

From Awareness to Action: How to Improve International Support for People with Disabilities in Ukraine

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Executive Summary

Russia's continuing aggression against Ukraine is putting immense strain on the country's disability support system. The war has led to a significant increase in the number of people with disabilities, straining the already limited resources that are available. Despite these growing needs, the Ukrainian government and international actors have failed to adequately address the issues faced by people with disabilities, including individuals with pre-existing disabilities and those who obtained a disability because of the war.

This policy brief highlights the urgent need for tailored short-term relief and long-term support. International actors should adjust their strategies to address the unique challenges faced by people with disabilities and support Ukraine's civil society and government in reforming the country's outdated disability support system.

Short-term recommendations:

1. Fund the treatment and rehabilitation of injured soldiers and civilians at military and civilian hospitals;
2. Procure smartwatches for people with hearing impairments;
3. Procure mobile energy systems before the 2024-25 winter hits;
4. Procure assistive technology and deliver it to rural areas.

Long-term recommendations:

1. Support political reforms;
2. Build capacity at CSOs;
3. Educate disability experts.

Introduction

The ongoing war against Ukraine has pushed the country's already fragile disability support system to the brink of collapse. As Russia's onslaught continues, it not only stretches existing resources thin but also increases the number of people with disabilities.¹ Despite these trends, both the Ukrainian government and international support actors have fallen short in providing support to people with disabilities. This stems from a lack of awareness of the specific needs of people with disabilities and a corresponding failure to prioritize appropriate countermeasures. However, as I demonstrate in this policy brief, these errors can still be rectified if international supporters adjust both their short-term and long-term actions.

Since 2014, the conflict in eastern Ukraine has led to a noticeable increase in individuals with physical disabilities. The full-scale invasion of February 2022 took this to another level, pushing ever more people into the disability support system – a system that was designed by the Soviet Union. Under Soviet occupation, people with disabilities in Ukraine faced systematic discrimination and were often rendered invisible, confined to institutions and

¹ In this policy brief, I discuss the situation of both individuals with disabilities caused by the war and those whose disabilities are not war-related. This includes various forms of physical and intellectual disabilities.

Supporting people with disabilities is not only a question of humanitarian relief but also one of overcoming the remnants of Soviet colonialism.

excluded from public life. After Ukraine gained independence in 1991, some legislative changes were made, but the fundamental structures remained largely in place. This creates a double burden for people with disabilities: they must navigate a system that is both outdated and overwhelmed by demand. Supporting people with disabilities, therefore, is not only a question of humanitarian relief but also one of overcoming the remnants of Soviet colonialism. Reform is also highly relevant from a feminist perspective,² as the current system relies heavily on private care work for people with disabilities, which is disproportionately carried out by women.

In this policy brief, I present an overview of the specific challenges that people with disabilities face as a result of the full-scale invasion. I demonstrate that despite their limited efforts, the Ukrainian government and international actors are failing to address many of the war-induced needs of people with disabilities. If international actors want to improve on this status quo, they should tailor their short-term relief activities to the specific needs of people with disabilities and provide long-term support to Ukraine's civil society and government to dismantle the remnants of the colonial disability support system that was introduced by the Soviet Union.

My findings are based on my qualitative field research in Kyiv, Bucha and Lviv, Ukraine, in May 2024. I conducted 20 in-depth interviews with people with disabilities, CSO workers and disability activists. Additionally, I interviewed three disability experts online after returning to Germany. Based on this research I will provide an overview of the current situation and support system for people with disabilities in Ukraine, discuss war-induced needs and responses, and outline short- and long-term recommendations for international support actors.

Disability Support in Ukraine

Before the full-scale invasion, there were approximately 2.7 million people with physical and intellectual disabilities in Ukraine.³ While no further statistics have been published since 2022, the war has increased this number by inducing injuries and trauma. In Ukraine, most people with disabilities live in urban areas, but the war has forced many to relocate, both within the country and abroad.⁴ Ukraine runs a highly centralized disability support system, with the most important governmental bodies being the Ministry of Social Policy and the Ministry of Health. In theory, all people with disabilities have a legal right to receive support from the government, either in an institution or through home care. The amount of governmental support is evaluated individually based on a categorization system that pairs different kinds of disabilities with specific benefits. In practice, however, the support system is understaffed and underfunded, resulting in a significant gap between need levels and support capacities. Usually, this gap is filled by relatives who provide unpaid care work – the majority of whom are women. One of the interviewed NGO workers explained this very bluntly: “We often joke that if you are disabled and you have a wife or a mother, they will take care of you, not the government.” Beyond private care work, numerous Ukrainian and

² Garland-Thomson, Rosemarie, “Feminist Disability Studies,” *Signs*, vol. 30, no. 2, 2005, pp. 1557-87. JSTOR, <https://doi.org/10.1086/423352>; Piepmeier, Alison, Amber Cantrell, and Ashley Maggio, “Disability Studies and the Future of Identity Politics,” *Disability Studies Quarterly*, vol. 34, no. 2, 2014, <https://dsq-sds.org/index.php/dsq/article/view/4252/3592>.

³ European Disability Forum, “One Year of War: Persons with Disabilities in Ukraine,” February 24, 2023, accessed July 15, 2024, <https://www.edf-feph.org/one-year-of-war-persons-with-disabilities-in-ukraine/>.

⁴ International Organization for Migration, “General Population Survey Round 15: Ukraine Internal Displacement Report,” December 2023, accessed July 15, 2024, https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/IOM_Gen%20Pop_R15_IDP_.pdf.

international NGOs offer various kinds of support to individuals with disabilities. These NGOs partially receive funds from the government, but their main income sources are foreign support and private philanthropy.

The Ukrainian disability support system is rooted in the structures and policies established during the Soviet occupation of Ukraine in the 20th century. Reform efforts are ongoing, but today's system still reflects the Soviet legacy of centralized control, reliance on gendered care work, and a focus on basic needs. These problems have only been amplified by the full-scale invasion, which has increased the demand for support while reducing the government and civil society's ability to provide it. Beyond the physical destruction of support infrastructure, the war is draining human resources as many disability experts and social workers have become displaced, joined the armed forces, or fallen victim to the war. One of the interviewed disability rights activists described the exodus of trained personnel as "our biggest challenge today": "How are we supposed to take care of more and more people in a dysfunctional system, with fewer and fewer experts that can do the job?"

The full-scale invasion has increased the demand for support while reducing the government's and civil society's ability to provide it.

Already prior to the full-scale invasion, international organizations such as the Red Cross and Caritas International had started to conduct support projects for people with disabilities. Since 2022, there has been an additional influx of international actors into Ukraine. As pointed out by interviewees, the degree to which these actors are sensitive to the topic of disability varies greatly. While some international actors provide targeted support to people with disabilities (e.g., through the delivery of assistive technologies), others fail to turn rhetorical commitments to inclusivity into action.⁵ For instance, many international humanitarian actors build and operate shelters for internally displaced people (IDPs). However, many of these IDP shelters are not accessible to wheelchair users. This demonstrates that the discrepancy between inclusion in theory and in practice is not a uniquely Ukrainian problem but also applies to the work of many international actors in Ukraine.

War-Induced Challenges and the Needs of People with Disabilities

When discussing the needs of people with disabilities in Ukraine, it is crucial to consider both individuals with non-war-related, pre-existing disabilities as well as individuals who have recently sustained a disability. The latter group is growing quickly in size and consists of civilians and soldiers who have been injured. In general, an individual's disability type has a bigger impact on their specific needs than the question of whether the disability is war-related or not. However, those who have recently sustained a disability are having to struggle to access immediate medical care and navigate the opaque disability support system. In terms of international support, it is worth noting that there appears to be a bias within the international community to prioritize the needs of people with war-induced disabilities over the needs of people with pre-existing disabilities. Therefore, in the following, I will outline the current challenges facing all people with disabilities and – where applicable – specify how war-related disabilities create different or additional needs.

⁵ Fight for Right, "Exploring the Accessibility of Temporary Accommodation for Internally Displaced Women with Disabilities," accessed July 15, 2024, <https://ffr.org.ua/wp-content/uploads/2024/02/EXPLORING-THE-ACCESSIBILITY-OF-TEMPORARY-ACCOMMODATION-FOR-INTERNALLY-DISPLACED-WOMEN-WITH-DISABILITIES.pdf>.

Physical Safety

Two years into the full-scale invasion, physical safety remains one of the main challenges for people with disabilities as many civil protection services and systems remain inaccessible to them. For instance, air raid sirens are the main instrument used to warn the population about artillery fire, rockets and drones. But people with hearing impairments often cannot recognize these alerts. One deaf interview described the resulting danger as “the most horrifying experience of my life. When the war began, the only way for us to know if we were in danger was by looking out the window and seeing people run for their lives. This is how we knew that we had to go to a shelter.” Shortly after the full-scale invasion began, apps and Telegram channels were developed to send out warnings, including via vibration. However, to be effective, they require people with hearing impairments to have their smartphones permanently in reach. As interviewees pointed out, this is not realistic in many real-life situations (e.g., when sleeping), and it necessitates other technological solutions such as smartwatches.

People with hearing impairments often cannot recognize air raid alerts.

Even when air raid sirens successfully warn people with disabilities, another major problem is the scarcity of shelters that are accessible for people with restricted mobility.⁶ After auditing 47 shelters across Ukraine, the NGO Fight for Right found that not a single one could be classified as accessible to people with restricted mobility. My interviewees unanimously underscored this point. This is sobering given that shelter accessibility is one of the best-known and most written-about problems currently facing people with disabilities in Ukraine.⁷ Yet we have seen very little progress over the last two years. When an air raid siren went off during an interview I conducted with a wheelchair user, this person explained that “there is nothing that I can do to protect myself now, nowhere that I can go. So, I just continue with life and trust that nothing will happen.”

At the onset of the full-scale invasion, another source of significant issues were civilian evacuations. Simply put, because of ill-preparedness and accessibility limits, many people with disabilities were left behind in frontline or occupied areas.⁸ People with intellectual disabilities in particular struggled to make decisions about evacuations, as they were often overwhelmed by the opaque and sometimes contradictory war-time information space. What is more, we still have very limited information about the experiences of people who live(d) in permanent care institutions that fell under Russian occupation. Regarding the frontline areas, however, two interviewees said there have been recent improvements to make evacuations more accessible. For instance, international actors have provided accessible evacuation vehicles and the Ukrainian government has installed hotlines through which people with disabilities can receive information on evacuations. This shows that comparatively much progress was made over the last two years in this area.

⁶ Fight for Right, “Disability and War: Analytical Report on the Results of Research,” November 2023, accessed July 15, 2024 https://ffr.org.ua/wp-content/uploads/2023/11/Disability_and_War_Analytical_report_on_the_results_of_research.pdf.

⁷ See for instance: UNHCR, “Tips and Recommendations for Accessible Construction and Disability-Inclusive Shelter Programming in Ukraine,” accessed July 15, 2024, <https://reliefweb.int/report/ukraine/tips-and-recommendations-accessible-construction-and-disability-inclusive-shelter-programming-ukraine>; European Disability Forum, “One Year of War: Persons with Disabilities in Ukraine,” February 24, 2023, accessed July 15, 2024, <https://www.edf-feph.org/one-year-of-war-persons-with-disabilities-in-ukraine>; Amnesty International, “Ukraine: Russian Invasion Has Forced Older People with Disabilities to Endure Isolation and Neglect,” December 2023, accessed July 15, 2024 <https://www.amnesty.org/en/latest/news/2023/12/ukraine-russian-invasion-has-forced-older-people-with-disabilities-to-endure-isolation-and-neglect/>.

⁸ Fight for Right, “Evacuation of People with Disabilities: International Standards and Ukrainian Realities,” December 2022, accessed July 15, 2024, https://ffr.org.ua/wp-content/uploads/2022/12/funds_new_ffr_en.pdf, <https://www.undp.org/ukraine/publications/study-report-rapid-assessment-experience-evacuating-people-disabilities-ukraine-due-war-2022>.

Access to Medical Care and Humanitarian Relief

Access to medical care has become more difficult for many Ukrainians with disabilities. As multiple interviewees pointed out, this is because of supply shortages and logistical hurdles, such as war-related hospital closures. This situation is made worse by the unprecedented rise of war-related disabilities. The most common of these are hearing impairments, lost or damaged eyesight, spinal cord injuries, and limb amputations. These injuries are treated in civilian and military hospitals across the country. While the quality of healthcare is generally high, many hospitals are overcrowded, and waiting lists for treatments, prosthetics and rehabilitation are long.⁹ Additionally, the combination of increased medical demand and staff displacement has led to a nursing crisis. One veteran rights activist remembers that “in many military hospitals, nurses are so overworked that if they see that an injured soldier has a wife, they tell her to take over nursing tasks.” This not only reveals another layer of gendered, unpaid care work, but it also comes with negative ramifications for the quality of medical care. International actors are generally aware of these problems and provide support through budgetary assistance to the National Health Service of Ukraine. Additionally, they procure medical equipment for a variety of military and civilian hospitals across the country. Nevertheless, their engagement does not meet the heightened demand caused by the war.

To a large extent, people with disabilities have similar humanitarian needs as the general population, including for shelter, food and hygiene provisions. But they also have unique material needs, especially when it comes to assistive technologies.¹⁰ For example, two interviewees highlighted how difficult it is for people with hearing impairments who live in rural areas to obtain hearing aids and batteries. Similarly, people with spinal cord injuries often struggle to find high-performance, personalized wheelchairs. Another serious problem facing individuals who need electrically powered assistive technologies – such as breathing support and external kidneys – is energy cuts. Because Russia has once again increased the bombardment of energy infrastructure in 2024, Ukraine has been forced to implement rolling blackouts throughout the country. This represents a major danger for individuals who do not yet possess energy storage systems in their homes and thus depend on the public electricity supply to operate life-supporting technology. The CEO of a disability support NGO sees this as a grave predicament: “Unfortunately, I think that we are heading towards a real catastrophe this year. We know that we will have many blackouts in the coming winter and that many people will not be able to deal with it, because they don’t have batteries.”

Finally, despite commitments from international actors and the Ukrainian government to prioritize accessibility when reconstructing public infrastructure and private housing, many reconstruction projects are not delivering accessibility results. A disability rights activist described this “as somewhat of a strange reality”:

On paper, Ukraine has a great strategy for accessible infrastructure and internationals love to talk about it, too. But then you see that they build new schools without accessible toilets and IDP homes without ramps and wonder how serious they are about their commitments.

In fairness, there are also positive examples of accessible reconstruction efforts, but the inconsistency points to a lack of comprehensive enforcement of existing rules on accessible reconstruction.

⁹ Whaley, Christopher M. et al., “Price-Transparency Tool Use Increased after Implementation of a Health Plan Price-Transparency Tool,” *JAMA Health Forum*, vol. 5, no. 5, 2024, accessed July 15, 2024, https://jamanetwork.com/journals/jama-health-forum/fullarticle/2818720?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=051724.

¹⁰ Assistive technologies refer to devices, software or equipment designed to support individuals with disabilities by enhancing their ability to perform tasks, access information, and improve their quality of life.

Systemic Change

The abovementioned examples illustrate the variety and immediacy of war-induced needs that people with disabilities face. Considering this status quo and the additional pressure a prolonged war will put on the Ukrainian disability support system, an overwhelming majority of my interviewees insisted that structural changes are necessary. In particular, they voiced a clear demand to overhaul the Soviet-style system's reliance on private care work, underfunded and understaffed social work structures, centralized decision-making, outdated needs assessments, and focus on basic needs instead of social integration. This represents a major political challenge, as such an overhaul requires extensive government resources and funding. However, most interviewees believe this will be the only way to avoid system collapse. One interviewee describes the current situation as "completely unsustainable": "We manage to care for people with disabilities only because people do it in their free time and NGOs fill the gap that the government leaves." Even so, as almost all interviewees observed, most NGOs and their employees already operate at maximum capacity. They are concerned that if the pressure continues to increase, NGOs will be unable to meet their beneficiaries' needs, and their employees will face increased pressure, leading to burnout and more employees leaving. This could set off a cascade that – in the worst-case scenario – leads to the collapse of NGO care for people with disabilities.

Recommendations

Ukraine's international partners have many entry points to improve their support of people with disabilities, as reflected by the breadth of problems I described above. The analysis also underlines that sustainable improvements will depend on a combination of immediate support activities and structurally reforming the disability support system. Therefore, I suggest taking advantage of a number of short-term support opportunities while pushing for long-term political changes.

Recommendations for the short term:

- 1. Fund the treatment and rehabilitation of injured soldiers and civilians at military and civilian hospitals.** The war is putting serious pressure on military, public and private healthcare providers in Ukraine. International support actors are generally aware of this problem and provide support via budgetary assistance to the National Health Service of Ukraine, directly procuring medical equipment (e.g., prosthetic workshops) and through treatment of Ukrainian soldiers abroad. Despite these ongoing efforts, this support needs to be scaled up. Furthermore, within current support activities, there are two critical gaps:
 - a. The lack of integration across treatment, prosthetics, rehabilitation and reintegration services:** People with war-induced disabilities such as lost limbs usually receive treatment, prosthetics, rehabilitation, and reintegration support at separate institutions. The need to frequently change hospitals or facilities not only renders the current system inefficient but also leads to repeated waiting times throughout the healing journey and to lower-quality services. Therefore, combining services under one roof or developing a referral pathway system should be a priority for international support actors. A good example of a comprehensive approach is the Superhumans Center in Lviv, which supports individuals with prosthetics, rehabilitation and social reintegration.

- b. The bias toward funding treatment and prosthetics:** There is a trend among international support actors to privilege treatment and prosthetics facilities in their distribution of funds. This means that rehabilitation and social reintegration institutions receive less attention, even though they are central to the long-term well-being of people with disabilities. This bias should be rectified by dedicating funds and equipment deliveries to rehabilitation and reintegration facilities.
- 2. Provide smartwatches to people with hearing impairments.** The inaccessibility of air raid sirens to people with hearing impairments endangers their lives. To help make these alerts accessible, interview partners repeatedly suggested distributing smartwatches and smartwatch-compatible smartphones. Ukraine has developed a sophisticated warning system that informs people of imminent threats via public air sirens, a warning app and Telegram channels. When connected to these systems via smartphone, smartwatches can directly warn people with hearing impairments by vibrating on their wrists. As multiple interviewees pointed out, wrist vibration is the most, if not the only, effective technology to warn people in all situations, especially while they are sleeping. What is more, smartwatches are a proven and readily available technology; delivering them to people with hearing impairments is thus a chance to instantly improve civil protection in Ukraine. International actors should partner with the Ukrainian government or a CSO to develop a distribution mechanism for smartwatches. Such a mechanism should provide:
- a. Smartwatches and smartphones:** Most smartwatches only work when coupled with a smartphone. While smartphones are widely adopted in Ukraine, certain demographics, such as the elderly, have less access to them. For these cases, it is imperative to provide smartphones along with watches and offer training and explanatory material for operating this technology.
 - b. Cellular plans:** Many smartwatches are available with cellular options, which allow smartwatches to independently connect to the internet if they are temporarily disconnected from a smartphone. International actors should acquire these kinds of smartwatches and pair them with cellular plans to ensure recipients can use the smartwatches in all cases and without worrying about operating costs.
 - c. Power banks:** Because of the ongoing bombardment of Ukraine's energy infrastructure, blackouts have again become a common feature of daily life in 2024. International actors should also supply recipients of smartwatches with power banks to ensure that they can charge their devices.
- 3. Procure mobile energy systems before the 2024-25 winter hits.** Many people with disabilities are reliant on energy-intensive technology. Among other kinds, electric wheelchairs, external kidneys, breathing support systems, stair lifts, and battery-operated prosthetics all require electricity throughout the day. However, because Russia continues to attack energy infrastructure, Ukraine has had to implement rolling blackouts that disproportionately impact the lives of people with disabilities. Unfortunately, this situation is expected to worsen during the 2024-25 winter, making this a time-critical problem. International supporters should therefore prioritize delivering mobile energy systems to people with disabilities in Ukraine. This could be done through a distribution system in which a national CSO or an iNGO uses their existing network to provide regional and local partners with equipment, which would then be redistributed based on local needs.
- 4. Procure assistive technology and deliver it to rural areas.** People with disabilities have a legal right to access assistive technologies like wheelchairs, hearing aids and prosthetics. However, due to bureaucratic and logistical hurdles, this right often does not materialize for those living in rural areas. As a countermeasure, some NGOs already help people in rural areas access assistive technologies. For instance, the NGO Vidchui operates

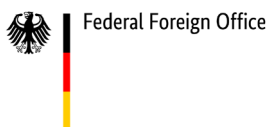
a “clinic on wheels” to provide assistive technology to people with hearing impairments in rural areas. There is a great need for similar initiatives across Ukraine. To realize such initiatives, international actors should provide project funding and procure assistive technology as well as vehicles for distribution.

Recommendations for the long term:

As detailed in the above analysis, most of my interviewees described the Ukrainian disability support system as being on the brink of collapse. They also pointed out that, although many of the international community’s short-term support activities do tangibly benefit people with disabilities in Ukraine, their efficacy will inherently be limited without long-term structural changes. As one interviewee put it: “International support keeps the current system going and the people in it alive, but we need international partners to help us create a better system, not just stabilize the current one.”

Structural changes to the disability support system can only be made through legislative and executive decisions taken by the Ukrainian government. However, international actors can support the Ukrainian government in doing so by providing expertise on what such changes can look like. Importantly, such assistance should not be viewed as international actors imposing their solutions onto Ukraine; instead, they should work closely and trustfully with Ukrainian civil society and the Ukrainian government to identify where and how their expertise can be applied to the Ukrainian case. As a starting point, I recommend international actors conduct the following expertise- and capacity-development activities:

- 1. Political advising:** As mentioned, structural changes will require political decisions to transform the disability support system. International actors can contribute by consulting the Ukrainian Ministry of Social Policy and Ministry of Health on legislative and executive reforms, something already underway as part of Ukraine’s EU accession process. For instance, international actors could set up an advisory council that brings together international experts to identify international best practices and best structures for supporting people with disabilities. Discussions with Ukrainian government officials and Ukrainian civil society could then explore how to apply these practices and structures to the unique context of Ukraine.
- 2. CSO capacity building:** One of the most common problems among CSOs is the lack of trained staff. This applies to both frontline staff, who are responsible for direct interaction with individuals with disabilities, and to administrative personnel who oversee the operations of the organization. It is crucial to provide training focused on two areas: (1) enhancing the support provided to people with disabilities; and (2) establishing sustainable organizational practices that encompass fundraising, administration and human resources management.
- 3. Educating disability experts:** The abovementioned lack of experts must also be addressed through education initiatives. At the moment, there are no disability studies programs offered in Ukraine. To secure the sustained presence of disability experts, it is recommended that international stakeholders undertake the following actions: (1) establish scholarship programs to enable Ukrainian individuals to pursue higher education in social work or disability studies abroad; and (2) help Ukraine establish opportunities for local universities to offer disability studies. This could be achieved by allocating funding to establish a dedicated disability studies center at a Ukrainian university, accompanied by the provision of expertise to develop a curriculum tailored to the specific needs and circumstances of Ukraine.



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