National Assembly of People with Disabilities of Ukraine

All-Ukrainian Public Association

INFORMATION BRIEF

For UN agencies, humanitarian organisations, clusters, organisations working in the interests of people with disabilities, and representatives of public institutions on mainstreaming disability issues into humanitarian response and recovery plans for 2027

This information was prepared on the basis of consultations and with the participation of 1,832 people, including women and men with disabilities, their legal representatives, families raising children with disabilities, war-affected civilians, people aged 60+, as well as women and men veterans from different regions of Ukraine.

Purpose: to promote the fullest possible consideration of the needs of people with disabilities when planning humanitarian assistance for 2027 and to improve the effectiveness of protection and emergency response in the context of ongoing hostilities.

RECOMMENDATIONS FOR ACTIVITY PLANNING:

- **The "Nothing About Us Without Us" principle.** Effective humanitarian assistance is impossible without the direct participation of the beneficiaries it is intended to support. Organisations of persons with disabilities (OPDs) must be fully involved in decision-making at every stage of the programme cycle – from the initial needs assessment to monitoring and evaluation of programme results.
- **Disability Mainstreaming.** The rights, needs, and capacities of people with disabilities must be integrated into every stage and area of humanitarian response without exception. The practice of creating isolated or separate projects should give way to full inclusion in mainstream assistance programmes. For example, the needs of people with disabilities should be incorporated directly into regular operational plans (including procurement, logistics, and accommodation plans).
- **Accessibility.** Accessibility is not an additional or optional component — it is a core operational obligation of every humanitarian mission. All services, spaces and activities must be planned in accordance with accessibility principles (Article 9 of the CRPD) to prevent all forms of discrimination.
- **Information accessibility.** All communications, alert systems, information materials and digital platforms must be accessible. Materials should be planned in advance in plain language, Easy Read, sign language, with subtitles, audio description, and other alternative formats.
- **Targeted data collection and needs identification.** Humanitarian actors should introduce tools for clearly identifying and tracking the needs of people with disabilities. Data collection should focus not only on impairments, but primarily on identifying the physical, information and social barriers people encounter in daily life. Sex-, age- and disability-disaggregated data should be taken into account at community level to ensure that assistance reaches everyone who needs it.
- **Cost-effective inclusion mechanisms.** Any reset of the humanitarian assistance system should include flexible and efficient solutions that do not require substantial financial expenditure but reliably protect and ensure the full inclusion of people with disabilities.

SURVEY RESULTS

1. Who took part in the survey?

The survey covered people with different experiences of disability and different circumstances in the context of the war. *(Note: Since respondents could select several options at the same time, the total percentage exceeds 100%).*

The largest group comprised working-age people with disabilities aged 18–59: **821** people, or 44.9% of those who answered the question.

The second largest group was children with disabilities (**491** questionnaires, 26.9%), for whom the questionnaire was generally completed by a parent.

There were **337** respondents with disabilities aged 60+ (18.4%).

The following respondent categories were identified separately:

- Elderly people without an officially recognised disability — 210 people (**11.5%**);
- Internally displaced persons (IDPs) with disabilities — 156 people (**8.5%**);
- Civilians affected by hostilities — 47 people (**2.6%**);
- Women and men veterans with disabilities — 23 people (**1.3%**).

2. Geography of the survey

Geographically, the questionnaires were distributed as follows:

- Frontline and border regions (Sumy, Kharkiv, Chernihiv, Dnipropetrovsk, Zaporizhzhia, Kherson, Mykolaiv and Donetsk oblasts) — 684 respondents (**37.3%**);
- Central and southern oblasts (Poltava, Zhytomyr, Cherkasy, Vinnytsia, Kirovohrad, Kyiv and Odesa) — 730 people (**39.8%**);
- Western oblasts — 309 people (**16.9%**);
- City of Kyiv — 100 questionnaires (**5.5%**).

This distribution makes it possible to compare the experiences of people living under the direct impact of hostilities with those in relatively safer regions..

3. Humanitarian support priorities for 2027

Responses to the question about the three most important types of humanitarian support establish a clear hierarchy of needs:

- Regular food packages — (**64.0%** of respondents).
- Energy autonomy: a heater, portable power station, power bank or other backup power source — (**49.8%**).
- Medicines for regular use — (**42.2%**).
- Among other important needs, respondents identified clothing, footwear and household goods (**26.8%**), solid fuel (**21.6%**), and adult hygiene products (**20.8%**).

Figure 3. Most important types of humanitarian support for 2027 (% of 1,829 respondents)

Table 1. Priority needs by respondent category
(% of people in the respective category)

Category (n)	Food	Power / heating	Medicines	Solid fuel	Group-specific need
Children with disabilities (490)	63.7%	54.5%	35.7%	19.2%	clothing, footwear — 37.8%; children's nappies — 19.0%
People with disabilities aged 18–59 (820)	63.2%	53.0%	42.3%	17.6%	adult hygiene products — 25.1%
People with disabilities aged 60+ (336)	66.1%	42.0%	49.7%	19.6%	adult hygiene products — 25.9%; dietary food — 10.1%
People aged 60+ without disabilities (210)	72.4%	38.6%	50.0%	41.9%	solid fuel
IDPs with disabilities (156)	65.4%	53.8%	39.7%	24.4%	rent — 39.7%; temporary accommodation — 11.5%
Civilians affected by hostilities (47)	57.4%	57.4%	34.0%	44.7%	housing repairs — 25.5%; rent — 23.4%

Specific needs by respondent category:

- **Families raising children with disabilities:** more often than other groups, they need clothing and footwear, while almost one in five such families needs children's nappies and absorbent pads.
- **Older people with disabilities:** for them, the need for medicines for regular use is almost as high as the need for food packages, while one in four respondents needs adult hygiene products.
- **Older people without an officially recognised disability:** those living in private houses report a need for solid fuel twice as often as the sample average.
- **Internally displaced persons (IDPs) with disabilities:** housing is their most pressing issue — **39.9%** of respondents identified rent payments, compared with **9.2%** across the sample as a whole.
- **Women and men veterans with disabilities:** 23 people were surveyed in this category, so the result is purely illustrative. They most often selected backup power (**69.6%**), rent (**39.1%**) and "Other" (**43.5%**), indicating specific needs not covered by the standard list.

The regional breakdown is also revealing.

- **Frontline and border oblasts: 33.2%** of respondents reported a need for solid fuel.
- **City of Kyiv:** Kyiv residents are significantly more likely to need backup power (**64.0%**) and drinking water (**24.0%**). This may be related to the vulnerability of residents of multi-storey buildings to prolonged outages.
- **Western oblasts:** the share of respondents needing food packages is lower here (**50.6%**), while one in three respondents reported needing adult hygiene products (**30.2%**).

Highest rates of need at the level of individual oblasts:

- **Backup power:** Kherson (**81.0%**) and Dnipropetrovsk (**72.0%**) oblasts;
- **Food packages:** Zaporizhzhia (**81.0%**) and Kirovohrad (**80.0%**) oblasts;
- **Solid fuel:** Chernihiv (**50.0%**), Mykolaiv (**41.0%**) and Sumy (**40.0%**) oblasts.

Analysis of responses in the "Other" category. The "Other" option was selected by **10.9%** of survey participants. Analysis of open-ended responses made it possible to break this category down in greater detail. Respondents most often identified specialised medical and assistive needs: continuous glucose monitoring supplies (for people with type 1 diabetes); anti-seizure medicines; ostomy bags and urological supplies; hearing-aid batteries; specialised care products for people who are bedridden; and medical and physical rehabilitation services.

4. Barriers to accessing humanitarian assistance

The survey results show the following:

- **Unimpeded access:** only **386** respondents (**21.3%**) said that they receive assistance without any significant barriers.
- **Barriers present:** by contrast, 1,427 people (**78.7%**) encountered at least one barrier.

Respondents identified the following key barriers:

- **Lack of information:** the most common factor is a lack of information about available support programmes — reported by **44.6%** of respondents.
- **No assistance available locally:** one in four respondents (**25.3%**) reported that humanitarian assistance is not provided at all in their locality.

At least one of these two barriers was identified by 1,064 people (**58.7%**). Both barriers are experienced simultaneously by **204** people (**11.3%**) — these respondents neither have information about support programmes nor see assistance actually being provided where they live.

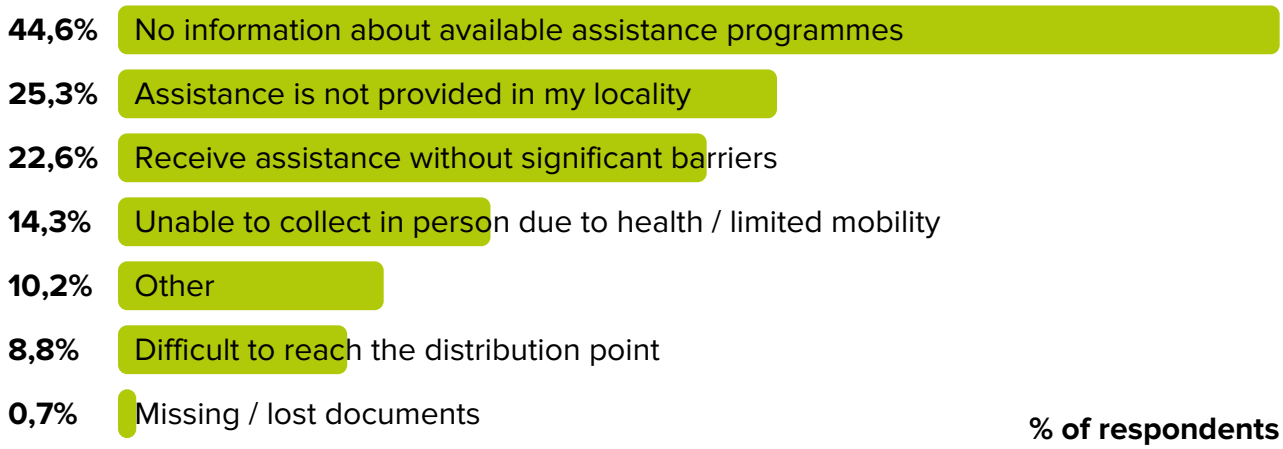

Figure 4. What most complicates access to humanitarian assistance (% of 1,813 respondents)

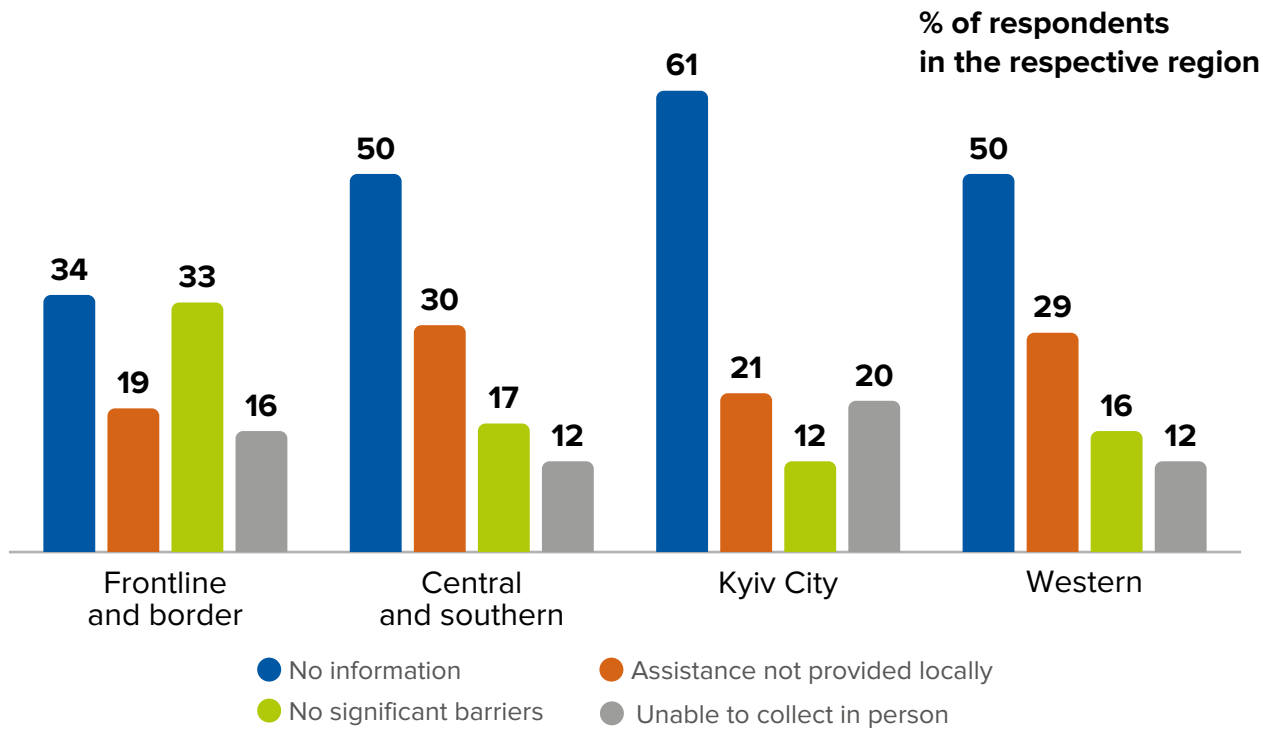

Figure 5. Main barriers by macro-region (% of respondents in the respective region)

Table 2. Main barriers by respondent category

(% of people in the respective category)

Category	No information	Not provided in the locality	Unable to collect in person	No significant barriers
Children with disabilities	50.9%	32.2%	7.2%	18.5%
People with disabilities aged 18–59	49.5%	27.6%	14.3%	17.6%
People with disabilities aged 60+	32.5%	17.2%	18.7%	34.9%
People aged 60+ without disabilities	34.1%	19.7%	25.0%	27.9%
IDPs with disabilities	39.0%	29.9%	18.8%	25.3%

The distribution of barriers by category points to two different problems. **Information and logistical barriers:** families raising children with disabilities, as well as working-age people with disabilities, are most likely to lack information about support programmes or to see no assistance at all in their communities. Their needs are less “visible” to donors than the needs of elderly people.

Physical inaccessibility: elderly people, by contrast, are more likely to receive assistance, but their main barrier is being physically unable to collect it independently.

Specific barriers for IDPs and administrative challenges:

Transport accessibility: for internally displaced persons (IDPs) with disabilities, the indicator “difficult to reach the distribution point” is the highest among all groups, at **14.3%**.

Hidden administrative barriers: only **0.7%** of survey participants cited missing documents as a formal reason. However, analysis of the open-ended responses shows that administrative barriers take other forms — assistance may be tied to registered place of residence, IDP status, Subgroup A of Disability Group I, or a specific age of the child.

5. Analysis of responses to the open-ended question.

Table 3. Main themes in open-ended responses

Thematic area	Approximate number of responses
Medicines, medical devices and treatment (including glucose monitoring supplies — about 20)	about 70
Need for regular assistance rather than one-off distributions	more than 50
Cash assistance, financial support	about 50
Information about programmes, accessible formats (sign language, SMS)	about 45
No assistance or assistance discontinued after 2022–2023	about 40
Exclusion based on status (IDPs only, Subgroup A only, age, registration)	about 40
Insufficient pensions and social benefits	about 40
Rehabilitation, specialist support sessions, psychological support, care	about 40
Hygiene products, nappies for adults and children	about 40

Thematic area	Approximate number of responses
Backup power, heating, fuel	about 45
Physical accessibility, transport, home delivery, queues	more than 50
Housing and rent	about 25
Safety, shelling, inaccessible shelters	about 20
Quality and composition of food packages	about 15
Transparency of distribution; role of communities and civil society organisations	about 15

6. Discontinuation or reset?

Open-ended responses. Respondents report that they have never received humanitarian assistance or that it stopped after 2022–2023. Respondents describe the decline in assistance very clearly:

> ***"In 2022 and 2023, assistance was provided to people with disabilities deemed legally incapacitated, based on lists from the Department of Social Policy. In 2024, 2025, and 2026 — silence."***
>
> — a person with a disability aged 18–59, Volyn region

> ***"It feels as though Cherkasy has simply been crossed off assistance programmes compared with other regions. There are no assistance programmes for local people with disabilities — not from local or state budgets, and not from international humanitarian missions. Back in 2022, there was at least some very modest assistance. From 2023 to 2026 — nothing."***
>
> — a person with a disability aged 18–59, Cherkasy region

Such responses came from Cherkasy, Poltava, Volyn, Ivano-Frankivsk and Kyiv regions and directly correlate with the quantitative data showing that in these regions assistance "is not provided in the locality".

Humanitarian programmes were scaled back in these regions without adequate replacement through state or local social support programmes, leaving people with disabilities in a legal and financial vacuum.

7. When eligibility criteria become discriminatory

Around forty responses describe situations in which a person with a disability is excluded from programmes because of an administrative criterion unrelated to their actual needs.

Four typical situations can be identified among these artificial restrictions:

- **Status barrier:** assistance is most often provided exclusively to internally displaced persons (IDPs), while local residents with disabilities do not receive it.
- **Subgroup restriction:** assistance is provided only to children and adults classified in Subgroup A of Disability Group I.
- **Age barrier:** support stops when a child reaches the age of 18.
- **Geographic linkage:** eligibility for assistance depends on registered place of residence.

> ***"Big cities and small towns receive assistance — all vulnerable population groups; villages receive it only for IDPs. For some reason, foundations think that people with disabilities, people without legs or arms, and people who are bedridden can and should have a vegetable garden and live off it. I hope the foundations understand that a person without arms cannot hold a shovel, and someone without legs cannot push it into the ground — and so the two of them are left hungry."***
>
> — a person with a disability aged 18–59, Poltava region

> ***"There is still some care for children under 18, but after 18 these people with disabilities simply become unwanted, inconvenient, and everyone forgets about them."***
>
> — a person with a disability aged 18–59, Dnipropetrovsk region

> ***"The main barrier to receiving humanitarian assistance is that many support programmes are legally tied to official registration in a territorial community. As a result, our family is unable to receive the necessary assistance on a systematic basis. We ask that actual place of residence be taken into account when humanitarian assistance is distributed, regardless of where a family is officially registered."***
>
> — family of a child with a disability, Poltava region

> ***"We have never received assistance in the form of power banks, torches, heaters or backup power. Our community is among the first to suffer after attacks on the thermal power plant; we are constantly without electricity and heating. It is also unfair that children in Subgroup A were given portable power stations, while other children with disabilities — for example, those with asthma — were not."***
>
> — family including an adult and a child with disabilities, Kharkiv region

One respondent notes that a person with Disability Group I who has held IDP status since 2014 is not eligible for programmes intended for people displaced after 2022.

8. Information that does not reach people: sign language, SMS, and people without smartphones

The open-ended responses clarify why almost half of participants do not know about assistance programmes. Respondents propose simple and low-cost solutions: SMS messages through social protection authorities, notices on the community website, and one verified information channel instead of dozens of messenger groups. The problem is described particularly acutely by people with hearing impairments and families of people with intellectual disabilities.

> ***"Since the beginning of the war, the state has provided a person with a disability aged 18+ with a food package only once, six months ago. Not once since. It was especially distressing at the beginning of the war. No one called or even asked whether any help was needed, although all the information was held by the Administrative Services Centre and social protection services."***
>
> — person with a disability aged 18–59, Kyiv region

> ***"It is very important to help deaf people by providing high-capacity power banks. In winter, because of the attacks, everyone spends many hours without electricity. For deaf people, a charged phone is absolutely essential so that they can see air-raid alerts and information about incoming threats, because they cannot hear them."***
>
> — person with a disability, IDP, Kyiv

> ***"For people with hearing impairments, information must be accessible in Ukrainian Sign Language and in a clear written format. More convenient ways of receiving humanitarian assistance should also be organised for people with limited mobility."***
>
> — person with a disability aged 18–59, Zhytomyr region

> ***"There are many people with intellectual disabilities living alone who are unable to complete the paperwork, travel to a distribution point, collect assistance, or even understand the entire sequence of steps. One day my daughter may find herself in these circumstances, and that worries me."***
>
> — family of a person with a disability, Kharkiv region

> ***arge number of people in the target group are unknown to anyone, are not on charitable organisations' lists, and have no information about available opportunities. We need to start by monitoring residents of multi-storey buildings; many older people live without assistance, cannot turn to anyone, and only have basic feature phones."***
>
> — an elderly person, Cherkasy region

These testimonies show that information accessibility, discussed in the first part of this brief, is not an abstract standard but a matter of safety and life.

9. Physical barriers, queues and home delivery

More than fifty responses concern the physical inaccessibility of distribution points, transport, queues, and the absence of home delivery. People describe inaccessible entrances to premises where assistance is distributed, the absence of ramps, heavy boxes that they cannot carry, and hours of waiting. The most frequent suggestions are home delivery, distribution by appointment at a specified time, and the option of having assistance collected by relatives or a concierge.

> ***"Personally, my main problem is getting outside. I have a cervical spine injury, Disability Group I, Subgroup A, and three flights of stairs stand between me and freedom. I always need two men to help me get out and back in."***
>
> — a person with a disability aged 18–59, Chernihiv region

> ***"I receive nappies once a month. Because air-raid alerts are almost around the clock, nappy distribution is effectively not operating. I physically cannot sit at the distribution point for a couple of hours waiting for the alert to end."***
>
> — a person with a disability aged 60+, Kyiv city

> ***"There were always very long queues, and it was extremely difficult for people with physical disabilities to wait. It would be good to distribute assistance on a different day or let people with disabilities go to the front of the queue. More than once I saw 'insiders' arrive by car and receive assistance without queuing."***
>
> — family of a child with a disability, Kyiv region

10. Heat and electricity as a matter of survival

Responses about energy needs are among the most emotional. They explain why backup power ranked second among priorities: for people with disabilities, when the electricity goes off, everything stops — from heating and food preparation to life itself.

> ***"My son is deaf; he cannot hear anything and does not speak. In winter, when there is no electricity, we have no heating because the boiler depends on a pump."***
>
> — an elderly person, Sumy region

> ***"The child needs a special diet and a blender... we live in an all-electric building. When there is no electricity, which happens very often, there is no way to feed him, keep him warm, bathe him or even get outside, because we are on the fifth floor."***
>
> — family of a child with a disability, Odesa region

> ***"In winter we had no electricity for four days at a time, and we still do not have a portable power station."***
>
> — a person with a disability aged 18–59, Kyiv city

> ***"Why is a 23-year-old with a disability since childhood not eligible for a power station? My child was freezing in winter."***
>
> — family of a person with a disability, Cherkasy region

One respondent, a man with cerebral palsy who uses a wheelchair and lives in a village in Cherkasy region, described in detail how power outages can last up to 20 hours a day: in winter, without a portable power station, the boiler pump does not work and the house becomes cold; in summer, food that the family preserves for the year spoils. Several families reported that they applied for a portable power station in the spring but still have not received a response, even though winter is approaching.

11. Medical needs not covered by the standard humanitarian assistance package

Around seventy responses concern medicines, medical devices and treatment. Three groups stand out in particular.

People with type 1 diabetes and their families: report an acute need for continuous glucose monitoring sensors, test strips, and insulin pumps. This issue is particularly critical for people once they reach the age of 18.

People with epilepsy: report that essential anti-seizure medicines regularly disappear from pharmacies, even when they have valid prescriptions.

People who require assistive products and care supplies: report insufficient state provision. The most frequently mentioned needs are ostomy bags, urine collection bags, hygiene products, hearing-aid batteries, and specialised positioning equipment.

> ***"It is critically important that, even with prescriptions for free epilepsy medicines, it has been impossible to obtain the medicines themselves for more than six months — they simply are not available. You spend time getting a prescription and travelling to the pharmacy... and in the end it is all for nothing."***
>
> — family of a child with a disability, Zakarpattia region

> ***"My daughter spends most of her life in bed, so proper positioning is very important to prevent pressure sores and spasticity. The social protection system does not provide this category of equipment from public funds; in the Individual Rehabilitation Programme, a positioning system is listed as a recommendation to be funded from other sources — sponsors and charitable organisations."***
>
> — family of a person with a disability, Volyn region

The last testimony has important legal significance: a state document — the Individual Rehabilitation Programme — explicitly shifts responsibility for providing the necessary equipment to charitable actors. Humanitarian actors should be aware of this problem because, under the UN Convention on the Rights of Persons with Disabilities, resolving it systematically is the responsibility of the state, not donors.

12. Quality, composition, and form of assistance: the right to choose

Respondents do not merely ask for assistance; they also provide reasoned assessments of its quality. Several responses describe expired food and medicines close to their expiry date. Residents of Kherson region propose specific changes to the composition of food packages: less pasta, more fish, milk, rice and dried fruit. Around fifty responses propose moving towards cash assistance.

> ***"It has become normal to distribute expired food or food that is already at the end of its shelf life. There is no appropriate specialised food at all, or they distribute what is not needed."***
>
> — family of a child with a disability, Poltava region

> ***"If possible, the value of the food package could be transferred to my bank card. That would allow me to choose food products myself. It would also be safer for me because my city is constantly affected by drone attacks, and to receive humanitarian assistance I have to travel to other parts of the city."***
>
> — person with a disability aged 18–59, Kherson region

> ***"I am very grateful for the assistance I received, especially because it was possible to choose what the child needed."***
>
> — family of a child with a disability, Dnipropetrovsk region

Multipurpose Cash Assistance (MPCA) allows people to decide for themselves what they need: specialised food, medicines not included in the "Affordable Medicines" list, payment of utility bills, and other essentials. In frontline cities, it also reduces the risks associated with travelling to humanitarian aid distribution points and improves safety.

13. Regularity of assistance

More than fifty responses call for assistance to be provided regularly. A one-off distribution of a food package, hygiene products or medicines once a year does not correspond to the nature of the ongoing needs of a person with a disability.

> ***"Once a year we received a food package and one pack of nappies, when 90 are needed each month. With food distributed like this, we are always hungry. All assistance is provided only to IDPs, while people with disabilities have been forgotten. Hygiene products are also provided only once a year. Are we not supposed to take care of ourselves? We are simply surviving."***
>
> — a person with a disability aged 18–59, Cherkasy region

It is telling that respondents associate positive experiences specifically with regularity: one IDP family recalls that for a year and a half a charitable organisation delivered a food package every month, which was "very convenient", but the aid deliveries stopped in 2025.

14. Rehabilitation, care, and family exhaustion

Around forty responses concern rehabilitation, specialist support sessions, psychological support and respite services for families. Parents of children on the autism spectrum and children with significant impairments describe chronic exhaustion and being unable to work to provide for their families.

> ***"Age-appropriate day centres for children with autism are badly needed in every large city, open from 09:00 to 16:00. Parents are people too and would like at least to be able to get their teeth treated, but they cannot because the child is completely dependent on them. Preschools accept such children only until 12:00, and schools send them to individual home-based learning. Please think about parents of children with intellectual disabilities — they are people too!"***
>
> — family of a child with a disability, Lviv region

> ***"A payment of 2,500 is enough for only 3–4 sessions a month with one specialist, while achieving results requires at least 2–3 sessions with each specialist every week."***
>
> — family of a child with a disability, Lviv region

These testimonies are a reminder that humanitarian response is not limited to material goods. For families raising children with disabilities, social services providing day care, respite and psychological support are as basic a need as food.

15. Housing, safety, and inaccessible shelters

Internally displaced persons with disabilities write about excessive rental costs, lack of protection against eviction, difficulty finding housing for families with pets, and the unavailability of compensation

for housing in occupied territories. Residents of frontline cities and the capital describe how attacks make collecting assistance dangerous, while shelters remain inaccessible.

> ***"Some months nothing is brought to the distribution point for our list; this happens because of the constant threat of shelling and enemy drone attacks in Kherson. In August, our entire family of three received no humanitarian assistance."***
>
> — family of a person with a disability, Kherson region

> ***"Kyiv is under attack every day. A person with a musculoskeletal impairment and Disability Group I simply cannot get into any shelter — and would not have time to do so anyway. A list for possible temporary evacuation was compiled only for patients of rehabilitation and territorial centres. No one ever called us, and the telephone numbers published for the districts do not work. Nobody needs us."***
>
> — a person with a disability aged 18–59, Kyiv city

> ***"The region is peaceful, but we cannot benefit from recovery programmes — no assistance is provided for us. There is not a single low-floor bus in the city. Barrier-free accessibility is still mostly in the plans. The first time there was a strike nearby and the windows were blown out, I was told that they would not adapt things just for us."***
>
> — mother of a child with a disability, Cherkasy region

A mother raising her son with cerebral palsy and Disability Group I on her own, on the sixth floor of a prefabricated apartment building without an accessible shelter, writes that last year her son did not go outside for almost a month and a half because the lift was out of service.

16. Transparency in aid distribution and the role of organisations of persons with disabilities

Some respondents express distrust in the way assistance is distributed at the community level and propose involving organisations of persons with disabilities. One family reported that a representative of a humanitarian organisation made receipt of assistance dependent on being "friends" with the organisation; others write about distribution "at their own discretion" and about assistance that "arrives in the community, but people with disabilities never see it".

> ***"I ask that in 2027 humanitarian assistance for people with disabilities actually reaches the people for whom it is intended. It is important that territorial communities do not distribute it at their own discretion, that recipients are informed in advance, and that assistance is distributed fairly and directly to those for whom it is intended."***
>
> — person with a disability aged 18–59, Volyn region

> ***"Civil society organisations should be involved in this. Then there will be more trust."***
>
> — person with a disability aged 60+, Poltava region

Involving organisations of persons with disabilities in compiling beneficiary lists, monitoring distributions and feedback mechanisms is not only a matter of participation, but also an effective tool for preventing abuse. Every humanitarian programme should provide an accessible complaints and feedback mechanism.

17. Poverty and humanitarian assistance

Around forty responses concern the level of pensions and social benefits. People cite specific amounts that do not even cover utilities and medicines, and write about the need to "live, not merely survive".

> ***"I have had Disability Group I since birth, and social assistance does not cover my urgent needs. From the UAH 5,190 benefit, from 1 October I have to pay UAH 2,000 for transport to and from the day-care centre. That leaves UAH 3,190 — it is impossible to survive: medicines, utilities, and almost nothing left for food."***
>
> — a person with a disability aged 18–59, Vinnytsia region

> ***"It is good that assistance exists, but it is not the kind of stability you can rely on and plan around."***
>
> — person with a disability aged 60+, Cherkasy region

> ***"I am raising my grandson — a 12-year-old orphan with no parents... how can anyone live on this? It is simply a cry from the heart; it is very difficult. Forgive me. All the best to you."***
>
> — person with a disability aged 60+, Sumy region

These testimonies are important for distinguishing responsibilities. Humanitarian assistance cannot and should not replace the state social protection system. At the same time, while social benefits remain below the actual costs faced by a person with a disability, humanitarian actors need to recognise that people with disabilities are particularly vulnerable to any reduction in assistance.

> ***"I would like humanitarian programmes in 2027 to be more accessible to families like ours, and assistance to be not only food-based or one-off, but also financial and targeted — in line with the family's actual needs. It is also important to simplify application procedures and make information about available programmes more accessible to people."***
>
> — family of a child with a disability, IDP, Kirovohrad region

Based on the consultations and survey, the National Assembly of People with Disabilities of Ukraine recommends that the following be taken into account:

- provide for the systematic involvement of organisations of persons with disabilities in needs assessment, planning, implementation and monitoring of humanitarian programmes;
- establish eligibility criteria for assistance on the basis of actual needs and level of vulnerability, avoiding unjustified restrictions based solely on IDP status, disability group, age or place of registration;
- ensure accessible information about assistance programmes, including through SMS, plain language, large print, and other alternative channels;
- provide alternative ways of receiving assistance for people who cannot personally travel to distribution points: door-to-door delivery and collection by an authorised person;
- take into account the need for regular, rather than only one-off, support, particularly with regard to food, hygiene products, medicines and other essential needs;
- expand the use of Multipurpose Cash Assistance (MPCA) to provide flexibility, mobility and safety;
- provide support for the energy autonomy of people with disabilities, including backup power sources, particularly for households where electricity is essential to a person's wellbeing, communication, nutrition, or the use of necessary equipment;
- ensure accessible and transparent feedback and complaints mechanisms and involve organisations of persons with disabilities in monitoring accessibility and the actual reach of assistance.

CONTACT PERSON:

Larysa Bayda,

National Assembly of People with Disabilities of Ukraine

Tel. +38 (050) 334-86-40

Email: bayda.naiu@gmail.com

NATIONAL ASSEMBLY OF PEOPLE WITH DISABILITIES OF UKRAINE

Reitarska str., 8/5A, office 110, Kyiv, 01054

Telephone: +380 44 279 6182

E-mail: office-naiu@ukr.net

Website: www.naiu.org.ua/en