



Disability Inclusive Cash Feasibility Assessment

Ukraine, June 2022

**The National Assembly of Persons with Disabilities,
Ukraine / CBM Global Disability Inclusion / The European
Disability Forum**

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Readers: We actively encourage your feedback so your comments may be fed into future design and implementation of inclusive Cash Transfer Programmes. Please contact us:

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About the report

This report describes a Cash Feasibility Assessment conducted on adult internally displaced people (IDPs) with disabilities in Ukraine in May/June 2022. The assessment was done by the National Assembly of Persons with Disabilities in Ukraine with the technical leadership of CBM Global as part of the European Disability Forum project [Ukraine war: OPD led disability inclusive response and recovery](#).

The assessment is an independent survey aimed at gaining an understanding of cash-related barriers and protection risk factors that can hinder access to multipurpose cash (MPC) grants amongst displaced persons with disabilities. It is intended to complement existing cash programming, and guide and inform cash actors in Ukraine when designing current emergency cash programming.

The report intends to:

- Identify the appropriateness and acceptance of available MPC delivery mechanisms and whether they accommodate the preferences and needs of displaced individuals with disabilities
- Identify barriers to accessing cash and markets
- Identify cash-related protection risks for cash recipients with disabilities
- Identify any extra cost displaced individuals with disabilities incur post displacement, and any implications this has on setting a transfer value that accommodates minimum expenditures for Households (HHs) with disabilities
- Provide a set of recommendations to ensure that persons with disabilities enjoy full access to and equal participation in cash programming

To do this, the Cash Transfer Feasibility Assessment was structured around five indicators identified as essential dimensions when measuring the overall feasibility of MPC: access, acceptance, appropriateness, cost of living, and protection risks associated with cash programming. The report is structured around addressing the overall feasibility of MPC amongst displaced persons with disabilities at national level.

Assessment method

The survey was comprised of in-depth household interviews that used qualitative and quantitative data collection means. The team was comprised of 11 enumerators (1 male and 10 female). All the enumerators are members of the National Assembly of Persons with Disabilities in Ukraine. They attended 10 hours of training on data collection techniques, questionnaires, and evaluation ethics. The selection criteria of enumerators were lived experience of disabilities (whether directly or as a family member) and ability to communicate in Ukrainian. Data collection started on 19th May 2022 and ended on 23rd May 2022.

The data collection was done through over the phone interviews. One enumerator used sign language to communicate with respondents, and two enumerators used software-based audio support. The questionnaire was deployed on a Google Form. Data analysis was done through Pivot tables. Findings were structured based on data parameters from household interviews. Desk review findings aided triangulation for informed conclusions and recommendations.

Survey participants

The survey sampling was purposeful and solely focused on adult IDPs with disabilities. 60 participants aged 18-80 were pre-selected from an overall pool of 874 IDPs with disabilities who have recently become internally displaced. The majority of the participants in the survey (89%) have a Ukraine state-recognized disability status, and the rest were parents of children with disabilities and older men and women in nursing care.

Summary of findings

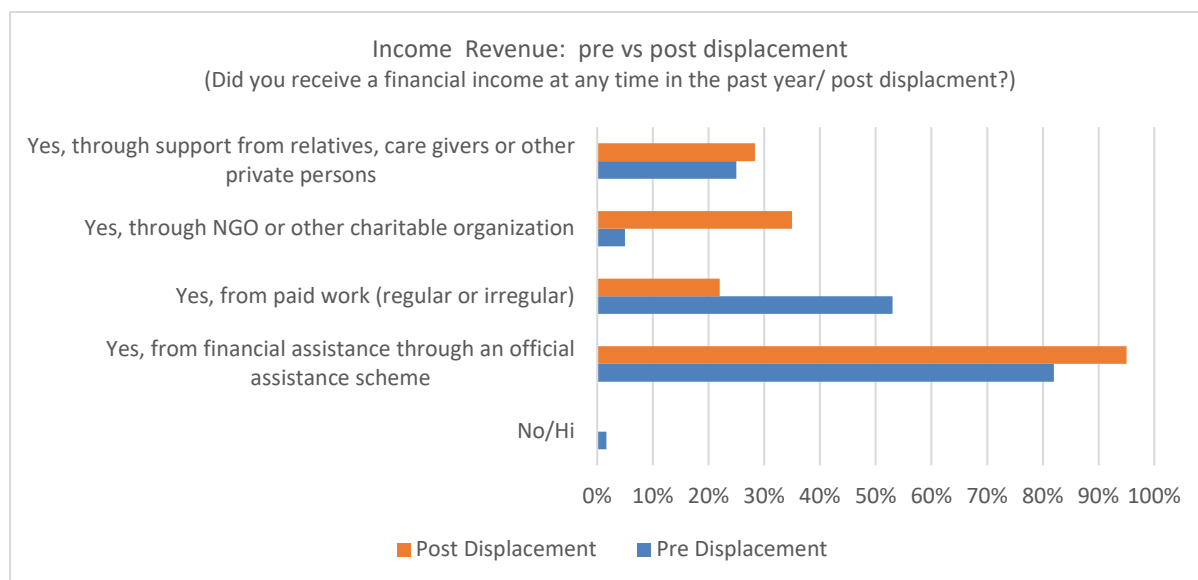
The assessment shows that cash and emergency livelihoods support is highly needed and appropriate given the income loss all IDPs with disabilities have experienced since their displacement. It further demonstrated that unrestricted cash is the preferred type of assistance by IDPs with disabilities and that it is clearly possible for displaced individuals with disabilities to participate in multi-purpose cash (MPC) interventions in Ukraine. MPCs are appropriate, accepted, and broadly accessible. However, the level of feasibility and access to cash and markets varies greatly across individuals depending on their disability, age, gender, and geographical location. Therefore, there is not one single cash delivery mechanism that fits all needs. Different modalities should be adopted to reflect the diversity of the population and to overcome barriers to accessing cash and market services. Appropriate support or reasonable accommodation¹ for persons with disabilities to access cash assistance must be planned and budgeted for. A robust referral mechanism should be in place to address specific health, food, and hygiene needs, access to assistive devices, and home-based care. Additional conditional cash modalities should be considered to account for these disability-related requirements and the extra expenditures incurred.

¹ "Reasonable accommodation" means necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms;" CRPD, article 2

Main findings

Appropriateness

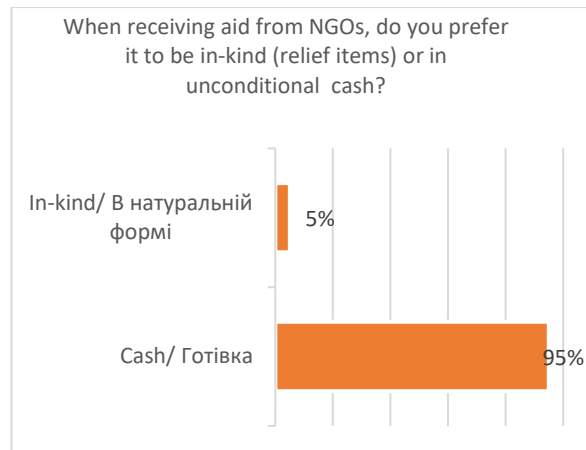
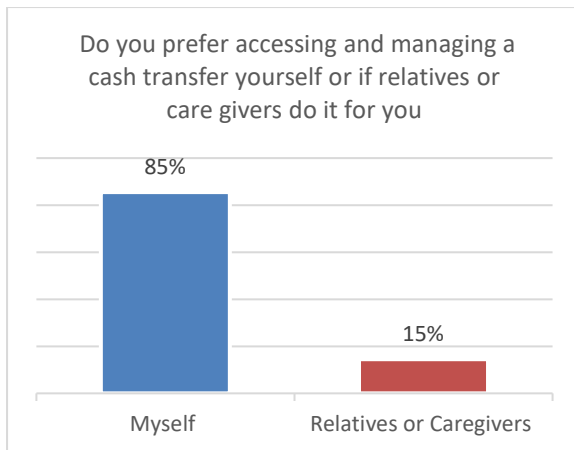
- Cash and emergency livelihood support is highly needed and appropriate given the income loss all IDPs with disabilities have experienced since their displacement.



- Regardless of location, all IDPs with disabilities engage with markets to fulfil their daily needs. Majority (80%) can buy all or some goods and services themselves and 20% are reliant on relatives and care givers. Importantly, 57% prefer buying goods themselves, however, only 42% can currently buy goods and services independently and autonomously due to multiple barriers to access to markets (see below).
- When it comes to expenditure patterns, the findings demonstrate that households still have equivalent financial needs post-displacement compared with pre-displacement. The top five expenses outside of an emergency were listed as food, energy, shelter (rent, repairs), health and hygiene. These expenditure trends are similar post displacement too except that IDPs with disabilities currently spend more on shelter than energy. The increase in shelter costs indicates that IDPs with disabilities, much like IDPs in the general population, spend more on shelter as they incur additional rent costs and perhaps also incur expenditures related to repairing their homes in point of origin.

Acceptance

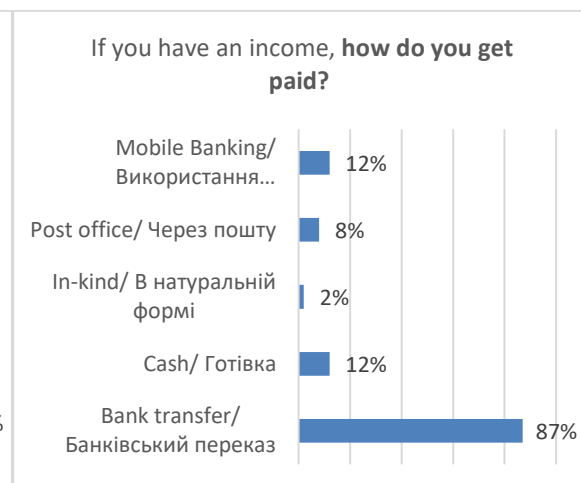
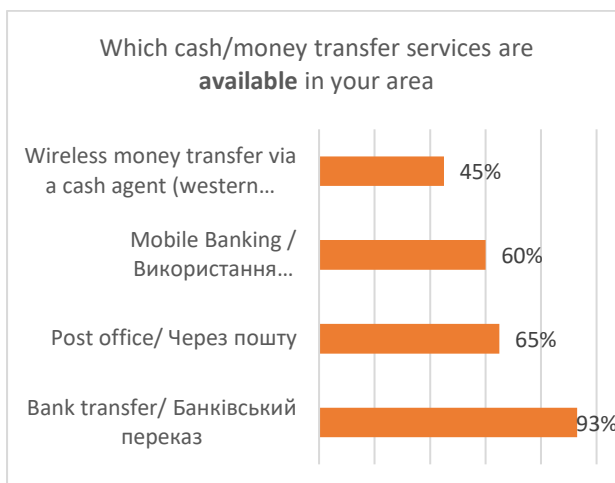
- Unrestricted cash is the preferred type of assistance by IDPs with disabilities in Ukraine with the majority (95%) preferring to receive unconditional cash rather than in-kind goods.

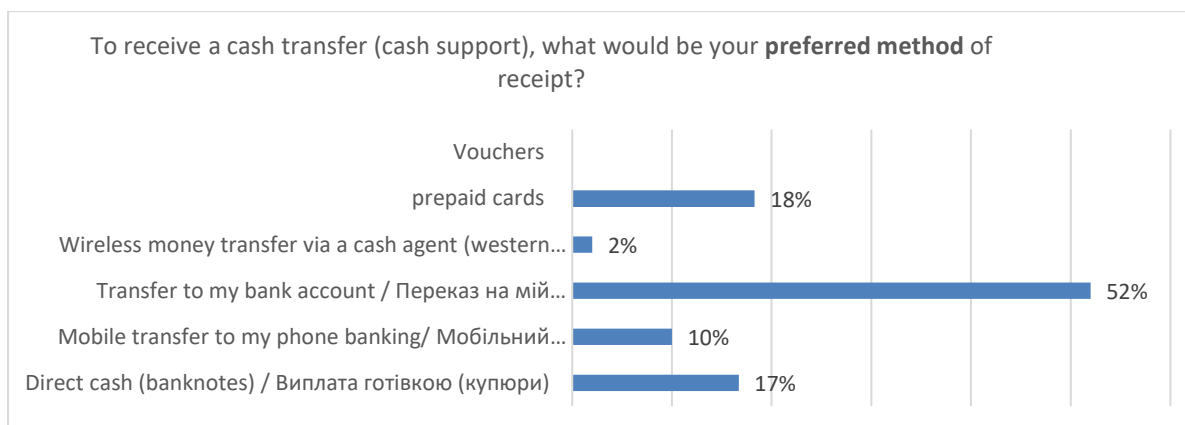


- Majority (85%) *prefer* accessing and managing cash directly and not relying on their relatives.
- Majority of IDPs with disabilities (92%) will be part of the decision making process on how to spend the HHs income/ cash grant whether autonomously or jointly with other family members.

Access

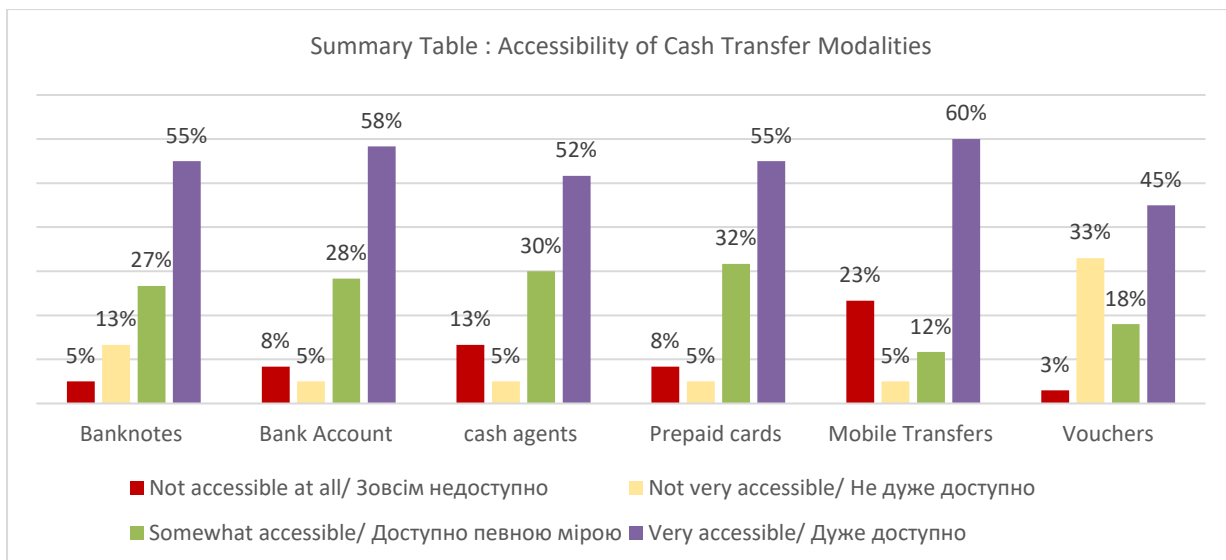
- Bank transfers are the most available (93%) preferred (58%) and utilized (87%) Financial Services Provider (FSP) facility by IDPs with disabilities. Respondents explained that they find ATMs to be widespread and available. PrivatBank was specifically mentioned to have an interface that is accessible to use for people who are blind or visually impaired.



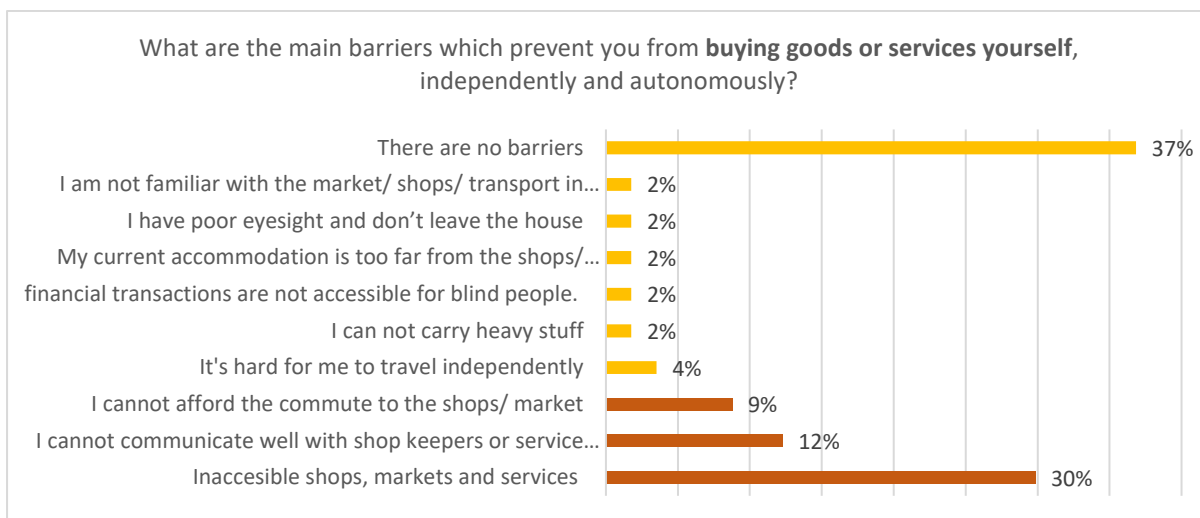


- To an extent, all cash modalities are accessible to the majority of displaced individuals with disabilities. Nevertheless, each modality has its own limitation and restricted access and none of them is accessible to all.
 - Of the **most accessible modalities**, those identified as very accessible or somewhat accessible are bank transfers (87%) and prepaid cards (87%) followed by bank notes (82%) and cash agents (82%).
 - Of the **least accessible** modalities, those identified as not accessible at all or not very accessible, are vouchers (36%) mobile banking (28%) wireless cash transfers to a cash agent (18%) bank notes (18%) bank transfers (13%) and prepaid cards (13%).

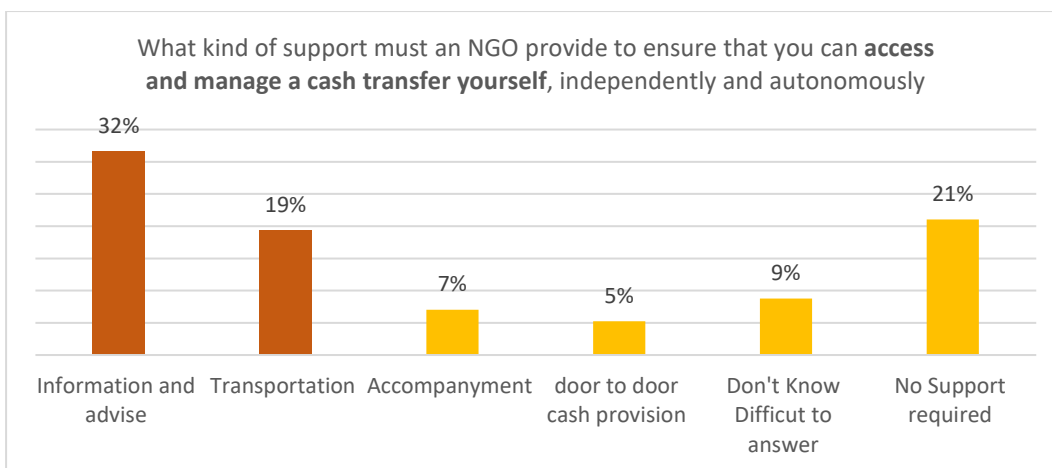
Mobile banking is simultaneously the most accessible (60%) and least accessible cash modality (23%). A breakdown of age, locality and connectivity suggests that younger adults with disabilities and that those with hearing or visual impairments who regularly use digital devices and live in urban settings find mobile banking an accessible model whilst older individuals and those living in rural places with limited network connectivity found it less accessible. This is an important finding that shed light also on varied access to self-registry systems.



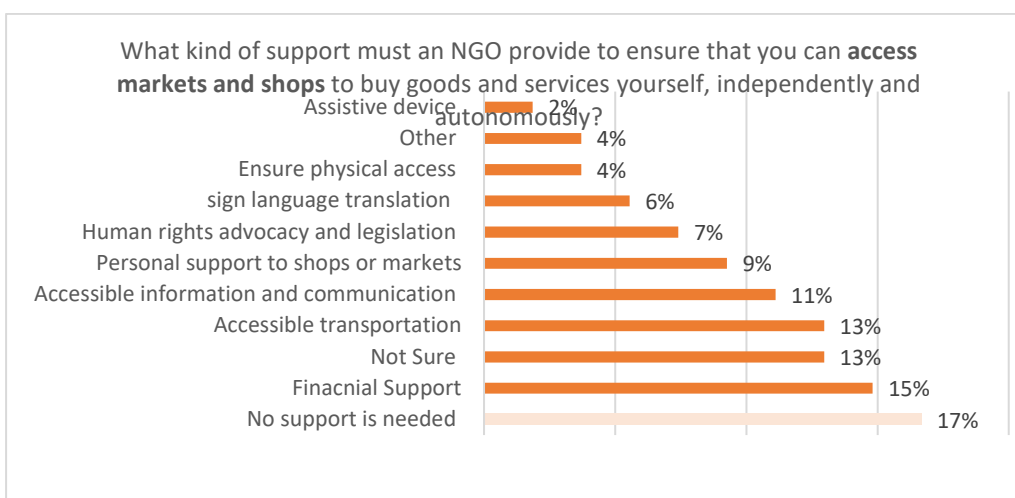
- Majority of IDPs with disabilities (80%) currently buy all or some goods and services independently and autonomously. 20% are completely reliant on relatives and carers to buy goods for them.
- The main barriers to accessing goods or services independently and autonomously were inaccessible shops, markets and services (30%), attitudes, perceptions or stigma (18%) difficulties to communicate with the shop owners (12%) and travel costs (9%).



- Majority of the participants (79%) expect NGOs to provide support to ensure they access and manage a cash transfer themselves independently and autonomously. Some of the reasonable accommodation suggested to facilitate access to cash were provision of accessible information and advice (32%), accessible transportation (19%), personal support (7%) and offering a door to door cash modality (5%)



- Similarly, the majority of the respondents (83%) stated that NGOs can do more to facilitate access to markets for persons with disabilities. Financial support (15%) accessible transportation (13%) accessible information and communication (11%) and personal support to shops and market (9%) were identified as the main reasonable accommodations required to facilitate access to market and shops.

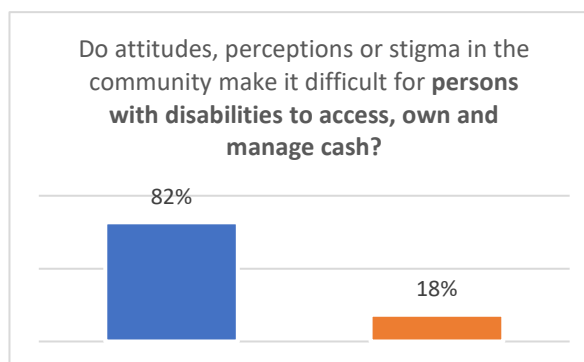
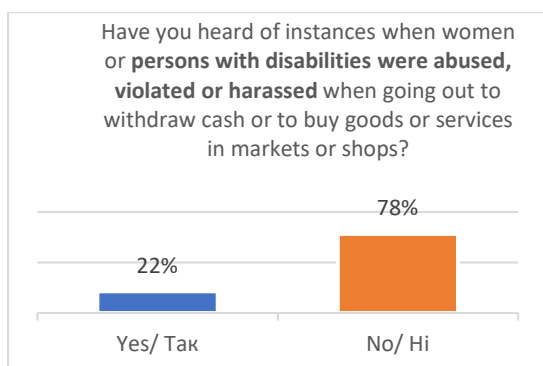
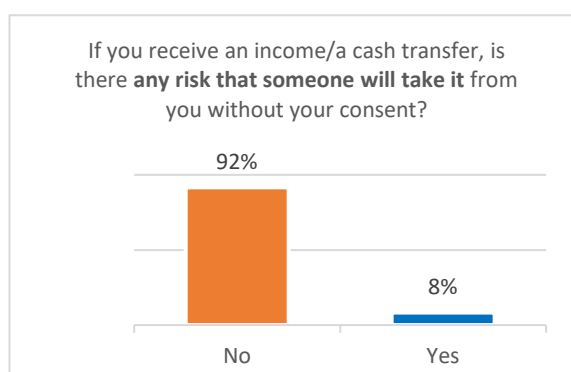
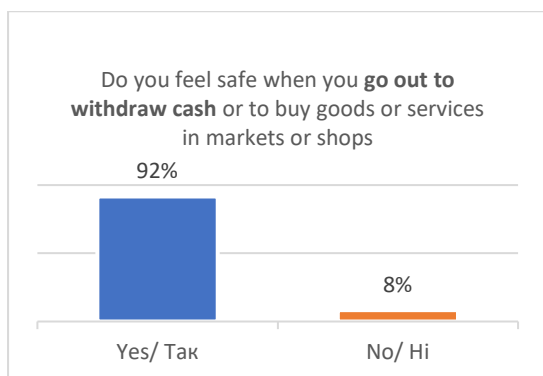


Protection risks

- Majority (86%) of IDPs with disabilities will make the decision on how to spend a cash transfer in consultation with their family. Majority (98%) stated that the assistance provided by their relatives to access goods and services does not limit their choice.
- Majority of the participants stated that cash grants are unlikely to cause tension at the HHs (93%) or in the community (95%)
- 8% of the respondents expressed concern that someone will take the cash grant from them without their consent and 8% of the

respondents feel unsafe when they go out to withdraw cash or to buy goods or services in markets or shops. They explained that this is because they cannot count money and are afraid to lose money or to be cheated. A deaf respondent said that she was worried that she might miss the warning sign of any attack.

- Alarming, 22% of the respondents have heard of instances when women or persons with disabilities were abused, violated or harassed when going out to withdraw cash or to buy goods or services in markets or shops. Nearly a fifth of the survey participants (18%) identified attitudes, perceptions or stigma in the community as a barrier to accessing owning and managing cash.

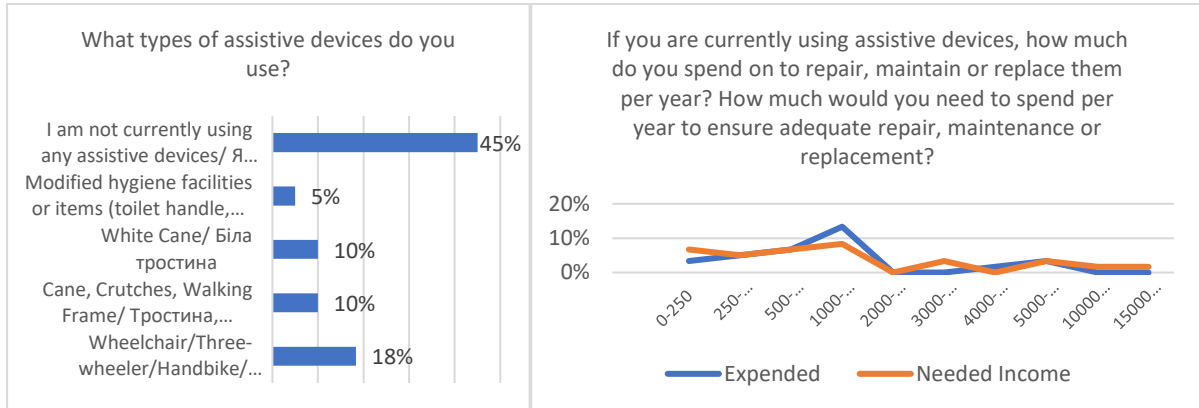


7% of the respondent said that they are at risk of ceasing to receive other financial or in-kind support if they receive an additional cash grant (due to taxation)

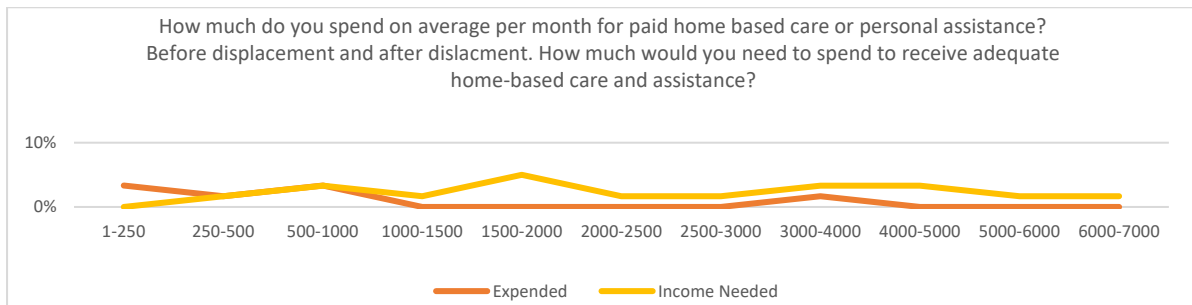
Cost of living

- Not all IDPs with disabilities have additional expenditures of specialised goods and services. Amongst those who require specialized services the costs vary greatly depending on their disability and health condition.
- The survey found that at least 9% of the respondents refrain from using specific medication, food and assistive device and 15% do not use home-based support due to unaffordability.

- **33% of the respondents use assistive devices** and spend an average of **1788.75 UAV per year** to repair, maintain or replace their assistive devices. However, to enable adequate care they would need 2306 UAV per year (additional 30%). If they could afford it, additional 3% of the respondents would use assistive devices.



- 10% of the respondents currently have **home based care** or personal assistance and spend 954 UAV per month on home based care or personal assistance. To enable wellbeing and dignity they would need 2751 per month (additional 188%). If they could afford it an additional 15% of the respondents would use home based care support.



Recommendations

Facilitating access

1. Consider a combination of modalities and complementary programming in the selection of modalities to effectively meet all the requirements of all persons with disabilities.
2. Plan and budget for accessibility and reasonable accommodation from the very beginning. Embed programme flexibility and possibility for use of reasonable accommodation to facilitate independent access of IDPs with disabilities to Financial Services Providers (FSPs), cash modalities and markets. Support measures should include providing shuttle services to access the delivery point (e.g., ATMs, banking outlets, cash agents), ensuring physical accessibility or individual accompaniment to distribution points or markets, individual support with registration, account set-up for e-transfers and door to door cash modalities. These measures need to be identified, budgeted, and included in the project design and implementation.
3. Systematically use the Washington Group Short Set on Functioning² (WG-SS) in household surveys to improve identification of persons with disabilities, and data should be disaggregated by sex, age and disability in line with the IASC Guidelines³.
4. Ensure that information on FSPs and cash modalities is shared in accessible formats so that everyone knows the amount of cash expected and any future expected payment, understands the selection process and knows how to access complaint response mechanism.
5. Advocate to FSPs to ensure all systems in place are accessible, considering (as examples) potential barriers related to mobility, vision, hearing and health.

Mitigating protection risks

6. Set up accessible, safe and easy to use accountability systems and feedback and complaints mechanisms to allow for easy reporting on protection risks at the HHs and in the community
7. Continue to consult persons with disabilities and their representatives about their needs and capacities and preferred cash and other programmatic support.
8. Offer sensitisation and de-stigmatization meetings at HHs and community level together with persons with disabilities and their representatives.

² <https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-wg-ss/>

³ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/documents/iasc-guidelines>

9. Ensure that process and outcome monitoring for inclusive CVA include the specific barriers and protection risks that persons with disabilities face when it comes to the access and use of cash. The ability to autonomously access the cash is a key indicator for equal outcomes for persons with disabilities.

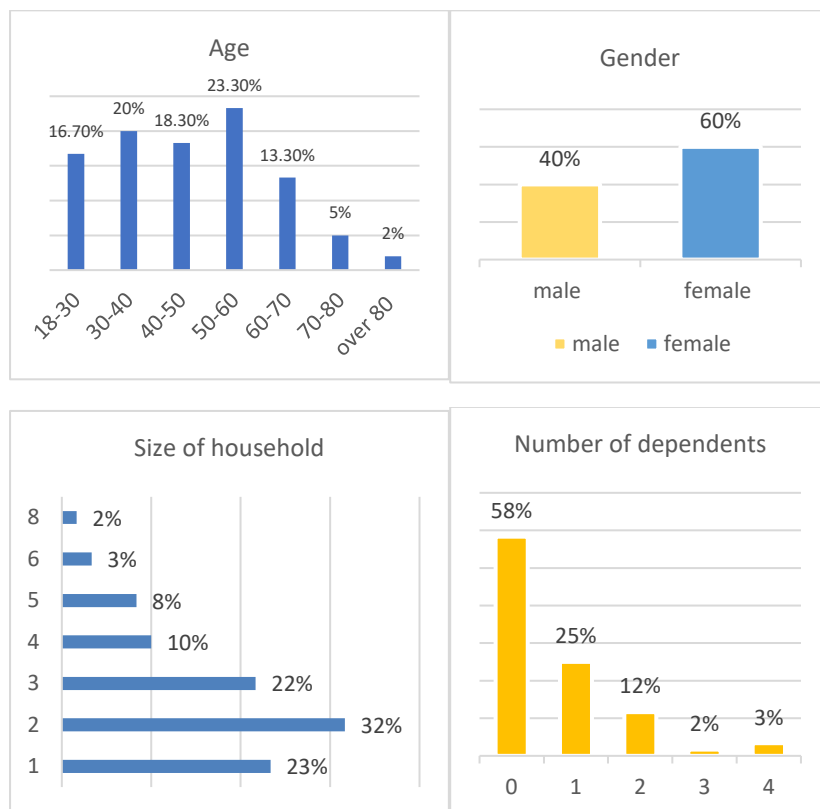
Addressing the cost of living gap

10. Design additional cash for protection schemes to allow for customized support for persons with disabilities. Consider for example conditional cash and vouchers modalities for assistive devices or home-based care. Or one-off payments aimed at meeting the costs of interventions specific to the needs of individuals and families with a person with disabilities.
11. Adapt a holistic approach and ensure that MPCs is part of a bigger programme and that beneficiaries are supported by additional programming such as home-based support, home based rehabilitation outreach and accessible transportation support.
12. Ensure that Post-Distribution Monitoring (PDM) assesses if persons with disabilities in the household have been able to cover essential specific needs they may have because of their disabilities. These needs could include medicine, sanitary items, specific dietary items or specific clothing.

Full survey findings

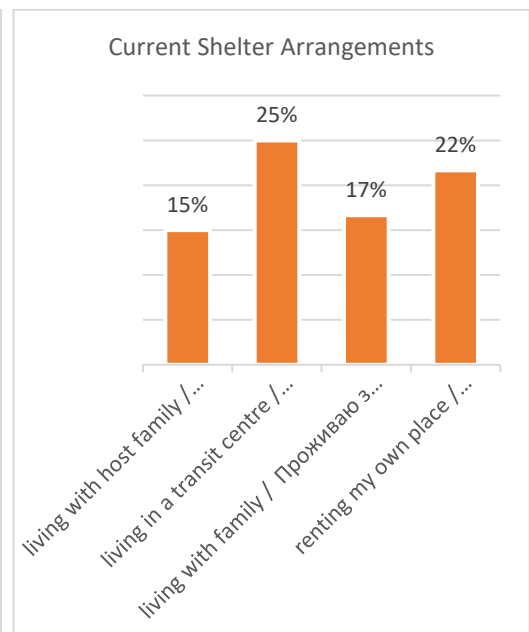
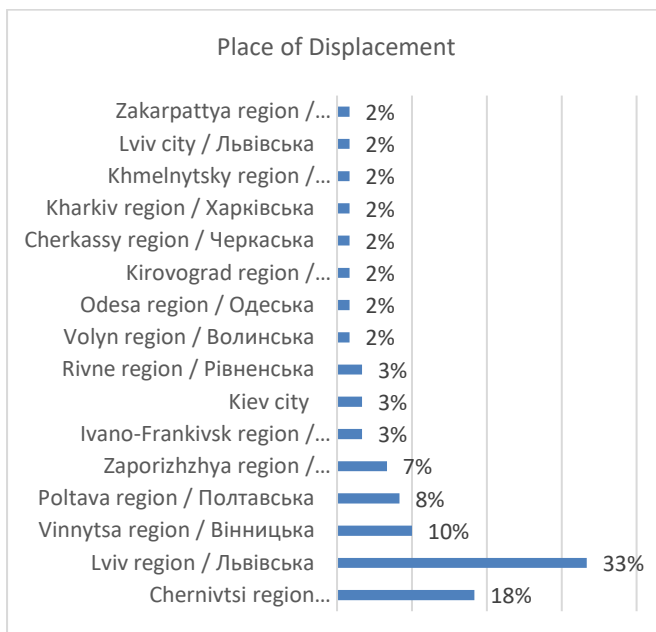
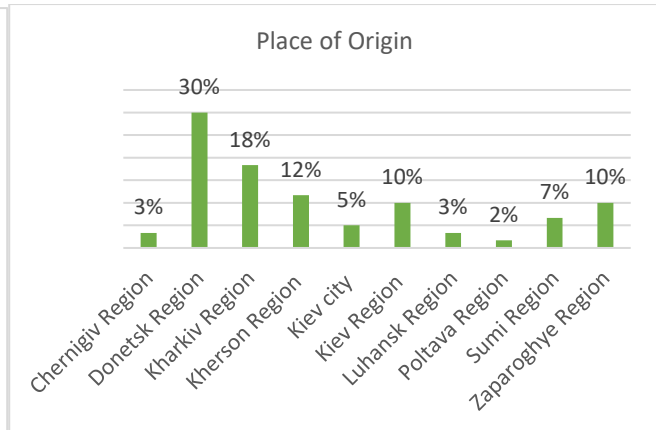
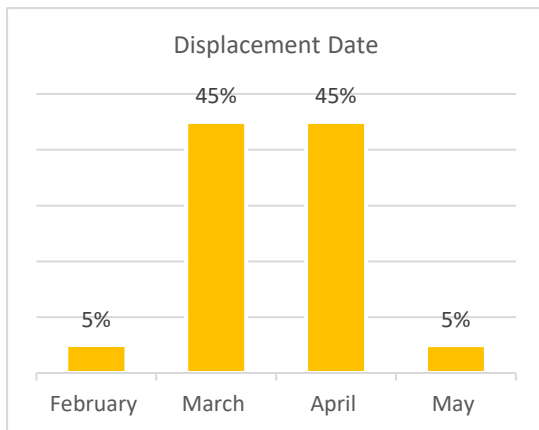
1. Demographic data

60% of the survey participants were female and 40% male. Majority (77%) of the household size were between 1 – 3 and majority (58%) of the participants have no dependents; a quarter (25%) have one dependent.



Displacement patterns

Majority of the survey participants (90%) displaced throughout March and April 2022, from Donetsk (30%), Kharkiv (18%) and Kherson regions (12%). A third (33%) displaced to Lviv region and nearly one fifth (18%) displaced to Chernivtsi region (18%). Quarter (25%) currently live in a transit centre, 22% rent their own place, 17% live with relatives and 15% live with host family that isn't family related.

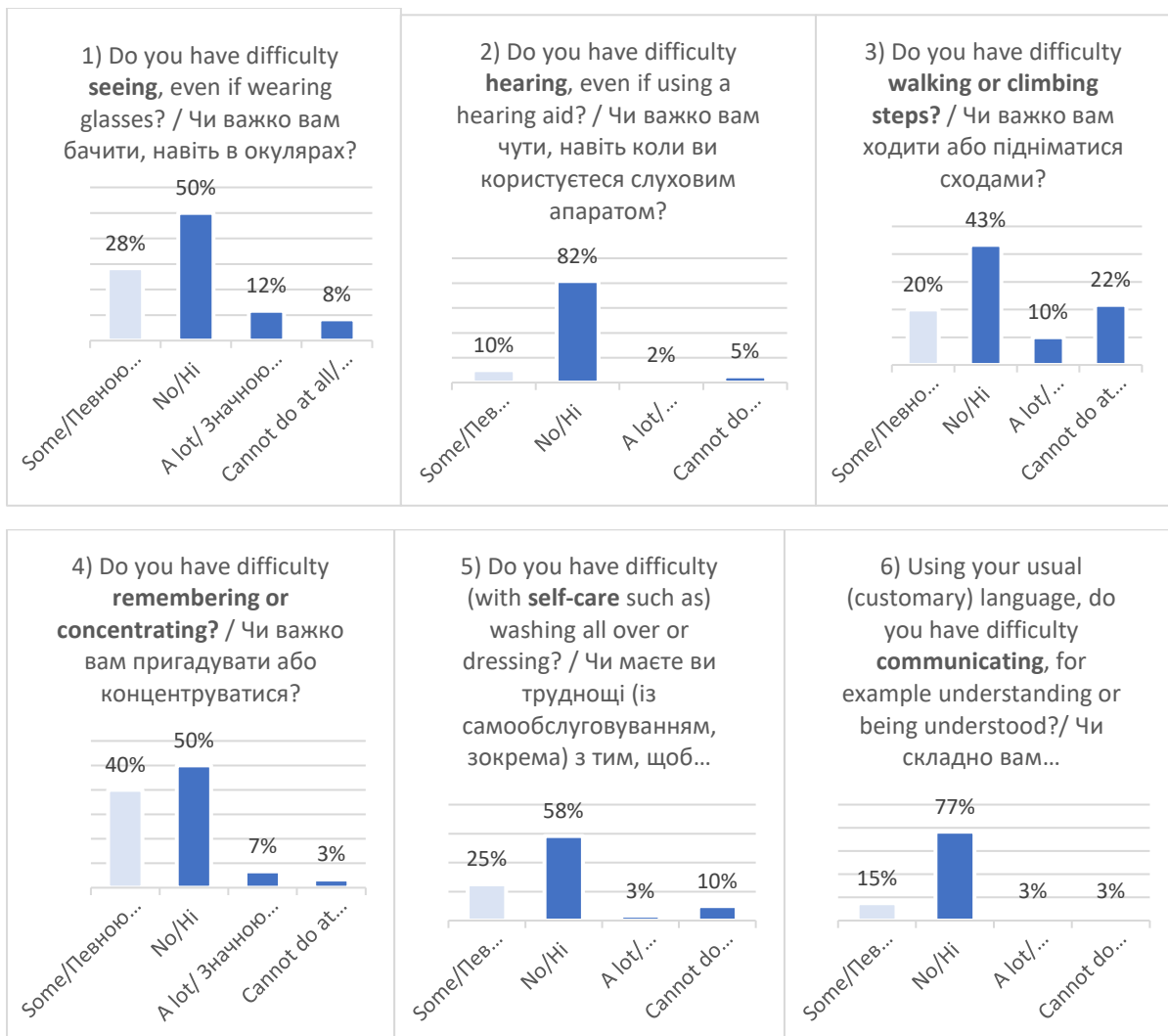


Washington Group Questions - Short Set (WGQS)

All participants (100%) had functional limitations with at least one of the domain of the Washington group questions (walking, seeing, hearing, remembering or concentrating, communication and self-care). Whilst the majority of the survey participants (89%) were pre-selected to take place in the survey based on their state declared disability status, the responses to the WGQS also demonstrated that **67%** of our participants have difficulty **walking or climbing steps**. 10% of them experienced a lot of difficulty and 22% cannot walk or climb steps at all.

- **50%** of the participants have **difficulty seeing, even when wearing glasses**. 12% experiences a lot of difficulty and 8% cannot see at all.
- **50%** of the participants have **difficulty remembering or concentrating**. 7% experiences a lot of difficulty and 3% cannot remember or concentrate at all.

- **42%** have difficulty with **self-care** such as washing all over or dressing. 3 % experiences a lot of difficulty and 10% cannot attend to self-care at all
- **23%** have difficulty **communicating**, i.e., example understanding or being understood. Of them 3% have a lot of difficulties and 3% cannot communicate at all.
- **18%** of the participants have difficulty **hearing**, even if using a hearing aid. 2% have a lot of difficulties and 5% cannot hear at all.

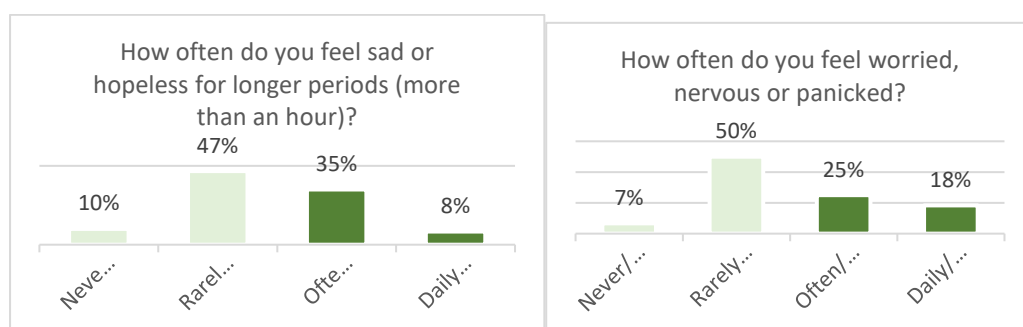


Washington Group - Extended Set on Functioning (WG-ES)

We used two questions from the Washington Group Extended Set on Functioning (WG-ES) to determine anxiety and depression. The questions intend to understand an ongoing experience and not necessarily an effect related to the recent experience of war and displacement.

- Significantly, 43% reported to feel worried, nervous or panicked. 25% of the respondents reported they feel so regularly and 18% reported to feel worried, nervous or panicked daily
- Similarly, 43% of the respondents reported to feel sad or hopeless for longer periods (more than an hour), 35% reported to feeling sad or hopeless often and 8% reported to feel sad or hopeless daily.

On further enquiry, respondents explained that this is accumulated anxiety and depression due to the past couple of years of Covid pandemic and ongoing stress for IDPs who are originally from Donetsk and Luhansk who already live under constant stress due to multiple displacements. Similarly, parents of children with complex disabilities further explained that they regularly feel like “soldiers in the frontline” and that the recent displacement simply increased the ongoing stress they are facing.

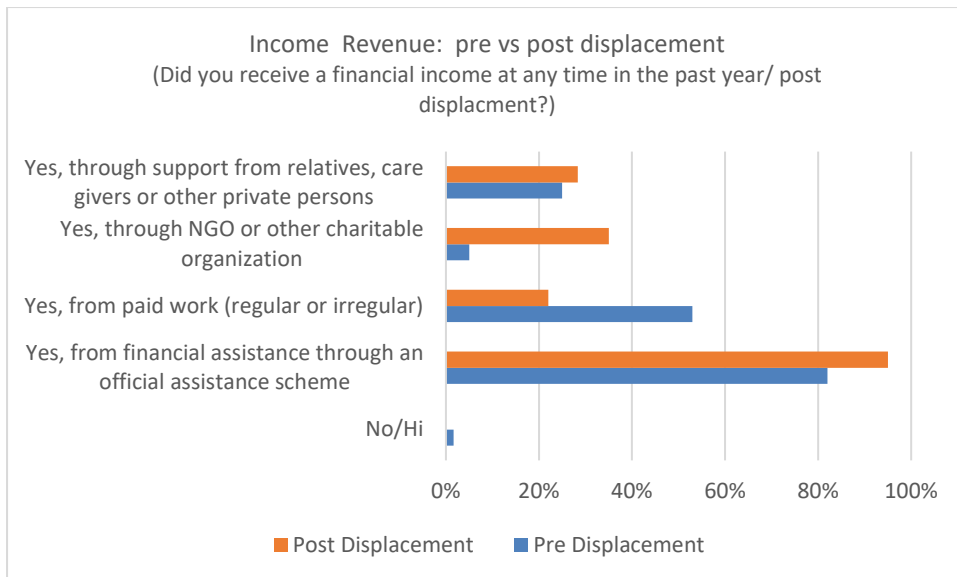


2. Cash appropriateness

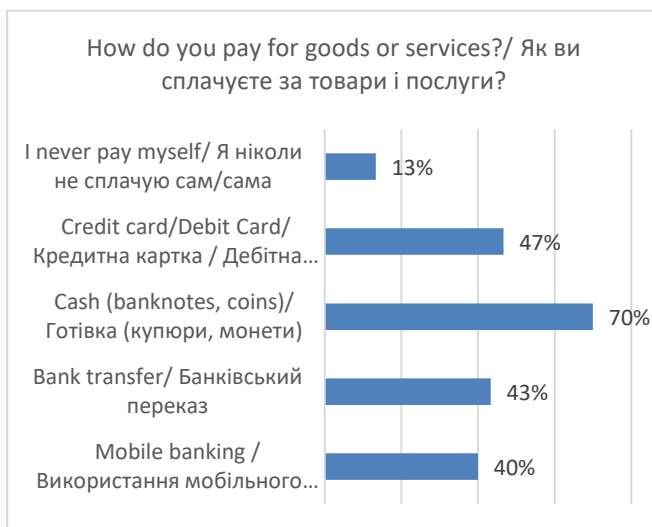
Cash and emergency livelihood support is highly needed and appropriate given the income loss all IDPs with disabilities have experienced since their displacement. Nevertheless, regardless of location, all IDPs with disabilities engage with markets to fulfil their daily needs. Their expenditure trends have remained similar pre and post displacement and listed as food, energy, shelter (rent, repairs), health and hygiene.

Income revenues

Cash and emergency livelihood support is highly needed and appropriate given the income loss all IDPs with displacement have experiences since February 2022. When we compared their income revenue streams pre and post displacement we found that more than half of the respondents have lost their paid work income, and 95% of the participants are currently relying on financial support through a social protection scheme vs 78% who relied on similar schemes pre displacement. 35% of the respondents are currently receiving support form NGOs and other charitable organisations compare to only 5% who relied on that support pre displacement.

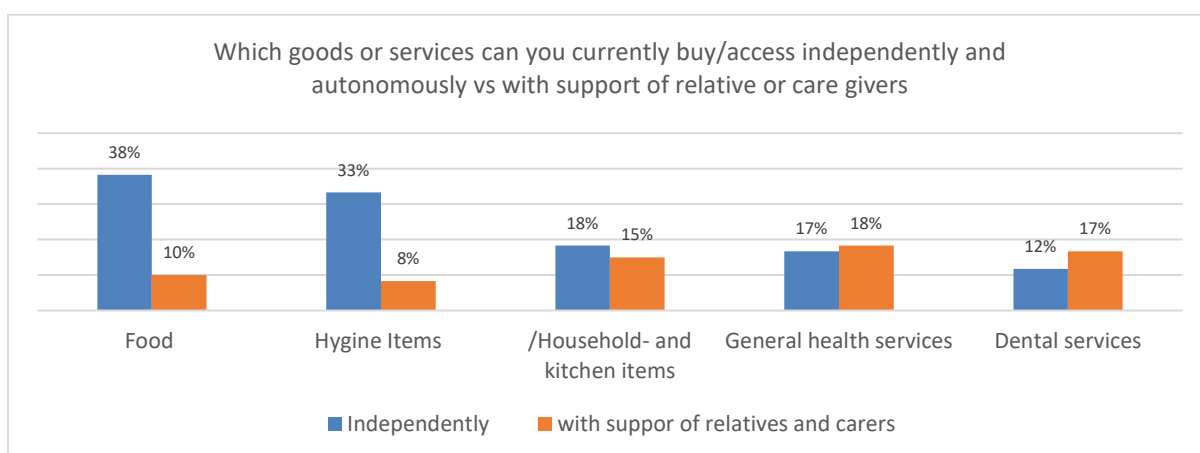
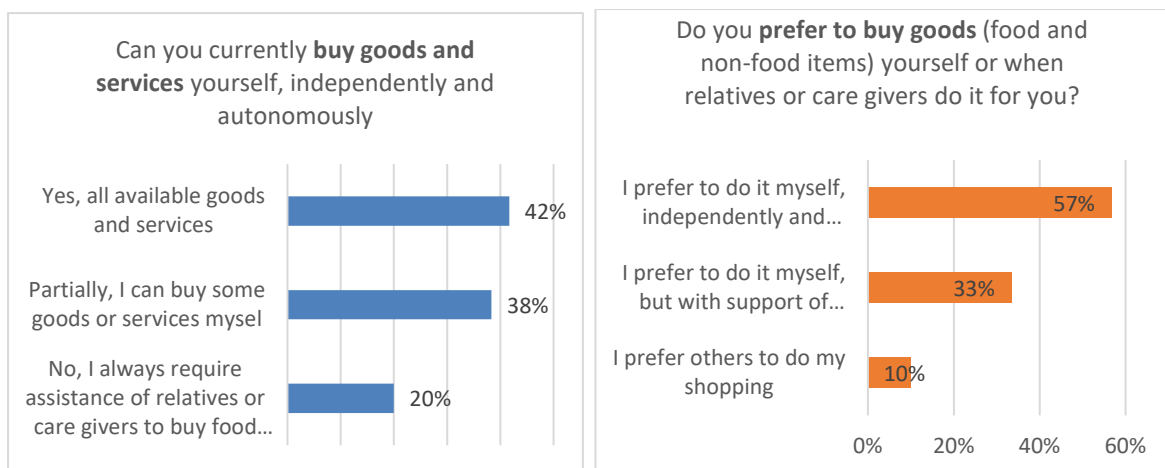


Most persons with disabilities (70%) use cash (banknotes, coins) to pay for goods, 47% use debit/ credit cards, 43% use bank transfers and 40% use mobile banking. 13% reported to never pay for goods themselves.



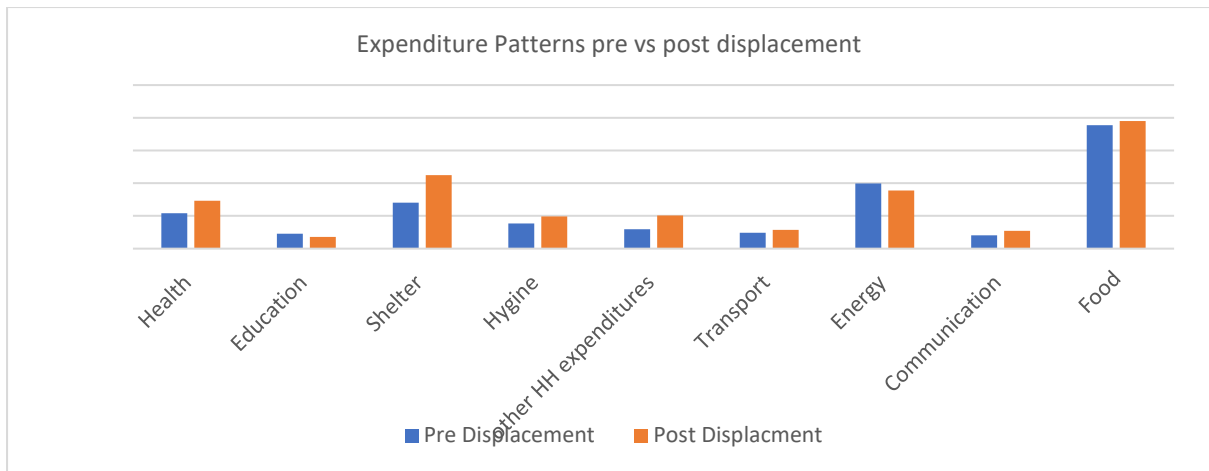
Engagement with the market

Regardless of location, all IDPs with disabilities engage with markets to fulfil their daily needs. Majority (80%) can buy all or some goods and services themselves and 20% are reliant on relatives and care givers. Importantly, 57% prefer buying goods themselves, however, only 42% can currently buy goods and services independently and autonomously due to multiple barriers to access to markets (see below).



Expenditure patterns

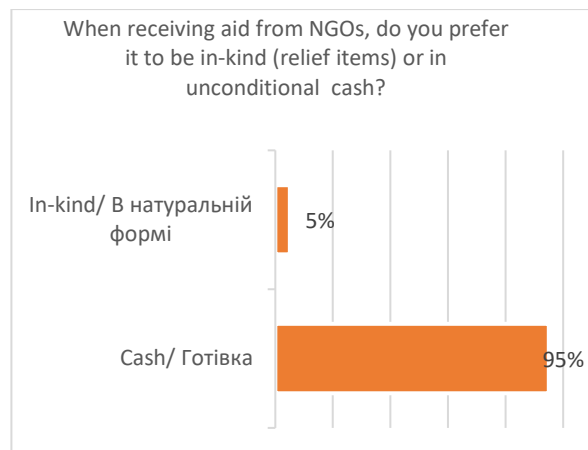
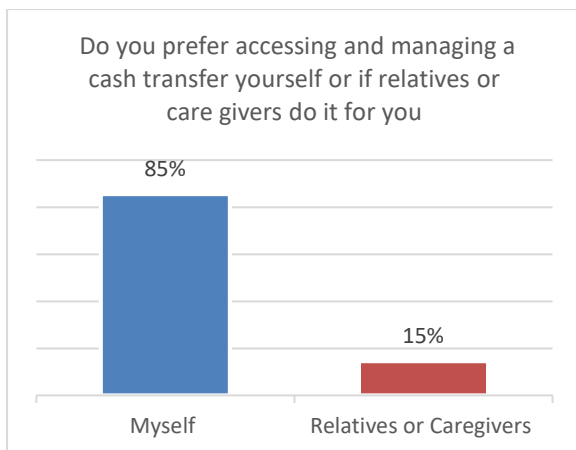
When it comes to expenditure patterns, the findings demonstrate that households still have equivalent financial needs post-displacement compared with pre-displacement. The top five expenses outside of an emergency were listed as food, energy, shelter (rent, repairs), health and hygiene. These expenditure trends are similar post displacement too except that IDPs with disabilities currently spend more on shelter than energy. The increase in shelter costs indicates that IDPs with disabilities, much like IDPs in the general population, spend more on shelter as they incur additional rent costs and perhaps also incur expenditures related to repairing their homes in point of origin. It would be interesting to compare the expenditure patterns of the general IDP population to understand whether there are any additional recommendations needed.

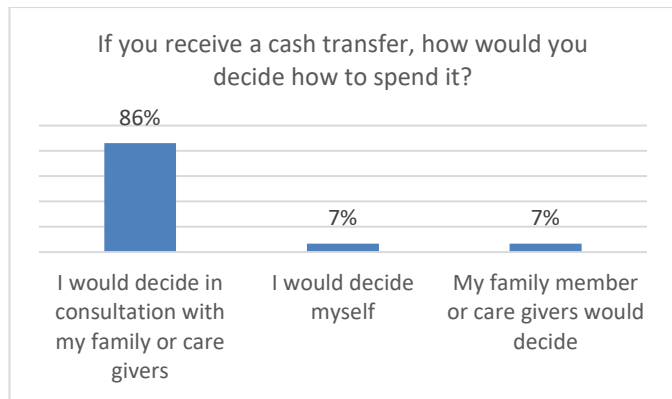
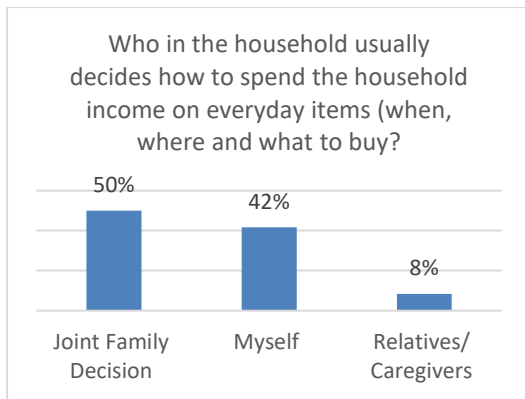


3. Acceptance

Unrestricted cash is the preferred type of assistance by IDPs with disabilities in Ukraine with majority (95%) prefer receiving unconditional cash rather than in-kind goods.

Majority (85%) prefer accessing and managing cash directly and not rely on their relatives; Majority of IDPs with disabilities (92%) will be part of the decision making process on how to spend the HHs income/ cash grant whether autonomously or jointly with other family members.



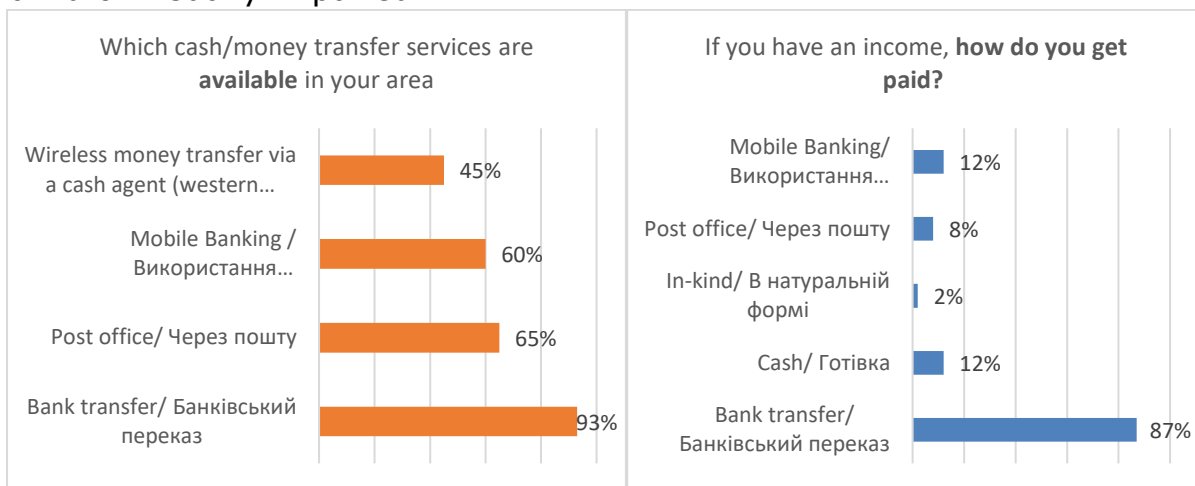


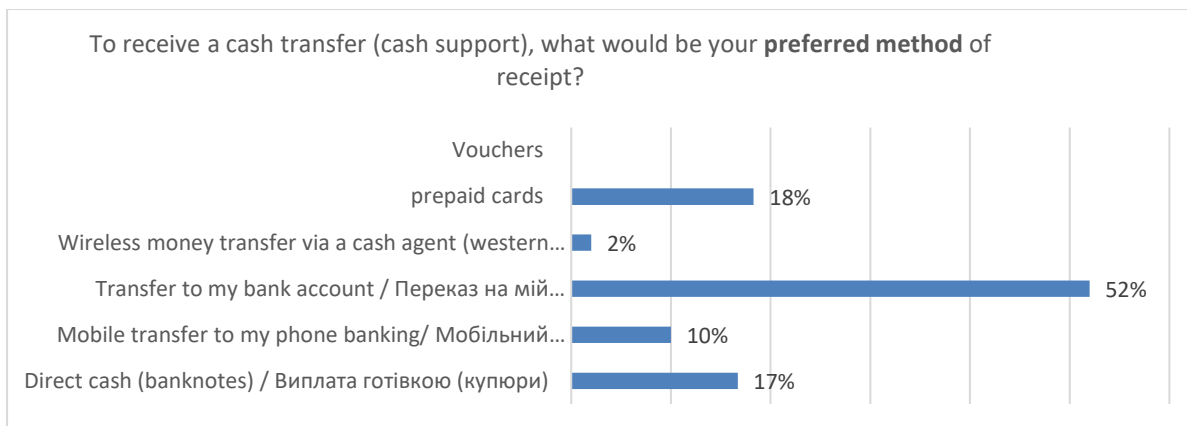
4. Access

Access to cash

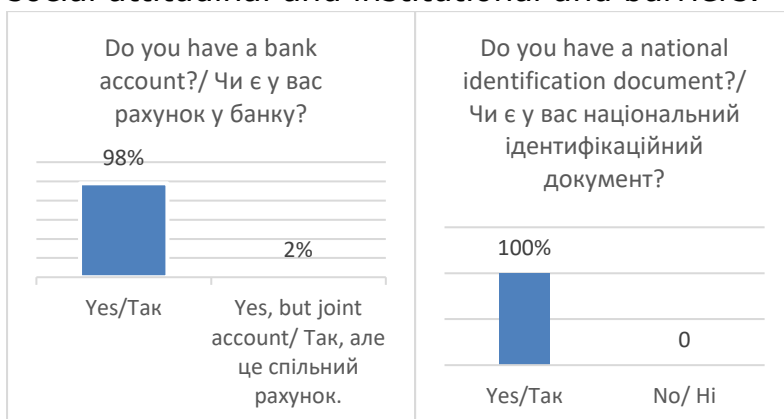
Majority of IDPs with disabilities (85%) prefer accessing and managing a cash transfer themselves;

Bank transfers are the most available (93%) preferred (58%) and utilized (87%) FSP facility by IDPs with disabilities. Respondents explained that they find ATMs to be widespread and available. PrivatBank was specifically mentioned to have an interface that is accessible to use for people who are blind or visually impaired.





100% of the respondents have a national ID and a bank account, suggesting that direct access to cash is not only preferred but also possible as IDPs with disabilities are eligible for humanitarian cash programming, social protection programming and cash transfers through bank accounts easy and manageable. All participants in our survey had a state recognized disability status but it's important to remember that there is a high risk of it failing to identify some persons with disabilities if identification is done unsystematically or if it relies on government data alone. In Ukraine this is pertinent as disability is status based rather than risk based. It is defined solely by medical considerations and does not consider environmental, social attitudinal and institutional and barriers.

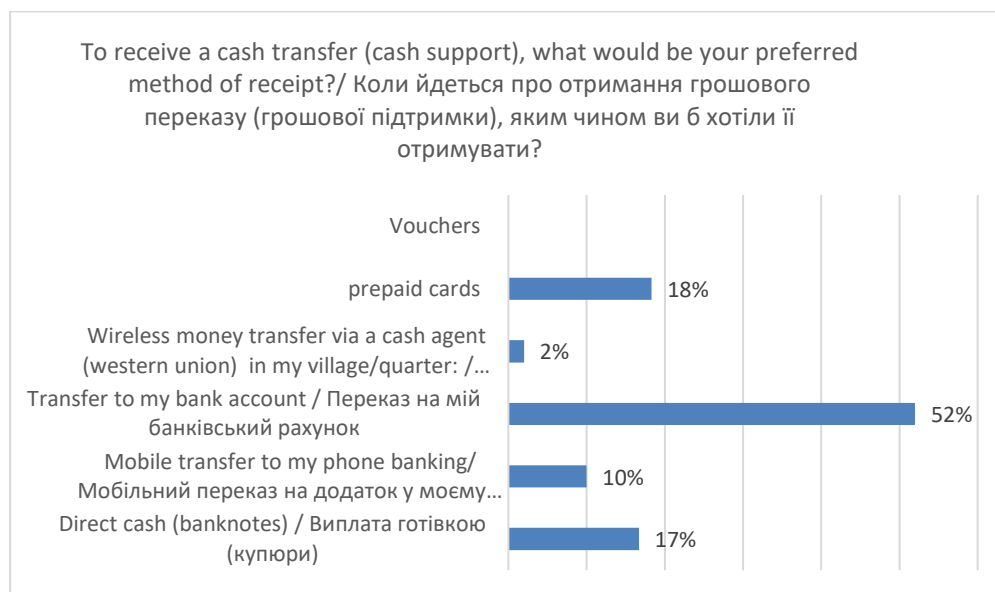


Accessibility of Cash Modalities

The findings demonstrate that, to an extent, all cash modalities are accessible to the majority of displaced individuals with disabilities. Nevertheless, each modality has its own limitation and restricted access and none of them is accessible to all.

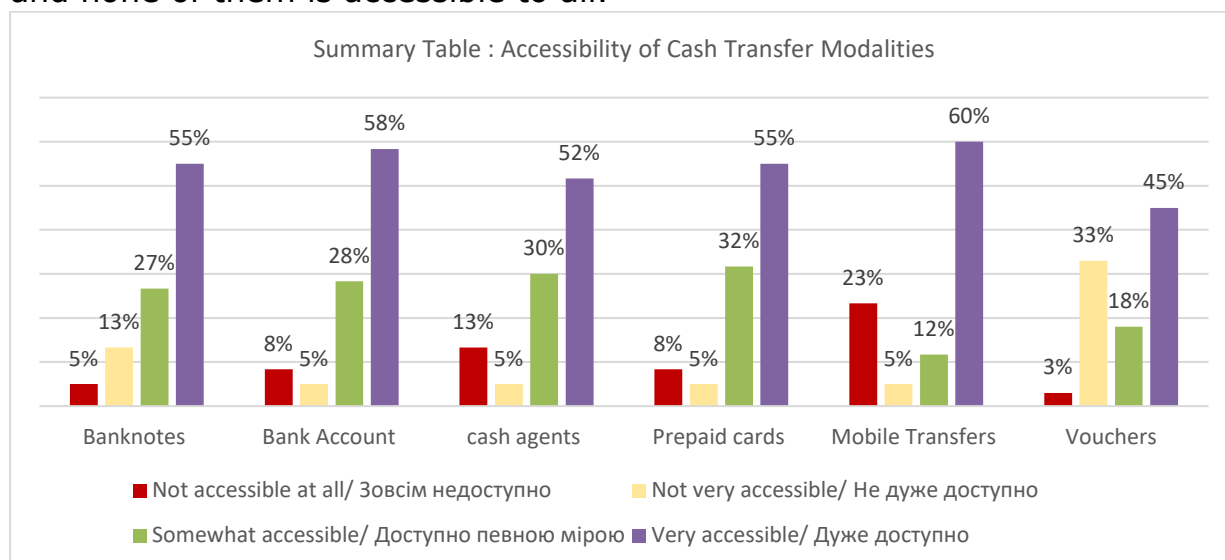
Majority of the participants (52%) stated that bank transfers is their preferred modality to receive cash transfer, followed by prepaid cards

(18%) and direct cash (17%). Vouchers, wireless money through a cash agent and prepaid cards are unpopular ways of receiving cash transfers.



Accessibility of Cash Modalities

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Barriers to accessing cash

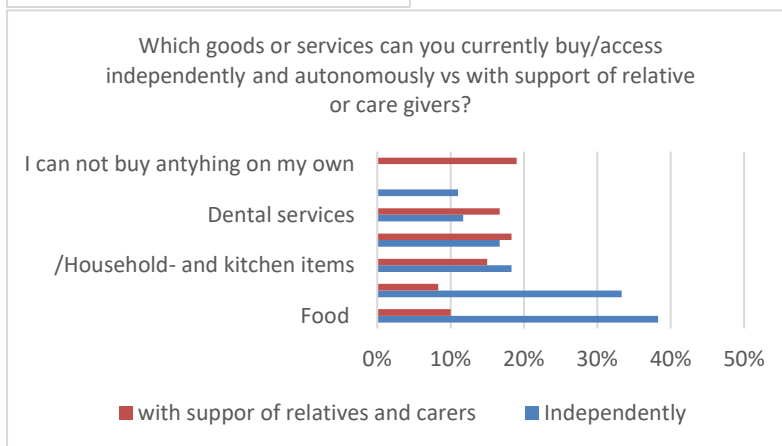
We asked participants to identify how accessible each MPC modality currently considered/ offered in Ukraine is. The main barriers to accessing cash independently were identified as limited mobility, dependency on

others to get to the FSP, inaccessible physical infrastructure, difficulty to identify bank notes and coins and inaccessible ATMs.

- The **most accessible modalities**, those identified as very accessible or somewhat accessible are bank transfers (87%) and prepaid cards (87%) followed by bank notes (82%) and cash agents (82%).
- The **least accessible** modalities, those identified as not accessible at all or not very accessible, are vouchers (36%) mobile banking (28%) wireless cash transfers to a cash agent (18%) bank notes (18%) bank transfers (13%) and prepaid cards (13%).
- **Mobile banking** is simultaneously the most accessible (60%) and least accessible cash modality (23 %). A breakdown of age, locality and connectivity suggests that younger adults with disabilities and that those with hearing or visual impairments who regularly use digital devices and live in urban settings find mobile banking an accessible model whilst older individuals and those living in rural places with limited network connectivity found it less accessible
- **Vouchers** were considered inaccessible (28%) as they were either unfamiliar or that no respective outlets were found in their localities. A few respondents explained that it's impossible for them to use vouchers without external assistance.
- **Banknotes** were considered inaccessible (18%) due to limited mobility and physical barriers such as curbs and steps leading to banking outlets and post offices. Others struggle to identify bank notes or differentiate between the various banknotes and coins.
- **Prepaid cards** were considered inaccessible (13%) due to limited mobility, dependency on others and inaccessible outlets to utilize the prepaid cards.

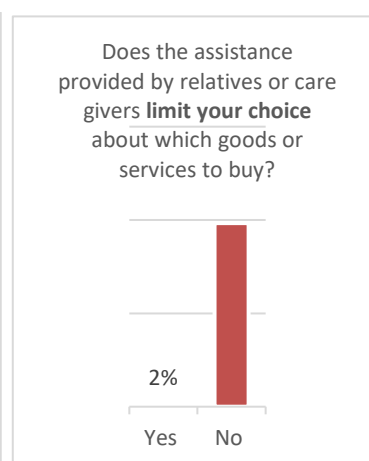
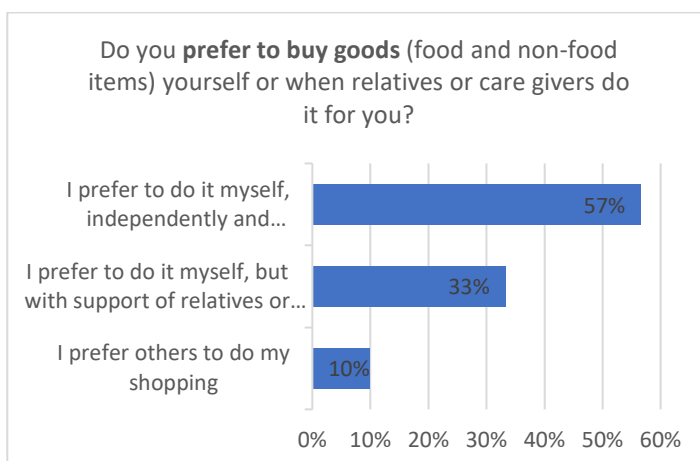
Access to Markets

Majority of IDPs with disabilities (80%) currently buy all or some goods and services independently and autonomously. 20% are completely reliant on relatives and carers to buy goods for them.



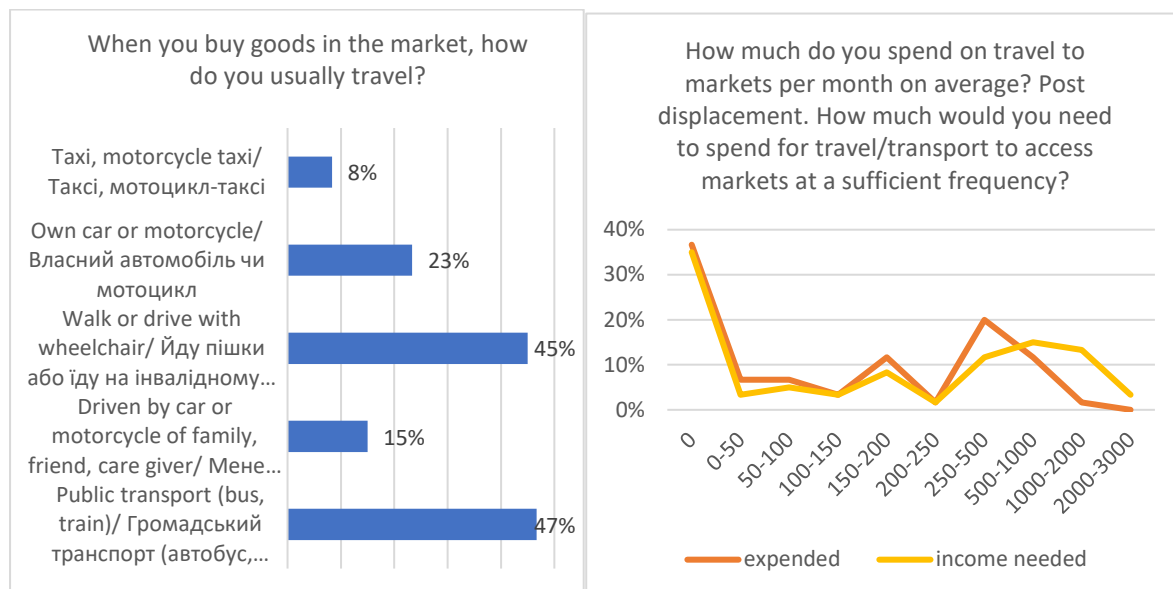
Majority (57%) *prefer* to buy goods and services directly. 33% of the respondents *prefer* buying goods themselves but with support of relatives or carers. Most of them explained that this is due to limited mobility, poor health or severity of their intellectual and behavioural disabilities. Minority (3%) explained that their spouse or parent manage cash better than them; 10% preferred others to buy goods and services for them.

Majority (98%) said that assistance provided by their relatives does not limit their choice. One respondent, however, stated that the opinion and choice of their relatives or carers don't always coincide with theirs



When asked in an open question to identify the support they receive from their relatives and care givers majority of respondents relayed to support with **advice and information on goods and services and communication** with market stakeholders. Individuals who are deaf or with hearing impairment emphasised the *sign language translation they received*. Individuals who are blind or have a vision impairment explained that their relatives or caregivers provide them with *information about the environment, colour and size of items, date of manufacture, price, weight, name and type of the goods and help identify bank notes*. Other identified support included physical support to get to the shops, transportation support, support in carrying the goods, childcare and financial support.

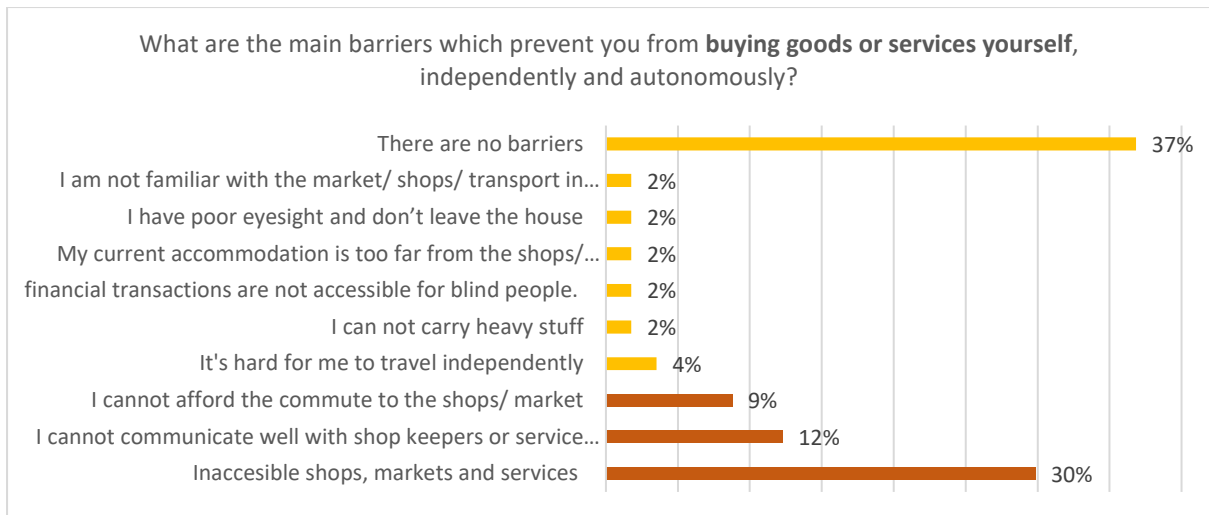
Majority (47%) use public transportation, walk, or use wheelchairs (45%) when traveling to the markets. On average they spend 203 UAV per month in order to travel to the market but they would need 455 UAV to access adequate services.



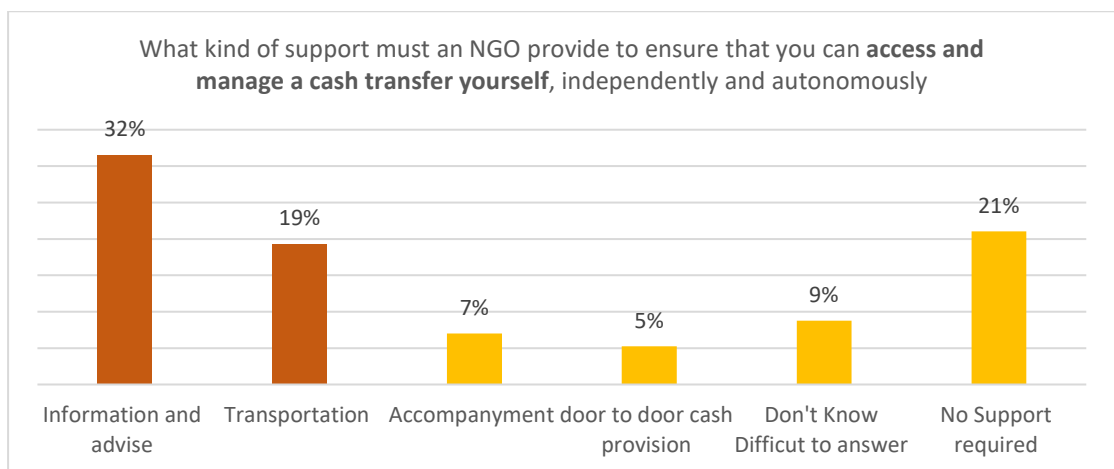
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Barriers to accessing markets

Majority of the respondents (63%) identified barriers that prevent them from buying goods or services independently and autonomously. The main barriers to accessing goods or services independently and autonomously were inaccessible shops, markets and services (30%), attitudes, perceptions or stigma (18%) difficulties to communicate with the shop owners (12%) and travel costs (9%).



Majority of the participants (79%) expect NGOs to provide support to ensure they access and manage a cash transfer themselves independently and autonomously. Some of the reasonable accommodation suggested to facilitate access to cash were provision of accessible information and advice (32%), accessible transportation (19%), personal support (7%) and offering a door to door cash modality (5%)



Similarly, the majority of the respondents (83%) stated that NGOs can do more to facilitate access to markets for persons with disabilities. Financial support (15%) accessible transportation (13%) accessible information and communication (11%) and personal support to shops and market (9%) were identified as the main reasonable accommodation to facilitate access to market and shops.



Facilitating Access to Cash - Recommendations

1. Consider a combination of modalities and complementary programming in the selection of modalities to effectively meet all the needs of persons with disabilities.
2. Adapt programming to make it fully accessible to persons with disabilities, providing reasonable accommodation where necessary in individual cases. Accessibility and reasonable accommodation must be budgeted for at the very beginning of all planning. Allow accessible programme design and reasonable accommodation to facilitate independent access of IDPs with disabilities to FSPs, cash modalities and markets. Support measures should include providing shuttle services to access the delivery point (e.g., ATMs, banking outlets, cash agents), ensuring physical accessibility or individual accompaniment to distribution points or markets, individual support with registration, account set-up for e-transfers and door to door cash modalities. These measures need to be identified, budgeted, and included in the project design and implementation.
3. Utilize a systematic use of The Washington Group Short Set on Functioning (WG-SS) in household surveys to improve identification of persons with disabilities and data should be disaggregated by sex age and disability in line with the IASC Guidelines.
4. Ensure that information on FSPs and cash modalities is shared in accessible formats to ensure that everyone knows the amount of cash expected and any future expected payment, understand the selection process and knows how to access complaint response mechanism.
5. Advocate to FSPs to put systems in place for accessible access considering mobility, vision, hearing and health concerns

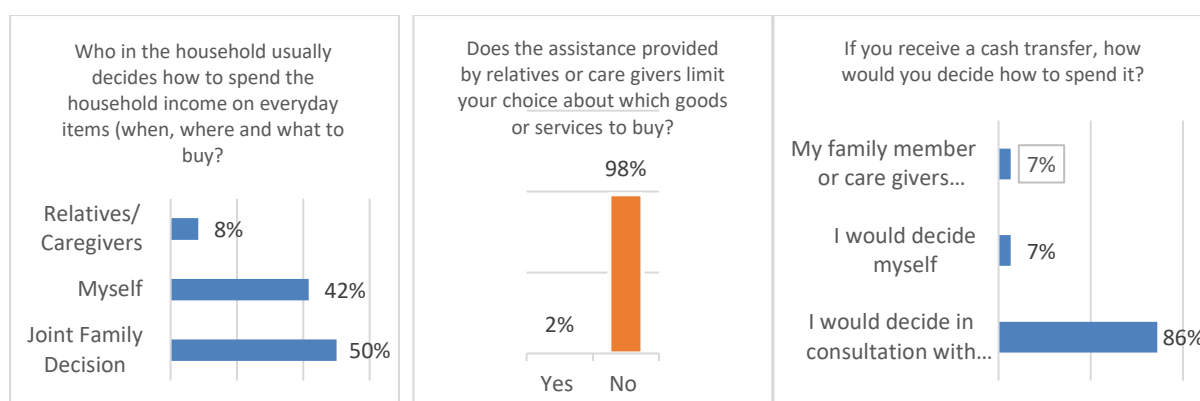
5. Protection risks

Decision making

Majority (86%) of IDPs with disabilities will make the decision on how to spend a cash transfer in consultation with their family; 7% of the respondents reported that their relatives/ caregiver will make the decision on how to spend the funds.

42% of the respondents make independent decisions on how to spend day to day household income. 50% said that this is a joint family decision. 8% of IDPs with disabilities allow their relatives/ caregiver or head of the HHs to makes this decision.

When it comes to buying goods and services, majority (98%) stated that the assistance provided by their relatives to access goods and services does not limit their choice.

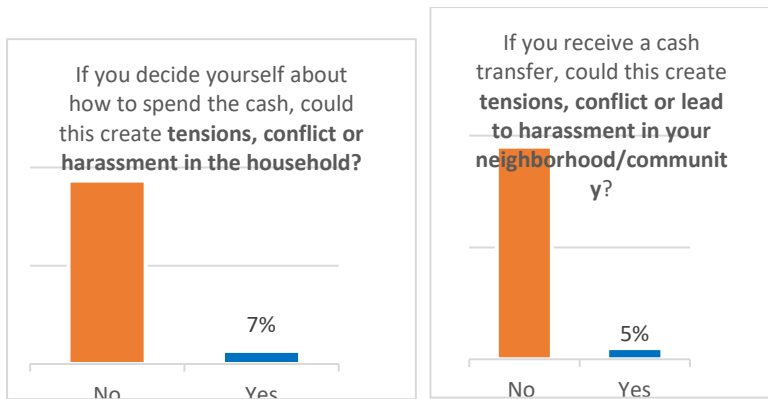


Safety

Majority of the participants stated that cash grants are unlikely to cause tension at the HHs or in the community.

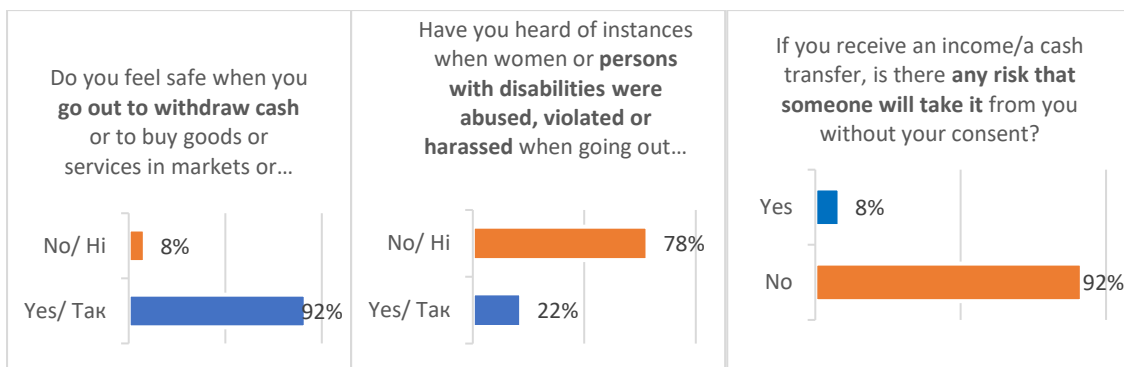
Those who expressed concern that a cash grant would result with domestic tension (7%) explained that other family members might be offended, that it might harm the dynamic in the family. They also explained that given that the small grant is insufficient to cover all HHs needs their relatives might not approve their decisions to expend the funds on their needs and perceive it as unreasonable expenditure.

Those who expressed concern that a cash grant would create tensions, conflict or lead to harassment in their neighbourhood/community (5%) explained that it could result with envy and jealousy or increase to stereotypes and attitude towards persons with disabilities.

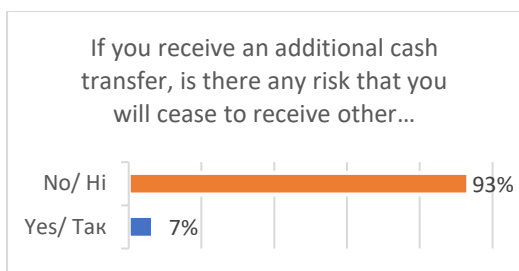


8% of the respondents expressed concern that someone will take the cash grant from them without their consent and 8% of the respondents feel unsafe when they go out to withdraw cash or to buy goods or services in markets or shops. They explained that this is because they cannot count money and are afraid to lose money or to be cheated. A deaf respondent said that she was worried that she might miss the warning sign of any attack.

Alarming, 22% of the respondents have heard of instances when women or persons with disabilities were abused, violated or harassed when going out to withdraw cash or to buy goods or services in markets or shops. These included attacks, manipulations, blackmail and robberies at ATMs and in markets including robberies of older women. Some respondents shared incidents where persons with vision impairments had their money taken from them or received less change than was due from vendors and shop owners. A deaf respondent struggled to access to information on how to withdraw cash and receive cash support



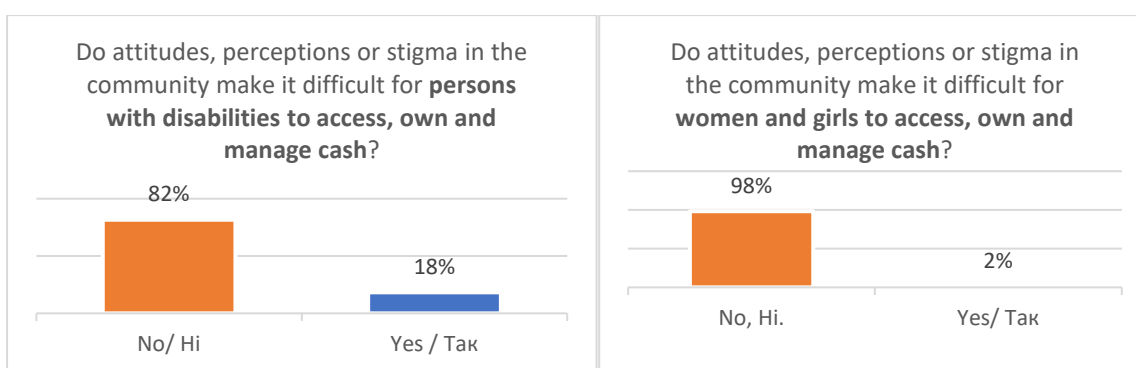
7% of the respondent said that they are at risk of ceasing to receive other financial or in-kind support if they receive an additional cash grant (due to taxation)



Stigma/ attitudinal barriers

18% of the IDPs with disabilities identified that attitudes, perceptions or stigma in the community makes it difficult for them to access, own and manage cash.

98% of the respondents replied that there are no attitudes, perceptions or stigmas that make it difficult for women and girls to access, own and manage cash.

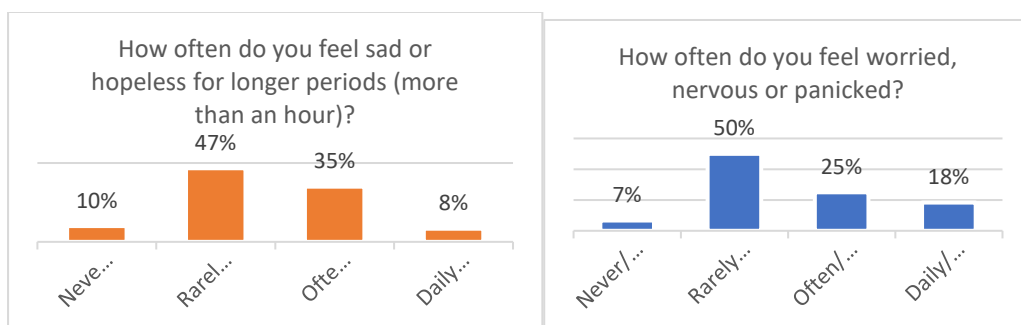


Wellbeing

We used two questions from the Washington Group Extended Set on Functioning (WG-ES) to determine Affect (anxiety and depression). The questions intend to understand an ongoing experience and not necessarily an effect related to the recent experience of war and displacement.

- Significantly, 43% reported to feel worried, nervous or panicked. 25% of the respondents reported they feel so regularly and 18% reported to feel worried, nervous or panicked daily
- Similarly, 43% of the respondents reported to feel sad or hopeless for longer periods (more than an hour), 35% reported to feeling sad or hopeless often and 8% reported to feel sad or hopeless daily.

On further enquiry, respondents explained that this is accumulated anxiety and depression due to the past couple of years of Covid pandemic and ongoing stress for IDPs who are originally from Donetsk and Luhansk who already live under constant stress due to multiple displacements. Similarly, parents of children with complex disabilities further explained that they regularly feel like "soldiers in the frontline" and that the recent displacement simply increased the ongoing stress they are facing.



Mitigating Protection Risks - Recommendations

1. Set up accessible, safe and easy to use accountability systems and feedback and complaints mechanisms to allow for easy reporting on protection risks at the HHs and in the community
2. Continue to consult persons with disabilities and their representatives about their needs and capacities and preferred cash and other programmatic support
3. Offer sensitisation and de-stigmatization meetings at HHs and community level together with persons with disabilities and their representatives.
4. Ensure that process and outcome monitoring for inclusive CVA include the specific barriers and protection risks that persons with disabilities face when it comes to the access and use of cash. The ability to autonomously access the cash is a key indicator for equal outcomes for persons with disabilities.

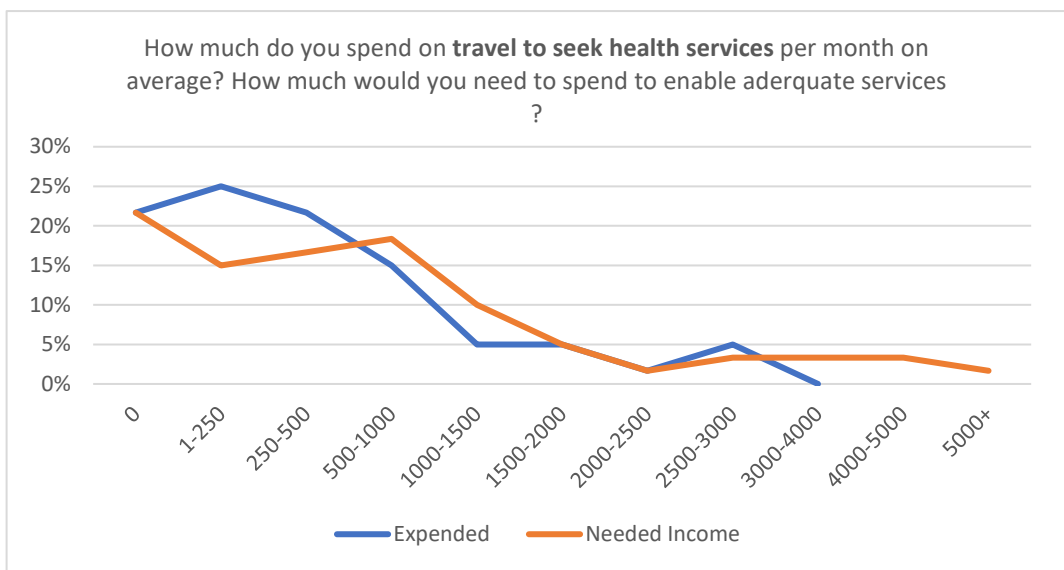
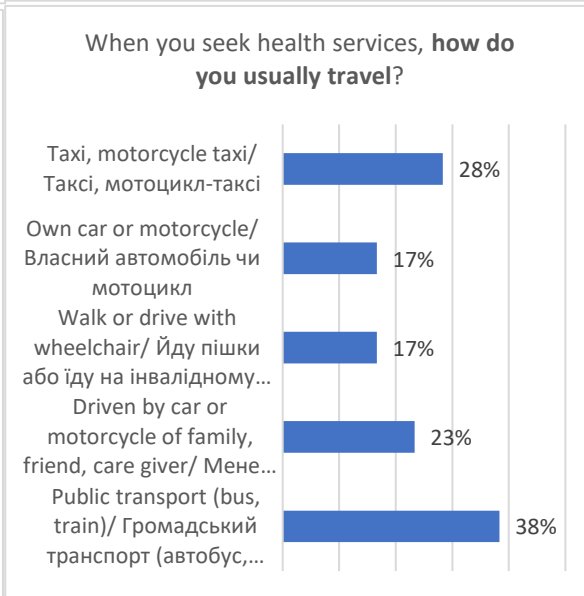
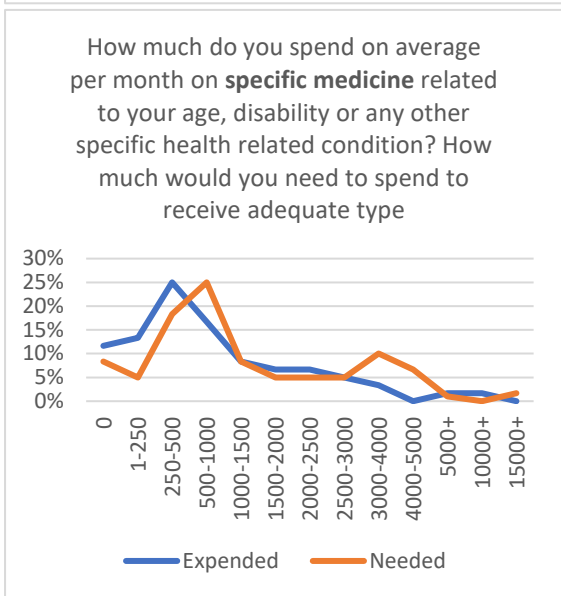
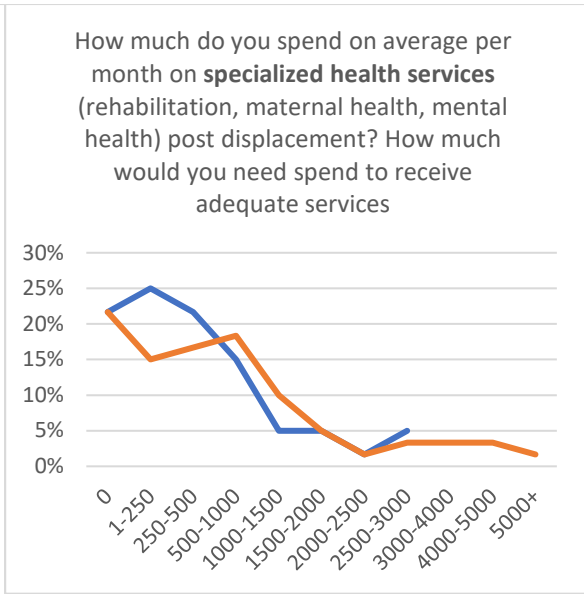
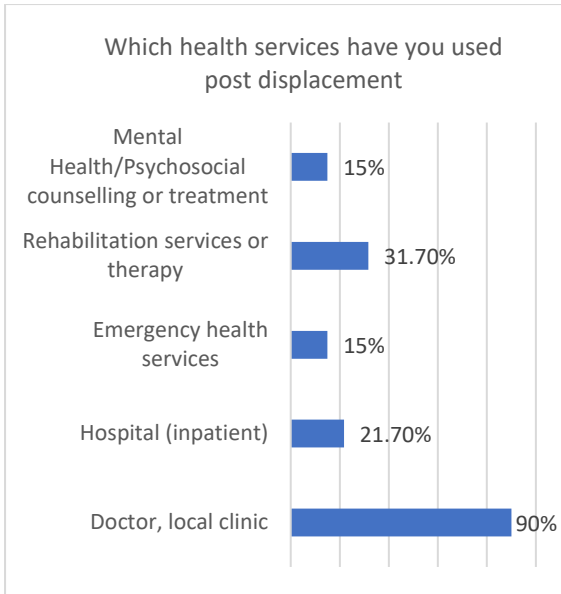
6. Cost of living

Not all IDPs with disabilities have additional expenditures of specialised goods and services. Amongst those who require specialized services the costs vary greatly depending on their disability and health condition. For example, the annual cost of maintaining and repairing of a wheelchair is around 30,000 UAV compared to the cost of repairing and maintaining a crutch which on average costs 300 UAV annually. Nevertheless, the survey found that at least 9% of the respondents refrain from using specific medication, food and assistive device and 15% do not use home-based support due to unaffordability.

Cost of specialized health care services

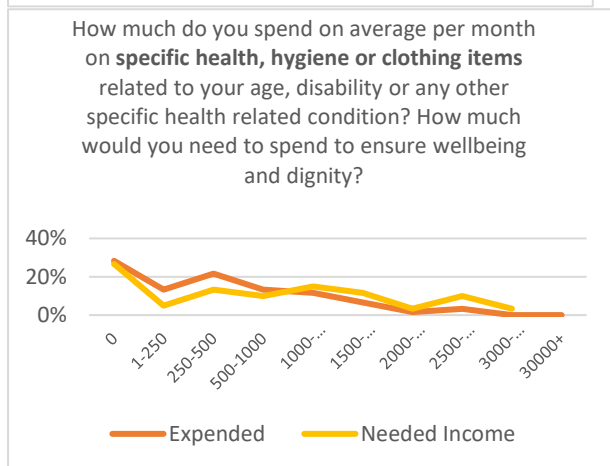
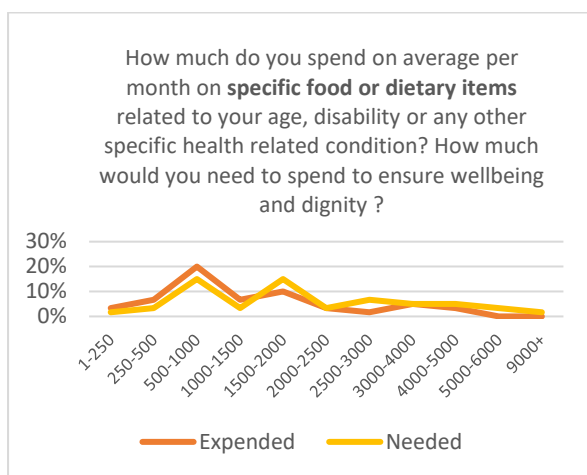
Majority (98%) of the participants in the survey have used medical assistance since their displacement. When adding up health associated costs, on average participants spend **2022 UAV per month on specialized health needs** to cover **travel costs** to health services, **specialized health services**, and **specific medication** that is related to their age, disability or specific health related condition. However, to enable them access to adequate services that would ensure wellbeing and dignity they would need 2466 UAV per month (18% more)

- Most respondents (60%) visit local clinic since their displacement. Others visit hospital (15%), Rehabilitation services (12%) Mental health/ psychosocial support (13%) or emergency health services (8%).
- On average respondents spent 380 UAV on specialized health services but would need 825 UAV (117% more) to receive adequate services (in this context adequate means to ensure wellbeing and dignity)
- Respondents spend an average of 1149 on specific medicine related to their age, disability, or any other specific health related condition but would need 1724 UAV (50% more) to enable adequate health care.
- If they could afford it, additional 3% of the respondents would access specialized health care services.
- Majority (38%) use public transport when they travel to health services. 17% use wheelchairs to access health services. Others use taxi (28%), driven by family members (23%) or use their own cars (17%)
- On average respondents spend 553 UAV per month in order to travel to health services but they would need 917 UAV (65% more) to access adequate services.



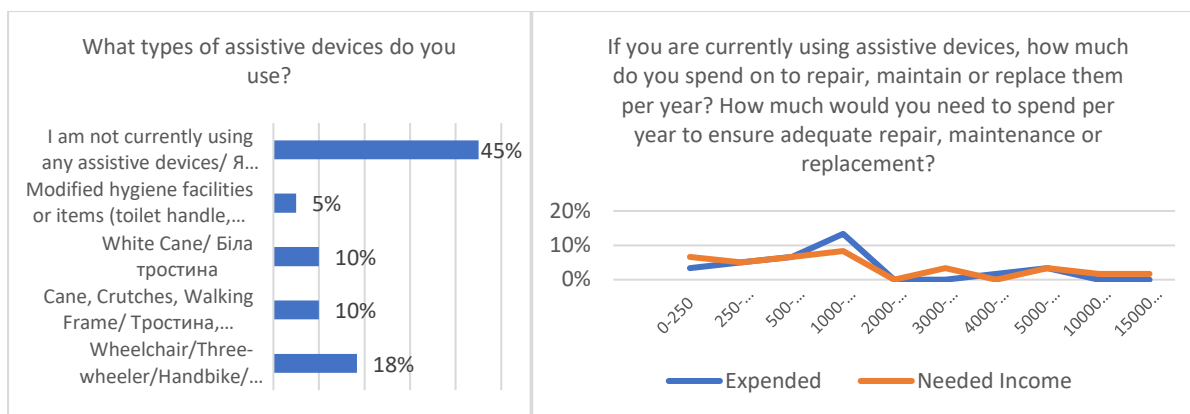
Cost of specialized food and hygiene items

- 60% of the respondents spend an average of **1148 UAV on specific food** or dietary items related to their age, disability or any other specific health related condition; To enable an adequate level of care they would need an average of 1797 UAV per month (additional 56%).
- 30% of the respondents spend an average of **581 UAV per month on specific health, hygiene or clothing items** related to their age, disability or any other specific health related conditions; To enable an adequate level of care they would need 981 UAV (additional 70%).



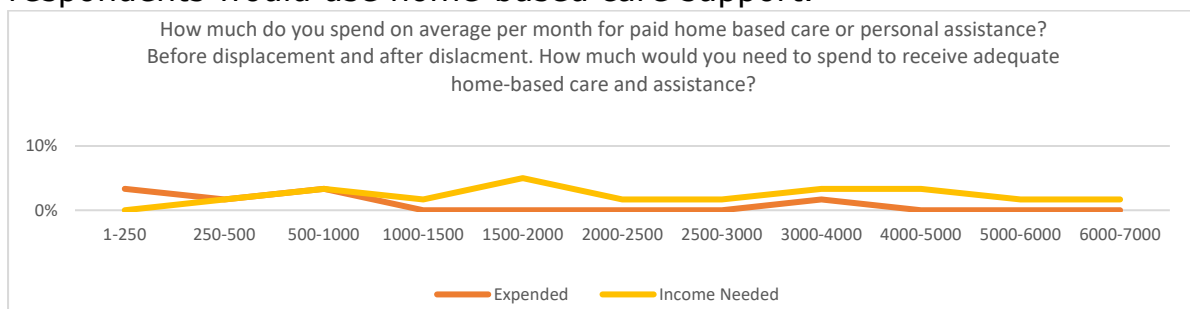
Assistive Devices

33% of the respondents use assistive devices and spend an average of **1788.75 UAV per year** to repair, maintain or replace their assistive devices. However, to enable adequate care they would need 2306 UAV per year (additional 30%). If they could afford it, additional 3% of the respondents would use assistive devices.



Home Based Care

10% of the respondents currently have **home based care** or personal assistance and spend 954 UAV per month on home-based care or personal assistance. To enable wellbeing and dignity they would need 2751 per month (additional 188%). If they could afford it an additional 15% of the respondents would use home-based care support.



Addressing the cost of living gap - Recommendations

1. Consider combination of modalities (cash and in-kind/ restricted/ non restricted/ cash for protection etc) and complementary programming
2. Design additional cash for protection schemes to allow for customized support for persons with disabilities. Consider for example conditional cash and vouchers modalities for assistive devices or home-based care. Or a one-off payment aimed at meeting the costs of interventions specific to the needs of individuals and families with a person with disabilities
3. Adapt a holistic approach and ensure that MPCs is part of a bigger programme and that beneficiaries are supported by additional programming such as home based support, home based rehabilitation outreach and accessible transportation support.
4. Ensure that PDMs assess if persons with disabilities in the household have been able to cover essential specific needs they may have because of their disabilities. These needs could include medicine, sanitary items, specific dietary items or specific clothing.

More information

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Accessibility - Best efforts have been made to ensure accessibility of the key information. Please contact us if you require any information in another format.

The National Assembly of Persons with Disabilities, Ukraine

Before the war started on 24 February 2022, the National Assembly of People with Disabilities of Ukraine (NAPD) united over 100 organizations of people with disabilities that were established by men and women with different types of disabilities and impairments, by parents/guardians who raise children and young people with disabilities. NAPD advocates for equal rights and opportunities for men and women with disabilities, for their inclusion in society on an equal basis with others, for accepting human diversity, and for ensuring full participation of people with disabilities in the processes of making decisions that affect them.

The European Disability Forum

The European Disability Forum (EDF) is an independent non-governmental organization (NGO) that represents the interests of 100 million Europeans with disabilities. EDF is a unique platform that brings together representative organizations of persons with disabilities from across Europe. EDF is run by persons with disabilities and their families. We are a strong, united voice of persons with disabilities in Europe.

CBM Global

CBM Global Disability Inclusion is a dual mandate organization that works alongside people with disabilities in the world's poorest places to fight poverty and exclusion and transform lives. Drawing on over 100 years' experience and driven by Christian values, we work with the most marginalized in society to break the cycle of poverty and disability, treat and prevent conditions that lead to disability and build inclusive communities where everyone can enjoy their human rights and fulfil their full potential. We work in over 20 countries, investing in long-term, authentic partnership with the Disability Movement and maximizing our impact through a coordinated mix of inclusive community-based programmes, local to global advocacy, and delivering inclusion advice to other organizations.