



TERMS OF REFERENCE

Recommendations for a strategy of intervention in institutional settings in Ukraine

Handicap International – Humanity & Inclusion¹

Outraged by the injustice faced by people with disabilities and population groups particularly at risk, we aspire to a world of solidarity and inclusion, enriched by our differences, where everyone can live in dignity.

Handicap International is changing his name and becomes « Humanity & Inclusion ». HI, Humanity & Inclusion is an independent and impartial aid and development organization with no religious or political affiliations operating in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and people at risk, discriminated against to help meet their essential needs, improve their living conditions and promote respect for their dignity and fundamental rights.

Since the organization was first founded in 1982, we have set up development programmes in more than 55 countries and responded to many emergencies. Today we have a budget of around 150 million euros, with 3500 employees worldwide.

In Ukraine, HI has designed a Programme aimed to reduce the suffering of at risk conflict-affected populations through the delivery of an inclusive, timely and multi-sectoral humanitarian response addressing the Health, Protection and Essential Needs of conflict-affected populations, with specific focus on internally displaced persons, persons with disabilities, persons with injuries and/or with signs of psychological distress, while reducing the risks caused by Explosive Ordnance contamination, facilitating the delivery of aid in Ukraine and supporting the wider humanitarian response to be more inclusive.

Background to the Consultancy

Context of Intervention

On February 24, 2022, following the recognition of the Donetsk People's Republic and Luhansk People's Republic, Russia launched a full-scale military assault in Ukraine, with aerial, ground and sea incursions leading to multiple fronts of conflict throughout the country. This situation has triggered mass population displacement and acute humanitarian needs, with severe destructions in urban centers and targeted attacks on public infrastructures leading to the provision of essential public services being greatly disturbed. As of 27 October 2022, official records indicate **7.8 million refugees and 6.2 million internally displaced persons**. Heavy fighting and shelling continue across several towns and cities in Ukraine, particularly in the eastern and southern parts of the country, with increasing human cost and worsening humanitarian consequences. Between 24 February and 26 October, OHCHR reports more than 19,150 civilian casualties including over 6,374 killed, a figure that is likely much higher as civilian deaths and injuries continue to be verified. Most of these casualties were caused by the use of explosive weapons with a wide impact area, including shelling from heavy artillery and multiple launch rocket systems as well as air strikes. The conflict remains extremely volatile, as shown by the escalation of attacks across the

¹ For more information, please visit: www.hi.org.

country in October 2022.

Ongoing hostilities and forced displacement are exacerbating pre-existing vulnerabilities. Despite the huge data gap on the risks faced by persons with disabilities and other groups exposed to particular vulnerabilities, individuals particularly at risk of encountering difficulties to access safe refuge, flee and access basic and specific necessities are often women and children, adult and children with disabilities and older men and women.

This is **especially so for those with high support needs, without family support and those living outside family sphere including in institutions**, who may face multiple additional barriers to autonomous functioning, freedoms of choice, movement and access to outside services, resulting in risks to their lives, struggles to meet daily needs. These groups are also likely to be more exposed to protection risks (such as neglect, denial of assistance including evacuations, GBV and human trafficking and exploitation) and to face environmental, institutional and attitudinal barriers hindering them from easily and safely accessing humanitarian assistance. It is also assumed that previously flagged violations of rights of children and adults with disabilities jeopardizing their physical, social, and mental health wellbeing in these institutions might be further aggravated due to the impact of the war.

Needs and risks of persons with disabilities² residing in institutions

*“There are certain defining elements of an **institution**, such as obligatory sharing of assistants with others and no or limited influence as to who provides the assistance; isolation and segregation from independent life in the community; lack of control over day-to-day decisions; lack of choice for the individuals concerned over with whom they live; rigidity of routine irrespective of personal will and preferences; identical activities in the same place for a group of individuals under a certain authority; a paternalistic approach in service provision; supervision of living arrangements; and a disproportionate number of persons with disabilities in the same environment” (CRPD, Guidelines on deinstitutionalization, including in emergencies; III, A, 14).*

Since the full-scale invasion of Ukraine in February, a rapidly increasing number of Ukrainians, including persons with disabilities, their families and their support persons, have been forcibly displaced and are now living in collective shelters, host communities or have moved on to other countries. Protection actors and disability rights organizations have flagged concerns about child protection issues for children with disabilities already hosted in residential institutional settings, due to the lack of tracing, disability inclusive monitoring mechanisms and registration. The number of persons with disabilities still present in war-affected or enclaved and occupied regions remains unclear.

According to the Ukraine 2018 national statistics, 2.7 million people with disabilities are living in Ukraine including 160,000 children with disabilities. However, it is likely that these numbers are under-estimated and are anticipated to be closer to 6.6 million according to global estimates.

² For the purpose of these terms of reference, persons with disabilities “include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others”, as per the Convention on the Rights of Persons with Disabilities (CRPD), Article 1.

Until now, the Ukrainian government is not systematically registering persons with disabilities and data collection processes lack oversight. This leads to drastic **inaccuracies of disability statistics, hampering humanitarian programming including appropriate targeting and protection strategies** (as well as using often not-recognized methodology and tools for identifying persons with disabilities leading to under-reporting).

Overall it is known that **institutionalization has a harmful impact on the rights and lives of persons with disabilities**, with violence, neglect, abuse, ill-treatment and torture often reported, including chemical, mechanical and physical restraints. Today it remains unclear how many persons with disabilities are residing outside their families and in particular in residential institutional settings, and what is the scale and extend of risks and barriers they face.

DRI reported (7 July 2022) several concerns including sending abroad children with moderate or minimal impairments without informed consent or monitoring, and moving other children with high support needs to other institutions without verifying quality of care or safety through a triage. Additionally, “thousands of children³ with disabilities have been sent back to their places of origin without first determining whether the environments are safe [...]”

Many actors flag the information gap on the whereabouts, protection concerns and physical and mental health conditions and accommodations made to link displaced children and their relatives⁴. Registration and access to documentation for person with disabilities from different relevant ministries including Education, Health and Social Policy Ministries are also incomplete and not updated. UNICEF estimate that at least 82,000 children are segregated from society, including residing in orphanages, psychiatric facilities, residential boarding schools and other institutions; however, again, this figure is likely much higher.

The lack of information on other age groups who may also face dire needs and encounter important protection risks in institutions (i.e. adolescent, young adults, other age groups of adults...), and on the pathway of persons with disabilities all along life-cycle, is likewise very concerning.

Impact of the war on the already grim living and protective environment of persons with disabilities in institutions in Ukraine

Ukraine’s system of residential care and delays in moving forward the deinstitutionalization strategy in place before the outbreak of war in February was already contested. With the extreme and rapid deterioration of the security and humanitarian context since, HI is particularly worried about women, girls, men and boys with disabilities, as well as older people living in institutions (i.e. residential care settings and health facilities, whether private or public). Already segregated from their communities, adults and children with disabilities residing in institution settings are at **heightened risk of insalubrious conditions in overcrowded facilities, with limited capacities and resources.**

In the central and western parts of the country, **institutions are increasingly hosting IDPs**, frequently older persons or children with disabilities including those without support persons, connection or information about their parents, **forcing them to double or triple their capacity and with serious protection concerns that are not addressed.** The management of these institutions often have no choice but to accept new residents, even if they lack funding, basic equipment and human resources and quality

³ DRI mentions at least 43000 children (7 July 2022)

⁴ [Ukraine: UN experts sound alarm on situation of children with disabilities, 11 August 2022](#)

of care is already not respected.

The impact of the war on the already questionable quality of care provided within these institutions has been devastating. **Many staff themselves have evacuated with their families. Those who stayed continue to endure enormous stress and uncertainty.** Throughout its various mental health and psychosocial support interventions in Ukraine, HI has come across numerous individuals (including staff from residential care facilities) reporting feelings of fear, numbness, confusion and aggression, with common symptoms of the war including lack of concentration, sleep problems, withdrawal and denial of the situation. According to WHO, “almost 10 million people at the present time are potentially at risk of mental disorders such as acute stress, anxiety, depression, substance use and post-traumatic stress disorder or PTSD.”⁵ We know that untreated mental health difficulties can have long-term impacts on individuals, their families and their communities. In the meantime, workers in institutions are also affected by war and do experience a variety of mental health effects of the situation. **This combined with lack of basic means to do their work also contributes to heightened risks of perpetration of violence on residents.**

Various reports have shown that persons with disabilities in some institutions are living in horrendous conditions. HI staff have also observed residents in some of these centers living in **very poor conditions because of a lack of space, poor hygiene, a lack of technical skills, a lack of care, and distance from their families.** Children and adults with disabilities often have **no freedom of choice, connection to the community and access to services outside of the institutions and are very likely to experience a great variety of violence inside the institutions.** The overwhelming situation for both residents and workers within institutions exacerbated by the war related conditions is particularly concerning and is seen as one of the many factors contributing to exacerbation of the perpetration of physical, psychological and sexual violence inside institutions.

Challenges to a tailored and coordinated response to the needs of adults and children with disabilities in the current emergency context

The lack of preparedness from state and non-state actors for ongoing deinstitutionalization, protection and inclusive evacuation and response strategies inclusive of adults and children with disabilities, including those residing in social care settings, has led to **challenges in setting-up a coordinated and needs-based support to persons with disabilities / people with mental health conditions in institutional settings** and other similar locations. These challenges were worsened by the absence of a right-monitoring system, protection monitoring system and reliable and comprehensive data on the number and locations of existing institutions (both public and private).

Based on HI’s assessment and response to the needs of children with severe disabilities in one residential institutional setting, **we see both emergency and structural needs.** Gaps in administration and resources lead to capacity gaps to respect quality of living and opportunities for community connections. Without further precise data on the emergency needs, protection risks and impact on persons with disabilities and care personal in all institutions, **it is difficult to address emergency needs collectively and maintain rights or prevent CRPD violations, including risks of abuses.**

The lack of inter-agency coordination, protection monitoring systems, resources (even prior to the war), protection concerns and quality of accommodation are likely to become more pronounced as

⁵ <https://www.weforum.org/agenda/2022/10/ukraine-mental-health-crisis-world-mental-health-day/>

the number of residents increases and due to the instability of the conflict. This may **result in further protection concerns, anxiety and health issues, and thus negative coping strategies.**

Today, different actors are concerned and pushing forward policies and operational strategies to protect and promote inclusion of adults and children with disabilities. The CRPD committee published guidelines on deinstitutionalization, including in emergencies (2022)⁶ to guide and support State parties, in their efforts to realize the right of persons with disabilities to live independently and be included in the community, and to be the basis for planning deinstitutionalization processes and prevention of institutionalization. Ukraine adopted the “Riga Declaration”,⁷ ‘which states that an inclusive reconstruction requires the involvement of persons with disabilities at all levels. In addition, it must design a **social system that guarantees independence, self-reliance and participation of persons with disabilities as active members of the community.** *Notwithstanding this, significant impediments remain in practice. More data and inter-agency efforts are needed to address the emergency needs of children and adults with disabilities in institutions, while working on mid and long-term solutions,* in line with the deinstitutionalization strategy and rights of persons with disabilities.

Details of the Consultancy

Objectives of the Consultancy

1.1. General objective

Within the current emergency context, **HI is responding to the most urgent needs of adults and children with disabilities, including those trapped in institutions,** in line with international humanitarian rights and the IASC guidelines on the inclusion of persons with disabilities in humanitarian action.

However in order to improve the quality of its interventions at institutional level in light of the challenges outlined in this document, **HI aims to strengthen its risk and response analysis and to define more appropriate strategies for inclusive and safe response to the most critical needs and risk for adults and children with disabilities,** while promoting their participation.

This is what HI is seeking out of this consultancy, whose objective is **to inform the organisation’s positioning and operational strategy** in responding to the needs of persons with disabilities in institutional settings, moving forward.

The study will address the following question: How could HI improve the quality of its emergency interventions in institutional settings within the current emergency context, in order to ensure a tailored and adapted response to the most urgent and essential needs of adults and children with disabilities residing / hosted in institutions, while respecting protection and ‘do no harm’ principles?

The study will also foster a strategic reflection on HI’s potential role in responding to the mid to the longer term needs of children and adults with disabilities currently residing in institutions, in line with the deinstitutionalization strategy and rights of persons with disabilities.

⁶ <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including>

⁷ <https://www.edf-feph.org/publications/riga-declaration/>

Whilst HI's experience in inclusive governance, inclusive child protection, MHPSS (including in "closed settings") and social protection, and its advocacy on the deinstitutionalization efforts should be considered, it is also important to contextualize the reflection. Indeed, it is extremely important to consider not only the protection risks faced by children and adults with disabilities in institutions in Ukraine today, but also the impact of the conflict on existing support networks and on the mental health of workers in institutions (seen as one of the many factors exacerbating violence towards residents), and on the deinstitutionalization agenda.

It is highly recommended to carry out the study:

- (1) in close collaboration with disability rights organizations, representative organizations of persons with disabilities, and other key local and international stakeholders engaged in protection of rights of persons with disabilities;**
- (2) while involving a variety of HI and external expertise to ensure a multisector analysis of issues** (Basic needs, Security, Protection against violence, Inclusive Humanitarian Action, MHPSS, etc.).

1.2. Specific Objectives

1. To identify the response strategies, coordination and monitoring mechanism available in HI areas of intervention and in the wider humanitarian response. To identify gaps in the response identified by different relevant stakeholders (including civil society actors, OPDs, NGO/INGOs, government) to support the short and longer-term needs of persons with disabilities currently residing in institutions.
2. Taking into consideration through multisectoral lenses the risks, opportunities and challenges identified in responding to the needs of adults and children with disabilities residing in institutional settings in Ukraine, as well as HI's expertise, added-value and capacities, to make recommendations as to HI's strategy and approach to respond to the emergency needs of adults and children with disabilities currently residing / hosted in institutional settings, whilst respecting protection principles - including:
 - Outputs sought
 - Conditions and criteria for intervention (including go's & no-go's)
 - Services provided including modalities of intervention
 - Duration of intervention
 - Linkages with community-based services and other supports
 - Exit plan (etc.).
3. To make initial recommendations as to the role HI could play in the longer term efforts to support persons with disabilities currently residing / hosted in institutions and to promote the operationalization of the CRPD and other international human rights instruments.
4. *Linking in with the previous specific objectives:* To make recommendations as to the role of relevant stakeholders in ensuring the protective environment and meeting the short and longer term needs of persons with disabilities in institutions, including local civil society, organizations run by people with disabilities and their family members, authorities, independent advocacy organizations, government entities, etc. in the Ukraine context.

* Consider the various types of institutions (private, public, residential care, orphanages, geriatric centers, health residential facilities, etc.).

* Ensure a multidimensional analysis of needs, opportunities, challenges and barriers towards responding to the needs of children & adults with disabilities residing in institutions. This should therefore include elements of Protection against violence, Disability Inclusion, Basic needs, Rehabilitation but also include a specific attention to Mental Health elements (including in regards to mental health of workers in institutions) which may play a positive or negative role on other aspects of the care and response to the needs.

Whilst the study will focus on two of HI's key geographic areas of interventions, Chernivtsi and Dnipro Oblasts, the recommendations sought should aim at informing HI's decision-making on its operational strategy in Ukraine overall.

Proposed Methodology

The Consultant will:

1. Conduct a desk review of relevant literature to date on the situation of persons with disabilities in Ukraine, including key protection concerns, gaps in the humanitarian and protection policies, strategies to respond to needs of persons with disabilities, including those in social care settings.
2. Develop research and facilitation tools in consultation with HI, including developing and refining the study approach and developing tools to prompt reflection.
3. Facilitate workshops with various stakeholders such disability rights networks, OPDs, child protection actors and coordination bodies, local authorities etc. to prompt critical and strategic reflection on addressing the critical needs and rights of children and adults with disabilities through HI's operations and suggest strategies for areas of further thought as well as learning.
4. Conduct field visits to project sites to gain an understanding of the context, programming, particularly to question assumptions made and validate.
5. A final report will draw together conclusions. It should set out recommendations for inclusive humanitarian programming at institution level (and in link with other systems of actors outside institution), including recommendations as to HI's operational strategy and positioning in the short and longer term. The report should also include an executive summary highlighting key findings that is suitable for public release.
6. Present key findings and facilitate action planning. The consultant will prepare and present key findings to HI on the key findings and recommendations, and facilitate action planning as appropriate.

Consultant Deliverables

- An **inception document** detailing methodology, tools and assessment plans.
- A **written report** that includes findings, analyses and recommendations. Please read below the guidelines for reporting.
- **Materials** for the facilitation of an internal workshop to present and discuss findings and action planning.

Reporting

In accordance with agreed standards, the consultant will prepare a final report of up to a maximum of 30 pages (excluding appendices), clearly setting out recommendations arising from the consultation process. This report will be prepared in English, submitted in both hard and soft form. The contents of the report will include, at a minimum:

- Executive Summary (max 4 pages), covering background; brief overview of aims; brief summary of methodologies used; key findings; conclusions and recommendations
- Context & Introduction
- Methodology
- Limitations
- Findings
- Conclusions
- Recommendations.

Consultant Profile and Expertise

- Proven successful experience on promoting the rights of adults and children with disabilities in emergency settings and support deinstitutionalization preferable in Eastern Europe and / or the Balkans
- Strong experience working on disability inclusive humanitarian action and inclusive governance and /or mental health and psychosocial support
- Proven successful experience as a consultant conducting analysis and research on the situation of persons with disabilities, protection concerns and barriers to inclusive humanitarian action
- Experience in protection, GBV and child protection with a disability inclusive approach is a strong asset
- Strong facilitation skills and experience guiding learning processes
- Demonstrated skills and experience in designing and engaging in disability, age and gender sensitive qualitative data collection research and analyzing qualitative data
- Minimum of five years of field experience
- Knowledge of the complexities of working in an emergency context, including an understanding of the context in Ukraine
- Excellent participatory facilitation, communication and writing skills
- Excellent written and spoken English and knowledge of Ukraine language an asset.

Timeframe of Consultancy

- Expected start date: January 2023

Security Management

- The Consultant will respect the security management protocol defined.

Submission of Expression of Interest (EOI)

Prospective consultants are requested to submit technical and financial proposals using the following

format:

- Profile of the consultant / consultancy firm
- Understanding and interpretation of the Terms of Reference
- Sample of work done in other countries, in particular reports or documentation around the rights of persons with disabilities in humanitarian response settings
- Approach and methodology
- If more than one consultant will be involved, provide information on responsibilities and expected roles of each consultant. If the lead consultant is planning to recruit national consultants in Ukraine to support, please state this and provide details (costs, expertise required)
- Draft Work plan
- Proposed budget
- Annexes: CVs of all proposed evaluation team members (including detailed work experience and education) and references

Deadline for submission

- 10 January 2023, 10am CET

Please submit EOIs via email with the subject line, “Ukraine Consultancy on Institutions” to:

- Emilie Boyer, Emergency Manager e.boyer@hi.org