



Veteran's Reintegration in Frontline Areas: What's next? Findings from the post-assessment workshop

March 2025 | Ukraine

Key Messages

- **Veteran reintegration must be holistic and cross-sectoral:** Veterans' needs span multiple domains and must be addressed through coordinated, interconnected solutions rather than isolated interventions.
- **Trust, accessibility, and personalized support are foundational:** Many challenges stem from veterans' mistrust of institutions, lack of clear information, and the complexity of navigating systems. Solutions like case managers, peer-to-peer support, and localized veteran spaces were proposed to build trust and ensure continuity of care across services.
- **Psychological vulnerability is a central, cross-cutting barrier:** Across all sectors, the difficult psychological state of many veterans was identified as both a root cause and a consequence of service access gaps. Addressing this requires early intervention, family involvement, sustained psychosocial support, and cultural change to reduce stigma and encourage help-seeking.

Context and rationale

As of May 2024, there were about 1,2 million veterans in Ukraine according to the Deputy Minister for Veterans Affairs, Maksym Kushnir, marking a twofold increase since the escalation of hostilities in February 2022. The Ministry of Veterans Affairs projects that the number of veterans and their family members will rise to 5-6 million in coming years¹.

The findings of the [Veterans' Reintegration Assessment](#) published in March 2025 highlighted that the system of service provision for veterans in frontline oblasts is extensive and improving, but does not fully meet veterans' needs in several domains, while demand for services is expected to continue to increase. The most frequently mentioned needs of the veterans, that were not fully met, included healthcare and rehabilitation services. In addition, veterans faced several barriers in accessing services - most commonly bureaucracy, physical accessibility issues, and information gaps. While some of the bureaucratic challenges have been addressed by new legislation, particularly with regards to digitalised system of receiving the Participant of Hostilities status, issues with quality and accessibility persist, suggesting the need for a streamlined and integrated approach to addressing barriers to provide for veterans' often complex needs.

Methodology overview

Following the report's publication, REACH organised a workshop to validate the findings and engage local stakeholders in addressing the identified issues. The workshop featured guided group exercises and discussions on key topics, including veterans' access to services, as well as the barriers that hinder access to these services. Held in March 2025, the workshop included representatives from government institutions, local authorities and (international) non-governmental organisations (I/NGOs) which provide services to veterans. In the first part of the workshop, participants brainstormed potential solutions to identified barriers to accessing services, challenges associated with the implementation of these solutions, and who should be responsible for implementing them. The second part focused on evaluating the urgency of needs and barriers and the difficulty of implementing solutions. All inputs included in the brief reflect the ideas and opinions of the participants, therefore it is possible that some other insights or potential solutions may have been omitted.

Picture 1: Workshop in Kyiv, March 2025



Barrier	Proposed solutions	Government	LA	NGOs	IOs	Private sector
Lack of awareness among veterans or lack of information	Roadmap approach					
	Consolidation of information/digitalisation	●	●	●	●	
	Case work (e.g., Veteran's Assistant, patronage service on the basis of military units)					
High cost of legal services	Legislation change (exemption from court fees)					
	Information campaign about free services	●		●	●	
	Means test for eligibility for assistance					
	Involving NGOs					
Inaccessible infrastructure	Mobile teams					
	Infrastructure development programmes with local budgets	●	●	●	●	●
	Infrastructure development (donors)					
Low capacity of institutions resulting in long queues	Digitalisation	●	●			●
	Increased number of personnel, higher pay					
Bureaucratic barriers	Digitalisation					
	Thorough selection of personnel, training					
	Roadmap approach	●	●	●		
	Improved communication/ coordination between service providers					
Low trust in institutions, feeling of discrimination, lack of understanding from service providers	Training to service providers' personnel					
	Individual consultations	●	●	●		
	Stricter penalties for breaking code of conduct					
	Equal-to-equal approach					

Figure 1: Proposed solutions and responsible actors identified by participants within the sector of administrative, social and legal services

Several urgent challenges were identified during our Veterans' Reintegration Assessment, including **lack of awareness or information, high legal service costs, inaccessible infrastructure, long queues** due to **low institutional capacity, bureaucratic barriers, low trust in institutions, feelings of discrimination, and inadequate understanding from service providers**.

Information consolidation and digitalisation were proposed as potential solutions to address several of these issues - particularly veterans' lack of awareness about available support (including free legal services), bureaucratic obstacles, and limited institutional capacity. For example, sharing documents with the government once, followed by automatic data exchange across all relevant service providers, could significantly reduce administrative burdens. This implies that enhanced **interoperability and cooperation between service providers** is not simply a technical fix, but a structural cornerstone of an effective social support system.

While the idea of a **roadmap** to guide veterans through reintegration is widely supported, the existence of multiple unofficial versions points to a deeper issue: fragmentation within the support ecosystem. The lack of a centralized, government-endorsed roadmap may reflect weak coordination between state and non-state actors. Without a single, trusted reference point, veterans are left to navigate a confusing landscape of overlapping offers, which may exacerbate psychological distress and erode trust in institutions. A **patronage service** on the basis of military units was suggested as an important potential solution to providing clarity to veterans about their

reintegration journey, lowering psychological distress by providing clear guidance early on in the reintegration process.

Proposals to expand institutional capacity through **staff training, recruitment, and improved remuneration** reflect not only logistical needs but also a crisis of trust and understanding. Currently, a self-perpetuating cycle undermines institutional effectiveness: low salaries lead to recruitment difficulties, which result in underqualified staff who remain in place due to hiring shortages. This in turn leads to poor service delivery. The problem is compounded by institutional inertia, and instances of corruption.

Other recommended solutions to overcoming barriers in administrative, social and legal services included **individualised case work and consultations, mobile teams, infrastructure development, legislative changes, and stricter penalties for violations of the code of conduct**. While this plurality of approaches may indicate responsiveness to different needs, ensuring their effectiveness requires a **clear coordinating framework, strong political commitment, and adequate budgetary prioritisation**.

More broadly, participants emphasized that successful reintegration requires a holistic, **veteran-centered approach** that goes beyond administrative efficiency. This includes fostering a **societal environment that acknowledges veterans' service** and supports their reintegration not only through services, but through **community engagement** and **public narratives** that counter stigmatization.


Barriers	Proposed solutions	Government	LA	NGOs	IOs	Private sector
	High cost of medication	Compensation by humanitarian organisations				
		Engaging sponsors				
		Expanded list of reimbursable medication	●		●	●
		Creation of government pharmacological enterprises				
	Lack of equipment	Attracting investors	●		●	
	Low capacity of institutions resulting in long queues	Training of specialists				
		Engagement of government partners				
		Priority access	●	●		
		Creation of networks of specialized treatment centres				
	Services available after demobilisation	Sanatorium treatment funded by the state				
		Treatment through inter-government cooperation	●			
		Priority access to healthcare				
	Low trust in institutions, feeling of discrimination, lack of understanding from service providers	Increased responsibility of government institutions				
		Programmes to increase awareness and tolerance in society for veterans, including with disabilities	●	●	●	●
	Lack of rehabilitation facilities or large distance to them	Mobile teams of specialist doctors				
		Engagement of specialized doctors (financial, housing incentives, etc.)	●	●	●	●
		Funding of complex operations by the state, which is now limited by law				

Figure 2: Proposed solutions and responsible actors identified by participants within the sector of healthcare and rehabilitation services

Participants - a team of experts from a frontline region - proposed a range of concrete solutions to address the challenges veterans face in accessing healthcare and rehabilitation services. To tackle the shortage of specialized medical professionals, they recommended **introducing targeted incentives such as financial bonuses, housing support, and career development opportunities** to attract surgeons, specialised doctors back to affected regions. To strengthen institutional capacity, participants proposed **expanding training for medical and administrative staff** and advocated for **better salaries** to attract and retain qualified personnel.

Recognizing the limitations of existing infrastructure participants proposed the **expansion of mobile teams** to provide flexible, on-site care. However, they emphasized that for mobile teams to be truly effective, the state must coordinate their deployment and ensure that basic facilities are in place, even in hard-to-reach areas.

To address the lack of accessible, integrated services, participants highlighted the value of creating **veteran-specific care spaces** within medical institutions. This **integrated approach** helps ensure that veterans are quickly referred to the services they need, whether it's treatment, disability documentation, or social support, reducing the burden of navigating fragmented systems.

In light of frequent gaps in awareness, participants stressed the need for **stronger information campaigns**. Participants also emphasized the role of family doctors in redirecting patients to veteran care teams, and they highlighted the importance of having up-to-date digital platforms like

"YeVeterany," which can centralize and simplify information access.

Participants also discussed the need for **veteran-specific rehabilitation centers** modeled on international systems. The issue of inaccessible sanatorium services was addressed through suggestions to **reallocate state funding, involve international partners**, and prioritize veterans with complex physical or psychological conditions for **rehabilitation abroad**.

Participants also noted that many veterans hesitate to seek help, often due to psychological distress or lack of information. To respond to this, they called for a more **holistic and preventive approach**, beginning during military service. This would include psychoeducation, the involvement of military psychologists, and **early case management** - ideally continuing from hospitalization through to reintegration. They emphasized the importance of family support and community understanding, proposing awareness campaigns, training for employers, and work with schools and kindergartens to reduce stigma against people with visible disabilities.

In terms of long-term sustainability, participants acknowledged that funding will remain a challenge. However, they proposed that local and national governments develop **clear financing mechanisms** for veteran care, supported by targeted advocacy to attract international assistance. Finally, they emphasized the importance of recognizing that ongoing feedback from veterans themselves will be essential in refining services and ensuring responsiveness over time.


	Barriers	Proposed solutions	Government	LA	NGOs	IOs	Private sector
	Lack of awareness among veterans or lack of information	Case management	●			●	
		Expansion or enhancement of the referral mechanisms					
		Patronage service					
	Services are located far away or lack of transport option, limited service of social taxi	Telemedicine	●	●	●	●	●
		Cooperation between service providers					
		Government-NGO cooperation for provision of mobile teams' service					
	Scepticism among veterans regarding mental health support or a sense of being misunderstood by specialists who lack combat experience	Further research to understand the nature of scepticism	●	●	●	●	●
		Specialist training					
		Adaptation and development of educational materials for MHPSS professionals					
		Psychoeducation during service, early intervention					
		Psychoeducation of families					
		Ongoing specialist support – intervention, supervision					
		Documenting, sharing and presenting successful cases					
	Services are available after demobilisation	Patronage service in military units	●	●	●		
		Cooperation between service providers					

Figure 3: Proposed solutions and responsible actors identified by participants within the sector of mental health and psychosocial support (MHPSS)

The evolving landscape of mental health and psychosocial support (MHPSS) for veterans in Ukraine highlights a growing ecosystem of practical, multi-stakeholder solutions aimed at overcoming entrenched skepticism, logistical barriers, and service fragmentation.

A key strategic proposal is the **introduction of case management systems** to accompany veterans throughout their reintegration process. Case managers, ideally embedded within military units and later within civilian institutions, would provide referrals, guidance, and continuity of care. This one-on-one approach is particularly well-suited to address the emotional and cognitive barriers veterans face, including disorientation, distrust, and lack of information. The case manager system would ensure that no veteran must navigate services alone, significantly improving accessibility and outcomes.

Another promising solution is **psychoeducation**, which must begin early - ideally during active service - and extend into the reintegration phase. Targeting both veterans and their families, psychoeducation would normalise common post-deployment reactions, reduces stigma, and equips relatives with tools to provide supportive environments. These efforts would be bolstered by the presentation of successful cases that demystify mental health interventions and build trust through relatable stories.

Scepticism toward psychological support emerged as one of the most poignant barriers preventing veterans from seeking help. Some of the solutions proposed by the participants include training specialists in military-informed approaches, including the psychological demands of combat; using a "peer-to-peer" model, where veterans who have successfully reintegrated provide support; creating safe environments within both institutions and communities that foster trust and voluntary engagement; and understanding the root causes

of skepticism through targeted surveys and consultations.

Efforts to reduce geographic and infrastructural barriers include the **expansion of telemedicine and mobile mental health teams**, often coordinated through partnerships between government entities, NGOs, and the private sector. This is especially critical in remote or frontline communities, where traditional service centers are either inaccessible or non-existent. Coordination between mobile units and local actors ensures equitable service distribution and maximizes resource efficiency.

Importantly, the support ecosystem must be activated **before demobilisation**. The introduction of **patronage services** during military service helps to lay a foundation for long-term reintegration and mitigates crises stemming from abrupt transitions. Such services, operating within military units, could provide continuity between active duty and civilian life, easing psychological strain and facilitating early interventions.

A persistent challenge noted in the discussions is fragmentation between ministries and actors, often resulting in overlapping mandates and uncoordinated services. Participants emphasized the need for a **unified approach, better inter-ministerial cooperation, and clearly assigned roles** to avoid duplication and ensure veterans do not fall through institutional gaps.

Lastly, enhancing **information dissemination and referral systems** remains essential. Veterans are often unaware of existing free services, and even when directories exist, they are often overly complex or outdated. Addressing this requires not only improved digital infrastructure and navigable platforms but also motivated frontline workers, adequate local-level training, and financial investment in outreach.


	Barriers	Proposed solutions	Government	LA	NGOs	IOs	Private sector
	Lack of awareness among veterans or lack of information	Structured and aggregated information sources	●	●	●	●	●
	Bureaucratic barriers	Simplifying bureaucratic procedures through legislative framework adjustments	●				
	Lack of understanding from specialists who didn't have combat experience	Staff training	●	●	●	●	●
	Available jobs are located far away / lack of remote opportunities	Development of road and transport infrastructure		●			
	Lack of digital skills, especially among older veterans	Education through mass media	●	●			
	Inaccessible infrastructure	Infrastructure development in accordance with the principles of inclusivity	●	●			
	Lack of job vacancies that match veterans' needs	Validation of qualifications obtained through military service	●	●			●

Figure 4: Proposed solutions and responsible actors identified by participants within the sector of employment and business support

Participants emphasised that although numerous employment and retraining programs exist, many veterans are unaware of them or unable to navigate the information due to poor structuring and digital inaccessibility. The solution lies not in simply producing more resources, but in **consolidating information** that is already available. A participant suggested that **mass media campaigns** could help make information more visible and digestible, especially for those using non-smartphones. **Structured, centralized platforms** designed specifically with veterans in mind could bridge this informational gap.

While bureaucratic barriers were not perceived as overwhelmingly obstructive, participants noted that targeted **legislative adjustments** could play a pivotal role in easing veterans' transition into civilian employment. One of the most pressing challenges is the mismatch between veterans' expectations and the realities of the job market. Some veterans hold ambitious aspirations that may not align with current demand, while others possess highly transferable skills that often go unrecognized. **Reforming normative frameworks to formally acknowledge military-acquired qualifications** would help bridge this gap. By institutionalizing systems that validate military experience—particularly in fields like logistics, healthcare, and crisis response—veterans could more easily transition into roles that align with their abilities and expertise.

Discrimination and misunderstanding from non-veteran staff were seen as serious yet preventable obstacles. Veterans shared experiences of being met with confusion or even hostility, often because service providers lacked **training on trauma**. This, participants argued, should be an ongoing process embedded into institutional cultures. **Training programs** must also account for burnout among service staff themselves, as emotionally exhausted professionals are less capable of supporting others.

The geographic accessibility of jobs was another key concern. Many employment opportunities are physically distant, and transportation infrastructure is insufficient. **Remote work** could be a viable solution, particularly for veterans dealing with physical or psychological trauma. Yet such options remain rare. **Developing transportation and digital infrastructure** would help bridge this gap and allow more veterans to participate meaningfully in the labor market.

Digital illiteracy - especially among older veterans - was repeatedly mentioned as a challenge. While programs existed before the full-scale war, there is little evidence that they yielded long-term results. In the post-war context, **mass media** again emerged as a suggested tool for **teaching basic digital skills**, alongside **local NGO-led initiatives**.

In terms of infrastructure, participants argued for a broad interpretation of inclusivity - not only ramps and elevators, but also how institutions and companies are socially structured. Even navigating from one part of a city to another can be daunting for veterans with mobility or psychological challenges. This calls for a **holistic redesign of physical and social environments**, grounded in inclusive principles.

Employment is not just about jobs - it is about **psychological transition, social reintegration, and rebuilding a sense of identity**. The first six to nine months after demobilization are particularly volatile. Many veterans attempt to return to work during this time but end up resigning due to emotional instability, regardless of salary or working conditions. This "hot phase" requires special attention, as it can either lead to long-term stabilization or deeper isolation. Employment efforts, if done right, can pre-emptively solve many other reintegration challenges, from mental health needs to dependency on financial support.

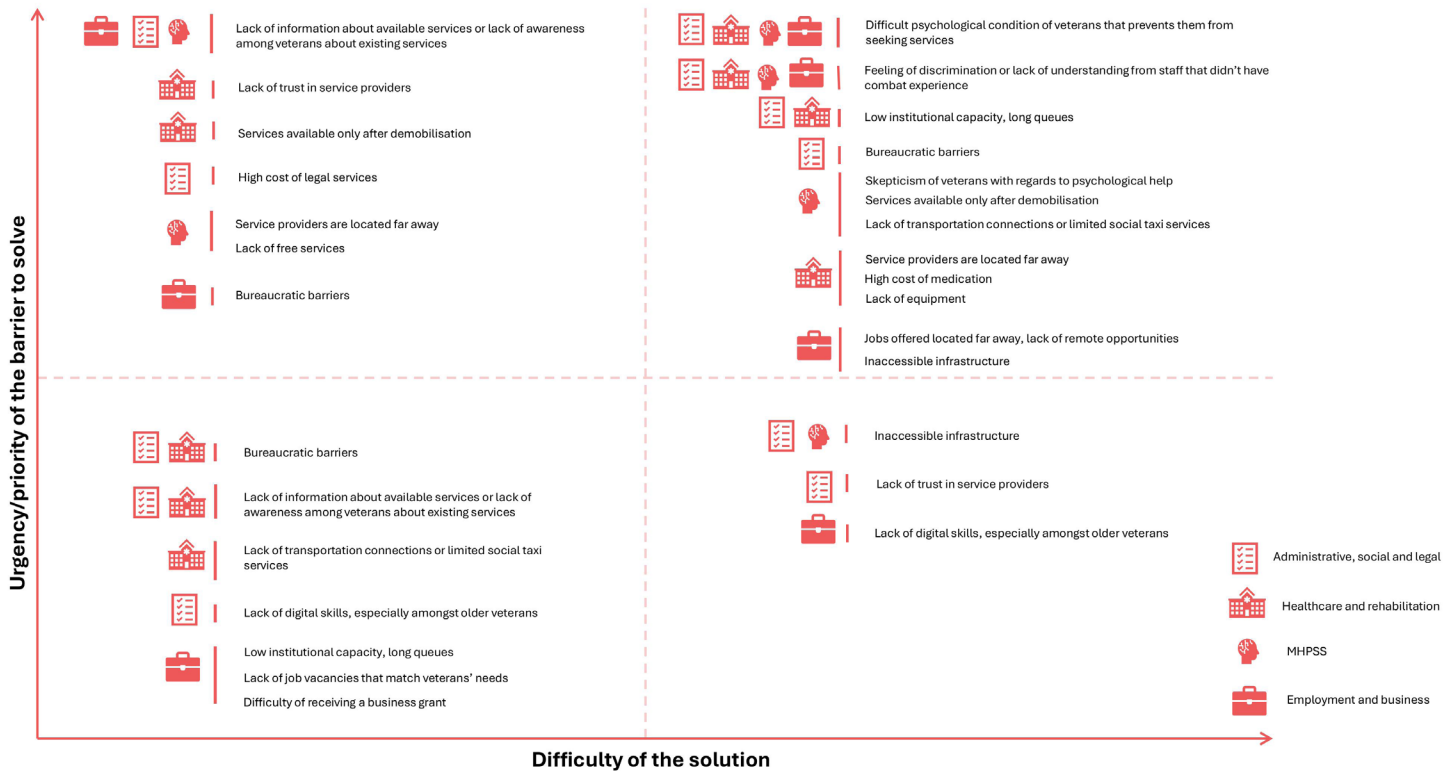


Figure 5: Matrix of service access barriers categorized by solution difficulty and implementation urgency

While some barriers are urgent yet manageable, others require long-term investment, cultural change, and high-level coordination, national policy leadership, local ownership, and international support.

Easier to Solve

Some challenges identified by participants are both urgent and relatively straightforward to address with coordinated implementation, moderate investment, and political will. A key example is the lack of accessible information and awareness among veterans about available services. Solutions such as better communication, clear service roadmaps, case management, and digital tools were seen as easily implementable.

Bureaucratic inefficiencies—though varying by sector—were also viewed as solvable through **improved inter-agency coordination, digitalization, and staff training. Increasing salaries and fostering a better service culture** were proposed to boost institutional performance.

In healthcare, family doctors already serve as key contact points and could be further supported. **Mobile medical teams and clearer referral pathways** were highlighted as promising, especially in stable areas. **Local initiatives**—like hospital-based veteran hubs and service-mapping websites—offer low-cost, high-impact improvements in access and visibility.

Access to psychosocial support remains an urgent issue, but **psychoeducation** was seen as a practical first step. Educating veterans and their families about stress responses and available help can reduce stigma and encourage engagement. **Peer-to-peer models**, especially when led by well-trained veterans, were considered valuable for building trust.

More Difficult to Solve

Other challenges are deeply embedded in structural, cultural, and institutional realities, and will require long-term investment and

systemic reform. Trust in institutions remains fragile has eroded veterans' confidence and remains a particularly urgent issue, especially with regard to administrative, social and legal services. Rebuilding this trust will demand transparent delivery, continuity, and hybrid systems combining digital tools with human support. Fragmentation between key ministries creates overlapping mandates and gaps in service. Participants stressed the need for **unified policy and coordination** to streamline veterans' pathways through the system.

Widespread skepticism toward psychological services emerged as one of the most complex issues. Many veterans distrust civilian professionals and feel misunderstood, often rejecting support. This resistance stems from stigma, emotional shutdown, and poor past experiences. **Embedding psychological preparedness into military service and training culturally competent providers** were seen as long-term solutions.

In frontline areas, healthcare faces major obstacles: destroyed infrastructure, lack of specialists, and safety risks. Even financial incentives rarely attract professionals. Complex procedures and long-term rehabilitation remain inaccessible, and referrals to other oblasts or abroad are often limited by legal and financial barriers. Further, affordable medication access is another widespread issue, with limited supply and high costs leaving many untreated.

Employment also presents structural barriers. Veterans often face a mismatch between available jobs and their physical or psychological condition. **Remote or flexible work** is rare, especially in frontline areas. Older veterans or those with limited digital skills struggle with grant and job applications, while employer stigma further hinders reintegration.

The most entrenched and cross-cutting barrier is the psychological state of veterans, which prevents many from seeking or accepting help. Emotional numbness, trauma, and avoidance lead to disengagement—even when services exist. Without trauma-informed, long-term psychosocial support, many reintegration efforts risk failing—not due to a lack of services, but because veterans are unable or unwilling to access them.

Conclusion

A clear trend across all workshop discussions was the recognition that veteran reintegration requires a holistic, coordinated response that cuts across institutional, sectoral, and societal boundaries. While sector-specific solutions were proposed - ranging from improved digital infrastructure and mobile healthcare teams to peer-led psychosocial support and inclusive employment practices - participants repeatedly stressed that no single intervention is sufficient on its own. Instead, solutions must be interlinked and mutually reinforcing, grounded in an understanding of the interconnected nature of veterans' needs.

Many participants emphasized that psychosocial well-being cannot be separated from economic stability, that access to healthcare is undermined by administrative complexity, and that trust in institutions depends as much on cultural sensitivity and

human contact as it does on technical efficiency. A recurring theme was the importance of personalized support - through case managers, veteran spaces, and peer networks - that accompanies individuals across multiple stages of reintegration rather than treating each domain in isolation.

Ultimately, the solutions proposed reflect a shift away from fragmented service provision toward a comprehensive, person-centered approach. This model requires close collaboration between government ministries, local authorities, civil society organizations, and the veterans themselves. It also calls for long-term investment in institutional capacity, workforce development, and public education to ensure that systems not only exist but are trusted, inclusive, and responsive to the complex, evolving realities of those who have served.

Endnotes

¹ Maryna Orekhova, '[How an Educators and a Veteran Guides Fellow Veterans Through Return to Civilian Life](#)', IOM, 14 December 2023

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).