UNITED NATIONS
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Global Disability Fund

Situational Analysis on the Rights of Persons with Disabilities in Ukraine

Country Brief

Disclaimer:
This brief was prepared by the Global Disability Fund Technical Secretariat. It summarizes the key findings from the full Situational Analysis report and does not necessarily reflect the position of the Global Disability Fund.

Acronyms and Abbreviations

ADTWG	Age and Disability Technical Working Group
CCCM	Camp Coordination and Camp Management Cluster
CDB	Central Disability Data Bank
CRPD	Convention on the Rights of Persons with Disabilities
CSOs	Civil Society Organizations
DREAM	Digital Recovery Accountability Framework
ECHO	European Civil Protection and Humanitarian Aid Operations
EDF	European Disability Forum
EU	European Union
FFR	Fight for Right
HNRP	Humanitarian Needs and Response Plan
ICF	International Classification of Functioning, Disability and Health
IDPs	Internally Displaced Persons
MoD	Ministry for Communities, Territories, and Development
MoE	Ministry of Education
MoEcon	Ministry of Economy
MoF	Ministry of Finance
MoH	Ministry of Health
MoJ	Ministry of Justice
MoSP	Ministry of Social Policy
MoV	Ministry of Veterans Affairs
MPTF	Multi-Partner Trust Fund
MSEC	Medical and Social Expert Commission
MSNA	Multi-Sector Needs Assessment
NAP	National Action Plan
NAPD	National Assembly of People with Disabilities
OPDs	Organizations of Persons with Disabilities
SDGs	Sustainable Development Goals
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

1.0 BACKGROUND

The Global Disability Fund is a global initiative supporting countries to implement their commitments as outlined in the Convention on the Rights of Persons with Disabilities (CRPD) and the Sustainable Development Goals (SDGs). Under its Strategic and Operational Framework 2020-2025, around 50 countries have been supported to carry out Situational Analyses of the rights of persons with disabilities.

The analysis aims to:

- Assess the impact of the war on disability inclusion and identify gaps in CRPD implementation across development and humanitarian policies and programs.
- Provide evidence-based recommendations for recovery and policy reforms
- Inform UN programming and serve as a baseline for interventions.
- Strengthen collaboration between the UNCT, government, OPDs, and civil society.
- Provide a tool for advocacy and capacity building for OPDs and development actors

In Ukraine, the Situational Analysis was carried out between June and December 2024. It provides a comprehensive assessment of the status of human rights for persons with disabilities in the current humanitarian crisis. The study used a mixed-method approach, including:

- Desk reviews of policies, laws, and official data including shadow reports to and concluding observations from the UN Committee on the Rights of Persons with Disabilities. The Multi-Sector Needs Assessment (MSNA 2024) was used to analyse disability-specific needs across sectors and the Humanitarian Needs and Response Plan (HNRP) 2025 provided estimates on the number of people in need, including 14% with disabilities
- In-person (3) and online sessions (11) with 132 persons with disabilities and 27 family members across 23 oblasts. Three in-person validation session were held in Kyiv, Chernivtsi, and Poltava, with representation from rural and urban areas.
- Validation Sessions were conducted with government representatives (e.g., Ministry of Social Policy, Ministry of Education, Ministry of Health, Ministry of Veteran Affairs) and National Human Rights Institution representatives (Ombudsman's Secretariat)
- Sessions with UN agencies was held to prioritize recommendations and align findings with ongoing programs.

2.0 INTRODUCTION TO DISABILITY CONTEXT IN UKRAINE

Ukraine has made significant progress in advancing disability rights, through the implementation of national laws and policies aimed at aligning with the CRPD, which was ratified in 2009. Despite the humanitarian crisis, Ukraine has continued legislative and strategic efforts to strengthen disability rights. Some of the key policy and legal frameworks include:

- National Action Plan for CRPD Implementation (2025) – is tasked to align national laws with the CRPD, focusing on accessibility, inclusive education, employment, and independent living.
- National Strategy for a Barrier-Free Environment (2030) – A comprehensive framework aimed at improving accessibility across infrastructure, transportation, information, and public services.
- Accession to the Marrakesh Treaty (2023) – Strengthens access to printed materials in accessible formats for persons with visual impairments and other reading disabilities.

- Reform of Disability Assessment system (Ongoing) – Aims to transition from the medical model of disability classification to a functional approach based on the International Classification of Functioning, Disability and Health (ICF).

However, the ongoing war, which began in February 2014, has drastically worsened the situation for persons with disabilities, disrupting services, exacerbating social inequalities, and increasing barriers to accessibility, mobility, and independence. The war has damaged infrastructure, displaced persons with disabilities, and created a heightened risk of institutionalization, particularly for internally displaced persons (IDPs), veterans with disabilities, and children living in institutions. IDPs with disabilities face severe challenges in accessing basic services, including housing, healthcare, and financial assistance. Implementation of intended policy reforms have been significantly slowed down. At the same time, efforts linked to reconstruction and EU accession create opportunities for support to the needed improvements in systems and structures.

While official statistics (2023), report 2.72 million registered persons with disabilities the real number is likely much higher, potentially 5 million people, especially given the ongoing war and its impact on disability prevalence. Gaps in disability registration exist, based on validation sessions particularly among persons with psychosocial disabilities. A 2020 survey by OPDs and the Kyiv International Institute of Sociology estimated disability prevalence in Ukraine at 16.8%, aligning with global estimates. In 2023 alone, the Medical and Social Expert Commission (MSEC) issued 145,000 new disability certifications, primarily due to war-related injuries.

According to HNRP 2025, 14% of the 14.6 million people in need of humanitarian aid are persons with disabilities. 68% of internally displaced households are women-headed, and 66% of these households include at least one person with disabilities. Disability being a key driver for humanitarian needs.

3.0 FINDINGS

3.1 STAKEHOLDERS AND COORDINATION MECHANISMS

The stakeholder landscape in Ukraine regarding the rights of persons with disabilities is fragmented, involving several overlapping coordination mechanisms, government agencies, OPDs, civil society organizations, international actors, and donor agencies. While efforts have been made to coordinate disability inclusion, challenges persist in governance, data management, and meaningful OPD participation.

Government stakeholders and coordination mechanisms

Ukraine has a complex institutional framework for disability rights. Roles and responsibilities are often unclear and overlapping. The overall responsibility rests with the *Verkhovna Rada (Ukrainian Parliament)* – which is responsible for disability-related legislation. The Parliament has established several committees to develop specific legislation such as:

- *Committee on Social Policy and Protection of Veterans' Rights* – Works on disability rights laws, including employment and rehabilitation.
- The *Committee on the Health of the Nation, Medical Care, and Health Insurance* develops legislative initiatives focusing on disability assessment and ensuring healthcare rights, including mental health

- The *Committee on Education, Science, and Innovation* focuses on the right to education for persons with disabilities, emphasizing inclusive education and the deinstitutionalization of education for children with disabilities.

Several ministries, councils and commissions have been assigned to oversee, implement, monitor and coordinate disability inclusion in Ukraine. These include:

Ministry of Social Policy (MoSP) – The primary body responsible for ensuring CRPD implementation and social protection in Ukraine. It manages policies around disability benefits, deinstitutionalization, social services to support employment, and supported services while also being responsible for coordinating efforts with other ministries, local governments and international partners. MoSP faces challenges with outdated medical model for disability assessment, budgetary constraints, weak enforcement powers and limited OPD engagement. In addition, MoSP is preparing Ukraine's State report to the UNCRPD Committee.

Other ministries that have responsibilities for disability inclusion include:

- Ministry of Health (MoH) – Manages disability assessments currently through the Medical and Social Expert Commission (MSEC) while relying on outdated medical models. Also responsible for rehabilitation and mental health services.
- Ministry of Education (MoE) – Responsible for inclusive education but struggles with staff shortages and lack of infrastructure adaptation.
- Ministry of Veterans Affairs – Coordinates support for veterans with disabilities, including rehabilitation and employment programs.
- Ministry of Justice – Responsible to coordinate the policy on free legal aid.
- Ministry for Communities, Territories, and Development – Manages infrastructure accessibility standards and recovery reconstruction efforts.
- Oblast military administration implements national policy at oblast level and community self-governance (Hromada level) provides basic social services, but budget constraints and decentralization reforms create inconsistencies.

The government has also assigned the following entities:

- *Government Commissioner for the Rights of Persons with Disabilities* – A national-level position to support disability rights policies within the Ukrainian government. It coordinates policies across ministries and oblast governments. in 2022-2023 facilitated emergency response efforts for persons with disabilities in conflict-affected areas and overlooked regional disability commissioner representatives at the oblast level. The position is currently vacant, and many oblast-level commissioners have also left their posts, leaving some regions without representation.
- *Council for Persons with Disabilities* – An advisory body under the Cabinet of Ministers, led by the Vice Prime Minister. It includes larger OPDs with representation in at least 15 oblasts. The Council is responsible for policy development, coordination, and oversight of CRPD implementation and national disability strategies. It facilitates inter-ministerial cooperation on social protection, employment, accessibility, and healthcare. It has been inactive since 2021, following the establishment of the Barrier-Free Council, which has some overlapping roles.
- *Barrier-Free Council* – A temporary advisory body under the Cabinet of Ministers, led by the Prime Minister's Office. It includes representatives from 16 ministries, 24 oblasts, UN agencies, and OPDs. Currently, it is the most active coordination mechanism but focuses primarily on accessibility and lacks enforcement power. It oversees the National Strategy for Creating a Barrier-Free Space (2030), aiming to improve accessibility in public spaces, transport, information, digital services, employment and

services at local level. It coordinates across ministries and local governments to remove barriers and monitors accessibility reforms while providing policy recommendations.
- *Interagency Working Group on* National *Human Rights Strategy monitoring*.
- *Ukrainian Parliament Commissioner for Human Rights (Ombudsman)* – National Human Rights Institute that oversees human rights violations including those in institutions, including disability related accessibility and discrimination cases.

In addition to these government mechanisms, there are also disability inclusion coordination mechanisms established for various aspects of humanitarian and development coordination with international agencies, such as:

- *Age and Disability Technical Working Group (ADTWG*) – Coordinates disability inclusion in line with the humanitarian response set up, with participation from OPDs to a certain extend.
- *Multilateral Donor Coordination Platform* – Aligns recovery efforts with EU and World Bank funding, but disability-specific initiatives are limited.
- *Social Recovery and Inclusion Partnership for Ukraine* – Focuses on long-term disability inclusion in social services.
- *EU assession and SDG monitoring mechanisms* – Both have components of disability inclusion monitoring although the limited availability of disability disaggregated data and indicators is an obstacle.

Organisations of persons with Disabilities (OPDs)

The foundation for organised advocacy was set, during the Soviet era, with the establishment of the Ukraine Society of the Deaf and the Ukraine Society of the Blind in 1933. Initially, these organizations primarily focused on socialising and service provision. In the early 1990s, the Union of Organizations of Persons with Disabilities of Ukraine was established, consolidating advocacy for persons with physical disabilities. By the early 2000s, more specialized groups emerged, such as USER, an association advocating for the rights of individuals with psychosocial disabilities, particularly those in psychiatric and residential institutions. Concurrently, the Coalition for the Protection of the Rights of Persons with Intellectual Disabilities was formed as an umbrella organization for local groups advocating for deinstitutionalization, support systems for individuals with intellectual disabilities, legal capacity rights and easy-to-read formats.

The National Assembly of Persons with Disabilities of Ukraine, (an umbrella including USER, the Coalition, and UTOS) played a key role in advocating for accessibility in infrastructure as Ukraine joined the Convention on the Rights of Persons with Disabilities (CRPD). Over time, the disability rights movement diversified to include:

- The League of Strong, a coalition of OPDs and NGOs
- Fight for Rights, a women-led activist network
- Inclusive Ukraine, a self-advocacy group

Following the 2014 conflict and the full-scale invasion in 2022, organizations of veterans with and without disabilities became key players in the disability rights movement. By 2024, Ukraine had over 250 registered OPDs, including 20+ national impairment- and issue-specific OPDs. The definition of OPD is not compliant with CRPD in Ukraine, and the groups are diverse in terms of organisational structure, priorities and focus. International supporters need to respect the diversity and consult with several stakeholders to understand focus areas of the various groups. Despite the diversity of the Disability Rights movement ,the collaborative preparation of the SitAn by the largest OPDs, alongside their Joint Submission to the UNCRPD Committee,

illustrates their ability to consolidate in defending the Human Rights of persons with disabilities. Today, the voice of OPDs is increasingly included at the level of humanitarian, recovery, and EU accession. While OPDs are occasionally consulted, they are not consistently involved in or meaningfully engaged in long-term strategic discussions or decision-making.

Most CSOs including OPDs experience funding shortages as well as face security risks due to the war, making them reliant on international donors and OPDs have relocated or ceased operations. Existing OPDs have limited representation of marginalized groups (e.g., persons with intellectual disabilities, people with multiple disabilities, minority groups and LGBTQ+ persons with disabilities).

Civil Society Organisations (CSOs)

CSOs play a crucial role in advancing the human rights of people with disabilities in Ukraine, both as service providers and advocates. Some have partnered with OPDs to push for reforms, such as the Ukraine 5 AM Coalition, which document war crimes and advocate for disability rights and the Ukrainian-Helsinki Human Rights Union, which push for disability assessment reforms. CSOs are also actively involved in deinstitutionalization efforts, with organizations like Social Synergy developing community-based social services to prevent institutionalization.

Since the full-scale invasion in 2022, CSOs have been leading humanitarian responses, facilitating evacuations and establishing transit shelters. Organizations such as СХІД SOS have been pivotal in these efforts. However, challenges persist, including a shortage of accessible transportation, inadequate individual assessments and tailored support, and limited awareness among service providers. These gaps increase the risk of institutionalisation for displaced persons with disabilities and, in some cases, force them to return to unsafe areas. Many CSOs have problems with long-term sustainability and rely on short-term humanitarian aid.

International Organisations and Donors

As of 2024, there are 19 UN resident entities and 5 non-resident UN entities operating in Ukraine, with $500.5 million allocated to recovery activities in 2023. The UN is currently implementing 205 programmatic interventions as part of its ongoing cycle. However, disability inclusion remains inconsistent across agencies. Before the full-scale invasion, UNICEF, UNDP, and UN Women initiated limited disability-focused programs, which are still on-going:

- Deinstitutionalization of children with disabilities (UNICEF)
- Accessibility, universal design, and rehabilitation projects (UNDP)
- Programs on accessibility, participation, and social services (UN Women in collaboration with OPDs like Fight for Rights)

In 2022, disability-specific humanitarian efforts were supported through a PRPD-funded program involving UNICEF, UNDP, UN Women, and UNFPA, but mainstreaming disability across humanitarian responses remains weak. Instead, disability-related issues are largely addressed by specialized international organizations (e.g., Humanity & Inclusion, HelpAge), OPDs, and grassroots initiatives, highlighting a lack of coordination and integration of disability expertise.

The World Bank's INSPIRE project supports social services and benefits but has drawn criticism from OPDs for prioritizing institutional reconstruction, contradicting deinstitutionalization principles.

Ukraine's EU accession efforts have increased European Commission involvement, with a €50 billion fund (2024–2027) requiring legal protections for persons with disabilities, full accessibility in infrastructure, and deinstitutionalization. The European Disability Forum (EDF) has urged additional safeguards, including:

- Prohibiting EU funding for segregated residential institutions
- Ensuring accessibility as a core principle
- Supporting independent and community-based living
- Collecting disaggregated data on gender, age, and disability

Significant gaps in disability data collection persist across funding mechanisms and humanitarian programs, with ECHO and HNRP reporting inconsistencies in tracking persons with disabilities.
Despite these challenges, disability inclusion has seen improvements through increased UN technical support and disability interagency advisory ensuring OPD participation, such as:

- Better disability data collection in the Multi-Sectorial Needs Assessment (MSNA)
- A stronger disability lens in strategic documents (e.g., OCHA's Winterization Guidance, HNRP chapters)
- Improved monitoring of persons with disabilities in aid programs
- Increased OPD participation in sectoral interventions

Key gaps in capacity and coordination

While progress is being made, disability-inclusive programming remains limited and lacks a common understanding within the international community. While there are several coordination mechanisms for specific topics at government level, there is no single forum at national level. In addition, there is no strong CRPD compliance function led by the respective government authority to align efforts across the humanitarian/recovery/ development nexus. Across all efforts different actors apply medical, benefits-based, or human-rights-based approaches inconsistently, creating fragmentation in policy implementation. Furthermore, the absence of strong coordination at government level impacts cross-sectoral support at community level.

OPDs and persons with disabilities struggle to access information on relevant coordination mechanisms, such as humanitarian programming, reducing their involvement in decision-making, programming and leadership. Additionally, OPDs face inconsistent government support including funding, with funding focusing on service provision during the war rather than advocacy and participation.

Additionally, during the war the risk of institutionalisation has increased. Partly this can be linked to a lack of coordinated approaches in combination with limited availability of community services and housing. Lack of awareness among donors and international actors leads to investments in institutional care instead of community-based solutions. Worsened by the lack of funding for grass-root organisations who have been supporting DI efforts and community-based services prior to the war.

3.2 PRECONDITIONS FOR DISABILITY INCLUSION

A critical element of the GLOBAL DISABILITY FUND strategy is its focus on the essential preconditions for disability inclusion to advance the CRPD. The following findings focus on the five preconditions.

EQUALITY AND NON-DISCRIMINATION

Despite 15 years of legal reform efforts, discrimination against persons with disabilities remains a systemic issue in Ukraine, with fragmented and inconsistent legislation. Stigmatization, particularly of those with intellectual and psychosocial disabilities, continues due to Soviet-era institutionalization policies. Due to the war disability became a key driver of humanitarian needs, while the humanitarian response remains largely inaccessible.

Legal protections are still inadequate. The Constitution does not explicitly list disability as a protected category. The Anti-Discrimination Law (2012, amended in 2014) lacks enforcement mechanisms and does not recognize the denial of reasonable accommodation as discrimination. The Law on Social Protection of Persons with Disabilities (1991) follows a medical model rather than a rights-based approach and lacks alignment with UNCRPD principles.

While there have been some positive steps in inclusive education, access to education remains limited. Vocational training and higher education opportunities for people with disabilities are scarce, and employers often evade disability employment quotas. Additionally, access to justice is hindered by underreporting of discrimination complaints, barriers to legal protection, and slow reforms in legal capacity support, with many people with disabilities facing increased risk of institutionalization due to the war and lack of community-based services.

Key findings

Despite some progress, persons with disabilities in Ukraine continue to face systemic discrimination, exclusion, and accessibility barriers:

- Weak Legal Protections: Anti-discrimination and social protection laws lack cohesion, enforcement, and UNCRPD alignment.
- Stigma and Institutionalization: Intellectual and psychosocial disabilities remain highly stigmatized. Institutional care persists, with war increasing risks for displaced persons.
- Inconsistent Deinstitutionalization: alignment funding for repair and renovation institutions, and community-based models remain underfunded.
- Education and Employment Barriers: Reasonable accommodations are lacking in education, and employment quotas (4%) are rarely enforced.
- Limited Access to Justice: Legal systems are inaccessible, and guardianship laws violate UNCRPD, with supported decision-making still underdeveloped.
- High Discrimination Against Marginalized Groups: Women with disabilities face double discrimination, while rural residents and IDPs struggle with service access, poverty, and institutionalization risks.

INCLUSIVE SERVICE DELIVERY

Disability assessment and determination

Since ratifying the UNCRPD in 2009, Ukraine has committed to transitioning from a medical to a social model of disability. However, disability assessment and service provision remain dominated by outdated medical approaches, limiting access to rehabilitation, social services, and independent living options.

Disability assessments have historically been conducted by the Medical and Social Expertise Commission (MSEC) till December 2024 (for adults) and Physician Consultation Commission (PCC) (for children),

assigning disability based on medical conditions rather than functional needs. The Law on Rehabilitation (2020) introduced multidisciplinary rehabilitation teams, but their role remains limited to inpatient settings. OPDs criticize the current system for failing to recognize individual needs, social factors, and human rights considerations. Key challenges mentioned are:

- Lack of awareness about documentation requirements
- Limited assessment facilities, especially in rural areas
- Overloaded commissions, reducing assessment quality

Since 2022, procedural reforms have allowed in-absentia assessments, evaluations regardless of residence, and temporary suspension of reassessments during martial law**.**

In January 2025, MSEC was replaced by a temporary hospital-based disability commission, with a new ICF-based system planned for July 2025. However, individuals must still apply separately for social benefits and services**,** leading to inconsistencies between medical and social assessments. The size of social benefits often relates to the cause of disability. For instance, persons with disability related to war receive greater benefits than other people with disabilities. A unified system linking health, education, and social services remains absent, causing delays and confusion for persons with disabilities.

Disability support services

Pensions and grants

Ukraine significantly increased funding for disability benefits between 2022 and 2024, mainly due to the increased number of eligible people. These expenditures remain focused on direct payments rather than service development. Disability pensions vary by group and cause, with war-related injuries receiving higher compensation. For many, the monthly pension can be as low as ~ UAH 2 500. The payments are managed by the Pension Fund of Ukraine, though detailed cost breakdowns are unavailable. New war-related benefit categories include "Injury while defending the homeland" and "Injury from explosives". Veterans with disabilities received UAH 231.9 million (2023) and UAH 294.0 million (2024) in one-time assistance. Ongoing disability assessment reforms (July 2025) may change eligibility and benefit structures.

Social Services and Institutionalisation

Ukraine provides home-based care, daycare, supported living, transport, and sign language interpretation, but availability depends on local budgets. Many communities struggle to fund daycare and personal assistant services, and sign language interpretation is available in just 3% of areas (50 locations). War-related financial constraints and displacement have pushed more people into institutional care facilities.

Ukraine's 2017 Children`s Deinstitutionalization Strategy aimed to phase out institutions by 2026, but progress has stalled due to limited alternative housing, economic hardships, and lack of community services. $127.5 million meant for accessible housing was used to rebuild institutions, further hampering reforms. Presently, 259 institutions house 37,700 adults, including persons with disabilities and older adults. During 2022-2023 around 7,800 adults, including 4,553 IDPs with disabilities where institutionalised. As of 2024, 5,003 children with disabilities remain in institutional care.

Rehabilitation Services

The Law on Rehabilitation in Healthcare (2020) established a national rehabilitation framework, but implementation is weak. Currently, multidisciplinary teams operate mostly in hospitals. Barriers to rehabilitation services include specialist shortages, outdated equipment, poor road quality and lack of

transport. Destroyed facilities, security risks and rising war-related injuries have increased the pre-existing barriers. IDPs with disabilities struggle to access rehabilitation, despite simplified procedures.

The Medical Guarantees Program (MGP) funds free rehabilitation services, expanding to 44 service packages in 2023, including mental health care and inpatient therapy. However, funding inefficiencies and workforce shortages limit its effectiveness.

Assistive Technology (AT)

The Cabinet of Ministers Order (2012) defines free assistive products for persons with disabilities. The assistive device budget under the MoSP grew from UAH 1.55 billion (2022) to UAH 5.3 billion (2024), focusing on prosthetics and orthotics.

Recent improvements include new service centres, which streamline assistive device distribution. Temporary assistive devices can now be obtained directly from healthcare facilities (responsibility of MoH), reducing waiting times. Repairs for war-damaged devices and servicing of prosthetics installed abroad are covered by the state to enhance access to AT.

Barriers include long wait times, bureaucratic delays, and extra verification for IDPs. Poor device quality and lack of customization reduce effectiveness. 23% of civilians with disabilities report not knowing how to access state-funded devices.

Mainstream services

Social protection

In Ukraine, persons with disabilities have special pensions and grants (see above). There is currently no mainstream social protection system.

Health

Ukraine's healthcare reforms aim to create a more inclusive system, but significant barriers remain, especially in accessibility, service availability, and rehabilitation. The war has further strained available healthcare services and facilities, making access even more difficult for people including people with disabilities. In response, the government launched a Healthcare Recovery Plan to expand rehabilitation services, mental health support, and access to assistive technology.

In addition, the First Lady's Mental Health Program promotes awareness, psychological first aid training, and expanded mental health services in hospitals and communities. However, access remains difficult due to a shortage of trained psychologists, inaccessible facilities, limited us of sign language interpretation and lack of accessible formats.

Despite various efforts, 68% of persons with disabilities couldn't independently access healthcare independently due to inaccessible facilities (pre-war survey). Many faced denials of care due to staff unwillingness or lack of disability training. Hospitals often lack specialized medical equipment, such as gynaecological chairs, mammography machines, and adaptive beds. OPDs are calling for urgent accessibility reforms.

Education

Since 2017, schools are required to create inclusive classes upon request. By 2020, 35% of secondary schools had inclusive programs, with 25,338 students "with special needs" enrolled. It is unclear how many

of them have disabilities. 690 Inclusive Resource Centres (IRCs) have remained operational despite the war, but many schools lack specialized staff to fully support students with disabilities.

The Ministry of Education (MoE) have expanded its support to inclusion efforts, providing Braille textbooks, adapted school buses, and the "School of Superheroes" for hospitalized children. However, funding gaps, staff shortages, and lack of data hinder progress.

The war has damaged or destroyed thousands of schools, forcing students into online or shelter-based learning. Children with disabilities face the greatest barriers. Key barriers to inclusion include insufficient funding for repairs of aids, transport and inaccessible school shelters, and adaptive materials along with stigma among professionals.

Employment and livelihood

Ukraine's employment quota law requires 4% of jobs in private and public sectors to be filled by persons with disabilities. Only 14.32% (2023) of public institutions meet this quota, compared to higher compliance in the private sector (2023: 78.68%) due to stricter enforcement of penalties. The state does not properly enforce quotas, and many companies/employers avoid fines by claiming no qualified applicants applied. Few employers offer accessible work environments, and job postings rarely include reasonable accommodation provisions. There are very few opportunities for persons with intellectual disabilities to enter the workforce. In addition, displacement led to higher unemployment rates including among persons with disabilities making it difficult for IDPs to find new employment. Due to low disability pensions, they now live below the poverty line and largely depend on humanitarian aid.

Justice and political participation

As many as 35,000+ individuals are deprived of legal capacity in Ukraine. They face extreme difficulties in regaining their rights, with 80% of appeals for restoration denied. Court decisions often proceed without the presence of the affected individual and relay on outdated forensic psychiatric evaluations, rather than individual assessments. Few alternative supported mechanisms exist, though some reforms were introduced in 2023 (they were able to apply for free legal aid in person, but only on issues determined by the court).

Free legal aid is available but discriminatory norms is limiting access for persons with restricted legal capacity. There is lack of sign language interpretation in primary legal aid services and no accommodations for persons with intellectual or psychosocial disabilities.

14% of courts have stopped operating due to war-related destruction and displacement. In response, Ukraine has introduced mobile legal aid services and digital legal services (e-Court, Electronic Cabinet). However, but court processes and accessibility of websites still fail to accommodate persons with disabilities. Recent regulations require government websites and legal information to be more accessible, though progress is slow.

Key findings

Ukraine is transitioning from a medical to a social model of disability, but disability assessments remain medically driven, with limiting access to rehabilitation, social services, and independent living. While funding for disability benefits increased (2022–2024), most spending goes to direct payments rather than development of services, and war-related disabilities receive higher compensation. Deinstitutionalization has stalled, as funds were redirected to rebuilding facilities instead of community living. Healthcare and

rehabilitation remain largely inaccessible, with staff shortages, outdated equipment. Inclusive education is expanding, but war damage, staff shortages, and stigma persist. Employment opportunities remain scarce, with low enforcement of disability quotas. More than 35,000 persons with disabilities have lost legal capacity with almost no chance to appeal. Urgent reforms are needed in accessibility, social services, and legal protections.

ACCESSIBILITY

Barrier-Free Ukraine (2009) and the National Strategy for a Barrier-Free Space (2021-2030) aim to improve accessibility in the public sphere. This includes accessibility to physical spaces, information, services and decision-making platforms. A lack of comprehensive accessibility data makes it difficult to assess progress, as many government targets lack baselines and measurable indicators including disability disaggregation.

While state construction codes mandate accessibility, enforcement is weak due to limited inspections during times of war. Local governments and NGOs monitor accessibility and report gaps, but they lack enforcement power to demand compliance. Only 10% of public buildings were found to be fully accessible (2021) out of 33,000 facilities. Bomb shelters and collective sites lack accessibility, leaving persons with disabilities at risk during air raids and evacuations. The CCCM Cluster Vulnerability Study found that persons with disabilities and older people make up a significant portion of those living in collective sites, yet these facilities fail to accommodate them. Few collective sites accommodate individuals with complex disabilities, and lack of personal assistants and quiet spaces excludes those with psychosocial disabilities from safe spaces.

The *National Transport Strategy* (Drive Ukraine 2030) aims for 60% accessible railway infrastructure and 50% of urban transport to be accessible by 2030, but progress is slow. Legislation mandates accessibility for public transport, yet 71.9% of persons with disabilities report difficulties using transport infrastructure. Key barriers include lack of accessible public transport stops (44.2%), Inaccessible pedestrian paths (21.9%), No assistance for boarding/disembarking (24.9%) and Lack of adapted toilets in transport hubs (18.2%).

The Law on Ukrainian Sign Language (under review) guarantees the right to use sign language in public life, but implementation is slow, with limited interpreter services available. Public broadcasting must include at least 5% accessible content, but private media is not legally required to comply. Essential services such as hospitals, police stations, and public transport lack sign language interpretation, leaving deaf individuals without access to vital information. Many government websites and mobile applications remain inaccessible, making it difficult especially for persons with visual, hearing and intellectual disabilities to access services, emergency updates, and financial assistance.

The 2024 Multi-Sectoral Needs Assessment (MSNA) highlights that inaccessible information is one key barrier for persons with disabilities accessing humanitarian services.

Key findings

Despite national strategies aimed at improving accessibility, persons with disabilities in Ukraine continue to face significant barriers in the physical environment including transport and communication systems. Weak enforcement of accessibility laws, inconsistent data collection, and inaccessible emergency shelters and services further exacerbate exclusion, particularly during the ongoing war.

CRPD-COMPLIANT BUDGETING AND FINANCIAL MANAGEMENT

Ukraine allocates disability-related funding across multiple ministries, with increased investments between 2022 and 2024, particularly in social protection, rehabilitation, and veterans' services. The Ministry of Social Policy (MoSP) budget grew from UAH 23.6 billion (2022) to UAH 34.2 billion (2024), of which 87–91% of expenditures go to direct cash benefits.

Despite rising allocations, key challenges persist, including misaligned regional budgets, lack of funding for independent living, and limited budget tracking. Only 0.9% of total regional budgets in 2021 were allocated to disability-related services, primarily for institutional care rather than community-based alternatives. Deinstitutionalization efforts remain underfunded, and $127.5 million meant for accessible housing was redirected to rebuilding institutional facilities.

The Medical Guarantees Program (MGP) expanded rehabilitation services to 44 service packages, but audits revealed UAH 65 million in inefficiencies, delaying service delivery. The Ministry of Veterans Affairs significantly increased funding (UAH 1.1 billion in 2021 → UAH 6.0 billion in 2024), with new compensation programs providing UAH 231.9 million (2023) and UAH 294.0 million (2024) for war-related disabilities. However, health and education ministries lack disaggregated disability-specific spending data, making it difficult to assess progress.

International aid remains essential, with the UN and World Food Program (WFP) funding cash assistance programs, reaching 310,000+ people with disabilities. However, humanitarian aid support is projected to decline in 2024, posing risks for vulnerable groups.

Key findings

While Ukraine has increased disability funding, most spending remains benefit-focused rather than service-oriented, limiting support for independent living and community-based rehabilitation. Better enforcement of budget transparency, stronger investment in deinstitutionalization, and improved data tracking are needed to ensure CRPD compliance and sustainable disability inclusion

ACCOUNTABILITY AND GOVERNANCE

Inclusive evidence and data gathering systems

The Ministry of Social Policy (MoSP) manages the Central Disability Data Bank (CDB) to track disability-related information, but it has several limitations, including exclusion of individuals without formal disability recognition. Additionally, corruption risks and data inconsistencies have been reported. The disability determination process and stigma contribute to underreporting, particularly for persons with psychosocial disabilities who may avoid formal recognition.

The State Statistics Service records 2.72 million registered persons with disabilities, but estimates suggest the number is much higher, especially due to conflict-related disabilities. Estimates based on the MSNA show that the number might be as high as 16% (around 5 million persons with disabilities). Since the full-scale invasion, government data shows an increase in disability registrations, but disability-related war data remains fragmented.

The National Action Plan for CRPD implementation aimed to improve data collection using the Washington Group Short Set, but no public updates confirm progress. Independent efforts, including recommendations from Humanity & Inclusion and the Protection Cluster, seek to enhance disability data collection and reporting in the humanitarian response. Without accurate and disaggregated data, disability inclusion

efforts remain inadequate, limiting Ukraine's ability to address the needs of persons with disabilities and meet CRPD commitments

National accountability mechanisms

Ukraine lacks an independent mechanism to monitor CRPD implementation, as required by Article 33 of the Convention. Several entities oversee disability rights, including the Ministry of Social Policy (MoSP), the Ukrainian Parliament Commissioner for Human Rights (Ombudsman), the Barrier-Free Council, and the Interagency Working Groups on National Human Rights Strategy, SDGs implementations, EU accession policy coordination, but gaps remain in monitoring, enforcement, and OPD participation.

The MoSP collects data and submits state Reports to UNCRPD Committee, but it does not have a broader compliance monitoring role. The Ombudsman is independent and investigates individual complaints. In 2022, 361 discrimination complaints were recorded, with 4.3% related to disability, but low reporting, procedural barriers, and lack of transparency hinder accessibility to the complaint process. The ombudsman also publishes reports, that include disability rights issues, yet follow-up on accessibility violations is minimal, and systemic issues remain underreported. The Barrier-Free Council addresses accessibility but lacks comprehensive oversight power. The UN Monitoring Mission and UNDP provide additional assessments, yet their reports do not directly lead to corrective action.

Key findings

Major accountability challenges include the absence of an independent monitoring body, inconsistent data collection, lack of enforcement mechanisms, and corruption risks in disability services. Strengthening data accuracy, OPD participation, and oversight mechanisms is essential to ensuring Ukraine meets CRPD commitments

3.3 CROSS-CUTTING APPROACHES: GENDER, PARTICIPATION, INEQUALITIES

The GLOBAL DISABILITY FUND has adopted three cross-cutting approaches to be intrinsically applied across all of its work, including its structures, programmes, and processes to ensure full and meaningful participation of all persons with disabilities.

PARTICIPATION

Organizations of Persons with Disabilities (OPDs) are included in policy discussions, advisory bodies, and working groups, but their influence remains limited. They often receive no feedback on their proposals, and bureaucratic barriers exclude them from key national-level decision-making processes. Local OPDs report minimal involvement in recovery planning and humanitarian aid coordination, leading to tokenistic consultations rather than meaningful participation. Existing coordination mechanisms such as the Age and Disability Technical Working Group (ADTWG) have improved engagement, but systemic gaps remain, such as participation of OPDs in the Humanitarian Country Team.

GENDER

Women and girls with disabilities face multiple barriers, including limited healthcare access (2020: 65% see a doctor less than once a year), high rates of gender-based violence, and exclusion from employment and decision-making. The war has increased women's caregiving burden including those with disabilities, with many forced to balance survival, education, and emotional support for their children. Few humanitarian programs consult organizations of women with disabilities, and temporary housing for women and girls as well as domestic violence survivors remains largely inaccessible and lack considerations of

intersectionality. Women with psychosocial disabilities face the most exclusion, often denied services due to stigma and lack of staff training.

INEQUALITIES

Ukraine's medical approach to disability reinforces stigma, particularly for persons with psychosocial and intellectual disabilities, who are often excluded from employment and community life. Institutionalization remains high, and no systematic data collection exists to assess their service needs. Other marginalized groups, including Roma, LGBTQ+ individuals, and rural youth with disabilities, face compounded discrimination, but data collection on their needs is insufficient.

The number of veterans with disabilities has risen sharply, with over 2,041 servicemen registered as of March 2023. They face discrimination, PTSD-related stigma, and challenges in accessing disability status, rehabilitation, and employment. Many rely on family members for care, as government and international support remain inadequate.

3.4 DISABILITY INCLUSION IN BROADER DEVELOPMENT, HUMANITARIAN AND EMERGENCY CONTEXTS

National Development Plans

Ukraine has taken steps to integrate disability inclusion into national strategies, such as the Human Development Strategy (2021–2025) and its commitment to Sustainable Development Goals (SDGs). These plans address education, employment, and healthcare for persons with disabilities, but lack a comprehensive, cross-sectoral approach. For example, while the strategy promotes evidence-based rehabilitation systems and improved access to technical aids, there is no systematic connection between healthcare, education, and employment measures.

Additionally, the EU's Plan Ukraine Facility, which outlines reforms for Ukraine's accession to the European Union, includes provisions on labour equality, transport accessibility, and media accessibility, but barriers remain in legal capacity restrictions, reasonable accommodations in employment, and public service accessibility.

Disaster risk reduction and humanitarian action

Since 2014, Ukraine has updated laws on disability inclusion in emergencies, but gaps remain in evacuation, protection, and support for persons with disabilities. Key challenges include inaccessible emergency information, lack of local disability data, and minimal OPD involvement in safety planning.

A positive example is Ukrzaliznytsia (Ukrainian Railways), which integrates disability-inclusive evacuations and tracks disability data. However, most evacuations rely on volunteers, and persons with disabilities are often placed in collective sites or institutions, increasing the risk of long-term institutionalization. The Ministry of Social Policy (MoSP) and Protection Cluster have issued guidance on inclusive evacuations, but implementation is inconsistent, and relocation procedures are unclear at the oblast level. Within the set-up of the IASC humanitarian response mechanisms, the participation of OPDs through UN technical advisors, Humanitarian Coordinator efforts and mechanism such as the Age and disability working group has significantly increased. However, barriers towards humanitarian services remain, mainly information, health, multi-purpose cash and livelihood.

Disability Mainstreaming in Recovery Planning

The Ukrainian government has pledged to ensure that all refurbished infrastructure meets accessibility standards by 2024, but OPDs remain concerned about gaps in planning and implementation. The Barrier-

Free Action Plan (2025–2026) aims to improve accessibility but lacks concrete impact assessments on disability rights and quality of life.

Projects such as "Barrier-Free Reconstruction" and "Barrier-Free Recovery" focus on infrastructure modernization and accessibility, yet no dedicated budget allocations for these efforts have been publicly disclosed. Additionally, the Working Group on Recovery Planning has recognized low accessibility in public transport and the need for modern accessibility standards in reconstruction efforts.

The EU's Ukraine Facility Plan underscores accessibility in infrastructure restoration, urban planning, healthcare, and social protection. However, implementation details are vague, and OPDs fear that disability inclusion will remain an afterthought rather than a priority.

Climate change

Ukraine's Climate Strategy (2024–2030) does not explicitly address disability inclusion, and OPDs were not involved in policy development. Future climate adaptation efforts must actively consult persons with disabilities to ensure a truly inclusive approach to sustainability and resilience.

4.0 CONCLUSIONS

The war has intensified long-standing challenges in disability inclusion, with increased poverty, service disruptions, and barriers to independent living. However, with deliberate and explicit measures in international cooperation (e.g. EU assession process and recovery programmes) in line with the recommendations in this Situational Analysis, Ukraine can strengthen disability inclusion, align with international standards, and ensure an equitable recovery process. A key element of the cooperation should be the meaningful engagement with OPDs to ensure disability inclusion aligns with CRPD principles. Priority areas of improvement include accessibility, deinstitutionalization, mainstreaming disability in key sectors, legal harmonization, public awareness, CRPD-compliant budgeting, and strengthening coordination mechanisms.

1. **Strengthening accessibility** in public spaces and buildings, transport, and information. Implement systematic monitoring of accessibility across transport, infrastructure, and digital platforms. Align national regulations with EU accessibility directives. Expand sign language interpretation services, accessible media, and inclusive communication formats.

2. **Advancing deinstitutionalization and community-based services**. Reform the disability assessment system by adopting the International Classification of Functioning (ICF) and training of multi-disciplinary teams. Expand home-based services and independent living support for persons with disabilities.

3. **Advancing disability mainstreaming in Health, Education, and Employment**. Conduct health facility accessibility audits and improve access to rehabilitation and assistive technology. Promote inclusive education through teacher training, assistive formats, and higher education support. Ensure employment laws comply with EU directives, including reasonable accommodation and workplace accessibility.

4. **Legal harmonization with the CRPD and strengthening the independent monitoring mechanism**. Conduct a legislative review to eliminate discriminatory provisions and enforce CRPD-compliant laws. Establish independent monitoring of CRPD implementation through strengthening the Ombudsman's Office.

5. **Raising public awareness and combating stigma**. Expand disability awareness campaigns in schools, media, and government institutions. Train public officials, service providers, and humanitarian staff on disability rights.

6. **Establishing CRPD-compliant budgeting and data collection**. Improve disaggregated data collection on disability for better policy planning. Require public sector procurement to include accessibility standards.

7. **Strengthening coordination and OPD participation**. Establish a formal mechanism for OPD involvement in policymaking. Appoint a Government Commissioner for Disability Rights to lead coordination efforts.

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