publication, the issue of evacuating people with disabilities should cover all stages of evacuation planning at the state and local levels. As well as more inclusive service planning, which is currently being developed by the authorities to ensure the rights and freedoms of IDPs.



After all, if people with disabilities are not involved (just like in the above example), many issues such as:

- accessible evacuation routes;
- architectural accessibility of temporary shelters;
- search for long-term solutions to create a fund of accessible housing;
- accessible administrative services, and so on will not be addressed.

In 2015, leading international humanitarian agencies and OPDs developed humanitarian inclusion standards for older people and people with disabilities⁴⁸.

⁴⁸ The Standards have been developed by the Age and Disability Consortium, a group of seven agencies working to promote inclusive humanitarian assistance through the Age and Disability Capacity Program (ADCAP). See more in the Standards [guide](#), available in English.

According to this approach, any humanitarian action should be based on the following nine key standards:

1: Identification – older people and people with disabilities shall be identified, and they must be provided with inclusive and appropriate access to humanitarian aid and protection.

2: Safe and equitable access – older people and people with disabilities shall have safe and equitable access to humanitarian aid.

3: Resilience – older people and people with disabilities shall not be adversely affected; they shall be more prepared and resilient and shall be less at risk by humanitarian activities.

4: Knowledge and involvement – older people and people with disabilities shall know their rights and participate in decision-making that affects their lives.

5: Feedback and complaints – everyone shall have access to effective complaints and feedback mechanisms.

6: Coordination – older people and people with disabilities shall have access to and can participate in coordinated humanitarian aid.

7: Learning – organizations that provide assistance shall collect and analyse experience to ensure more inclusive aid.

8: Human resources – staff and volunteers shall have the appropriate skills and attitudes to provide humanitarian aid in an inclusive manner. Older people and people

with disabilities shall have equal opportunities with others to be employed and volunteer in humanitarian organizations.

9: Resource management – humanitarian organizations shall manage resources based on the inclusion principle⁴⁹.

The practical implementation of these standards does not have to be complicated nor require additional effort. However, it does require drafting and evaluating decision-making procedures and inclusion principles, identifying gaps, and developing a plan to improve inclusion measures. We propose several sets of checklists to help with this preparation.

⁴⁹ Ibid, see more in the Standards guide.



How to ensure inclusive involvement:

- 01 **Check whether older people and people with disabilities** have access to decision-making processes and whether different groups of people with disabilities are involved.
- 02 **Invite the end recipients of services to the planning** and development process. This ensures immediate feedback and prevents mistakes before implementation.
- 03 **Be open and transparent about your work**, and encourage local NGOs and activists to participate in planning and discussions. Provide training for the community.
- 04 **Arrange accessible meetings to allow different people with disabilities to participate equally** with others (this includes architecturally accessible rooms, sign language interpreters, preparing handouts in advance, and reasonable accommodations to ensure people with are full participants in the meeting)⁵⁰.

⁵⁰ For example, see the American Bar Association's toolkit on how to prepare an inclusive meeting, available in English.

6



Ways to achieve inclusive dissemination of information:

- 01 Identify people and organizations who can provide information** about disability rights and your work in accessible ways.
- 02 Invite organizations that represent the most at-risk groups.** In some settings, this may include girls and women with disabilities and older women, as well as people at risk because of their sexual orientation or gender identity.
- 03 Involve activists with disabilities in developing and providing information about their rights.** Your working group should be as diverse as your target audience, since no one knows better than persons with disabilities themselves what they need and how best to achieve it.

- 04 Avoid making assumptions;** ask because, for example, not all people with hearing disabilities use sign language, and not all people with visual disabilities read braille.
- 05 If you know one person with a disability,** do not assume their experience for the rest.
- 06 Make sure to disseminate information through different channels** and formats to reach a diverse audience. Use simple language, especially when it comes to changes in legislation or policy.
- 07 Do not forget about the privacy of information,** in cases where it is required by law⁵¹.

Organized evacuation and persons with disabilities: things for decision-makers to pay attention to

Organized civilian evacuation during armed conflicts is a complex issue that does not have a clear answer. On the one hand, the state or local authorities cannot forcibly evacuate people, as this would violate the right to freedom of choice and movement, but they do not have the option to do nothing.

⁵¹ Law of Ukraine [On Personal Data Protection](#) and/or more about medical privacy [here](#)

Moreover, at least according to their obligations under the CRPD and the Geneva Conventions, the authorities have a positive duty to evacuate those people who need assistance, are not always able to evacuate on their own, or are unable to make an independent and informed decision about their own safety.

This may include:



People with disabilities



Older people



Pregnant people



Hospitalized patients or people in palliative care



Unaccompanied children



Residents of boarding schools



People living or serving sentences in places of freedom deprivation

Nevertheless, evacuation as a means of protecting civilians should be applied carefully and as one of the last possible measures of protection.

Hazard assessment criteria, which should be a prerequisite for the authorities, local self-governments, or administrations of places of detention to make evacuation decisions, must be developed and communicated by military administrations.

However, relying on the previous experience of international humanitarian missions and taking into account the low awareness of decision-makers on the rights of persons with disabilities and other persons listed above, it is worth emphasizing the list of minimum questions that should be answered before and during the evacuation, as well as recommendations that will help to make evacuation measures more inclusive.



The analysis of the Norwegian Refugee Council's own previous humanitarian experience allowed the organization to identify 4 key questions⁵². Answering these questions can initiate an evacuation or, on the contrary, determine its inappropriateness or impossibility in certain circumstances.

Four key questions⁵³:

- 01 Do people want to evacuate**, and do they have enough information to make an informed choice?
- 02 Is there an imminent threat** of violence to civilians?
- 03 Has there been a long-term suspension of access** to lifesaving services and protection?
- 04 Have all other potential alternatives** for improving protection and/or access to lifesaving assistance been exhausted?

Clearly, each of the four questions includes additional details and components, but these **are the landmarks that can assist in determining the point at which a decision needs to be made**. However, the answer to each of these four questions should include a disability mainstreaming analysis component.

⁵² Find more about the Norwegian Refugee Council's experience in Ukraine, available in [English](#) or [Ukrainian](#).

⁵³ Hereinafter, the information is adapted from the Norwegian Refugee Council's guidance document on Considerations for planning mass evacuations of civilians in conflict settings, taking into account the needs of PWDs and the Ukrainian context, available in [English](#).



The first question –

whether people want to evacuate and whether they have enough information to make an informed decision – should include at least two levels of analysis when it comes to people with disabilities:

Have the state or local governments and military administrations disseminated sufficient and accessible information on hazards and evacuation routes, taking into account the needs of persons with different disabilities, so that everyone, including persons with disabilities, can make an independent and informed decision to evacuate (or not)?

The lack of accessible information for people with disabilities at this stage makes the decision to evacuate, possible ways, and the consequences of not evacuating much more difficult than for the rest of the civilian population.

Hereinafter, accessible information refers to presenting information in formats that take into account the needs of people with various forms of disability, namely:

- Use of clear and concise language
- Use of appropriate font style and size
- Providing information in several alternative formats
- Providing information in sign language
- Video captioning
- Websites accessible to a screen reader
- Placement of printed information in an accessible space⁵⁴

⁵⁴ This list is not exhaustive. For example, see the EU Web Accessibility Directive (EU) 2016/2102; also see the [report](#) on the Accessibility of e-government services and tools for Ukrainian citizens.



What information should the authorities communicate to help make an informed decision:

- 01 **Detailed information** about evacuation methods and risks
- 02 **Detailed information on destinations and availability of the evacuation process itself;** information on state, local, and volunteer services during and/or after evacuation
- 03 **Assessment of the risks to those who choose to remain and the protection and services that those who choose to remain can receive**
- 04 **Whether it will be possible to return home occasionally**
- 05 **Whether the opportunity of returning home permanently is being considered in the future, and whether the authorities are committed to communicating when a safe return becomes possible**

Communication with the civilian population should be conducted in an accessible manner, taking into account that certain issues may arise due to the diversity of the civilian population and require more information or detailed explanations⁵⁵. For example, information on accessible transport for evacuation and/or the availability of accessible temporary accommodation after evacuation may be crucial for the decision-making of certain persons with disabilities.

⁵⁵ It has been repeatedly reminded that people, due to their diverse attributes, have different needs, which should be taken into account by the authorities both at the stage of planning public policy and its implementation.



2) Can all people make an independent and informed decision about evacuation, and can it be implemented?

Authorities should focus on those people who are under the care of the state and cannot make independent and sometimes informed decisions about their own safety.

Above all, these are children in care homes, adults with disabilities living in different boarding institutions and psychiatric institutions, older people living in care homes and hospitals, patients in care for tuberculosis, hospitalized patients or people in palliative care, and other inpatients who need assistance in evacuation due to their health condition, prisoners serving sentences, and others.



All these people need aid, so the authorities have a positive duty both to inform them about the danger and to decide on and carry out this evacuation to a safe place outside the conflict zone.

The second question

about the threat of violence against civilians should also include, among other things, an assessment of civilian areas and previous attacks on civilians by the enemy. When it comes to random missile and artillery shelling of residential areas⁵⁶, the key security issue is the availability and accessibility of shelters for all segments of the civilian population, including people with disabilities and other people under state care⁵⁷.

Another relevant aspect that should be addressed by the authorities at this stage of the analysis is the high risk of institutions (hospitals, hospices, boarding schools, schools, prisons, etc.) being taken hostage during the occupation and the corresponding high risk for the residents of these institutions to be exposed to repression and torture by the occupiers.



The third question

about the suspension of civilians' access to services and protection also indicates the need for at least partial and temporary evacuation of those in need of medical care, for example, due to their health condition.

The ways and delays in the delivery of basic and essential goods and products also need to be analysed.

⁵⁶ For example, see the [information](#) about the shelling of a psychoneurological boarding school in the Sumy region. According to the NGOs' [monitoring](#), this is not a single case.

⁵⁷ Find more about inaccessible shelters for PWDs [here](#) and [here](#).

As mentioned above, institutions and their residents may not only become human hostages in case of physical capture by the hostile side, but also find themselves in a situation of the blockade and cut off from supply routes and emergency assistance⁵⁸.

To analyse the information and find the answer to the fourth question, it is worth evaluating the following data:

- 01 **Whether it is possible to negotiate, arrange, and observe humanitarian corridors for the delivery of goods to the captured cities**
- 02 **Whether the parties comply with the requirements and provide access to medical personnel and volunteers**
- 03 **Whether the parties comply with international agreements and adhere to the Geneva Conventions**
- 04 **Whether international humanitarian missions have access to civilians and are able to provide them with aid**



Negative answers to these and similar questions also indicate that alternative ways to protect civilians are failing.

⁵⁸ Find the results of checking the places of detention in the temporarily occupied territories in March-April 2022.



Conclusions

In 2022, Ukraine faced – and was unprepared for – a large-scale war. Despite ongoing war since 2014, lessons learned did not prevent many mistakes and shortcomings in 2022.

However, IHL, IHRL, and some national legal acts currently establish minimum standards, **which should become a benchmark for the authorities, local governments, and temporary military administrations** to respond to war challenges in an effective, timely, and most importantly inclusive manner, including the development of an inclusive evacuation strategy.

This publication was not intended

to address all the shortcomings in the implementation of IHL and ensuring all human rights of persons with disabilities; instead, it was aimed at finding a minimum standard to ensure accessible and inclusive evacuation, both in terms of the regulatory environment and its practical implementation, along with the equally important issue of inclusion and involvement of persons with disabilities in decision-making processes.

After all, according to the analysis of the previous experience of worldwide humanitarian response and the research that has already been conducted in Ukraine, it is the exclusion of recipients (in this case – persons with disabilities) from the **planning stages of any services, including humanitarian aid, leads to the fact that these**



services are often inaccessible and therefore ineffective.

Below we provide a set of recommendations for the authorities that can assist in remedying the situation and ensuring an inclusive approach both in terms of evacuation and meeting the humanitarian needs of persons with disabilities.

To central authorities:

- 02** Fill in regulatory gaps and develop clear criteria for the evacuation of civilians, including persons with disabilities
- 03** Conduct an immediate evacuation from all places of detention in high-risk areas
Ensure the availability of information about the risks of staying in the areas of active hostilities, the possibility of evacuation, and the algorithm of actions before and after it, so that all people can make an informed decision
- 04** Provide adequate transport that meets

- 05** the accessibility standards necessary for the evacuation of people with different types of disabilities

Assess existing statistical data and develop a system of continuous collection and updating of disaggregated statistical data on the population, including data on persons with disabilities. True disaggregated data should be the basis for planning

- 06** Conduct timely information campaigns together with local authorities and temporary military administrations regarding the real threat level, the planned evacuation, and the assistance that evacuees will receive in safe areas

Engage in coordinating international assistance activities and ensuring the inclusion of persons with disabilities in decision-making processes

- 07** Comply with the requirement of inclusiveness while receiving international financial assistance; report on the costs to ensure the evacuation of people with disabilities and other expenses

- 08** the costs to ensure the evacuation of people with disabilities and other expenses

- 09** the costs to ensure the evacuation of people with disabilities and other expenses















To local authorities and temporary military administrations:

- 01 Conduct timely and accessible information campaigns on the real threat level and evacuation measures available for persons with different disabilities
- 02 Collect and update disaggregated statistical data on the civilian population, including persons with disabilities
- 03 Involve representatives of all recipients, including organizations of persons with disabilities, in the planning of any civilian assistance activities
- 04 Develop accessible and inclusive logistics for evacuation routes and delivery of humanitarian goods
- 05 Provide timely and accessible evacuation according to the “No one should be left without help” principle
- 06 Cooperate with the public sector to arrange evacuations.








Annexes



Annex 1 – Correct terminology glossary*

Avoid	Use
 Gypsy	 Romani people
 Homosexual	 Gay / lesbian
 Persons of non-traditional orientation, persons of non-traditional sexual orientation, sexual minorities	 LGBTQI+
 Negro	 Dark-skinned person
 Peoples of the Caucasus, Khatchik, natives of the Caucasus	 Georgians, Armenians, Azerbaijanis, and others
 Hobo, bum	 Person who is unhoused

List of clichés that should be avoided in both spoken and written communication of the authorities

 Flaw, defect	 Impairment
 Labor injury	 Injury at work / occupational injury
 Mutilation	 Trauma / injury
 Cancer patient	 Oncology patient
 Terminally ill	 People in palliative care

Annex 1 – Correct terminology glossary*

Talking about disability in the right way

Avoid	Use
 Handicapped, disabled, with limited abilities, with special needs, crippled, incapacitated, infirm, a person (child) with inclusion, inclusive person	 Person (child, man, or woman) with a disability
 Suffering from ..., sick with ..., a victim of (something)	 Has (name of health disorder, disease)
 Disabled's chair	 Wheelchair
 Confined to a wheelchair / bed, lying down, sick / bedridden	 Wheelchair user A person who cannot move independently
 Mentally retarded, mentally handicapped, insane, abnormal, mentally ill, mad	 A person with mental or intellectual disability, A person with psychosocial or intellectual disability
 Spasmodic, palsy	 A person with cerebral palsy
 Deaf-mute, deaf, mute, deaf	 A person who cannot hear; with a hearing disability

Annex 1 – Correct terminology glossary*

Talking about disability in the right way

Avoid	Use
 Dumb	 A person with a speech disability A person who is non-verbal
 Blind	 A person with visual disability
 Epileptic, diabetic, depressed, etc.	 A person with epilepsy/diabetes/depression; a person who has epilepsy/diabetes/depression
 Autistic, Down	 A person (child) with autism, Down syndrome
 Dwarf, gnome, midget	 A man of short stature, a little person
 Gesture language	 Sign language
 Deaf interpretation, sign language commentary	 Sign language interpretation, audio description
 Ordinary / healthy / normal people	 Persons without disabilities

* This glossary is not an exhaustive guide, but a list of the most common terms that can be used in everyday life and work



Annex 2 – Minimum set of rules for communicating with people with disabilities

These are the most common rules, which are really suitable not only for building effective communication with people with disabilities, but will always be useful in establishing balanced and sensitive communication.

- 01 Avoid making assumptions about people's abilities and avoid stereotypes.** Something that once suited one person does not automatically suit another. Everyone can make independent decisions and choices, so do not limit people with disabilities.
- 02 If you feel like helping someone, don't do it right away.** First, let the person know that they can ask you for help if needed, but do not insist. Always follow the principle that each person is independent.
- 03 Avoid generalizing.** Even though people with disabilities seem to have one thing in common – disability – they are

different. Disabilities are very diverse: visible and invisible, permanent and temporary; of different types (psychosocial, intellectual, sensory, and physical). Therefore, different actions, adaptations, and words are needed in each individual situation. Besides, people with disabilities have other features, so they may need different things and have different desires.

- 04 Think before you speak.** This applies to transmitting your own stereotypes and expectations of a person, over-protection, and many other issues. Try to put yourself in the place of a person with disabilities. This will prevent excessive questions and confusion.
- 05 Do not hesitate to ask.** First, only a particular person with a disability is an expert on their own life, and secondly, it is a sign of good manners to ask before “doing good”. This way you will avoid redundant actions and additional harm.
- 06 Stick to plain language, avoid unnecessary euphemisms, and do not invent strange and unnecessary phrases.** It is absolutely fine to say “let's go” to a wheelchair user, for example.
- 07 Avoid undue physical contact and respect the person's space.** After all, you don't immediately try to hug a stranger without a disability as soon as you are introduced to each other.⁵⁹

⁵⁹ Find [here](#) more general rules for talking to people with and without disabilities.



Talk to a person with a disability, not to their assistant. By ignoring the person with a disability, you humiliate their dignity and automatically inform them that you disregard their opinion and deprive a person with a disability of subjectivity!

None of us knows everything and has experience in all possible situations. If you lack experience in dealing with people with different types of disabilities, it is quite natural not to know something. It is a rule of good manners to ask what we do not know and to follow the instructions carefully.

Tips for talking to persons with visual disabilities

- 01 **Identify yourself** and anyone with you and briefly describe them.
- 02 **Give a brief description of where you are** and what you see around you (if necessary).
- 03 **Do not grab the person by the hand and do not drag them;** offer assistance and listen to the person's explanation of how best to help them, including a description of what is around you.
- 04 **Always address the person with visual disability directly,** not the attendant, unless they are alone.
- 05 **When starting to speak in a large company,** for example, during online events, at least at the beginning, always introduce yourself.
- 06 **If you read aloud, please read all the information;** do not cut or skip unless you are asked to do so.



Tips for talking to persons with hearing disability

- 01 **Do not raise your voice!**
- 02 **When talking to people with hearing disability, look them in the eyes, and do not turn away.**
- 03 **Speak smoothly**, with regular intonation; do not rush and avoid excessive intonation.
- 04 **Choose simple and clear phrases**, rephrase if something was not clear.
- 05 **Call the person by name**, wave your hand, or gently tap them on the shoulder if a person is deaf or hard-of-hearing. Try to make eye contact and express your opinion clearly and concisely.
- 06 **It is quite acceptable to ask a person whether it would be easier for them** to communicate through a speech reader, messages, inviting a sign language interpreter, etc.
- 07 **Always share important information** in writing.



Tips for talking to wheelchair users

- 01 **A wheelchair is a person's private space.** Do not touch it without permission or a clear request from the person.
- 02 **If you are asked to help, first listen to how they would like to be helped;** only a person knows how to operate their own chair.
- 03 **When talking to a wheelchair user**, if possible, sit at their level, and do not hang over the person.
- 04 **Offer help, but remember that a wheelchair user can and does many usual and everyday things on their own.**



So, overprotection is not needed.

Tips for talking to people with intellectual and psychosocial disabilities

01 A person with a disability is a person who has the same dignity as you. Avoid thinking of all people with disabilities as if they are not autonomous and unable to express opinions or preferences, thus treating them like children.

02 **03** Avoid making assumptions and always ask the person about their wishes.

Get ready to repeat and paraphrase, if necessary, explain in more detail, and do not use complex sentences and highly specialized vocabulary.

Some persons with intellectual disabilities may find it important to follow certain rules and routines. Try to respect



this and take it into account in your communication.

Persons with disabilities have the same desires, feelings, dignity, and human rights as you do.

Remembering this is the key to successful communication.