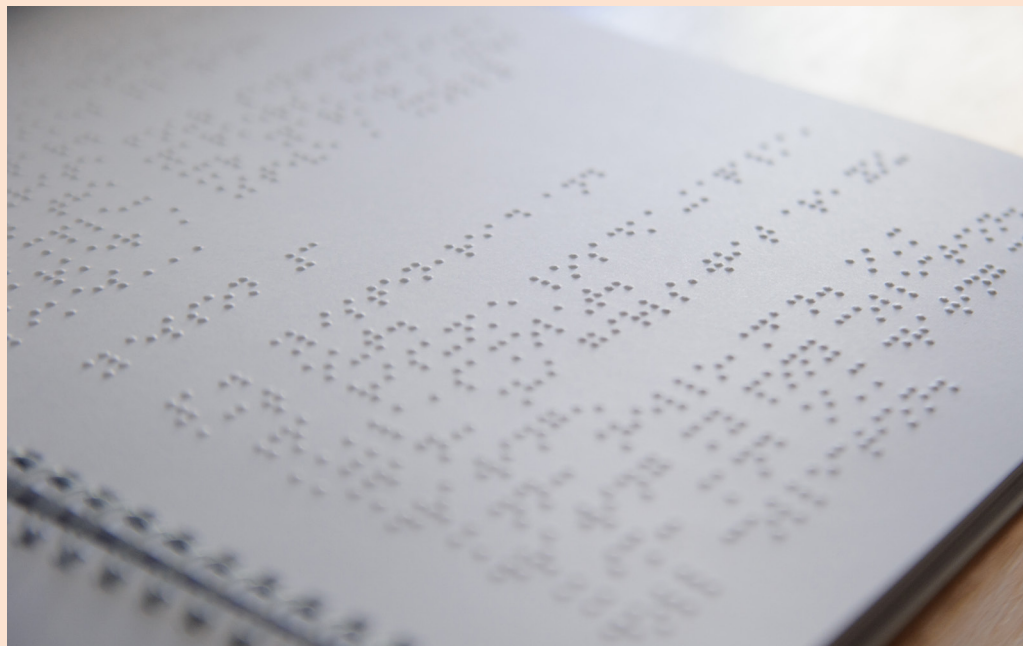




HOW PEOPLE WITH DISABILITIES LIVE IN THE DONETSK AND LUHANSK OBLASTS:

SCORE RESULTS



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ABOUT SCORE

The Social Cohesion and Reconciliation Index (SCORE) for eastern Ukraine is a joint initiative funded by USAID to support the Democratic Governance in the East program (DG East), implemented by the Centre for Sustainable Peace and Democratic Development (SeeD), and in partnership with the United Nations Recovery and Peacebuilding Programme (UN RPP).

The aim of the SCORE initiative is to assist national and international stakeholders in their peacebuilding efforts. It provides a solid evidence base for developing policies and programs that strengthen national unity and social cohesion, particularly in eastern Ukraine, as well as for monitoring progress of their implementation.

SCORE is an analytical tool implemented on an annual basis and designed to improve the understanding of societal dynamics in Ukraine. SCORE findings presented in this report are based on 9,054 face-to-face interviews conducted in September–November 2019, including 619 in the non-government-controlled areas. The quantitative data was further enriched by validation consultations with both stakeholders and citizens (for more details on the data-collection strategy, see the Methodology section).

SCORE was developed in Cyprus through the joint efforts of SeeD and UNDP's Action for Cooperation and Trust program (UNDP-ACT), with USAID funding. SCORE examines two main components of peace: reconciliation and social cohesion. Reconciliation refers to the harmonious coexistence between groups that were previously engaged in a dispute or conflict, while social cohesion refers to the quality of coexistence between people and with the institutions that surround them. SCORE also looks at culturally specific components of peace that vary across different contexts and helps build a complete and rich understanding of societal, political and economic dynamics.

For more information on SCORE methodology and to see the results for eastern Ukraine, visit use.scoreforpeace.org

ABOUT THE PARTNERS

The Centre for Sustainable Peace and Democratic Development (SeeD) works with international development organisations, governments and civil society leaders to design and implement people-centred and evidence-based strategies for promoting peaceful, inclusive and resilient societies. Working in Europe, the Middle East, Africa and Asia, SeeD provides social transformation policy recommendations that are rooted in citizen engagement strategies and an empirical understanding of the behaviours of individuals, groups and communities. SeeD's approach focuses on understanding the root causes of societal problems by developing an evidence-based theory of change which is empirically tested.

USAID is the world's premier international development agency and a catalytic actor driving development results. USAID has partnered with Ukraine since 1992, providing more than US\$3 billion in assistance. USAID's current strategic priorities include strengthening democracy and good governance, promoting economic development and energy security, improving healthcare systems, and mitigating the effects of the conflict in the east.

USAID's DG East program is a five-year activity to improve trust and confidence between citizens and government in eastern Ukraine, building opportunities for the region to lead Ukraine's democratic transformation. DG East aims to strengthen the connection and trust between citizens and their government in eastern Ukraine by promoting good governance and inclusive civic identity, increasing interaction between citizens and civil society, and increasing collaboration between government and citizens and citizen participation in community development and local decision-making.

The United Nations Recovery and Peacebuilding Programme (UN RPP) has been addressing priority needs in eastern Ukraine since the outbreak of the armed conflict in the spring of 2014. The Programme is intended to support the economic recovery and restoration of critical infrastructure in the conflict-affected communities, support the local governance and decentralisation reform implementation alongside with healthcare reform, and strengthen community security and social cohesion in the government-controlled areas of Donetsk and Luhansk oblasts and Zaporizhzhia Oblast along the Azov Sea coastline.

UN RPP is being implemented by four United Nations agencies: the United Nations Development Programme (UNDP), the UN Entity for Gender Equality and the Empowerment of Women (UN Women), the United Nations Population Fund (UNFPA) and the Food and Agriculture Organization of the United Nations (FAO).

Twelve international partners support the UN RPP: the European Union, the European Investment Bank, the U.S. Embassy in Ukraine, and the governments of Canada, Denmark, Germany, Japan, the Netherlands, Norway, Poland, Sweden and Switzerland.

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The views, conclusions and recommendations presented in this document do not necessarily reflect the position of USAID, the UN Recovery and Peacebuilding Programme or its partners.

SUMMARY

This report presents SCORE findings for people with disabilities, who constitute a significant share of the population in eastern Ukraine. This group is among the most isolated and lacking social interaction, due to the poor inclusivity of cities, but also exacerbated by the COVID-19 pandemic in 2020. Less social contact for people with disabilities (both offline and online) has a negative effect on psychological well-being and potential for civic activity. That said, there are also relatively more social activists among people with disabilities: those who are very active in charity and volunteerism, for example.

Increasing the accessibility of public services to people with disabilities and ensuring their inclusion in community development processes can contribute to strengthening social cohesion in the region. Particularly, having good-quality internet access, along with the development of online education, could improve how people with disabilities can interact with the state and fellow citizens.

SOCIO-DEMOGRAPHIC PROFILE: PREVALENCE OF ELDERLY PEOPLE AND SMALL HOUSEHOLD SIZE

- People with disabilities are more prevalent among men, the elderly and in smaller rural settlements¹
- People with disabilities are more likely to live alone or together with one other family member.

¹ Hereinafter, comparative data is used in reference to the overall sample for two oblasts, unless indicated otherwise.

GREATER SOCIAL VULNERABILITY

- People with disabilities feel less safe from violence in their daily lives and also when expressing their political views.
- Their income levels are also lower and they are more dependent on social benefits.
- People with disabilities are more likely to report symptoms of depression and anxiety; yet, they also have a higher level of empathy.
- People with disabilities are more likely to report discrimination based on their health status.

LOWER OPENNESS TO OTHER GROUPS

- People with disabilities are less tolerant to vulnerable and marginalized groups in society, as well as towards people who live in other regions or have different political views.

ISOLATION FROM CIVIC LIFE

- People with disabilities are less likely to report interest in active participation in social life and express less optimism about the country's future; however, they manifest almost the same level of (actual) civic engagement as the region's population on average.
- People with disabilities are less likely than the overall population to receive information online, and they tend to use traditional media such as television, newspapers and radio more often.
- People with disabilities are less satisfied with the quality of basic services, especially access to education, are more sceptical about reforms, have less trust in the authorities, and note more often authorities' low accountability and corruption.

METHODOLOGY

The 2019 Social Cohesion and Reconciliation Index for eastern Ukraine sample comprises 9,054 face-to-face interviews, capturing the views of people residing in the government-controlled areas of Ukraine (GCA) of Donetsk and Luhansk oblast (3,325 respondents), the non-government-controlled Areas of Ukraine (NGCAs) (619) and of people living along the contact line (1,810), as well as additional interviews in 13 towns of the region plus 2 towns in Zaporizhzhia oblast (3,000), and among military personnel and veterans (300).

TOTAL SAMPLE

The GCA sample for the Donetsk and Luhansk oblasts was constructed and applied by the Kantar Ukraine polling company. To build the sample, the polling company used 2018 population data. The data is representative by age, gender and type of settlement for each oblast. To collect the sample of 3,325 respondents (70% in Donetsk oblast and 30% in Luhansk oblast) in 311 settlements, the company applied the computer assisted personal interview (CAPI) method. The interviews were conducted from 16 September to 10 November 2019 by a team of about 80 enumerators. The average polling time was 52 minutes.

The quality assurance of the field work was a combination of spot-and back-checks and was done by two external quality monitors, as well as by the polling company's control team. In addition, geolocation was performed for about 50% of urban interviews, and weekly telephone control for 5% of interviews. A total of 23% of the sample went through quality assurance.

SAMPLE OF PEOPLE WITH DISABILITIES

The sample of people with disabilities was formed from those respondents who were randomly identified during the main survey. The researchers used interviews with 603 respondents with various disability categories, who participated in the research as part of the main survey in Donetsk and Luhansk oblasts, as well as in two additional boosters² in 13 towns and along the contact line (a total of 7,735 respondents).

² A booster is an additional sample for a particular territory or a subgroup.

SOCIO-DEMOGRAPHIC PROFILE

People with disabilities form a large group: according to the State Statistics Service, almost one in ten residents (including children) in GCA of Donetsk and Luhansk oblasts has a disability status. People with disabilities 18 years and older constitute 7% of the SCORE sample in these oblasts, and their distribution between Donetsk and Luhansk oblasts corresponds to the ratio of the population of these two oblasts in the overall sample and constitutes 70:30 ratio.

HERE AND FURTHER

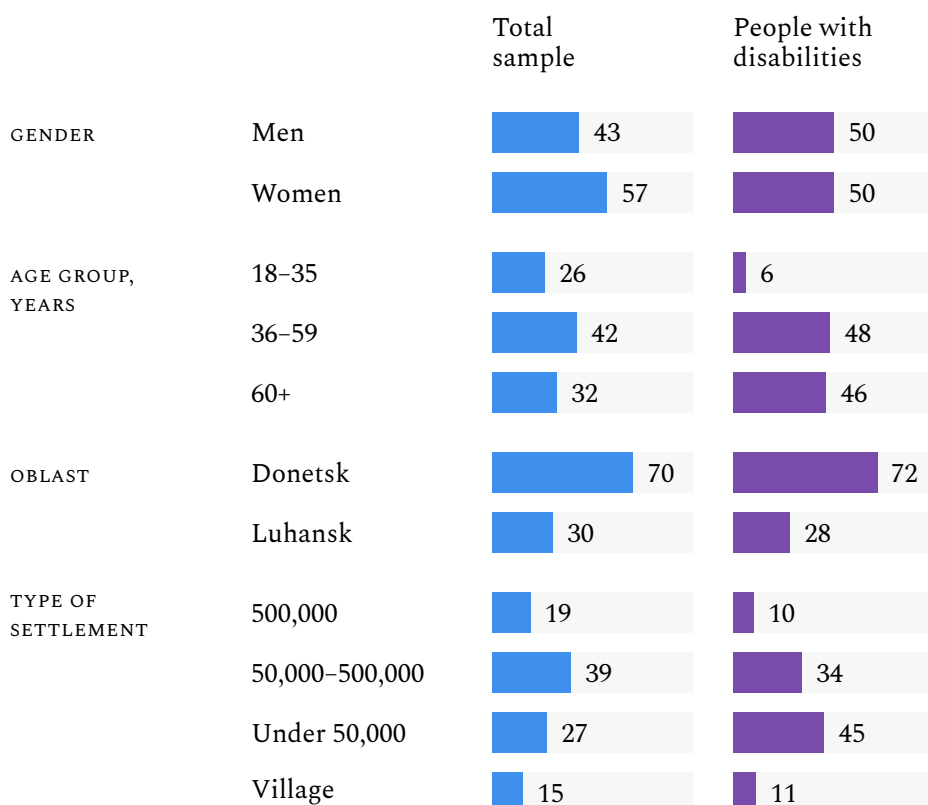
Total sample (N=3,325) is a sample of residents of Donetsk and Luhansk oblasts representative by age, gender and type of settlement for each oblast.

People with disabilities (N=603) is a sample of people with disabilities who were randomly identified in the course of the 7,735 interviews for the main and supplementary surveys, including the contact line booster and the booster for 13 cities in Donetsk and Luhansk oblasts.

According to analysis, there are more people with disabilities among men and elderly people, as well as among residents of smaller settlements in the two oblasts.

Figure 1.1 GENDER, AGE AND PLACE OF RESIDENCE, %

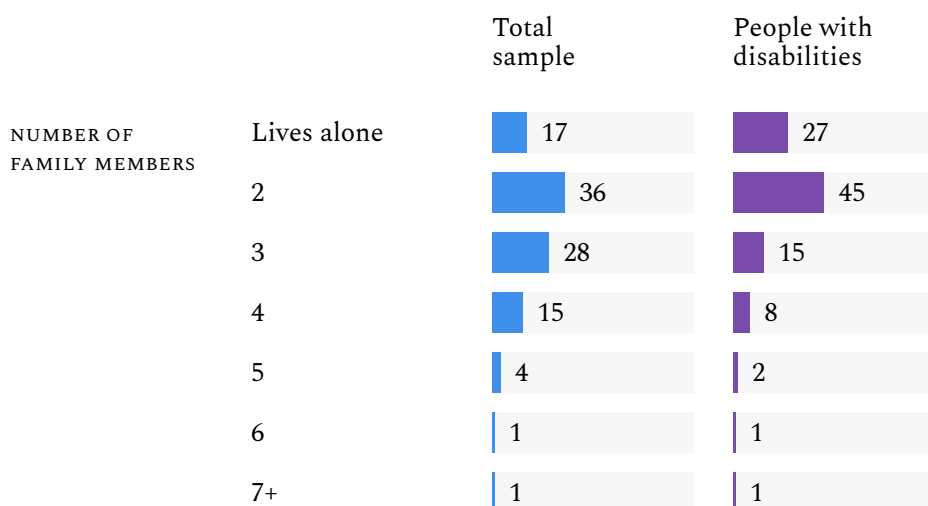
(Total sample, N=3,325; people with disabilities, N=603)



People with disabilities are more likely to live alone or together with one family member (see Figure 1.2).

Figure 1.2 FAMILY SIZE, %

(Total sample, N=3,325; people with disabilities, N=603)



DISABILITY CATEGORY

More than half the respondents have a disability group 3, and about 8%—disability group 1³. SCORE data on distribution of people by disability categories in Donetsk and Luhansk oblasts correspond to the data provided by the State Statistics Service, apart from category 3, which is underrepresented in the SCORE sample (see Figure 1.3).

Figure 1.3 DISTRIBUTION BY DISABILITY CATEGORY

PEOPLE WITH DISABILITIES IN DONETSK AND LUHANSK OBLASTS, AGE GROUP 18+

	SCORE sample		Data of the State Statistics Service ⁴	
	%	N	%	N
Disability group 1	8	46	8	16,073
Disability group 2	39	233	31	62,281
Disability group 3	54	324	61	122,553
Total	100	603	100	200,907

3 Disability group 1 refers to individuals who have fully lost their ability to work and require constant care, disability group 2 refers to individuals who are able to take care of themselves but cannot work in regular conditions, and disability group 3 — to individuals who can work in facilitated conditions.

4 Source: Digest of the State Statistics Service Social Protection of the Ukrainian Population in 2019, www.ukrstat.gov.ua/druk/publicat/kat_u/2020/zb/07/zb_szn_2019.pdf

People with different disability categories differ in terms of several indicators included in the Social Cohesion Index (see Figure 1.3). People with a disability group 1 have significantly lower scores for most indicators compared to people with a disability group 2 or disability group 3. Although such results can be explained by restrictions faced by people with different disability categories, a possible small sample effect (46 respondents) for people with a disability group 1 may also be at play. There are many more older people among the respondents with a disability group 1: 65% are in the age group 60+, compared to 46% in the overall sample (see Figure 1.4). This indeed could lead to lower scores on a number of indicators due to age rather than disability, for example, in the area of civic engagement. There are also more elderly people among respondents with a disability group 2, compared to disability group 3. However, scores for categories 2 and 3 are very similar for most indicators that form the Social Cohesion Index (see the full glossary of indicators at use.scoreforpeace.org).

Figure 1.4 DISTRIBUTION OF RESPONDENTS BY GENDER AND AGE, %

(People with disabilities, N=603; disability group 1, N=46; disability group 2, N=233; disability group 3, N=324)

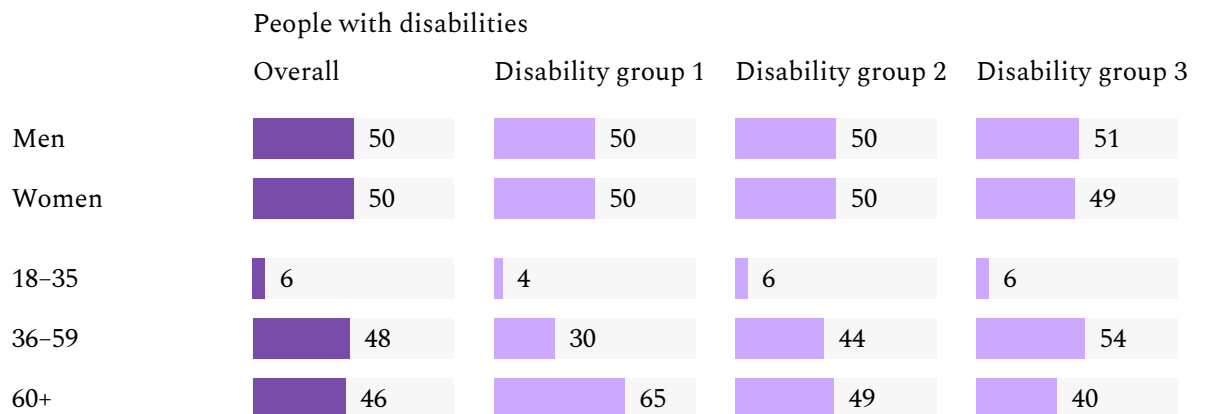
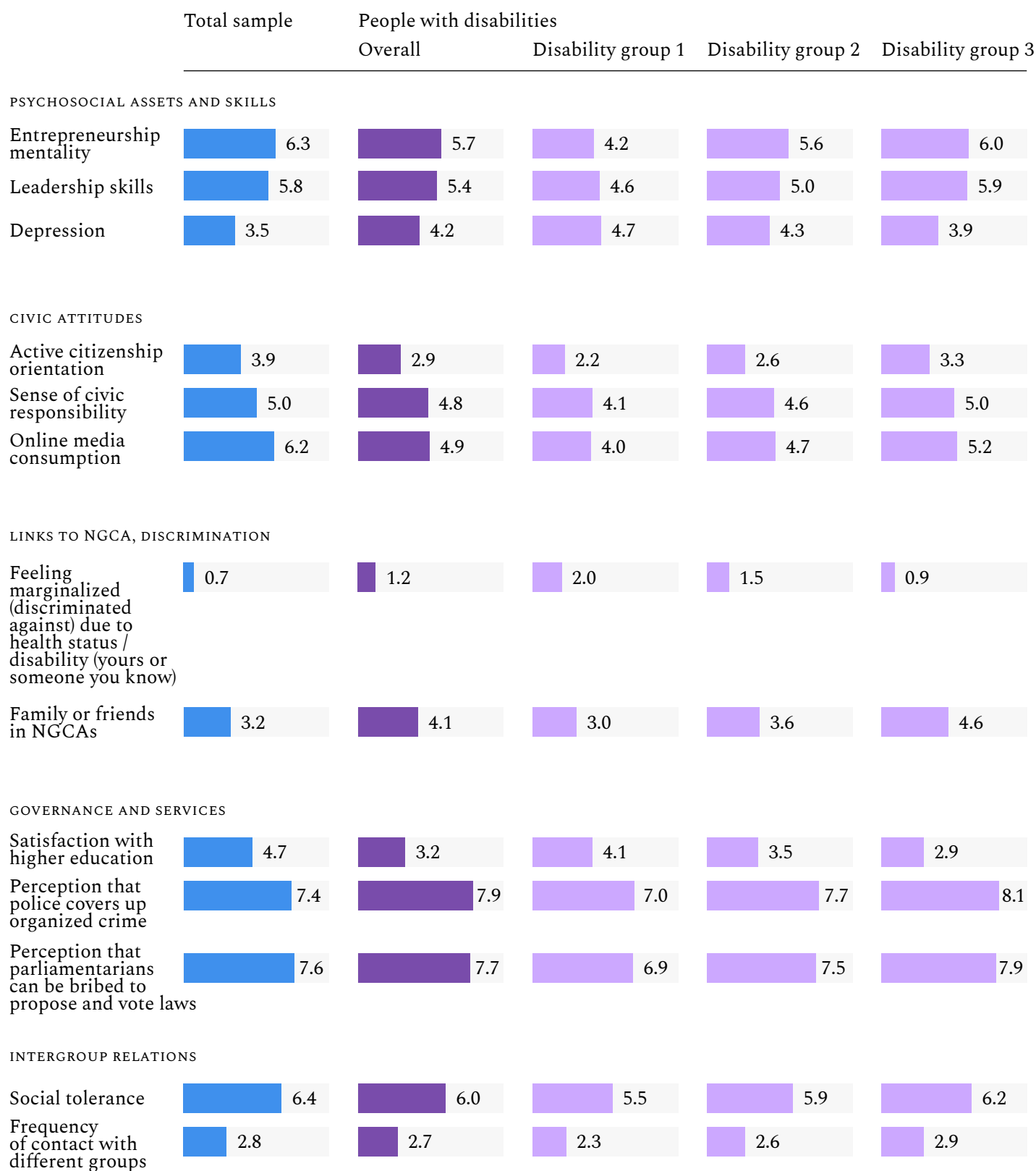


Figure 1.5 includes the indicators of the SCORE Index that have at least 0.4 points difference among all three categories. The Figure contains a selection of such indicators by components of vertical social cohesion, i.e. those which describe people's relations with authorities. In terms of horizontal cohesion (relations between different groups in society), people with a disability group 3 also have relatively higher scores for such SCORE components as tolerance and frequency of everyday contacts with representatives of different groups.

Figure 1.5 DISABILITY GROUPS: DIFFERENCES IN THE COMPONENTS OF THE SCORE INDEX, SCORES, 0–10



HUMAN SECURITY

People with disabilities feel less secure in their everyday lives, both physically (feeling safe from violence in their everyday life and belief that the police can protect them) and politically (being free to express one’s political views). People with disabilities also feel more vulnerable in the sector of healthcare, reporting worse access to medical services and medicine. Women feel less secure than men across most aspects of human security (see Figure 2.1). Age also affects the sense of personal, economic and health security: older people with disabilities sense greater vulnerability. On the other hand, the sense of political and environmental security does not correlate with age — the scores across these security domains are almost identical in all age groups.

Figure 2.1 HUMAN SECURITY, SCORES, 0–10

(Total sample, N=3,325; people with disabilities, N=603)

	Total sample	People with disabilities					
		Overall	Men	Women	18–35	36–59	60+
Personal security	4.3	3.4	4.0	2.9	4.7	3.5	3.2
Health security	4.9	4.3	4.4	4.2	4.9	4.3	4.2
Political security	4.8	4.2	4.5	3.9	4.1	4.3	4.1
Economic security	4.9	4.6	4.7	4.5	5.0	4.5	4.7
Environmental security	4.2	4.1	4.4	3.9	4.1	4.0	4.3

ECONOMIC SITUATION

The level of economic security of people with disabilities is not significantly lower than the average in the two oblasts: 4.6 and 4.9 points, respectively (see Figure 2.1). These results are partly explained by the fact that the indicator for the integral assessment of economic security includes the question about social protection (see Figure 2.2). As expected, people with disabilities are more likely to report that they can count on social benefits. At the same time, the household income level reported by people with disabilities is much lower than the regional average (see Figure 2.3). For instance, almost half the respondents reported that their household “has enough money for food, but is not always able to buy clothes.”

Figure 2.2 LIKELIHOOD OF RECEIVING SOCIAL BENEFITS, %

Do you feel that you can count on social benefits (unemployment or disability benefits, pensions) if you ever need them?

(Total sample, N=3,325; people with disabilities, N=603)

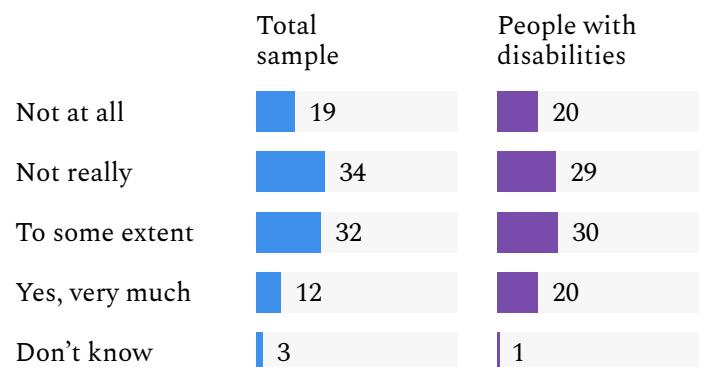
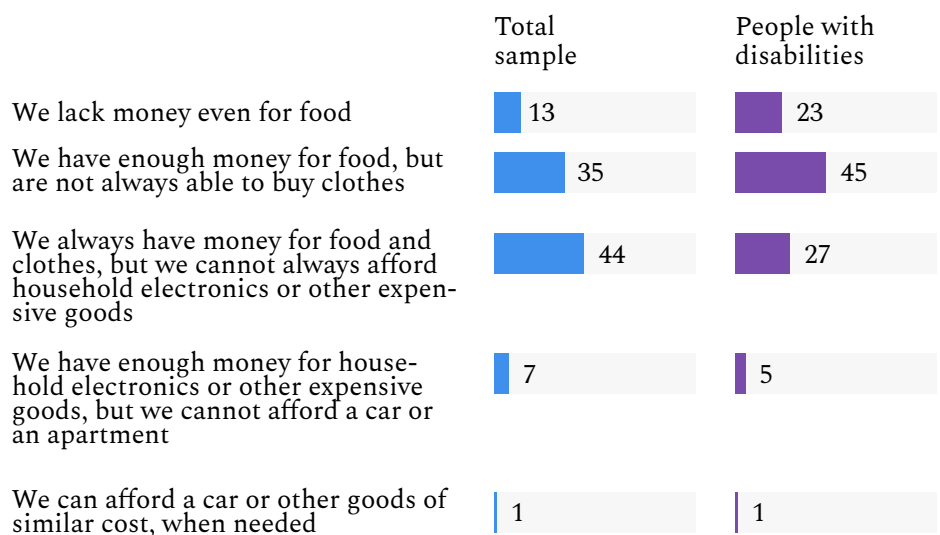


Figure 2.3 HOUSEHOLD INCOME, %

How would you estimate the amount of your income?

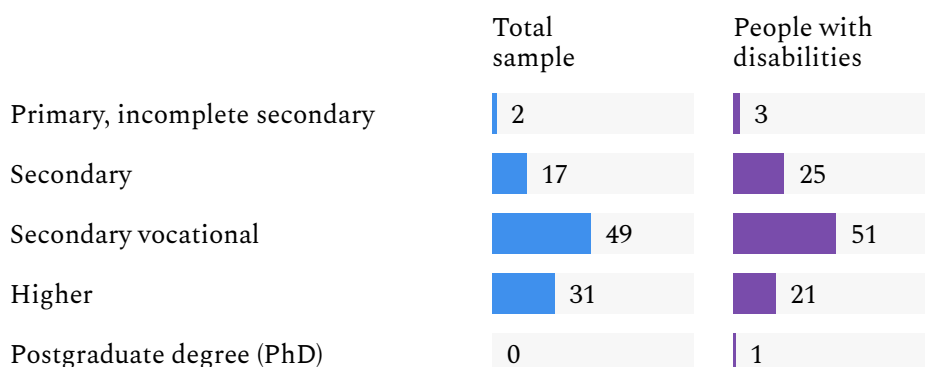
(Total sample, N=3,325; people with disabilities, N=603)



Education partly explains lower economic security of people with disabilities; they are less likely to have a higher education (see Figure 2.4).

Figure 2.4 HIGHEST EDUCATION LEVEL, %

(Total sample, N=3,325; people with disabilities, N=603)

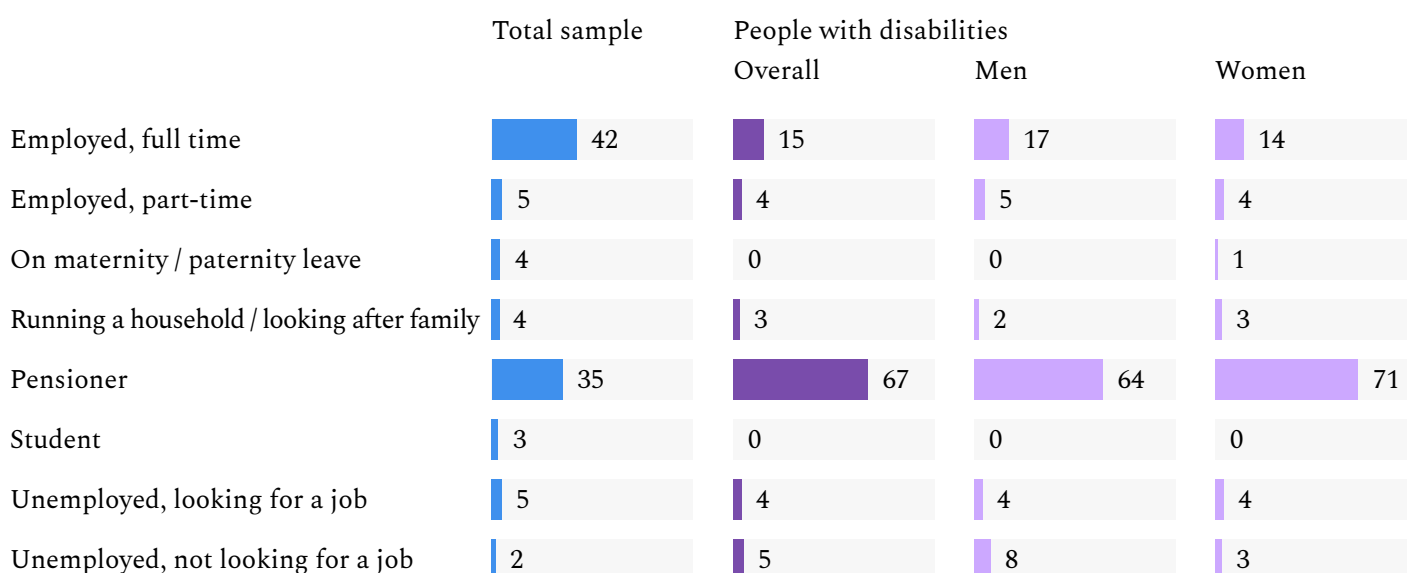


EMPLOYMENT

The employment rate among people with disabilities (20%) is much lower than the regional average of (47%), and pensioners (including disability reasons) constitute the largest group at 67%, in contrast to 35% in the overall region. Yet, the gender differences in employment status of people with disabilities are less pronounced than in the two oblasts overall.

Figure 2.5 EMPLOYMENT STATUS OF PEOPLE WITH DISABILITIES, %

(People with disabilities, N=603; including men, N=304; women, N=299)

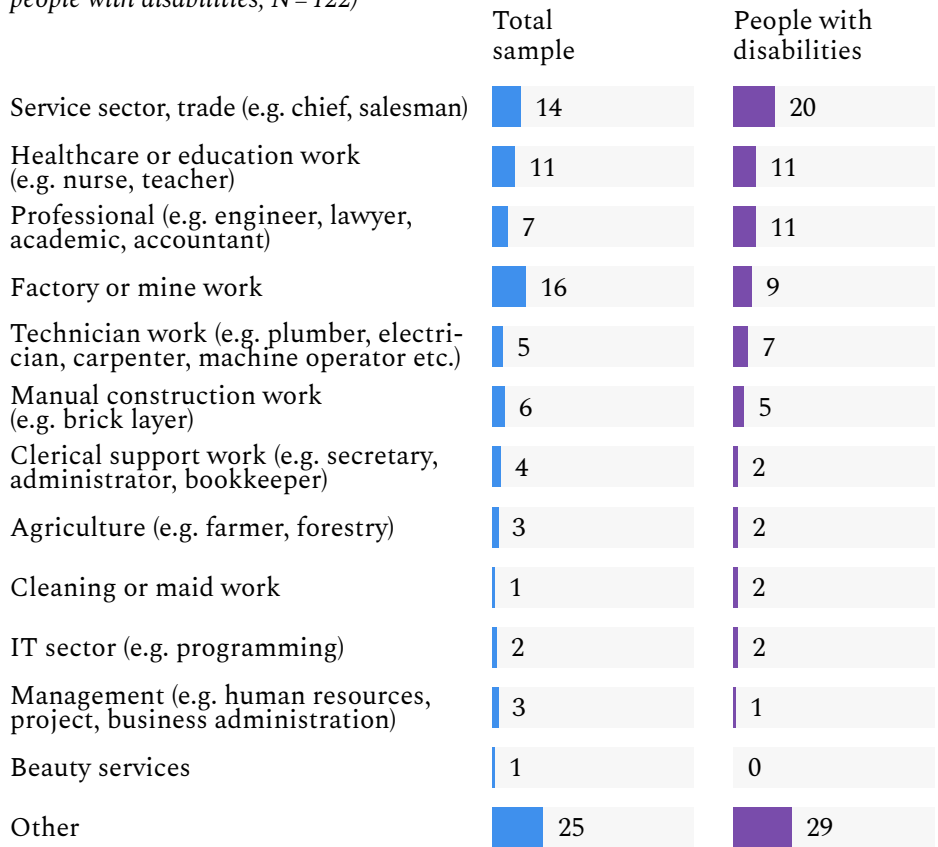


People with disabilities are more likely to work in the service sector, in technical and highly specialized jobs, and much less likely to be employed at a plant or a factory, even though the industry is the main employment sector for the overall population in both oblasts. People with disabilities are less likely to be employed in office work, management, and manual work sectors.

Figure 2.6 EMPLOYMENT STRUCTURE, %

What sector do you work in?

(Those who have a job or are on maternity leave: total sample, N=1681; people with disabilities, N=122)

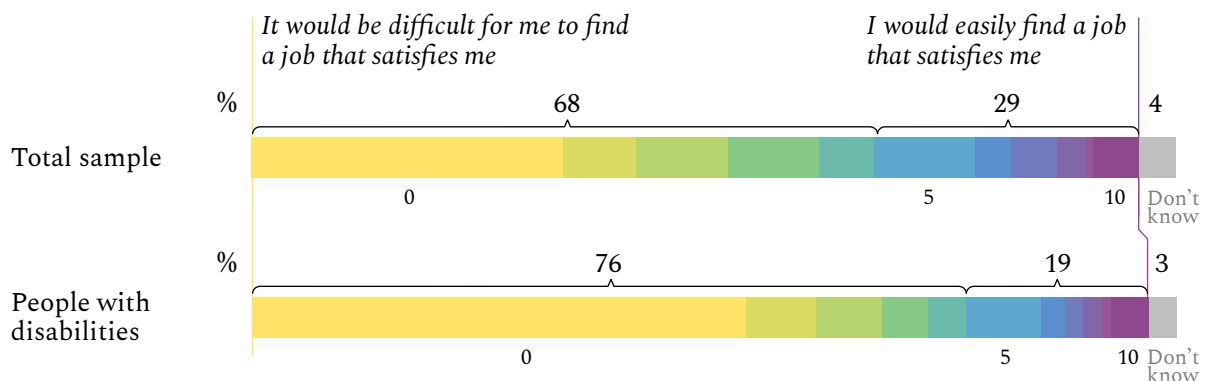


People with disabilities encounter more difficulties on the labor market: about 50% of respondents believe it would be very hard for them to find a job if they had to look for one, compared to 30% in the total sample.

Figure 2.7 PROBABILITY OF EMPLOYMENT, %

How difficult would it be to find a job in your locality if you were looking for one?

On a scale from 0 to 10. (Total sample, N=3,325; people with disabilities, N=603)



ASSESSMENT OF ECONOMIC PROSPECTS

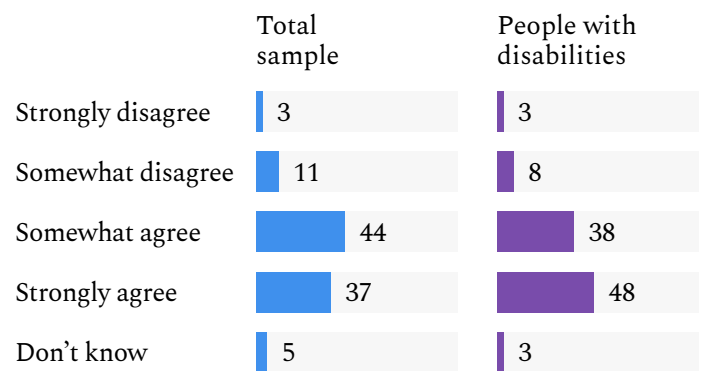
People with disabilities are more likely to expect an increase in prices and economic instability in the future; at the same time, their assessment of the current economic situation is almost the same as the regional average (see Figure 2.8). Along with the lower probability of future employment and lower civic optimism this shows a generally more pessimistic attitude about their future politically, socially and economically.

Figure 2.8 ASSESSMENT OF THE ECONOMIC SITUATION, %

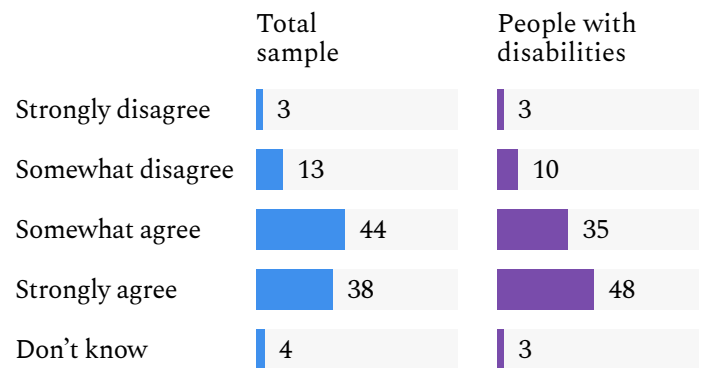
Speaking about the economic situation in your locality, how much do you agree with the following statements?

(Total sample, N=3,325; people with disabilities, N=603)

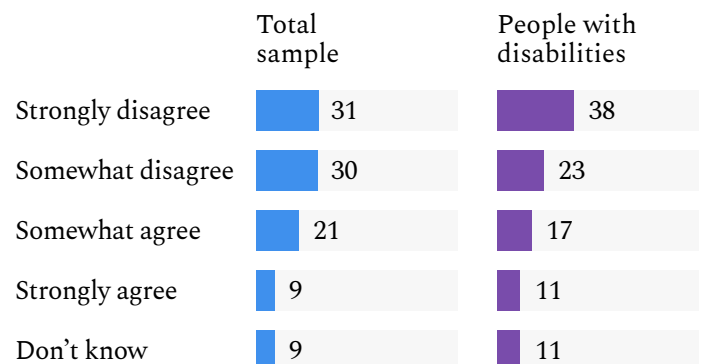
I expect prices to rise dramatically in the next couple of years



Looking at our economy, I am preparing for tough times



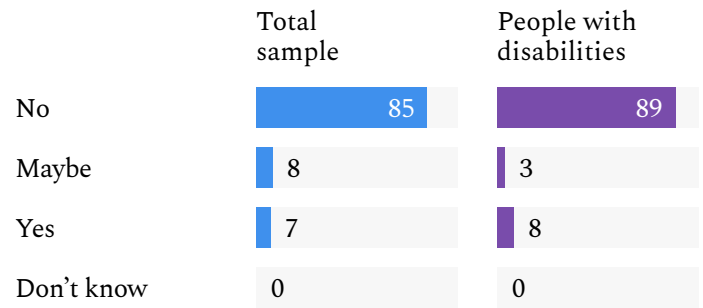
Economy and investments are constantly growing in my locality



The share of people with disabilities interested in starting a business is about the same as among respondents in the region overall (7%). There are, however, more of those who are definitely not considering this type of occupation (see Figure 2.9).

Figure 2.9 INTENTION TO START A BUSINESS, %

Have you thought about starting a business in the next year or two?



PSYCHOSOCIAL SITUATION

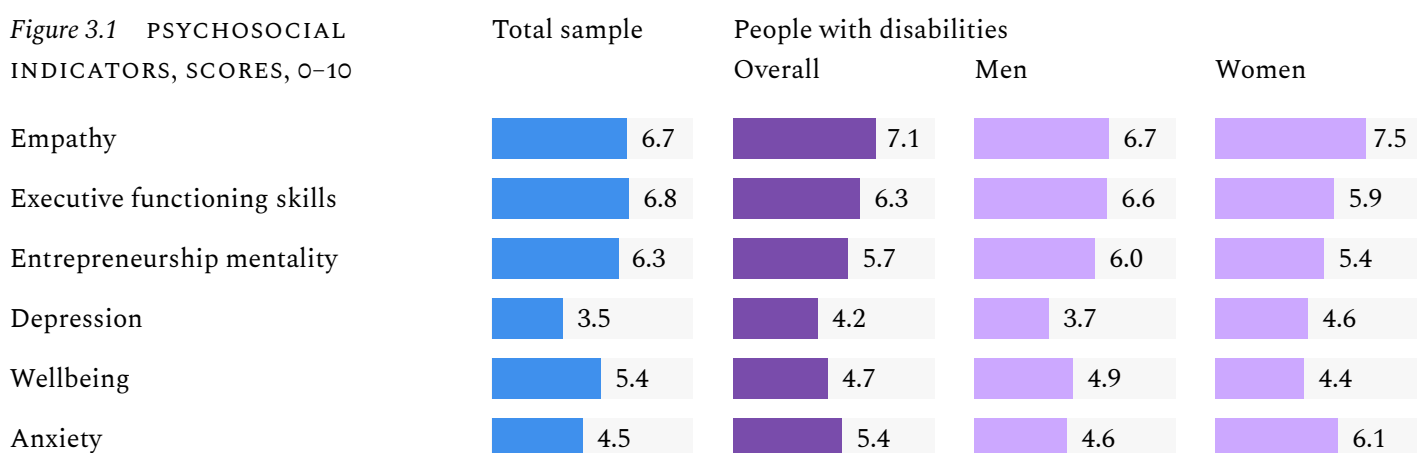
People with disabilities report to be in a more vulnerable psychosocial situation: they display relatively greater anxiety and depression, while indicating lower scores to their psychological wellbeing, i.e. feeling positive, cheerful, calm and motivated to do things of interest (see Figure 3.1).

People with disabilities have a more pronounced empathy, which, in turn, partly explains their greater sensitivity to negative circumstances. People with disabilities got lower self-assessment scores for those skills, which could help cope with negative contextual/environmental factors, such as entrepreneurship mentality, executive functioning skills, and leadership skills. On the other hand, scores for creativity, growth mindset and distress tolerance are comparable to the regional average for the two oblasts.

Women score lower on measures of depression, anxiety, wellbeing, and leadership skills. Women also have relatively higher empathy and lower levels of aggression.

The age group 18–35 has higher scores for all indicators pertaining to psychosocial assets (apart from aggression and family coherence), which is also true for the total sample.

Figure 3.1 PSYCHOSOCIAL INDICATORS, SCORES, 0–10



MARGINALIZATION *and* EXPOSURE to ADVERSITIES

MARGINALIZATION

Discrimination based on health status / disability is the discrimination that people with disabilities are most likely to experience along with their friends and family (see the question in Figure 4.1). About 26% of people with disabilities report cases of discrimination on this basis (see Figure 4.2). The scale of discrimination may be underestimated due to the broad scope of the issue (which includes the respondents' inner circle), or unwillingness to admit such discrimination, also noting lower sense of human security among people with disabilities.

There are differences by age group: young people (18–35 years old) are more likely to face cases of discrimination in general or experience them more acutely, especially on such grounds as disability / health status, as well as political and religious views. People in the 60+ age category encounter age-based discrimination more often, while younger people encounter discrimination based on their education and income level. There are no significant differences in the assessment of discrimination between men and women.

Figure 4.1 MARGINALIZATION, SCORES, 0–10

How often are you, your family members, and close friends treated unfairly because of:

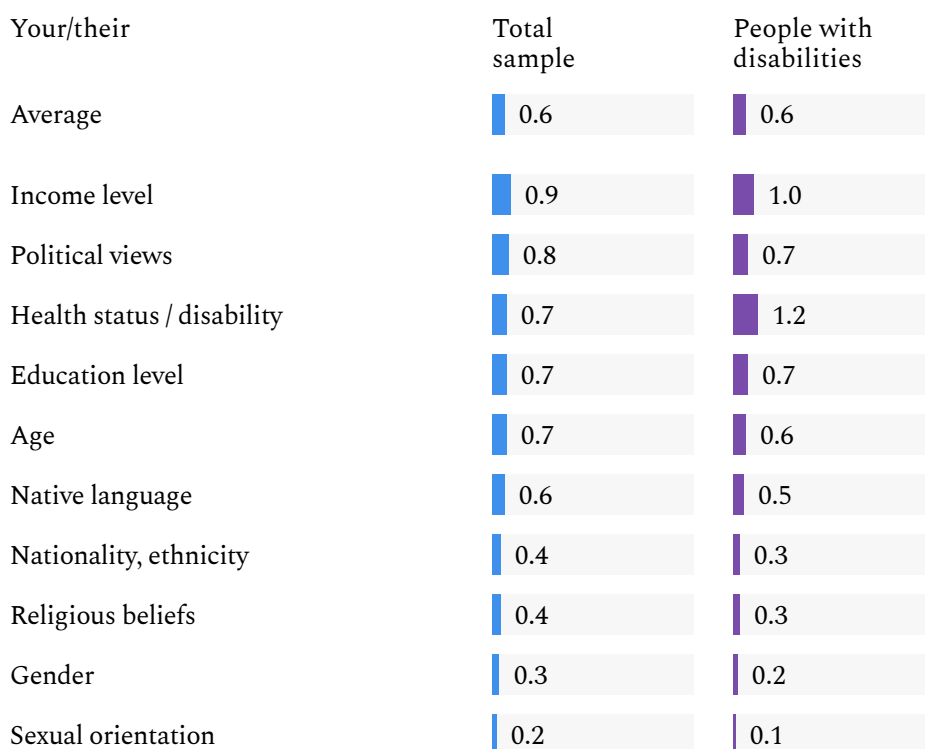
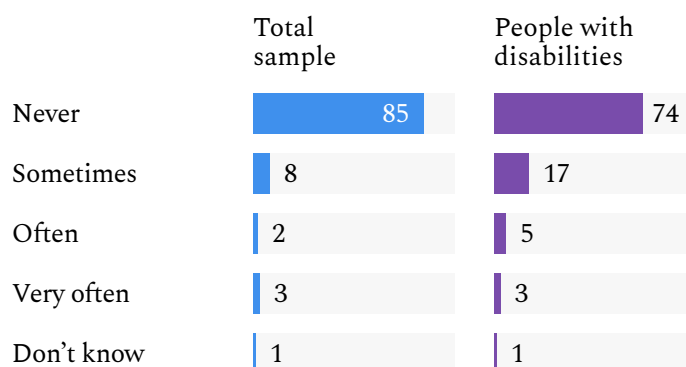


Figure 4.2 MARGINALIZATION DUE TO HEALTH STATUS / DISABILITY, %

How often are you, your family members, and close friends treated unfairly



EXPOSURE TO ADVERSITIES

People with disabilities are much more likely to report exposure to adversities than the general population in the two oblasts. At the same time, there are almost no differences in the answers about such exposure among friends and family members. More than half of the interviewed people with disabilities reported having witnessed hostilities or shelling; they are also more likely to report exposure to such adversities as torture, killing or house destruction (see Figure 4.4).

Figure 4.3 EXPOSURE TO ADVERSITIES, SCORES, 0-10

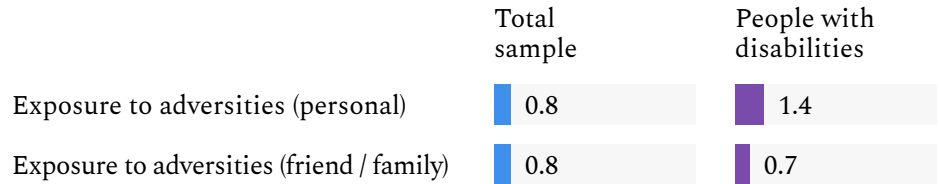
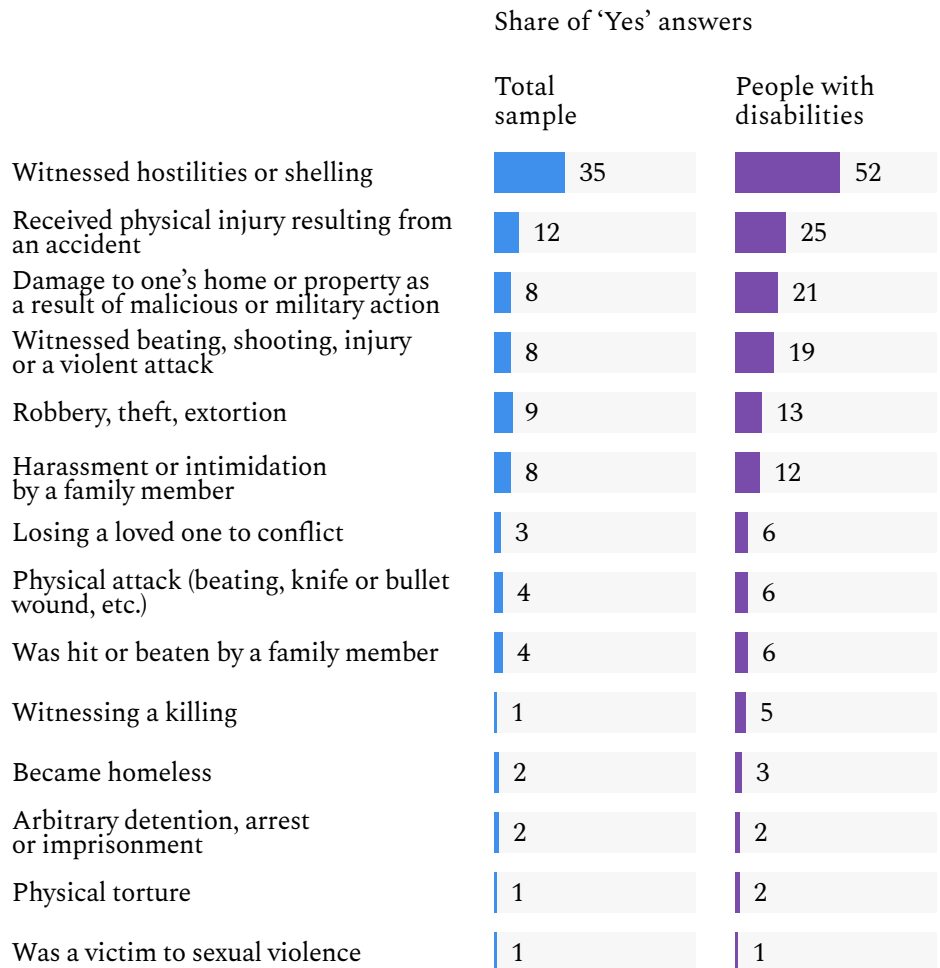


Figure 4.4 EXPOSURE TO ADVERSITIES BY TYPE, %

Have you ever experienced the following situations?
(Total sample, N=3,325; people with disabilities, N=603)

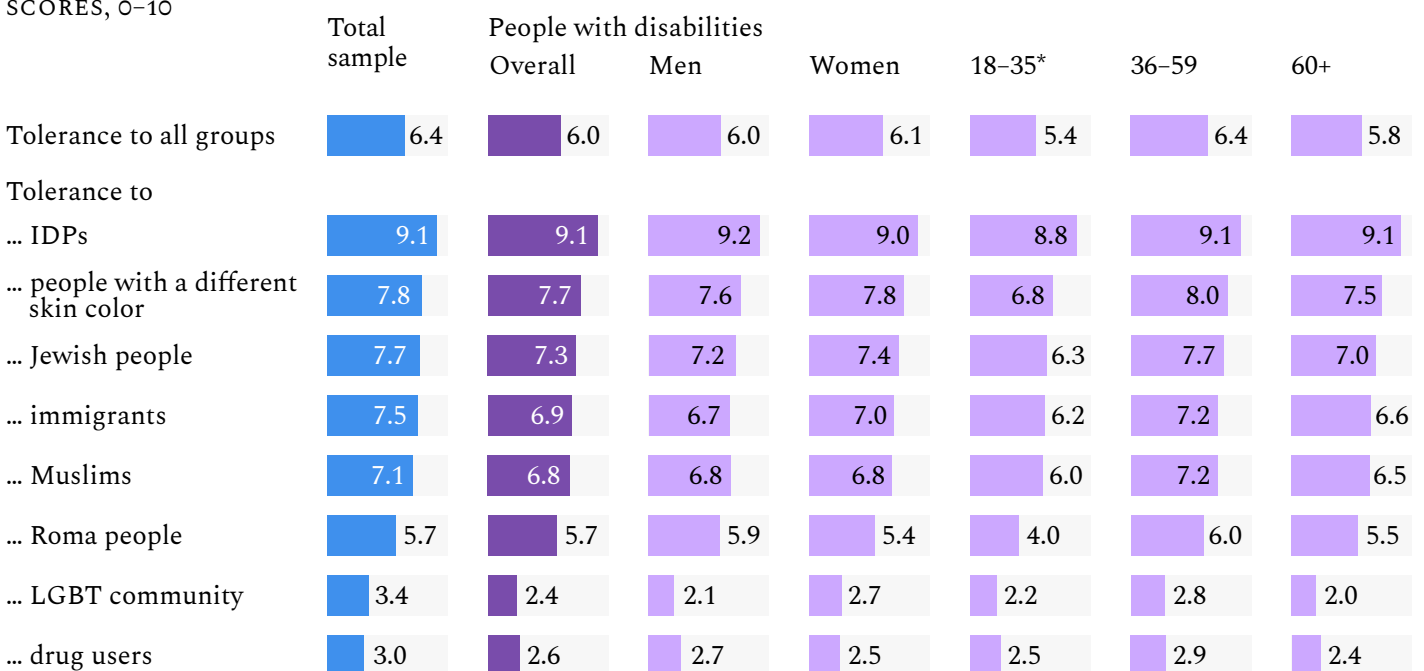


ATTITUDES *towards* OTHER GROUPS *in* SOCIETY

SOCIAL TOLERANCE

The attitudes of people with disabilities towards various national minorities and marginalized groups are generally consistent with the data of the entire sample. At the same time, people with disabilities are relatively less tolerant to most groups (see. Figure 5.1). Men are less tolerant than women towards the LGBT community, but more tolerant towards the Roma community, which is consistent with the data for the general population of the region. The surprisingly low tolerance scores for the 18–35 age group of people with disabilities may be due to the small sample size as the same is not true for the regional average.

Figure 5.1 LEVEL OF SOCIAL TOLERANCE,
SCORES, 0–10

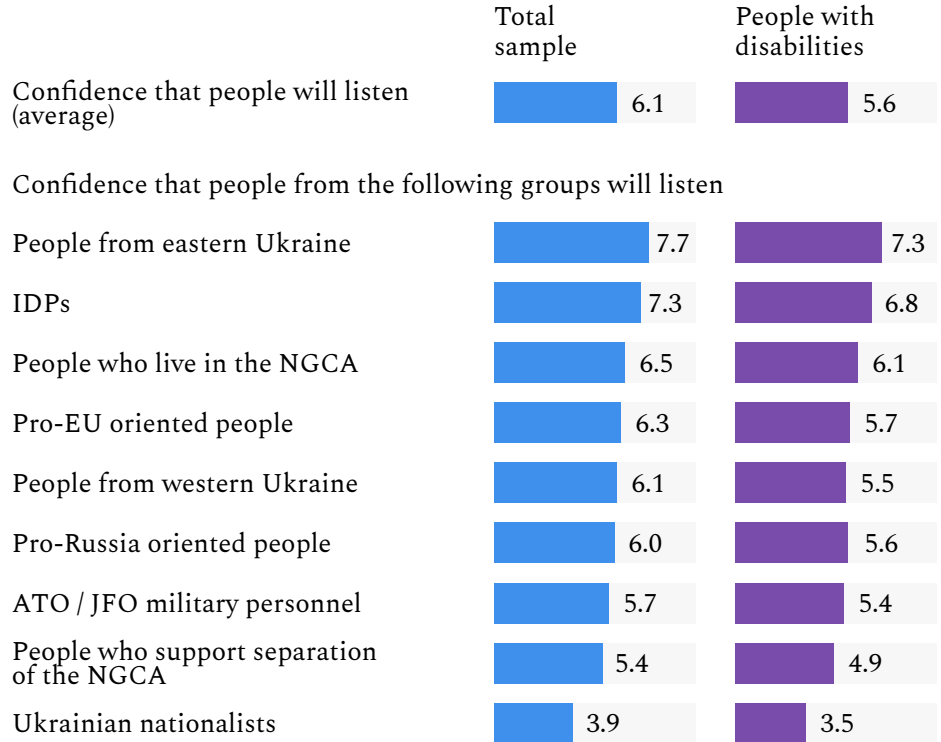


* The number of respondents in this subgroup (N=36) is not sufficient for qualitative interpretation of the group

CONFIDENCE IN READINESS FOR DIALOGUE

People with disabilities are less confident that most of the groups on the SCORE list, such as people living in other regions or with different political views, are ready to listen to them (see Figure 5.2). This is especially true for groups that are on opposite sides of the political spectrum, such as “pro-EU oriented people” and “pro-Russia oriented people,” as well as people living in other regions of the country.

Figure 5.2 CONFIDENCE THAT PEOPLE FROM DIFFERENT GROUPS WILL LISTEN, SCORES, 0–10

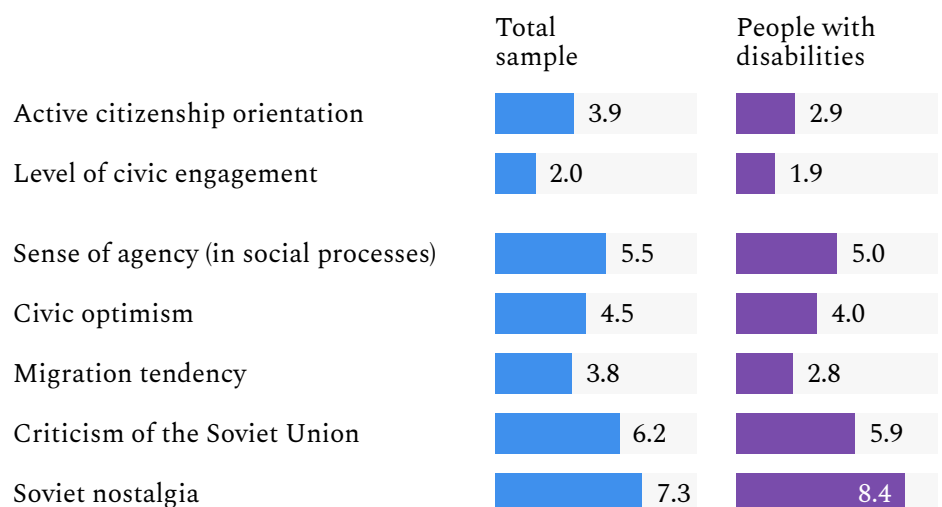


CIVIC ATTITUDES *and* BEHAVIOUR

Although people with disabilities are less likely to report willingness to take an active stance in society, the actual level of civic engagement (as reported by respondents themselves) is overall almost the same as the regional average (see Figure 6.1). However, among people with disabilities, the shares of those who do not participate in any kind of public activities (except elections) and those who report very frequent participation in public activities (apart from those organized by the authorities) are greater than in the total sample. Thus, on the one hand, people with disabilities are relatively more isolated from public life, on the other hand, there are also relatively more social activists among them.

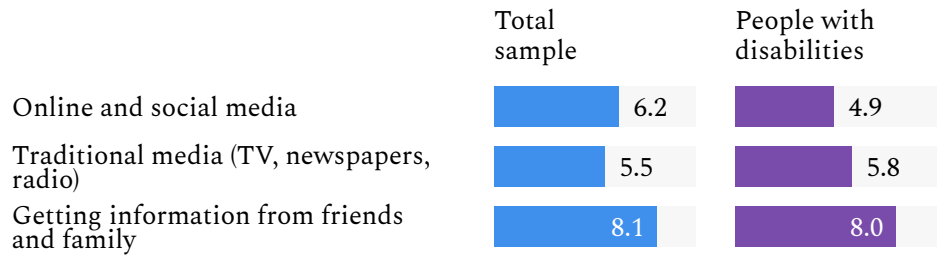
People with disabilities are also much less confident that ordinary people can change things in their community, share a stronger sense of Soviet nostalgia, and are less prone to migration.

Figure 6.1 CIVIC BEHAVIOUR,
SCORES, 0–10



People with disabilities get news from online media much more rarely, which may be connected with the fact that there are fewer young people among them compared to the total sample, while residents of bigger cities (with better Internet access) are also underrepresented in this sample. People with disabilities are also less likely to sign e-petitions and post and debate social, political and civic issues via online groups and networks. Consumption of traditional media (primarily television), on the other hand, is higher among people with disabilities compared to the total sample.

Figure 6.2 CONSUMPTION OF INFORMATION, SCORES, 0–10

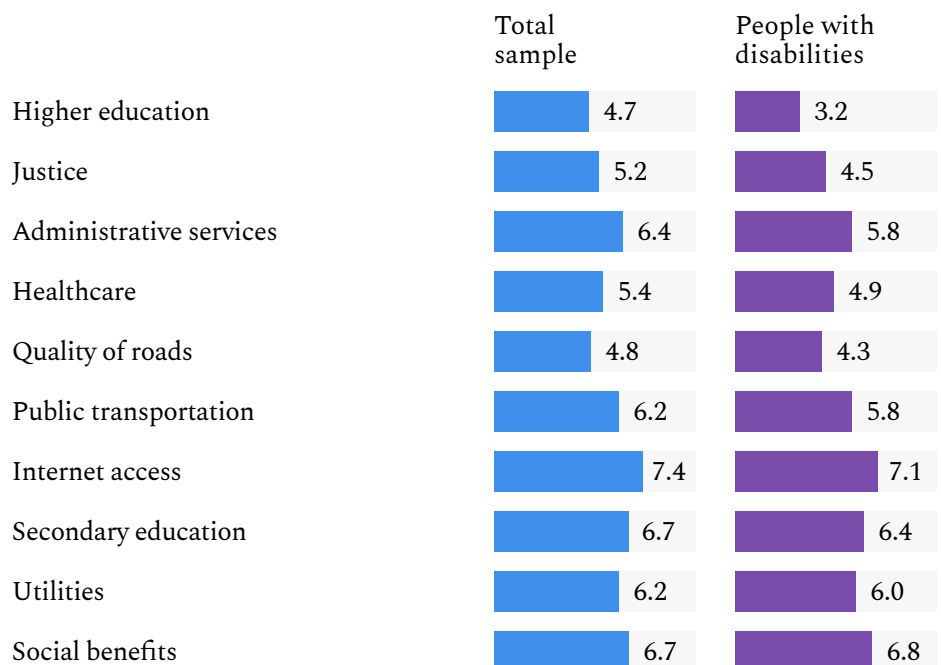


GOVERNANCE *and* SERVICES

People with disabilities are less satisfied with the quality of key services and are more likely to report their absence in their place of residence than the general population. The most considerable difference between the two groups is observed primarily in higher education, justice, administrative services, and public transport. The assessment of the quality of utilities and social services is on par with the regional average (see Figure 7.1).

Figure 7.1 SATISFACTION WITH SERVICES, SCORES, 0–10

(Total sample, N=3,325; people with disabilities, N=603)



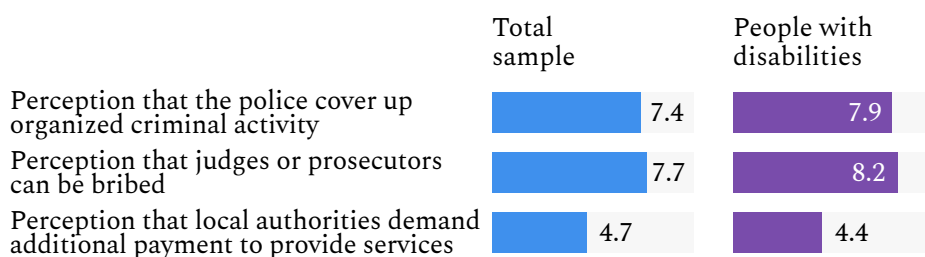
People with disabilities tend to be more sceptical about reforms: they demonstrate a lower support of all reforms, including the health-care reform (see Figure 7.2). People with disabilities are less confident that the authorities are accountable to citizens and show less trust in both central and local authorities. However, their trust in non-governmental organizations and the Ukrainian army is about the same as the regional average.

Figure 7.2 SUPPORT FOR REFORMS AND TRUST IN AUTHORITIES, SCORES, 0–10



People with disabilities report a higher perception of corruption in the police and in courts, and lower — in local authorities.

Figure 7.3 PERCEPTIONS OF CORRUPTION, SCORES, 0–10*



* The data are provided for those components of the corruption perception index where the difference between scores when compared to the total sample exceeds 0.4 points.

GLOSSARY

Please see at use.scoreforpeace.org/en/use