



The following material is a summary of the views and suggestions expressed by the participants of the Forum “Inclusive Humanitarian Response: The Voices of People with Disabilities,” including persons with disabilities, elderly persons, and their representative organizations, parents raising children and youth with disabilities, veterans and their families, women returnees, and civilian victims of war¹.

The event was organized by the National Assembly of Persons with Disabilities of Ukraine, with the support of the World Health Organization (WHO), as part of the project “Strengthening the Participation of Persons with Disabilities and Their Representative Organizations in the Response in Ukraine.”

RECOMMENDATIONS FOR MAINSTREAMING DISABILITY IN HUMANITARIAN RESPONSE IN 2025

The war in Ukraine is increasing the number of people with disabilities who are currently in need of humanitarian assistance and will continue to need it in 2025.

The latest official statistics recorded 2,271,700 people with disabilities as of January 1, 2023. However, this does not reflect the full reality. Moreover, reports from international organizations and government agencies still rely on statistics from January 2021, and those numbers are even less accurate, posing significant risks to humanitarian planning.

Statistical data on age, gender, and types of disability is collected only for individuals with newly diagnosed disabilities and children with disabilities. There is also no official data on the number of persons with disabilities who have been killed or injured, those remaining in the occupied territories (including in institutions), or those deported to Russia.

The war is creating a new group of people who will be experience disability² due to trauma, depression, stress, psychological problems, delays in assistance and rehabilitation, violence, torture, and other factors. This group also includes women and men returning from captivity without official disability status. They are not included in any state support programmes and are not a priority for humanitarian aid.

A significant number of elderly people and people with disabilities may go unidentified due to the loss of documents during evacuation, the destruction of housing, etc. As a result, these people may miss out essential services, and their needs may be overlooked in the provision of humanitarian assistance – this is the so-called ‘lost group.’

¹ The views and opinions expressed are solely those of the author(s) of these materials and do not necessarily reflect the position of the WHO. The WHO is not responsible for their content.

² They have no official status under Ukrainian law.

Elderly people are disproportionately affected by disability and often lack information about available assistance due to their inability to use modern technology, lack of internet access, living in rural areas, etc. As a result, they are overlooked by humanitarian organizations.

Constant shelling and destruction lead to changes in the humanitarian response, including the evacuation of people (including those with disabilities and the elderly) to safer communities. This, in turn, results in 'changes in their status' for humanitarian actors, causing such individuals to stop receiving assistance.

Civilian victims who do not have official recognition as victims of explosive devices or as persons with disabilities resulting from the war, due to bureaucratic registration processes, are unable to access state support for rehabilitation, medical care, or humanitarian aid.

The prolonged war has significant consequences for families raising children and young people with disabilities. Due to the inaccessibility of bomb shelters in schools, kindergartens, information and resource centres, and the lack of accessible school buses, children with disabilities are unable to attend educational institutions with their peers or receive relevant community-based services. They are forced to stay at home, but because of the lack of technical equipment, Internet access, and frequent power outages, children are unable to participate in distance learning.

People with disabilities are not a homogeneous group, and their needs vary based on the type and severity of their impairments. This is not always adequately considered in humanitarian planning.

Many people with disabilities rely on care from their caregivers. Caregivers—whether family members or social workers—also need support during times of war and humanitarian emergencies, to ensure they can continue caring for themselves and their clients. The gendered nature of informal caregiving roles must also be considered, as women are more likely to take on this responsibility than men.

Day-to-day community-based services for people with disabilities have become unavailable or limited during the war. These include rehabilitation services (medical and social), treatment for chronic conditions that may impact a person's ability to function, access to assistive technologies (e.g., wheelchairs, hearing aids, and walking sticks), and access to hygiene products. Humanitarian planning should address these aspects. Special attention should be given to the social rehabilitation and adaptation of both female and male veterans, as well as their employment.

Persons with disabilities, elderly individuals, civilian victims, veterans, and men and women returning from captivity require focused attention from all humanitarian actors in the planning and delivery of assistance.

Disability must be a cross-cutting issue in all areas of humanitarian response.

Organizations of people with disabilities are active local actors in humanitarian response. They possess considerable expertise in the field of disability and are well-positioned to identify both problems and solutions.

Humanitarian planning is closely linked to recovery efforts, which is why clear coordination among all stakeholders is essential to ensure that disability issues are integrated into these processes

Food security and livelihoods

The majority of persons with disabilities receive pensions and social assistance amounting to about \$60–\$70 per month, while the prices of goods, services, and basic necessities have increased by at least 50-100%, if not more. It is extremely difficult for persons with disabilities to survive, not only for those who are internally displaced, but also for those who remain at their permanent residences. In turn, the low incomes of persons with disabilities and their families force them to cut back on essentials such as food, proper medical care, recreation, and cultural activities, especially for those living in rural areas.

The situation is particularly critical for persons with disabilities living in frontline-adjacent areas, where access to basic necessities—such as water, food, medicines, and technical aids—is severely limited or even non-existent.

A significant number of persons with disabilities are deprived of access to employment. Enterprises established by organizations of people with disabilities, which employ over 50% of workers with disabilities, do not receive state support. The employment rate for individuals with severe psychosocial disabilities remains critically low.

Urgent actions

- Provision of food aid to people with disabilities and the elderly regardless of their place of residence (whether at home or in an institution; in a village or in a city; in a frontline area or in a relatively safe region of Ukraine).
- Revision of the list of food aid items, taking into account the different types of disabilities among people with disabilities (e.g. emergency kits, meals in shelters, hospitals, care facilities, etc.).
- Provision of multi-purpose cash assistance to ensure flexible and targeted support for the needs of persons with disabilities and the elderly.
- Increasing the volume of food aid to areas located farther from the frontline.
- Support programs for:
 - social enterprises employing more than 50 per cent of people with disabilities, individual entrepreneurs, and self-employed persons with disabilities (support for equipment, reconstruction after destruction, green energy, etc.);
 - small farms owned by people with disabilities, restoration of agricultural activities (support for equipment, seed, green energy, etc.).

- Employment of both female and male veterans, civilian victims, internally displaced persons, and people with disabilities in both urban and rural settlements (training, grant support, etc.).
- Reviewing the approaches to providing humanitarian assistance, particularly by narrowing the criteria for selecting applicants³ and introducing a door-to-door approach for the “most vulnerable among the vulnerable.”
- Collaborating with organizations of people with disabilities to mitigate risks and plan a more sensitive response to the food assistance needs of people with various types of disabilities.
- Using diverse and accessible communication formats when providing information to people with disabilities, ensuring access to care on an equal basis with others.

Water, sanitation, and hygiene

Persons with disabilities and elderly persons in wartime must be provided with basic necessities such as access to sanitation, water, hygiene products, and sanitary facilities.

Different disabilities require different hygiene products (e.g., for patients with gastrointestinal issues, persons who use wheelchairs, people with diabetes, bedridden patients, etc.) Since the outbreak of hostilities, most communities have either not funded hygiene support programmes or have funded them minimally. People living below the poverty line are unable to provide themselves with hygiene products and may resort to reusing them, which puts them at risk of contracting infectious diseases.

People seeking medical care in medical facilities are unable to receive it due to physical inaccessibility of premises, sanitary and hygienic facilities, ‘outdoor toilets’, and inaccessible medical equipment. As a result of ongoing hostilities, constant shelling, and damaged water supplies, people with disabilities and the elderly, especially those living alone, have limited mobility due to power outages and broken elevators, often leaving them without access to clean water and reliant on assistance from humanitarian organizations.

People living in institutions, including those who have lost their homes and are forced to reside there, also require access to sanitation and clean drinking water.

Additionally, access to inclusive WASH⁴ services in schools and kindergartens remains a challenge in many communities.

Urgent actions:

³ For instance, aid is provided to internally displaced persons only, whereas all vulnerable groups require it.

⁴ Water, sanitary, and hygiene.

- Ensure that humanitarian actors make WASH (Water, Sanitation, and Hygiene) services responsive to the diverse needs of people with disabilities in both planning and delivery. This includes considering different water and sanitation options and using different ways or communicating sanitation and hygiene messages.
- Review and expand the list of hygiene products for people with disabilities, taking into account various types of disabilities, with a special focus on people living in rural areas. Collaborate with organizations of people with disabilities to better identify their needs.
- Support training programmes for caregivers of people with disabilities and the elderly on the use of hygiene products, involving specialised organizations of people with disabilities (according to the type of disability).
- Ensure:
 - equal access for persons with disabilities to sanitary and hygienic facilities in medical institutions, schools, kindergartens, shelters, including the reconstruction of these facilities within humanitarian assistance programmes;
 - access to WASH in healthcare facilities in rural areas, as well as in facilities providing palliative, rehabilitation, and care services to people with disabilities, the elderly, and individuals with various disorders;
 - accessible water supply by adapting appropriate facilities for people with disabilities and the elderly, and by training water supply professionals on disability-related needs.
- Conducting training for representatives of interested humanitarian institutions, with the participation of public organizations of people with disabilities to address the specific needs of people with disabilities, including hygiene products, accessibility of sanitary facilities, water, and more.

Health

Persons with disabilities, the elderly, and persons with various types of disabilities⁵ put the issue of quality healthcare services at the top of the list in surveys on access to humanitarian aid, preparation for the autumn-winter period of 2024-2025, and recovery issues. These issues are most acute for low-income people and people living in remote and rural areas due to the lack of roads, public transport, specialised professionals, physical inaccessibility of premises and equipment, remoteness of medical facilities from their places of residence, and the destruction of a significant number of hospitals due to continuous bombardment.

Many healthcare facilities are architecturally accessible only on paper, and the services and equipment provided by these facilities are not inclusive.

⁵ Without the official status of a person with a disability.

Furthermore, most medical facilities in places of compact settlement of internally displaced persons are located in small towns and villages and are not designed to accommodate the increasing number of patients. As a result, individuals in need of ongoing medical care (e.g. rehabilitation, palliative care, haemodialysis, psychological and psychiatric support) are unable to receive it. The burden on healthcare professionals is growing, as a significant number of specialists have left or been mobilised, leading to their professional burnout and/or staff shortages.

Humanitarian actors providing medical assistance through mobile teams are primarily operating in eastern Ukraine. Many people with disabilities, including internally displaced persons, are not receiving assistance in other regions of Ukraine.

Due to the war, local programmes for providing free medicines and medical supplies have been reduced. Moreover, such programmes mainly operate in large cities. Most people have to pay out of their pocket for diapers and other medical supplies that, according to the law, should be provided free of charge.

The World Health Organization estimates that around 10 million people in Ukraine are at risk of mental health problems, and the situation is worsening as winter approaches⁶. Children are experiencing high rates of depression and mental disorders due to the war. New challenges can further exacerbate the existing health problems.

The healthcare system reform, which was launched before the war, is still ongoing and has made it difficult to receive quality medical services. The challenges include a highly-bureaucratized system for disability registration, corruption, and the inability to receive quality rehabilitation services for children and young people with disabilities at their place of residence – or, in some cases, the complete absence of such services. Additionally, access to rehabilitation services, palliative care, mental health, and psychological support remains largely unavailable at the local level.

Urgent actions:

- Strengthening the monitoring of medical facility reconstruction by humanitarian organizations and UN agencies, with the withdrawal of funding for construction works that do not ensure accessibility in accordance with state building codes.
- Procuring universal medical equipment to provide equal access to services for persons with disabilities (including couches, gynaecological universal chairs, mammography machines, urological universal chairs, X-ray machines, beds, and assistive technologies for inpatient palliative and rehabilitation units, etc.).
- Support for:
 - Training medical professionals to enhance their skills in rehabilitation, palliative care, mental health, and working with veterans, women veterans, civilian victims, and individuals returning from captivity, among others;

⁶ Nearly 10 million people in Ukraine [at risk of mental disorders](#), according to the WHO.

- Providing assistive technologies and medical products to people with disabilities, considering various types of disabilities, while monitoring state provision to prevent double counting;
 - Equipping medical facilities to offer information in alternative formats, such as 24/7 services for people with hearing impairments, large print, plain language, etc. (including purchasing computers for medical facilities, updating medical facility websites to meet accessibility standards, and producing printed materials, announcements, and information in accessible formats, etc.);
 - Reconstruction and repair of medical facilities in communities, especially in rural areas, to ensure accessibility and improve the quality of services for all, including people with disabilities;
 - Medical facility upgrades and procurement of specialised medical transport for communities (ambulances, vehicles for doctors to visit remote villages, etc.);
 - Programmes to ensure equal access for women with disabilities to reproductive health services, emergency medical care, mental health services, medical rehabilitation, and palliative care, with a focus on the ‘most vulnerable among the vulnerable’ (including women from rural areas, internally displaced persons, women returning from captivity, women veterans, etc.);
 - Community-based mental health programmes that incorporate gender-specific approaches; and
 - Programmes for children with disabilities, providing psychological support, rehabilitation, access to assistive technologies, early intervention services within the community, etc.
- Development and funding of rehabilitation programmes for women and men returning from captivity, as well as for civilian victims.

Education

Children with disabilities are at greater risk of being excluded from education and services provided by humanitarian organizations during the war. This is especially true for internally displaced children. In addition, there are significant disparities in access to education for children living near the frontline compared to those in relatively safe regions of Ukraine; children with various types of disabilities; and children with disabilities living in their own families, in institutional settings, or places of compact residence.

The lack of bomb shelters in schools and kindergartens, along with the opening of children’s spaces that are inaccessible to children with disabilities, has led to more parents keeping their children at home out of fear for their safety. The problem is further aggravated by the limited accessibility, or sometimes the complete lack of accessibility,

in educational facilities and transport, including school buses. A large number of educational facilities have been destroyed or damaged as a result of Russian shelling.

Many children may experience home isolation due to power outages, lack of internet access, and limited availability of computers, laptops, or assistive devices. The lack of accessibility to distance learning, especially for children with sensory, mental, and intellectual disabilities, as well as the loss of support staff and specialists, such as child assistants and teacher assistants, has worsened the situation.

Children with disabilities are at risk of not completing school, which may prevent them from continuing their education and, consequently, from finding employment.

The full-scale invasion has had, and continues to have, a significant negative impact on the mental health of children in general and children with disabilities in particular, as well as on the quality of the educational process and student performance.

For Ukraine, the war has created new strategic challenges in the education of young people with disabilities and female and male veterans, which requires investment in creating additional opportunities for their education. They represent a valuable human resource that can help fill positions left by those who have joined the Armed Forces of Ukraine, especially in the industrial sector.

Urgent actions:

Support programmes for:

- psychological assistance for children with disabilities and their parents at the community level;
 - expanding education opportunities for young people with disabilities, veterans, and women veterans within the vocational and higher education systems;
 - psychological and rehabilitation camps for children and youth with disabilities, as well as their parents, with the involvement of specialized organizations of persons with disabilities;
 - providing children with disabilities, including internally displaced persons, with educational electronic devices (e.g. computers, tablets, smartphones, smartwatches for persons with hearing impairments, etc.)
 - supplying schools with accessible school buses for children with disabilities living in rural areas, in hard-to-reach settlements, and settlements hosting displaced children;
 - reconstructing and restoring damaged and destroyed schools and kindergartens, vocational (vocational and technical) and higher education institutions, with mandatory compliance with legal accessibility requirements for persons with disabilities.
- Providing technical support to educational institutions, including computers, tablets, software, and more.

➤ Strengthening control by humanitarian organizations, UN agencies, and national and international organizations to ensure the accessibility of educational institutions during repairs, reconstruction, and new construction.

Housing

For people with disabilities and the elderly, the housing issue has been significantly worsened by the full-scale invasion due to the ongoing destruction of housing infrastructure, forced displacement, lack of affordable housing, etc. The situation is particularly difficult for internally displaced persons with disabilities and the elderly. A significant number of people are forced to return to their homes, even under constant shelling, due to the lack of housing in displacement locations.

The lack of accessibility conditions in places of forced residence for people with disabilities and the elderly (institutional facilities, shelters, places of compact residence, modular towns, rented housing) critically affects the quality of their lives and the provision of personal care, access to basic necessities and essential services.

With the onset of the autumn-winter period, the need for support for people with disabilities across all regions of Ukraine increases, particularly for paying utilities, buying heating items, heating fuel, backup power sources, etc.

In the absence of proper monitoring by donor organizations, housing that is being reconstructed or restored after damage from bombings remains inaccessible, with accessibility standards being violated.

As a result of losing their homes and the lack of accessible housing in safe communities, people with disabilities and the elderly are being forced to live in medical and institutional care facilities, and geriatric boarding houses, which often lack the necessary conditions to provide proper support.

Urgent actions:

➤ Provide assistance to people with disabilities and the elderly, as well as households with members in these categories, to help prepare their residences for the autumn and winter period (e.g., providing heating appliances, heating fuel, repair work, etc.).

➤ Offer financial support to people with disabilities and the elderly to help cover utility bills during the winter and housing rent.

➤ Consider accessibility requirements when installing modular buildings and shelters.

➤ Provide backup power sources for service providers (social, rehabilitation, educational, and medical facilities) to ensure uninterrupted services for the general population and persons with disabilities in particular.

➤ Support programs aimed at:

– Providing affected people with disabilities and the elderly, especially internally displaced persons and persons who lost their homes, with housing (permanent or temporary) that meets accessibility standards;

- Meeting the needs of people with disabilities and the elderly (including pre-repair and construction materials, heating devices, heating fuel, etc.), tailored to their individual circumstances, including their place of residence/stay;
 - Ensuring the accessibility of service-providing institutions for people with disabilities and the elderly, particularly in rural areas;
 - Repairing sanitary rooms, showers, and insulating premises in accordance with accessibility standards to maintain essential functions and access to vital services at the places of residence/stay for people with disabilities, particularly in places of compact residence;
 - Developing community-based housing programmes and alternative care options for people with disabilities, etc.
- Prevent any international or national funding that leads to the segregation of people with disabilities, except when supporting appropriate living and temporary stay conditions for people with disabilities and elderly people who are forced to reside in institutional settings.

Protection

Since the beginning of the war, humanitarian institutions have made and continue to make significant contributions to support people with disabilities and the elderly: through evacuation, shelters, hot meals, reconstruction of premises, access to educational and medical services, cash payments, and more.

However, as practice shows, humanitarian institutions often lack sufficient information about disability and the specific needs of people with various types of health disorders. This can result in humanitarian policy planning and implementation overlooking particular groups of people, such as those with different nutritional needs, hygiene requirements, temperature sensitivities, or those needing alternative formats of information.

Over the three years of war, international and national organizations have gained considerable experience in ensuring the protection and security of persons with disabilities during war, humanitarian emergencies, and natural disasters. As Ukraine's experience shows, standards based on humanitarian responses in other countries must be adjusted and adapted.

The clusters, UN agencies, international and national humanitarian organizations, and NGOs of persons with disabilities do not have an established mechanism for ongoing cooperation in the framework of humanitarian response and recovery.

Additionally, there is a lack of effective and efficient coordination among state authorities, particularly central executive bodies, in developing an inclusive state policy for humanitarian response and recovery

The low level of involvement and inclusion of organizations of persons with disabilities (OPDs) in decision-making and monitoring mechanisms for humanitarian response and recovery remains a pressing issue, despite these civil society institutions having the most significant and practical experience in disability matters.

Information on humanitarian support measures is often inaccessible to people with disabilities and the elderly, especially those without access to the Internet or necessary external assistance. Additionally, much of the critical information about the situation in the country is not translated into sign language.

Persons with disabilities, elderly people in rural and remote areas, those living in institutional settings or areas of compact residence, and individuals without internally displaced person status have fewer opportunities to receive humanitarian support or may be denied access to it altogether.

The war has intensified the need for assistance and support for people with disabilities, civilian victims, families raising children and young people with disabilities, as well as both female and male veterans. These war-related challenges for these target groups are further compounded by ongoing reforms in the education, social, and healthcare sectors.

Therefore, clear coordination among all institutions involved in humanitarian assistance and recovery is crucial to ensure an inclusive response to the situation and the integration of disability considerations into policies, strategies, and programmes.

Urgent actions:

- **Implement:**
 - Integrating disability considerations into the work of all humanitarian actors, from the development of humanitarian response policies to the monitoring of their implementation;
 - Ensuring that all persons with various types of disability have access to humanitarian assistance, while avoiding duplication of efforts of humanitarian actors;
 - Mandatory collecting and analysing data (age, gender, and types of disabilities) by humanitarian actors on an ongoing basis at all stages of the humanitarian response.
- Enhance the knowledge of representatives from clusters, UN agencies, international and national humanitarian organizations, authorities, and specialists on disability issues, using the experience of national organizations of persons with disabilities.

➤ Involve and include organizations of persons with disabilities in all processes of development, adoption, implementation and monitoring of policies and strategies of humanitarian response and recovery, as well as in planning and distribution of humanitarian assistance through institutional and organizational support of their activities, provision of grants.

➤ Ensure adherence to accessibility standards by all humanitarian actors through the use of accessible formats (Braille, Easy Read, and sign language) and alternative ways and formats of information and communication, as well as compliance with architectural accessibility standards.

➤ Support programs for:

– Ensuring access to humanitarian assistance programmes for people with disabilities and the elderly, particularly those living in rural areas without access to modern technical means of obtaining information;

– Social and labour rehabilitation, palliative care, legal and psychosocial assistance for vulnerable groups;

– Developing community-based services for vulnerable groups;

– Supporting individuals who provide care to persons with disabilities (e.g. parents, guardians, social workers, etc.);

– Supplying backup power sources to persons with disabilities and elderly people who are particularly vulnerable (e.g., people who need continuous connection to medical devices due to health problems);

– Humanitarian response at the community level by coordinating a unified donor approach to address specific issues in a given area (e.g., ensuring accessibility of schools for children with disabilities, accessible sanitary rooms in medical facilities, inclusive websites; distribution of food packages; support for social rehabilitation for all, including both female and male veterans; sign language interpretation at meetings, etc.);

– Ensuring safety, including anti-mining activities for people (especially children) with various disabilities, taking into account the specifics of their disabilities;

– Raising legal awareness regarding the rights of persons with disabilities, including the right to housing, shelter, food, healthcare, education, and more;

– Evacuation of the population at all stages (evacuation, temporary accommodation, housing search, document restoration, etc.);

– Strengthening the capacity of communities and increasing collaboration with organizations of people with disabilities.

➤ Revising approaches and standards for humanitarian assistance to persons with disabilities and the elderly, taking into account Ukraine's experience and introducing a new vision into the work of all humanitarian actors.



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The National Assembly of Persons with Disabilities of Ukraine (NAPD) unites more than 100 organizations dedicated to protecting the rights of people with disabilities. Since the start of the war, these organizations have been providing humanitarian aid (food, medicines, hygiene products, assistive technologies, and more) to people with disabilities and the elderly across the country.

The NAPD supports civilians, male and female veterans with disabilities, people returning from captivity, and families raising children and youth with disabilities.

The NAPD also advocates for the rights of people with disabilities and the elderly, particularly by supporting healthcare, social protection, and education facilities.