

Ukraine

Veterans' Reintegration

Area-Based Assessment
on Veterans' Access to Services
in Dnipro Municipality

April 2024



About REACH

REACH 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). For more information please visit [our website](#). You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

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Summary

The escalation of the war in Ukraine in February 2022 prompted a significant increase in the number of veterans across Ukraine. At the start of 2022, there were approximately 400,000 veterans in Ukraine resulting from the country's eastern conflict that began in 2014.¹ Given the sensitivities on veterans' issues, exact numbers of the current size of the veterans community are difficult to pin down, but estimates are this number has more than doubled, possibly even tripled, since the escalation of the war, with at least 850,000 veterans as of December 2023.² The Ministry of Veterans Affairs projects that, as the war continues, the number of Ukrainian veterans and their family members will reach 4-8 million.³ Veterans will form a significant part of a wider Ukrainian society recovering from the infrastructural, social, and economic effects of war at a much greater scale than those who demobilised during the 2014-2022 conflict in eastern Ukraine. In this context, the Government of Ukraine's National Recovery Plan specifically noted support for the integration of veterans from military to civilian life as an increasingly important area for recovery and development planning.⁴

Programming targeted toward veterans is led by the state, but given the scale of the veteran community's needs, non-state actors have complemented and filled gaps in many state-provided services for veterans. **As the size of Ukraine's veteran population grows, increasing state and non-state prioritisation in supporting veterans will require an evidence base** on their needs and gaps in services they experience. Several nationwide surveys, including those by IOM and UNDP/SeeD, have identified challenges faced by veterans transitioning to civilian life, including those related to health, MHPSS, social integration, access to employment, and administrative barriers to access social services guaranteed by the state.⁵ While such surveys help profile Ukraine's veteran caseload and quantify challenges faced by this population, there remains a gap in data that identifies or explains the impact of barriers to veterans' access to services at a local level. **This assessment endeavours to fill that gap by providing a comprehensive understanding of veterans' needs, level of access to services, associated barriers, and the lived experience of returning to civilian life in their communities,** using the city of Dnipro as a case study. By focusing on a **discrete system of services** in a limited geographic area of Ukraine and comparing national-level policy objectives with local-level realities, this assessment aims to create a stronger base of evidence for actors interested in engaging with veterans and to identify practical areas for future veteran programming.

¹ Peter Dickinson, 'Ukraine's Growing Veteran Community Will Shape the Country's Future', *Atlantic Council* (blog), 4 January 2023, <https://www.atlanticcouncil.org/blogs/ukrainealert/ukraines-growing-veteran-community-will-shape-the-countrys-future/>

² Maryna Orekhova, 'How an Educator and a Veteran Guides Fellow Veterans Through Return to Civilian Life', IOM, 14 December 2023, <https://ukraine.iom.int/stories/how-educator-and-veteran-guides-fellow-veterans-through-return-civilian-life>. Some estimates go as high as 1.2 million, which would be triple the number of veterans in early 2022; see Folke Bernadotte Academy, 'Ukraine's Critical Journey: Effective Veteran Reintegration', 13 December 2023,

<https://fba.se/en/newspress/News/2023/ukraines-critical-journey-effective-veteran-reintegration/>
³ Ministry of Veterans Affairs, 'Ministry for Veterans Affairs is consistently implementing the project "Development of Sports for Veterans" within the framework of creating a barrier-free space in Ukraine, says Yuliia Laputina', 1 December 2023, <https://mva.gov.ua/ua/news/minveteraniv-poslidovno-realizuye-proyekt-rozvitok-sportu-dlya-veteraniv-v-mezhah-stvorenniya-bezbaryernogo-prostoru-v-ukrayini-yuliya-laputina>; IOM, 'The Social Reintegration of Veterans in Ukraine: With a Special Focus on the Inclusivity of Particularly Vulnerable Veterans and the Role That Veterans' Organisations Can Play in Building Inclusivity', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social_reintegration_eng.pdf

⁴ National Recovery Council, 'Ukraine's National Recovery Plan', July 2022, https://uploads-ssl.webflow.com/621f88db25fbf24758792dd8/62c166751fcf41105380a733_NRC%20Ukraine%27s%20Recovery%20Plan%20blueprint_ENG.pdf

⁵ IOM, 'Veterans' Reintegration in Ukraine: National Survey', February 2022, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/VETERANS%E2%80%99%20REINTEGRATION%20IN%20UKRAINE_ENG-NEW.pdf; Alexander Guest et al., 'Reintegration ATO & JFO Veterans', USAID, SeeD, the government of the Kingdom of Netherlands, UNDP, January 2022, <https://reliefweb.int/report/ukraine/reintegrating-ato-jfo-veterans-january-2022>; IOM, 'The Social Reintegration of Veterans in Ukraine', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social_reintegration_eng.pdf

This assessment focused on veterans and veterans' family members who access services in Dnipro city, Dnipropetrovsk oblast, and external actors engaged in veteran service provision in that city. Dnipro was selected due to its large veteran population and the presence of government-led programmes for veterans being piloted there.⁶ The assessment relied on purposive sampling. The sample was disaggregated by relevant sociodemographic characteristics of veterans, including gender, disability or chronic illness, age group, displacement status, career path (professional military vs veterans with civilian employment background), and the veterans' origin (urban/rural areas). Primary data was collected by the REACH field team through semi-structured interviews during October and November 2023. The field team conducted 20 key informant interviews (KIIs) with government officials and veterans' services providers, and 38 individual interviews (IIs) with veterans and veterans' family members. The assessment team used MAXQDA, a qualitative data analysis software, to systematically categorise the data and identify variance and recurrence across select themes defined by the assessment's research questions. Results are indicative and reflect perceptions in Dnipro in October-November 2023; the experience of veterans reintegrating in this context does not necessarily reflect that of veterans in other urban or rural areas of Ukraine. Key findings are briefly reviewed below.

Veterans and their families most frequently reported needing MHPSS, medical services, and assistance with employment and retraining. Many of the veterans interviewed returned from the frontline with serious injuries and psychological issues that impacted how they can live their lives. A variety of needs sprung from this. Medical needs ranged from limb prosthetics to rehabilitation services to dental care, while mental health needs centred on the need to attend sessions with a psychologist. Additionally, assistance with employment and retraining was cited as an important need, as some veterans found the working conditions of their previous jobs no longer suitable given their present physical and psychological state, and sought new, more amenable work. Respondents also mentioned that employment was necessary to deal with financial strain. These needs were not deemed fundamentally different from those before the full-scale invasion, though expectedly respondents believed there were currently more veterans recovering from serious injuries than before.

A large number of services were available for veterans and their families in Dnipro, though respondents found several points of issue with some of these services' accessibility and quality. Veterans with disabilities reported difficulties getting to, and moving around inside, facilities where they accessed services, while more generally many respondents found some services expensive and at times unaffordable. The perceived quality of services varied greatly, with some respondents praising the quality of the specialists and facilities they encountered, while others believed the rapid growth in demand for services was having a negative effect on quality, and that the specialists they encountered were not able to address their unique needs as veterans. Respondents also experienced confusion and frustration over the lengthy administrative processes needed to access services, causing some to not access free services to which they are entitled; some were not aware of certain services, or how to obtain them.

The majority of respondents reported that they did not encounter overt discrimination when accessing services, and that veterans generally have equal access to services regardless of sociodemographic characteristics (gender, age, etc.). However, some respondents highlighted disparities in accessing services, noting **greater difficulties faced by veterans residing in rural areas and veterans with disabilities.** Some respondents also mentioned that services (such as higher quality or more complex medical treatments) often required payment, which proved prohibitive for them.

⁶ Namely, the 'I am a Veteran' and 'Veterans Assistant' projects; see respectively Dnipropetrovsk Regional Military Administration, '“I am a Veteran”: a service for soldiers, their relatives and families of fallen soldiers will be launched in Dnipropetrovsk region', 29 March 2023, <https://adm.dp.gov.ua/news/ya-veteran-na-dnipropetrovshchini-zapracyuye-servis-dlya-bijiv-yihnih-ridnih-ta-simej-zagiblih-voyiniv>, and UNDP, 'Competitive selection of candidates for veterans' assistants project starts', 30 June 2023, <https://www.undp.org/ukraine/press-releases/competitive-selection-candidates-veterans-assistants-project-starts>

There were no discernable differences between female and male veteran responses regarding the availability, accessibility, and quality of services, with all female veterans reporting not having encountered discrimination in relation to veteran service provision. However, **clear trends cannot be drawn from this assessment's small sample of female veterans**.

Coordination and collaboration reportedly took place between and among state and non-state actors working on veterans' affairs in Dnipro. **This extensive network of actors forms an interconnected system of service provision for veterans, where coordination and cooperation occur with varying degrees of formality.** State actors formally collaborated in particular through the Dnipropetrovsk Regional State Administration's 'I am a Veteran' project, which creates a 'single window' service desk in Administrative Service Centres to assist veterans access a variety of services in one place.⁷ Non-state actors such as NGOs maintained frequent, though often informal, collaboration. Many state and non-state actors reported referring veterans and veterans' affairs actors to other service providers.

The system of service provision for veterans in Dnipro is extensive and reportedly improving, but there remains a perception it does not fully meet veterans' needs in several domains, while demand for services is expected to continue to increase. Many veterans successfully accessed services to which they are entitled, such as utilities discounts, but either had difficulty accessing, or were dissatisfied with, others – quality psychosocial support, dental care, limb prosthetics, free public transit, and land plots, for example. That some veterans reported opting for private service providers suggests that state programmes fall short of meeting their needs. Respondents called for the state to ensure adequate funding and capacity for existing programmes targeting veterans and their family members, improve the physical and administrative accessibility of services, and expand medical and psychological services and facilities.

Amid fears of an imbalance in the supply and demand of veterans' services, the state continues to expand programmes targeting veterans, and non-state actors continue to work to fill in the gaps where veterans' needs remain unmet. **Nevertheless, veterans' service provision in Dnipro has ample room for improvement, presenting an opportunity for programmatic actors aiming to support Ukraine's rapidly growing veteran population.** Future research may be particularly useful by examining veterans' access to services in different areas of Ukraine – particularly rural areas – lacking the extensive network of actors and government programmes found in Dnipro.

⁷ Dnipropetrovsk Regional Military Administration, "'I am a Veteran': a service for soldiers, their relatives and families of fallen soldiers will be launched in Dnipropetrovsk region", 29 March 2023, <https://adm.dp.gov.ua/news/ya-veteran-na-dnipropetrovshchini-zapracuyue-servis-dlya-bijciy-yihnih-ridnih-ta-simej-zagiblih-voyiniv>; Dnipropetrovsk Regional Employment Centre, 'Training to provide high-quality service "I am a Veteran"', 7 June 2023, <https://dnp.dcz.gov.ua/novyna/navchannya-zadlya-nadannya-yakisnogo-servisu-ya-veteran>

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List of Acronyms

ASC	Administrative Service Centre
ATO	Anti-Terrorist Operation
CSO	Civil society organisation
II	Individual interview
IOM	International Organisation for Migration
JFO	Joint Forces Operation
KI	Key informant
KII	Key informant interview
MHPSS	Mental health and psychosocial support
MMC	Military Medical Commission
MSEC	Medical and Social Expert Commission
NGO	Non-governmental organisation
SeeD	Centre for Sustainable Peace and Democratic Development
UNDP	United Nations Development Programme

Geographical Classifications

OBLAST	HIGHEST FORM OF GOVERNANCE BELOW THE NATIONAL LEVEL
Raion	Subdivision of oblasts
Hromada	Subdivision of raions

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Introduction

The escalation of the war in Ukraine in February 2022 prompted a significant increase in the number of veterans and veteran households across Ukraine. At the start of 2022, there were approximately 400,000 veterans in Ukraine resulting from the country's eastern conflict that began in 2014.⁸ Though official statistics are not publicised during the full-scale war, it is likely that this number has more than doubled, possibly even tripled, since the escalation of the war, with some estimates putting the figure at over 850,000 veterans as of December 2023.⁹ The Ministry of Veterans Affairs projects that, as the war continues, the number of Ukrainian veterans and their family members will reach 4-8 million.¹⁰

The transition to civilian life for veterans in Ukraine has historically been characterised by a unique set of challenges, including those related to health, MHPSS, social integration, access to employment or other income-generating activities, and administrative barriers to accessing social services guaranteed by the state.¹¹ While the system of service provision for veterans continues to adapt, such as by digitalising some administrative procedures and expanding MHPSS provision,¹² significant challenges remain. Veterans who have served since February 2022 will not only become far greater in number, but will be returning to a society recovering from infrastructural, social, and economic effects of the war at a much greater scale than during the 2014-2022 conflict in eastern Ukraine.

The Government of Ukraine's National Recovery Plan prioritises targeted and effective social policy, specifically noting the need to support the reintegration of veterans from military to civilian life.¹³ Such programming targeted toward veterans is led by the state, but – due in part to the large-scale increase in the size of the veteran population – non-state, mostly local, actors have complemented and filled gaps in state-provided services. As the size and needs of this population grows, so does state and non-state interest in supporting veterans, which will require an evidence base on the needs of, and gaps in services for, veterans.

⁸ Peter Dickinson, 'Ukraine's Growing Veteran Community Will Shape the Country's Future', *Atlantic Council* (blog), 4 January 2023, <https://www.atlanticcouncil.org/blogs/ukrainealert/ukraines-growing-veteran-community-will-shape-the-countrys-future/>

⁹ Maryna Orekhova, 'How an Educator and a Veteran Guides Fellow Veterans Through Return to Civilian Life', IOM, 14 December 2023, <https://ukraine.iom.int/stories/how-educator-and-veteran-guides-fellow-veterans-through-return-civilian-life>; Folke Bernadotte Academy, 'Ukraine's Critical Journey: Effective Veteran Reintegration', 13 December 2023, <https://fba.se/en/newspress/News/2023/ukraines-critical-journey-effective-veteran-reintegration/>

¹⁰ Ministry of Veterans Affairs, 'Ministry for Veterans Affairs is consistently implementing the project "Development of Sports for Veterans" within the framework of creating a barrier-free space in Ukraine, says Yuliia Laputina', 1 December 2023, <https://mva.gov.ua/ua/news/minveteraniv-poslidovno-realizuye-proyekt-rozvitok-sportu-dlya-veteraniv-v-mezhah-stvorenniya-bezbaryernogo-prostoru-v-ukrayini-yuliya-laputina>; IOM, 'The Social Reintegration of Veterans in Ukraine: With a Special Focus on the Inclusivity of Particularly Vulnerable Veterans and the Role That Veterans' Organisations Can Play in Building Inclusivity', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social-reintegration_eng.pdf

¹¹ IOM, 'Veterans' Reintegration in Ukraine: National Survey', February 2022, <https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/VETERANS%E2%80%99%20REINTEGRATION%20IN%20UKRAINE-ENG-NEW.pdf>; IOM, 'The Social Reintegration of Veterans in Ukraine', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social-reintegration_eng.pdf; Alexander Guest et al., 'Reintegration ATO & JFO Veterans', USAID, SeeD, the Government of the Kingdom of Netherlands, UNDP, January 2022, <https://reliefweb.int/report/ukraine/reintegrating-ato-jfo-veterans-january-2022>; Julie Friedrich and Theresa Lütkefend, 'The Long Shadow of Donbas: Reintegrating Veterans and Fostering Social Cohesion in Ukraine' Global Public Policy Institute, May 2021, https://www.gppi.net/media/GPPI_Friedrich_Luetkefend_2021_Long-Shadow-of-Donbas.pdf

¹² Ministry of Veterans Affairs, 'Government has improved the way of organizing and providing psychological assistance services for veterans and their family members', 11 December 2023, <https://mva.gov.ua/ua/news/za-iniciativi-minveteraniv-uryad-udoskonaliiv-sposib-organizaciyi-ta-nadannya-poslug-iz-psihologichnoyi-dopomogi-dlya-veteraniv-i-chleniv-yih-simej>; Verkhovna Rada, 'Draft Law on Amendments to Certain Laws of Ukraine on Improving the Procedure for Processing and Using Data in State Registers for Military Registration and Acquiring the Status of a War Veteran During Martial Law', January 2024, <https://itd.rada.gov.ua/billInfo/Bills/Card/42801>

¹³ National Recovery Council, 'Ukraine's National Recovery Plan', July 2022, https://uploads-ssl.webflow.com/621f88db25fbf24758792dd8/62c166751fc41105380a733_NRC%20Ukraine%27s%20Recovery%20Plan%20blue-print-ENG.pdf

Although a number of actors conducted research on the reintegration experiences of Anti-Terrorist Operation (ATO)/Joint Forces Operation (JFO) veterans (2014-2022), the amount of research on the profile and needs of veterans has not met the scale of the issue following the war's escalation in 2022.¹⁴ At the time of writing, there are two ongoing nationwide surveys, the first being conducted by IOM, focused on veterans' access to benefits, social integration and discrimination, psychological support, and the material wellbeing of veterans and their families.¹⁵ The second is being conducted by UNDP/SeeD, focused on social cohesion between veterans and Ukrainian society at large.¹⁶ While such surveys help profile today's veteran caseload and quantify challenges faced by this population, there is an identified need for complementary data that explains or identifies the impact of barriers to veterans' access to services at a local level.

This assessment endeavours to fill that gap by focusing on a discrete system of services in a limited geographic area of Ukraine, the city of Dnipro, comparing national-level policy objectives with local-level realities to identify practical areas for future veterans programming. To provide a comprehensive understanding of veterans' needs, level of access to services, associated barriers and experience of reintegration, the assessment explored the following research questions:

- What are the service needs of veterans and their family members in Dnipro city? How, if at all, has this changed since the escalation of the war in February 2022?
- To what extent are services available and accessible for veterans and their family members, and what is the perceived quality of these services? How, if at all, has this changed since the escalation of the war in February 2022?
- What coordination takes place between actors working with veterans?
- To what extent are national-level veteran policy priorities implemented at the community level?
- How do veterans' socio-demographic characteristics impact their ability to navigate the reintegration process in Dnipro?

Context Overview of Veteran Status in Ukraine

This section provides a baseline understanding of the legal frameworks for veterans in Ukraine as they relate to this assessment, but should not be taken as a comprehensive overview. The main legal framework governing veterans' affairs in Ukraine is Law of Ukraine 3551 ('On the status of war veterans, guarantees of their social protection'), which, along with subsequent amendments, 'defines the legal status of war veterans, ensures the creation of appropriate conditions for their livelihood, and promotes the formation of a respectful attitude towards them in society'.¹⁷ There are several legally defined categories of veterans and their families that are entitled to services and benefits. For the purposes of this assessment, the relevant categories are *combat veteran*, *person with a disability due to war*, and *families of deceased war veteran*. These statuses are not granted automatically, but must be applied for at administrative centres.

¹⁴ ATO veterans are those who fought in the Ukrainian counteroffensive in Donbas from April 2014 until 2018, at which point combat activity in eastern Ukraine was renamed. JFO veterans are those who fought from 30 April 2018 until Russia's full-scale invasion in February 2022.

¹⁵ IOM, 'Veterans' Reintegration in Ukraine: National Survey', February 2022, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/VETERANS%E2%80%99%20REINTEGRATION%20IN%20UKRAINE_ENG-NEW.pdf; IOM, 'The Social Reintegration of Veterans in Ukraine', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social_reintegration_eng.pdf

¹⁶ Alexander Guest et al., 'Reintegration ATO & JFO Veterans', USAID, SeeD, the government of the Kingdom of Netherlands, UNDP, January 2022, <https://reliefweb.int/report/ukraine/reintegrating-ato-jfo-veterans-january-2022>

¹⁷ Verkhovna Rada of Ukraine, 'Act No. 3551 of 22 October 1993 on the status of war veterans and guarantees of their social protection', October 1993, <https://zakon.rada.gov.ua/laws/show/3551-12#Text>

Attaining this legal status is the gateway to accessing state services and benefits for veterans and their family members. The pathway to becoming a veteran is quite involved, and often follows the process detailed below:¹⁸

- 1) Evacuation from the frontline after serious injury or incapacitation
- 2) Diagnosis and immediate medical treatment
- 3) Rehabilitation (open-ended process)
- 4) Military Medical Commission (MMC) & discharge: after obtaining a referral and a certificate of injury from one's military unit, an injured soldier must pass an examination by the MMC, which involves visiting several specialists to determine if the individual is fit or unfit for further military service. If declared unfit for service, the individual can be discharged from service for health reasons by presenting the MMC conclusion to their military unit to receive a discharge report.
- 5) Medical and Social Expert Commission (MSEC): if the individual received a serious injury, then, after receiving a referral, the individual can undergo an examination with the MSEC to officially certify their disability, according to three categories (I-III, with I being the most severe).
- 6) The individual can now apply at a variety of institutions, such as Territorial Recruitment Centres, for the status of 'combat veteran', or at the Department for Social Protection for the status of 'person with a disability caused by war' (which requires the MSEC's report).
- 7) If the application is successful, the individual attains the legal status of a veteran, and can begin accessing certain services and benefits (e.g., those in the category of 'persons with disabilities caused by the war' may apply at the Pension Fund for a disability pension).

Completing steps (3)-(6) can take several months and often overlaps with the rehabilitation process faced by seriously wounded individuals. During these steps, individuals may experience a period where they no longer have free access to services for which they were once covered as active military personnel, but are not yet legally considered a veteran.

Once an individual has attained legal veteran status, they are entitled to a variety of services and benefits, including medical services, employment services, housing-related benefits, financial benefits, etc.¹⁹ For example, veterans are entitled to free medicines, free priority dental prosthetics, free public transport in urban areas, subsidised utilities, and 'quick and free access to qualified psychological help' – all contingent on presenting the document confirming veteran status.²⁰

In the context of this study, however, the term 'veteran' is used to designate an individual who has previously served in the Armed Forces of Ukraine, National Guard, Security Service, Foreign Intelligence Service, Ministry of Internal Affairs), National Police, State Border Guard Service, State Emergency Service, and Territorial Defence, regardless of whether they have already received the official veteran status. Operating with this definition allows the assessment to comprehensively explore the system of service provision for veterans in Dnipro, including the experiences of former service personnel who have not yet attained legal veteran status.

¹⁸ See Articles 6 and 7 of Law 3551. See also Pryncyp, 'From injury to return: Ethnographic research of the path of veterans and their relatives', 22 September 2023, <https://www.pryncyp.com/wp-content/uploads/2023/12/from-injury-to-return-digital.pdf>

¹⁹ These services and benefits are laid out in Section III of Law 3551, and are easily viewable on the 'Guarantees and Benefits' page of the Government's online e-Veteran Platform. <https://eveteran.gov.ua/benefits>

²⁰ <https://eveteran.gov.ua/benefits/bezoplatna-psihologichna-dopomoga-ministerstvo-u-spravah-veteraniv>

Demobilisation pathway due to health issues

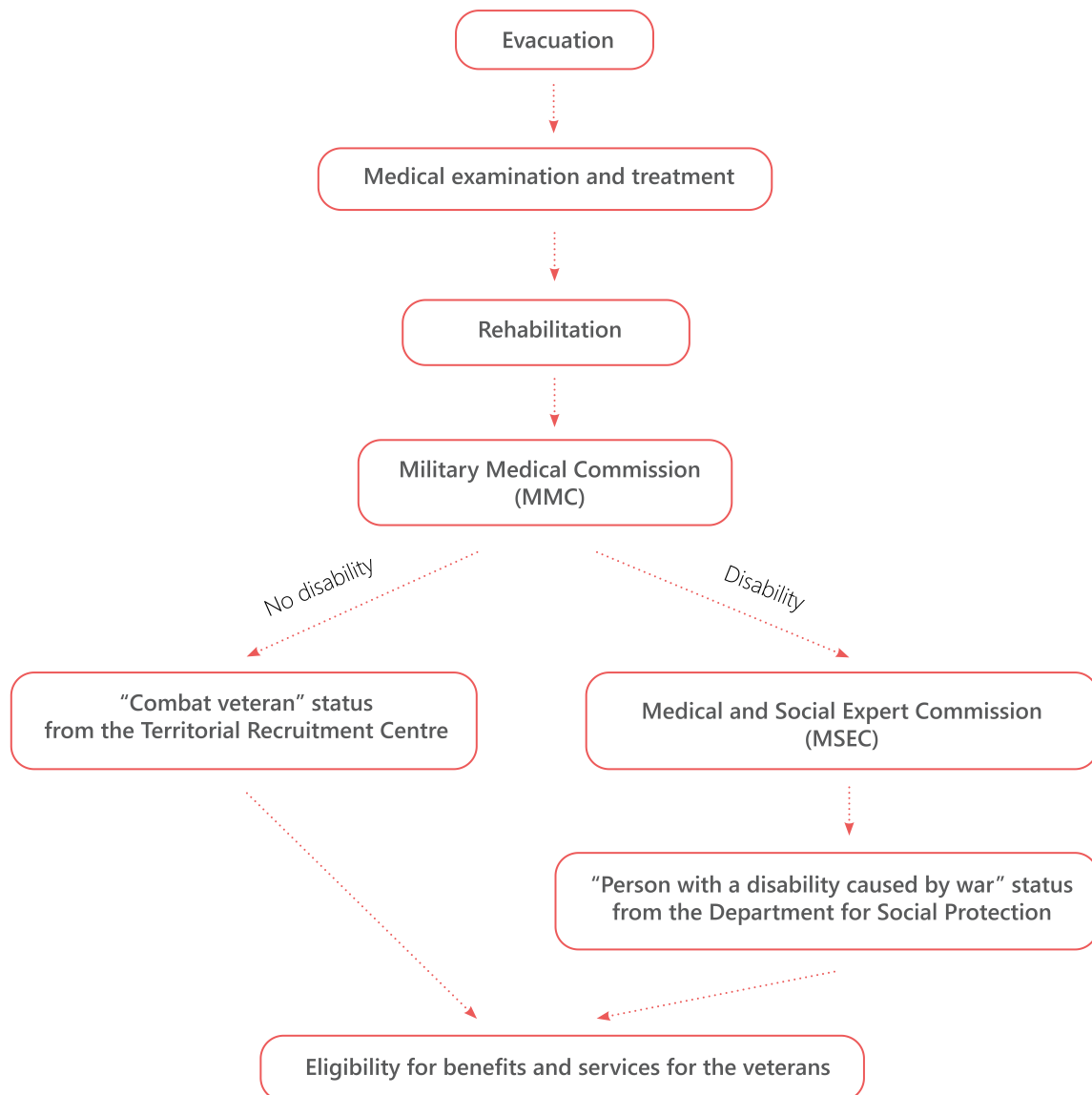


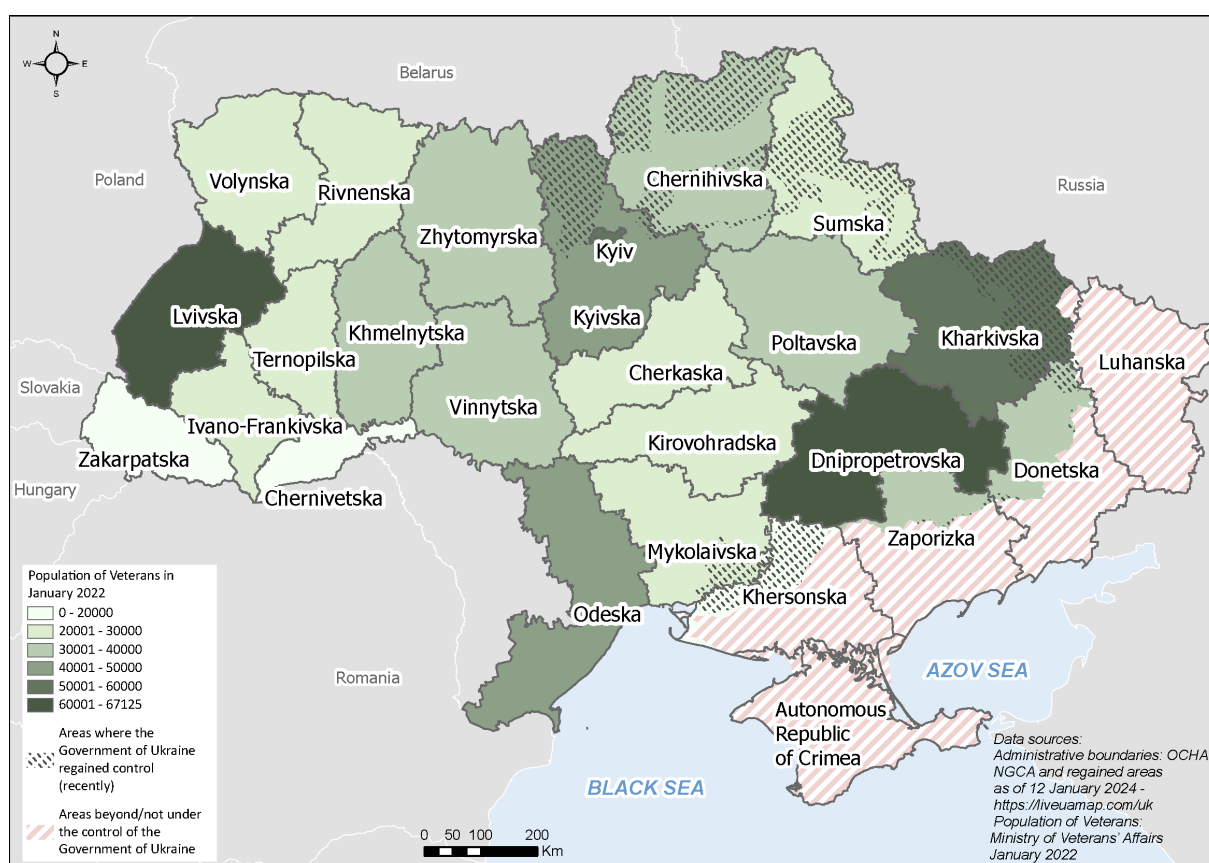
Figure 1. Example of a demobilisation pathway

Methodology

Geographical scope

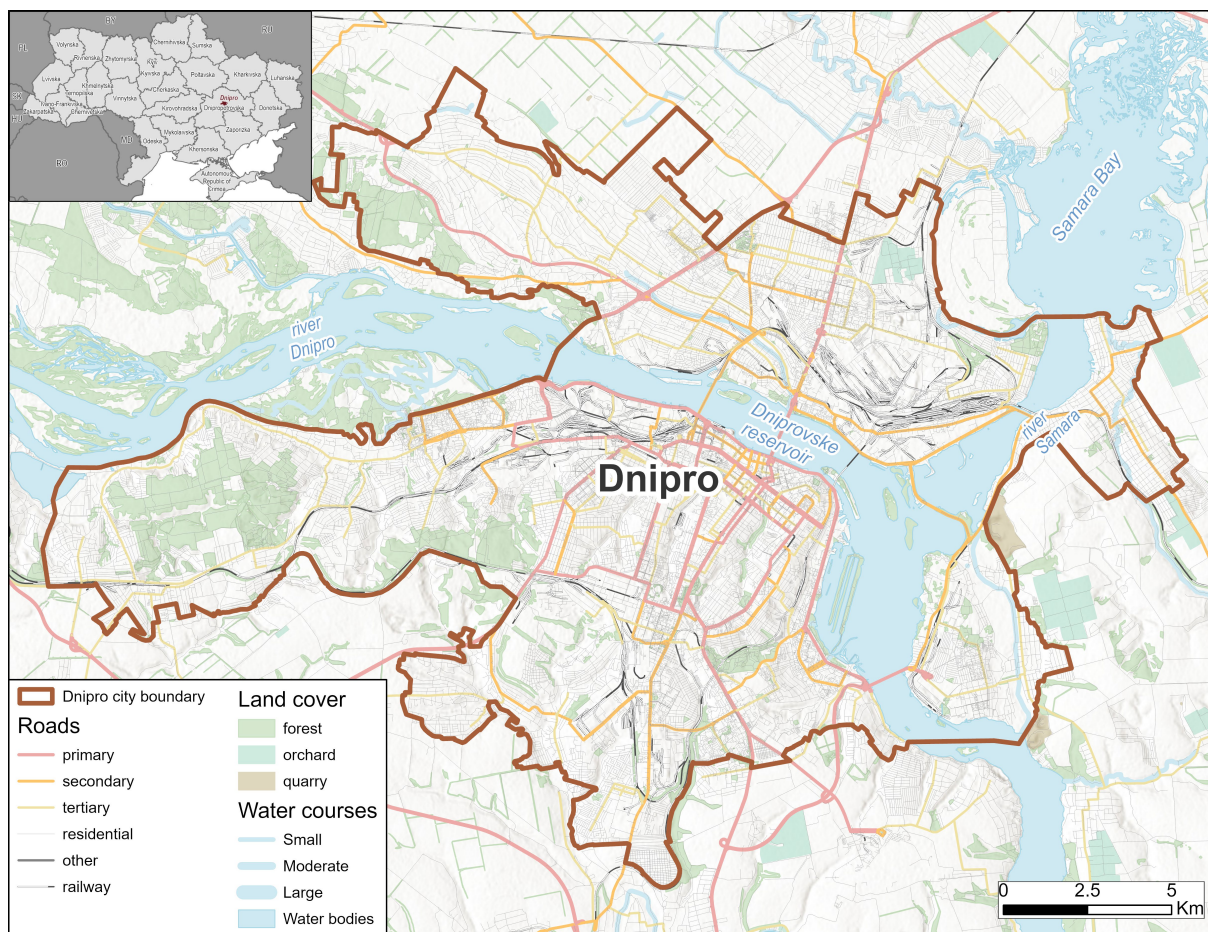
This assessment focused on veterans, veterans' family members, and external actors engaged in veteran service provision in Dnipro city, Dnipropetrovska oblast. The purpose of this geographically limited focus is to adopt an area-based case study approach to gain an in-depth understanding of veteran access to services in Dnipro. The assessment team selected a qualitative, localised approach to complement other nationwide, representative surveys being conducted by actors including IOM and UNDP/SeeD.²¹

The assessment team selected Dnipro due to its location in the oblast that had the largest veteran population in Ukraine prior to the escalation of the war in February 2022 (see Map 1, below). While data on the geographical distribution of Ukraine's veteran population has not been published since the beginning of the full-scale invasion due to data sensitivity, the assessment team has identified several government-led programmes that target veterans located in Dnipro. This suggests that Dnipro is likely a city where a significant portion of the veteran population continues to be located.



Map 1: Distribution of veterans in Ukraine in January 2022

²¹ IOM, 'Veterans' Reintegration in Ukraine: National Survey', February 2022, <https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/VETERANS%E2%80%99%20REINTEGRATION%20IN%20UKRAINE-ENG-NEW.pdf>; IOM, 'The Social Reintegration of Veterans in Ukraine', November 2023, <https://ukraine.iom.int/sites/g/files/tmzbd1861/files/documents/2024-01/veterans-social-reintegration-eng.pdf>; Alexander Guest et al, 'Reintegration ATO & JFO Veterans', USAID, SeeD, the government of the Kingdom of Netherlands, UNDP, January 2022, <https://reliefweb.int/report/ukraine/reintegrating-ato-jfo-veterans-january-2022>



Map 2: Map of assessed area

Sampling strategy

This assessment relied on purposive sampling. The assessment team intentionally sought to speak with a diverse set of veterans accessing services in Dnipro, prioritising interviews with veterans who engaged in military operations after the start of the full-scale invasion, as the least data is available for this category. In this assessment, the term ‘veteran’ refers to individuals who served in the Armed Forces of Ukraine, National Guard, Security Service, Foreign Intelligence Service, Ministry of Internal Affairs, National Police, State Border Guard Service, State Emergency Service, and Territorial Defence, regardless of having attained the official veteran status.

The sample was disaggregated by relevant sociodemographic characteristics of veterans, including gender, disability or chronic illness, age group, displacement status, career path (professional military vs. veterans with civilian employment background), and the veterans’ origin (urban/rural areas). Additionally, the assessment team aimed to interview veterans’ family members, as well as the relatives of deceased military personnel, as they are also guaranteed services by the state.

Similarly, the assessment team sought to interview a broad array of key informants with knowledge of veterans’ affairs, spanning local and international NGOs, local service providers, and government officials at the hromada, raion, oblast, and national levels. Local service providers (government and non-government) were targeted to provide insights about the services their organisations or agencies provide to the veteran community; alongside state actors, this group included non-state actors such as local veterans’ associations and volunteer groups. Government personnel at different levels of authority

were targeted to provide reflections about veterans' affairs at the institutional level and the relationship between local and national-level government in achieving veteran policies on the ground in Dnipro.

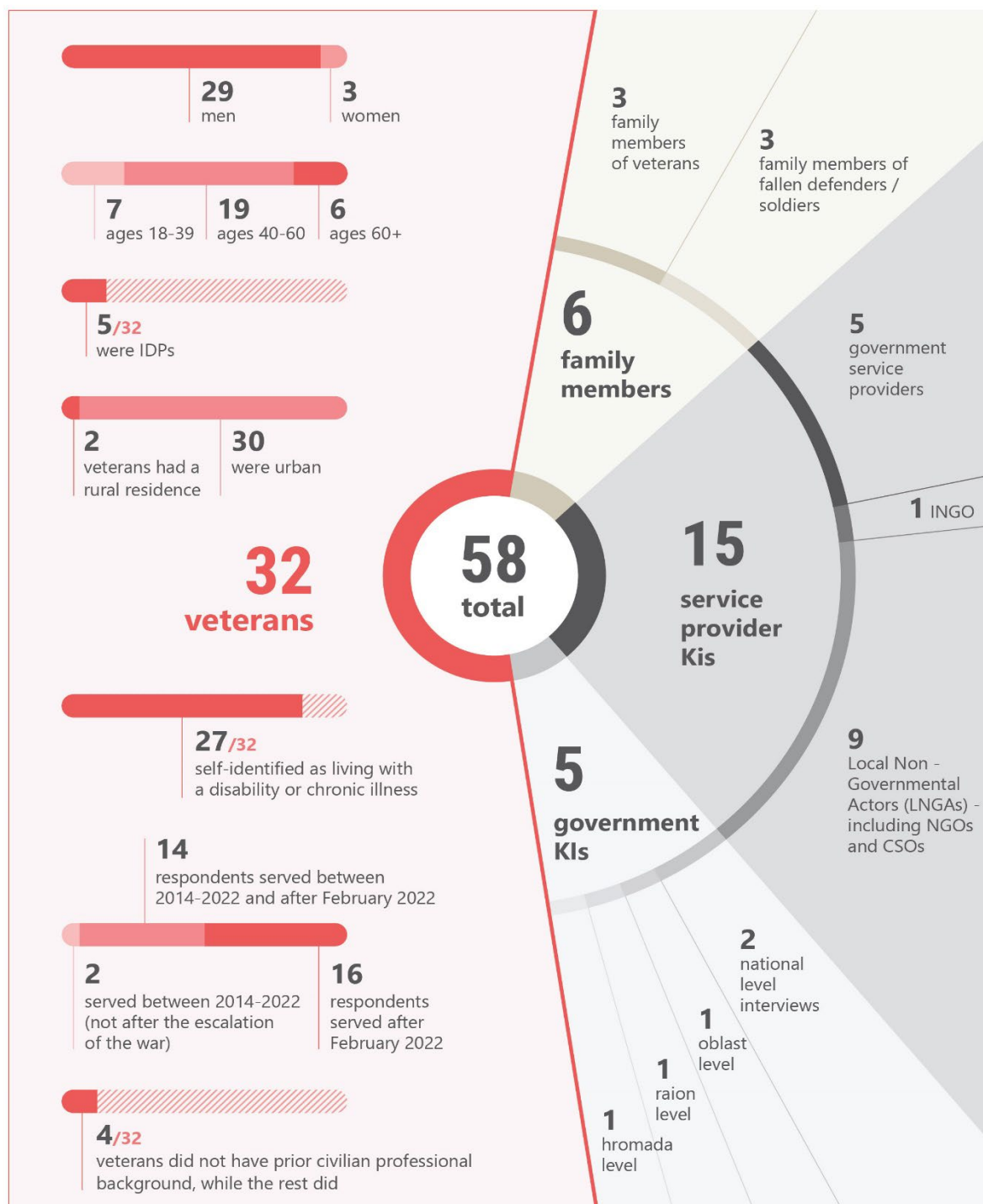


Figure 2: Sampling strategy

Data collection methods

Primary data was collected by the REACH field team through semi-structured interviews during October and November 2023. The field team conducted key informant interviews (KIIs) between 18 October and

8 November, and individual interviews (IIs) with veterans and veterans' family members between 24 October and 12 November. Almost all (56) interviews took place face-to-face in Dnipro; two were conducted over the phone.

Given the likelihood that veterans had been through traumatic events in the 18 months before data collection, the assessment team opted for conducting one-on-one in-depth interviews, which offered a greater degree of privacy and allowed enumerators to focus on the comfort levels of one individual (rather than a group of individuals, as in a focus group discussion). In close consultation and guidance with veterans, MHPSS, and other protection organisations, the assessment team took careful steps when designing interview questions to mitigate the risk of re-traumatising respondents (including by not including questions about their time of military service), and enumerators were trained in collecting qualitative data with vulnerable groups. Additional steps were taken to ensure respondents had access and clear referral pathways to mental health services, resources, and contacts.

Interview questions were calibrated for each group in the sample. The assessment team developed a tool targeted toward veterans to be discussed on the individual level, although it also included questions that allowed veterans to speak on behalf of the veteran community more broadly. This tool covered their needs and their experience accessing services. The tool for family members of veterans asked similar questions at the individual level in the event that family members are recipients of services themselves, but, where appropriate, also asked questions about their veteran family members and the veteran community more broadly. Meanwhile, key informants provided information about veterans' affairs at the community and institutional level.

Analysis

The assessment team used MAXQDA, a qualitative data analysis software, to conduct in-depth qualitative analysis of the interview transcripts. The qualitative data was reviewed and coded according to a codebook developed from the assessment's research questions. This enabled the assessment team to systematically categorise the data and identify variance and recurrence across important themes. Particular attention was paid to differences in responses based on sociodemographic characteristics.

Challenges and Limitations

The assessment primarily targeted veterans who served since 24 February 2022. However, official information about veterans is seldom published by Ukrainian authorities given its sensitive nature, and relevant stakeholders emphasised the difficulty of accessing this population. This presented a challenge for the field team's data collection. To overcome this, the field team conducted outreach to local veterans' organisations and hired a focal point from a veterans' organisation to conduct further outreach (using their own expertise on the local veteran community, alongside a snowballed sampling approach) in Dnipro city. It is noteworthy that the field team reported having particular difficulty finding female veterans,²² although it ultimately reached the target of three interviews.

This assessment is intended to provide an in-depth, localised view of veterans' experience of reintegration and access to services in Dnipro city. However, by using local veteran organisations to access veteran respondents, the assessment used data that is not representative of Dnipro's veteran population as a whole.

²² There are likely quite few female veterans in Dnipro. Since the full-scale invasion, soldiers are generally only discharged due to serious injury or incapacitation; comparatively fewer women are deployed to combat positions on the frontline where such injuries are most likely. According to the Ministry of Defence ([MoD, RUSI](#)), roughly 5,000 servicewomen are deployed in combat positions on or near the frontline; as of summer 2023, the number of injured was reportedly in the hundreds ([NV](#), [BBC](#)). Only some of this latter group would likely become veterans in Dnipro.

As the sample of veterans and veterans' family members was produced by outreach to organisations working with veterans, the results of the assessment may be biased toward those who have better access to services than those who are not connected with such organisations (and may thus be in greater need of support). This could potentially skew results about veterans' needs and their knowledge of, and success in accessing, certain services. Conversely, it is important to note that the interviews also included individuals who have not yet received official veteran status. This may have affected their access to state-provided services, as many are exclusively available to individuals officially recognised as veterans. Administrative and bureaucratic barriers are further elaborated on in subsequent sections.

Additionally, the assessment's area-based approach means that the data collected on veterans in Dnipro does not necessarily apply to other areas of Ukraine. Government ministries are piloting new veteran programming in Dnipro, and the city likely has more organisations serving veterans than most other areas of the country. The assessment therefore does not assume the same structures and services are in place in other cities and oblasts. Certain challenges faced by the veteran community in Dnipro may or may not apply to veterans accessing services in other urban or rural areas of Ukraine.

Finally, a qualitative approach means that the findings of this assessment are indicative only, although the assessment team did, to the extent possible, speak with a diverse group of veterans and a broad array of actors working on veterans' affairs in Dnipro. Data collection took place during October–November 2023 and reflects perceptions at that time period, but the situation is likely to change as more combatants demobilise.

Findings

Service Needs of Veterans and their Families in Dnipro

When interviewed about the primary areas in which veterans and their family members need assistance the most, **respondents most frequently mentioned the need for psychosocial support, healthcare services, and support with employment and retraining.** Many emphasised that the types of needs have not changed since the full-scale invasion, but that the number of those in need has increased.

Additionally, veterans reportedly needed administrative and legal assistance to understand the benefits to which they are entitled, as well as to obtain certificates required to access these benefits; one veteran gave an example of needing assistance with the paperwork for attaining veteran status. Several veterans mentioned financial assistance and pensions as important needs, given that some may not be able to work after demobilisation. Some veterans also reported housing as among their most pressing needs.

The veterans and family members interviewed for this assessment represented a demographically diverse group, with varying degrees of need across different sectors. While many veteran and family member respondents mentioned a need for certain types of services, it is also worth noting that **some expressed that they were not interested in services** and did not apply for any, such as those in good health and secure financial standing.

Healthcare and psychosocial services

MHPSS was the most frequently reported need, although some respondents reported not needing it.²³ Respondents mentioned a range of psychological issues after demobilisation, including PTSD, anxiety and chronic stress, and feeling withdrawn, anti-social, or apathetic, as well as other psychological challenges, such as getting used to life without a limb or having to process not being able to return to one's previous profession. A disabled veteran who listed 'psychosocial support' among his most pressing needs described returning to civilian life: 'From the beginning, I had constant anxiety, panic attacks, and I spent a lot of time in the hospital'.

The need for psychosocial support was mentioned repeatedly as a means to alleviate mental health issues resulting from combat and to help veterans adapt to civilian life. One veteran, who reported that his physical and mental state prevented a return to his previous profession as a builder, said:

'There are many people who came back without limbs, so most of all they need mental health support. If a person has [physically] adapted to life without a limb, it is still very difficult for him psychologically to understand that he will not be able to return to normal life'.

Regarding MHPSS and social integration support for veterans, KIs mentioned the need for both inpatient psychological rehabilitation,²⁴ as well as outpatient long-term mental health support, including the need for counselling with the proper use of medications. Several KIs also emphasised the need for veteran support groups or clubs where 'veterans could communicate with each other' and 'learn to

²³ Recent research from IOM mentions the perception of 'stigma or shame associated with seeking help' (referring to MHPSS) among some veterans; this may impact veterans' reporting on this particular need. See IOM, 'The Social Reintegration of Veterans in Ukraine', November 2023, https://ukraine.iom.int/sites/g/files/tmzbd11861/files/documents/2024-01/veterans-social-reintegration_eng.pdf

²⁴ One KI referenced the need for more centers like Lisova Polyana, one of the leading mental rehabilitation centres for veterans in Ukraine located in Kyiv.

support each other'. Similarly, a family member of a deceased serviceman highlighted the need for community support groups and memorial events to help process the effects of the war, particularly loss.

Some respondents reported an increase in veterans returning from the war with serious injuries compared to the period of fighting between 2014-2022. Given the complex injuries and chronic ailments many veterans sustain during hostilities (several veterans said that almost all their comrades returned disabled), **medical services were reported as one of their most pressing needs**. This included surgical operations, limb prosthetics, rehabilitation and physiotherapy, regular check-ups to monitor health conditions, provision of medications, and dental services. Veterans and KIs reported that veterans' dental health often severely deteriorated during military service, and that dental services were particularly important upon returning to civilian life, especially implants. One KI from an NGO also noted that while many veterans demobilise due to injuries, others demobilise without injury but develop health issues over time (e.g., chronic back pain). One veteran with a disability admitted: 'Personally, I need physiotherapy. I feel much worse now than when I returned from the war'.

Employment and retraining

Regarding employment and retraining, a few KIs felt that currently veterans' service needs are mainly centred around physical and mental healthcare because the vast majority of veterans who have demobilised since the war's escalation would have only been discharged due to severe mental or physical health issues. One KI stated that 'perhaps employment is not a priority at the moment, as most of them are still undergoing rehabilitation'.

However, **veterans and family members frequently highlighted the importance of support with employment and retraining after military service**. This includes assistance with securing employment, learning new professional skills, and support in starting a business. As one veteran expressed, employment is key for 'financial stability' after demobilisation. Additionally, a family member of a deceased serviceman noted that families of the deceased are left without a pillar of financial support and said that she therefore needed assistance with finding employment.

Several respondents emphasised that returning to one's previous job is often unsuitable when the physical and mental effects of combat are not compatible with the working conditions. As one veteran said:

'businesses are not designed to employ people with disabilities at all, especially people who have lost their limbs and who are limited in their movement'.

Many KIs concurred in raising the need for support to veterans in accessing employment post-service, which may involve retraining (vocational or formal education) for veterans who would like to pursue new career paths or helping to identify employment able to accommodate workers with disabilities.

Services Availability, Accessibility, and Quality

Availability of Services

A wide variety of services were reportedly available to veterans and their family members in Dnipro, through both government agencies and non-state institutions, such as veterans' associations, local volunteer groups, charitable foundations, international organisations, and local NGOs. Official institutions included the Administrative Services Centre, Veterans Development Centre, Pension Fund, Social Protection Department, military enlistment offices, and state hospitals.

Veterans received medical treatments at a variety of institutions, including military hospitals, public hospitals, private clinics, and at their family doctor. These treatments included surgical operations, outpatient treatment, medical examinations, provision of medications, and dental services. Many veterans reported visiting several different medical institutions, sometimes a combination of public and private. Some veterans expressed concern over the availability and quality of rehabilitation services. For example, one veteran with a disability reported:

'in terms of physiotherapy, I have not been able to access this service properly. I was given a referral to a public hospital, but, unfortunately, there are limited opportunities, and it is difficult to get modern methods of physiotherapy'.

Additionally, veterans and family members reported receiving psychosocial support, although often did not elaborate on how or where they accessed these services. Some veterans indicated that they accessed these services at state hospitals and from NGOs. KIs mentioned both state and non-state actors delivering psychosocial services, including, in some cases, their own organisations. One KI noted that their organisation provided direct psychological counselling, as well as trainings to medical workers and employees of public establishments (e.g., stores, cafes, bus stations, etc.) to better respond to the needs of veterans.

Regarding other types of services, veterans and family members accessed administrative services at state institutions like Administrative Services Centres, where they were issued certificates, applied for services, and provided with reference information. Some respondents also mentioned accessing legal aid, for example through the Veteran Hub, a non-state entity that provides a range of services and events for veterans.

Veterans also reported receiving assistance and consultations regarding employment and retraining at the Veterans Development Centre, Employment Centre, and Veteran Hub, which included help with writing resumes and searching for jobs; other government programmes reportedly provided loans for small business development. Some respondents received cash and in-kind assistance from non-governmental organisations, aimed at providing support during the winter season. The assistance encompassed, for example, warm clothing, power generators, or funds for housing repairs.

Veterans and their family members highlighted insufficient funding as a barrier to ensuring the availability of services. Similarly, KIs emphasised that the primary obstacle lies in inadequate funding relative to the extensive demand, which has resulted in prolonged wait times for certain services required by veterans, such as medical treatments. This issue was frequently raised in relation to the state budget – for example, in terms of insufficient allocations to veterans via the Pension Fund. One veteran also suggested that corruption may at times obstruct the accessibility of services in hospitals.

Accessibility of Services

Physical Accessibility

Veterans and their family members in Dnipro reported physical challenges when trying to access services, both when travelling to the relevant institutions and when moving around inside them. **Veterans with disabilities encountered particular difficulties with physical accessibility.**

Many veterans and family members reported that the services were located within an acceptable distance from their place of residence, and some respondents found these institutions well connected to public transit links throughout the city. However, many other veterans and family members stated that the institutions were located far from their place of residence, requiring multiple transfers on public transit; several respondents said that it would be difficult to visit the institutions without a car. Some KIs

likewise mentioned that the large size of Dnipro city itself could be a challenge to accessing services and raised the point that **access is more difficult for veterans residing in rural areas outside the city.**

Public transport was particularly mentioned as not sufficiently adapted for people with disabilities; several examples were given that echoed one veteran's story where 'a person in a wheelchair could not get into the transport because it was not equipped for this, and the minibuss driver at the bus stop would not wait long for a passenger and personally put him on a bus'. Some respondents mentioned that veterans therefore needed to be healthy to make the journey to access services; if not, those with disabilities needed to navigate poorly adapted transport and institutions with an 'accompanying person' nearby, said a veteran who underwent knee surgery. Notably, however, some respondents did believe that public transport had been adapted for passengers with disabilities.

Respondents' perceptions diverged on whether facilities where they accessed services were well adapted for persons with disabilities. Many respondents believed that they were adjusted, mentioning the installation of ramps, for example. Others said that facilities are not well adapted, noting that some hospitals lack elevators, adequate seating space, and wheelchair-accessible hallways and toilets. KIs indicated that, while it is mandatory for public institutions to be adapted for persons with disabilities, some are better adapted than others – they may have installed a ramp but lack other measures. Veterans with serious injuries often found it difficult to wait in the hours-long queues and move from office to office to complete medical and administrative processes. One veteran who lost his leg and now uses a wheelchair to move around said:

'I believe that, in general, all institutions that provide services to veterans are within an acceptable distance from where I live. But you need to be physically healthy to be able to go there. Now I don't feel well, so it's very difficult for me. [...] In the hospitals I went to, there were those that did not have elevators. [...] I didn't know how to get to the 3rd floor of the hospital in a wheelchair, no one could help me in this matter. In the hospital, I also have to go around many rooms, put stamps in some, signatures in others, etc., and it is difficult for me to move'.

Regarding safety, veterans and family members often reported finding facilities where they accessed services safe to visit, with some saying that the facilities had accessible bomb shelters. However, some respondents expressed concerns about the poor condition of existing bomb shelters, and some said there were no bomb shelters at the facilities they visited, or that facilities advised visitors to evacuate the premises instead of allowing access to bomb shelters during air alarms. KIs also mentioned that some shelters may not be adequately adapted for people with disabilities.

Financial Accessibility

Veterans and their family members reported that in some cases they did not have to pay for services (for example, certain types of medical, dental, and mental healthcare), while in other cases they needed to pay (in whole or in part) at their own expense. **The need to pay for services stemmed from various factors,** such as individuals not yet having obtained official veteran status, thus lacking coverage, or required services not (or not yet) being provided for free to the veterans. Furthermore, free services often lacked capacity, resulting in lengthy waiting lists for urgent procedures, such as operations. Some veterans were unaware of services available to them free of charge. Most key informants, meanwhile, believed that services were free of cost to veterans and family members.

Veterans and family members mentioned that services in Dnipro are not always affordable. For example, fees for certain types of medical and dental care are not covered by the state, making necessary care accessible only to those who can afford to pay from their own incomes. Some respondents noted that without more than one source of income (e.g., a pension coupled with a small business income), it would be difficult to pay for certain services. One veteran highlighted that difficulties with securing

employment also render services less affordable: if a veteran 'has been out of work for six months, then it will be very difficult for him' to pay for services.

Respondents noted the difference in quality between private clinics and the public healthcare system in Ukraine, mentioning that private clinics, including private dental clinics, are more expensive but often preferable in terms of quality. **Accessing private healthcare was reportedly not feasible for some**; one veteran said: 'If the services are expensive, it means that they are not available to me'. Another veteran, who reported seeking services from a private clinic after finding the state-provided rehabilitation process ineffective, highlighted the difficulty of trying to access services while waiting to receive his benefits: 'While I was in military service and went to private clinic Garvis, the service was free. However, now this service is paid [...] It's hard at the moment because I haven't received my pension yet'.²⁵ Yet another felt that while free services were widely available, they were often not useful and 'there are many paid services that are worthy, although it is very expensive for veterans'.

One veteran who became disabled while serving in the military following the full-scale invasion said:

'Veterans fought, became disabled, defended their country and now they still have to pay for treatment? Of course not. Veterans should receive all services free of charge'.

Information Accessibility

While some veterans and family members found information about services to be well or at least adequately communicated, **the majority reported that this information was poorly communicated, serving as a barrier to successfully accessing services** to which they are entitled. Veterans often had to search for information about services on their own, sometimes leading them to find incomplete or incorrect information. One respondent captured the commonly reported confusion resulting from this:

'[Veterans can] lose their patience, because they don't understand where to go, what to do, and don't have a clear plan of action. [...] And if we talk about awareness, then there are services, but there is no complete and clear information about them, people do not know how to get them'.

Similarly, one KI noted that while services may be available, 'there are more challenges related to accessibility. In particular, not knowing where to apply, who is the service provider, or not knowing that such structure exists'. However, some KIs pointed out that veterans and their families were provided with good information about services through local ASCs and the 'Veteran's Assistant' project ongoing in Dnipro (an initiative to train caseworker-style staff to support veterans' reintegration).

The most common sources of information for veterans and family members were communication with acquaintances, veterans' groups on social media platforms such as Telegram or Viber, and the official social media and web pages of service providers. Veterans and family members frequently mentioned searching for information via Internet search engines, although one veteran cautioned that 'On the Internet, all the information is written very beautifully, when you go to action, you begin to refer to them, in fact, not everything turns out as smoothly as they write there'; another reported finding outdated information. While many veterans relied on their personal networks and the Internet to find information, **some called for a more centralised source of information**, such as 'a general directory that would contain a complete list of services, indicating phone numbers to apply'.

Bureaucratic & Administrative Accessibility

Veterans and their family members reported that **accessing state benefits can be a long and complicated process**. This includes the difficulty of registering oneself as a veteran and/or as a person

²⁵ Respondents mentioned that some private service providers offered free services to military personnel and veterans.

with a disability, which is the gateway through which veterans can access benefits from the state, such as healthcare and housing benefits. KIs pointed out that accessing certain services requires the submission of complicated paperwork to multiple offices (for which respondents at times found the process unclear), often followed by prolonged waiting periods. One family member of a veteran described facing a 'complex labyrinth of bureaucracy' and 'endless waiting'.

More specifically, **veterans and family members reported facing difficulties regarding the length of the process of obtaining certificates and benefits.** Respondents highlighted the considerable time investment required to obtain and submit all necessary documents, which included enduring lengthy queues and requesting documents from multiple authorities. Disabilities, childcare responsibilities, and inflexible working hours made this time commitment difficult for some. Moreover, respondents frequently mentioned months-long processing times after submitting their documents, and being unsure of when they will receive a response. The length of this process directly affected respondents' ability to access services (e.g., disability benefits are contingent on receiving a disability certificate). Long waiting periods to formalise veteran status with the government can result in veterans lacking the support they need during the initial months of their civilian lives following demobilisation.

Additionally, **veterans and family members reportedly found the application processes for various services unclear and complicated.** Respondents were often uncertain which documents were needed for a given procedure, where documents were to be submitted, and to which authorities they should appeal. Some veterans and family members expressed frustration over being sent to one institution after another. Many respondents experienced additional issues with their documents, including when officials would reject all their documents because some were incorrect or missing. A few veterans and KIs mentioned that the process was further complicated if one was not registered in the local municipality – for example, veterans who might have originally demonstrated ex-combatant status in another oblast, become displaced by the war, and relocated to Dnipro.

Several factors – such as one's disability status, specific military unit, and more generally institutional capacity – can add to the difficulty of the process. One veteran described the bureaucratic and administrative obstacles to accessing services as follows:

'Some documents are missing, they fail to inform people when they apply for the first time that another package of documents is required, and I, as a person with a disability, cannot move at all after a serious injury. My mother submits documents for me on her own. And again, you have to wait 2-3 months for the documents to be reviewed. The process of obtaining veteran status is very long, without a certificate I cannot get any free public services'.

Another veteran reported that 'about 6-7 times I submitted documents, because the personnel department of the military unit constantly lost my documents'. The wife of a deceased serviceman who volunteers at a hospital treating wounded soldiers detailed how such administrative issues can mean that veterans must pay for services themselves:

'In general, military personnel have a lot of problems with documentation. A serviceman who has lost his leg walks and tries to submit documents in order to obtain a disability category. There are moments when a serviceman urgently needs an operation and due to the fact that his military unit did not issue him any documents, the serviceman has to be treated at his own expense'.

A veteran who suffered a serious injury that left him disabled described how issues with the capacity of service providers further contribute to the difficulty of the process to be declared unfit for further military service:

'when I passed the Military Medical Commission, about 600 people pass through the commission during the day. The amount of work is large and some doctors cannot physically cover such a crowd of people. The same traumatologist or surgeon can cover a maximum of 60 people per day. People with various injuries, wounds, and some with missing limbs, arrive at the hospital at 4 in the morning in order to have time to get to the doctor. Also, a certain time is given for passing the Military Medical Commission and if a person does not pass the Military Medical Commission within a certain period, then military personnel are deprived of salaries and other payments. Someone cannot undergo a medical examination for a month'.

Overall, the length and complexity of the process reportedly led some veterans to have to wait months before accessing free services, to pay for certain services such as medical treatment at their own expense, or to not apply for services at all.

Nonetheless, **a sizeable minority of veteran and family member respondents reportedly did not encounter bureaucratic or administrative obstacles to accessing services**, and found the process of applying for certificates and benefits clear and timely. One veteran stated: 'As for the process of registering the status of a veteran and the status of a disabled person, everything went smoothly and quickly for me. The military unit to which I was assigned promptly dealt with my issues [...] so I did not have any difficulties'. Another veteran reported that '[t]he Pension Fund and the ASC [Administrative Service Centre] work very well, everything is clear what to do, what kind of assistance and how long to expect', and that, after seeing a specialist, he was quickly 'issued all types of state benefits'. **There were no discernible sociodemographic characteristics that unified these satisfied respondents.**

Local ASCs began piloting the 'I Am a Veteran' programme in Dnipropetrovsk oblast in 2023 – a 'single window' service desk where veterans and their families can receive a wide range of administrative services from specialists trained to work with veterans, reducing the need to go to several institutions. One veteran mentioned that 'a lot of services are provided under this programme' and that it contributed to making services more accessible by allowing veterans to avoid the 'long queues' they would otherwise often face, while another said that 'now there are separate windows [for veterans], electronic queues, spaces for children, and this impressed me very much'.

Accessibility for Different Groups

The majority of veterans and family members reported that they did not encounter overt discrimination when accessing services, and that veterans generally have equal access to services regardless of sociodemographic characteristics (gender, age, etc.). One veteran believed that former military personnel who had obtained the legal status of 'combat veteran' and 'person with a disability caused by the war' enjoyed privileges, but recognised this as lawful: 'This means provision of services on a priority basis, but according to the law, and outside the law, I have not heard of this'.

However, some veterans highlighted additional disparities in accessing services, noting **greater difficulties faced by veterans residing in rural areas, displaced veterans, and veterans with disabilities** (for example, through lack of wheelchair access in facilities they visit for services). Several respondents also reported experiencing discrimination while attempting to utilise the benefit of free public transport, noting cases where bus drivers denied free travel for veterans or avoided transporting disabled individuals. Finally, a few veterans suggested that 'personal connections' may facilitate access to services.

Female veteran respondents all reported that they had not encountered any discrimination when trying to access services, with one of them saying: 'As a female veteran, I can't say that I was treated differently than men. I didn't feel any prejudice towards myself'. Overall, there were no discernible differences between male and female veteran responses regarding the availability, accessibility, and

quality of services. It should be noted that the assessment had a small sample of only three female veterans from which clear trends cannot be drawn.

Many KIs believed that all veterans, their family members, and the families of deceased military personnel have equal access to services and benefits – provided, as one respondent said, that they have city registration (which can affect displaced veterans seeking to access services in Dnipro). Some, however, reported that discrimination does exist; for instance, one service provider noted that volunteers do not have any rank, and may therefore receive less preferential treatment. KIs additionally mentioned that veterans with disabilities and those living in rural areas may have a more difficult time travelling to access some services, adding that complicated medical treatments may not be available in their proximity, and that road conditions and transport links in rural areas can be poor. ‘Social taxi’ programmes and specialists conducting home visits were mentioned as measures to mitigate this.²⁶

Quality of Services

Reflections on the quality of services varied greatly across respondents, types of services, and even specific service providers. Many veteran and family member respondents reported that they have received services of proper quality from state-run, NGO, and private institutions. This included a variety of services, such as healthcare services, dental services, legal services, and administrative services (e.g., in Administrative Service Centres, ASCs, where veterans register for benefits).

Veterans, their family members, and KIs often spoke of **high-quality specialists** involved in veteran service provision, including specialists at ASCs and medical professionals. One veteran who became disabled after a serious combat injury encountered helpful specialists during his process with the Medical and Social Examination Commission (MSEC) to obtain an official disability recognition certificate: specialists ‘always helped me with everything, told me what necessary documents I needed in order [...] to go to the appropriate institution that provides services’. The family member of a fallen serviceman pointed out that NGOs and private service providers also had offered high quality services: ‘there are now law firms that provide services to military personnel, and through them you can get high-quality advice and services quite quickly. You can also contact NGOs, and they are also able to provide fast and high-quality support’.

However, many veterans had reservations about specialists involved in service provision. Several veterans expressed the view that specialists, from doctors to psychologists to administrative staff, needed to improve their interactions with, and better understand the unique needs of, veterans. This ranged from communication issues to a shortage of experts specialising in certain types of injuries commonly experienced by veterans. One veteran said that ‘I have a disability related to a mine-blast injury, and civilian doctors have little, and some have no experience at all, working with people who have suffered from participation in hostilities’. KIs also pointed to unqualified specialists, noting a shortage of medical professionals trained in psychological and physical rehabilitation. Existing providers were described by a KI as ‘often not provided with high-quality equipment and qualified specialists capable of providing quality services, and not just ticking boxes. In particular, a big problem is the lack of long-term therapeutic courses’.

²⁶ The ‘social taxi’ programme is a bookable car service provided for free for individuals in the group I and II disability categories run by Dnipropetrovsk oblast’s Department of Social Protection. It reportedly completed over 2,500 journeys in the oblast in 2023. See Dnipropetrovsk Regional State Administration, ‘This year, the social taxi service was ordered more than 2.5 thousand times in the region’, 4 December 2023, <https://adm.dp.gov.ua/news/cogorich-v-oblasti-poslugu-socialne-taksi-zamovlyali-ponad-25-tis-raziv>, and Department of Social Policy, ‘Social Taxi: Transport Services for People with Disabilities’, <https://socialpolitika.dniprorada.gov.ua/robota-sotsialnogo-taksi/>

While some KIs reported that the **material resources** of the service providers (including equipment and facilities) were of high or adequate quality (e.g., 'only the best doctors treat veterans in our hospitals using modern equipment as well as innovative materials'), others noted some issues.

One KI mentioned the poor condition of some health facilities, including lack of adequate seating in the waiting areas. This reportedly affected veterans with serious injuries, disabilities, and chronic illnesses, as they had to queue for several hours in conditions that were uncomfortable or strenuous for them. Another KI noted the lack of funding for more complicated treatments for veterans related to prosthetics, while another reported a deficiency in the quantity of material and technical support for veterans' rehabilitation and physiotherapy. One veteran reported that the quality of prosthesis offered deterred him from seeking one:

'regarding a prosthetic hand, I do not go anywhere in Ukraine, because this prosthesis for the hand will be of very poor quality, it is not comfortable and does not hold. Because I have an amputated arm up to the shoulder and there is nothing to attach the prosthesis to. And there are high-quality prostheses, for example, in the United States, but it costs a lot of money, which I don't have. [...] That's why I don't go anywhere else about the problem with my prosthetic arm and I don't even think about it anymore'.

Although veterans often spoke of the quality of services in relation to healthcare services, some also mentioned other aspects, such as service providers' ability to complete administrative processes relevant to veterans' needs. One veteran said 'As for social protection institutions, in my opinion, they are still on the way to professionalism, because they do not have a clear algorithm of actions to resolve certain issues, what list of documents is needed, what certificates, what needs to be done in one case and what in another'. Another believed that 'specialists do not quite understand the process of registration and document flow'.

In part due to the above issues, veterans and family members often opted for private services. For example, some veterans and family members reported a preference for private healthcare clinics, remarking that it was worthwhile to pay for the higher quality healthcare services they found in some private clinics; similar remarks were made about accessing dental and psychological care, as well. One veteran, for example, returned from fighting in poor mental and physical health and reported that he 'became an anti-social person' after demobilisation and spent less time in public; he recognised that he needed 'psychosocial support' but said he had 'not yet met a really qualified psychologist who would understand the problems of a military man'. After having difficulty finding 'free qualified psychologists', he turned to private psychologists. KIs also mentioned private care options as providing high quality (though expensive) services.

Many veterans additionally believed that they received worse services than active military personnel, notably by at times having to pay for their own medicines. While this point about paying for medicines that should be free was frequently raised, some veterans did not experience paying for any medicines, and reported extensive provisions at the medical facilities they visited.

Veteran and Family Access to State Benefits

Although several veterans and their family members reported being satisfied with state benefits, many respondents reported difficulties with accessing them. Respondents most frequently mentioned using utilities discounts. In some cases the application process for this was protracted, with a few veterans waiting several months to receive the reductions in utility costs.

Another frequently cited benefit was the **allocation of land plots** to veterans (a benefit afforded to veterans under the current Ukrainian veteran policy). While some respondents mentioned having successfully acquired land plots, others mentioned challenges in accessing this benefit, due to burdensome registration processes, lack of available land, or corruption in the process of obtaining land. One veteran said 'I know that everyone who applied [for the land plot] did not receive it, but I personally did not apply, because I already understand that it is practically impossible'. KIs confirmed that it is very difficult for veterans to successfully access the services related to land and housing – which include construction and repair services, housing loans, and land plots – as the process is reportedly slow, underfunded, and seen by some to be ineffective. Some veterans, however, did report receiving funds for housing repairs.

Health-related services were also cited by a number of veterans. Veterans mentioned vouchers for free stays at sanatoriums, although several faced considerable difficulty accessing this benefit, or only managed to access it via personal connections, while some were unable to use the service at all. Several veterans mentioned difficulty accessing a free qualified psychologist, and one reportedly decided to meet a private psychologist as a result of this.

Regarding **dental services**, veterans reportedly often opted for private dentistry for its higher quality, shorter waiting lists, and because this service often wasn't covered by the state. Several veterans were not aware of any free dental services in Dnipro; some claimed that this service does not exist, or exists only for urgent cases. One KI said that veterans often turn to 'private volunteer dentistry' because they are 'dissatisfied' with state-provided services. Many veterans were apprehensive about the quality of state-provided dental services and the materials used, though this was not always the case, as one described his free dental treatment at a state facility as 'efficient' and 'high-quality'.

Several veterans and family members reported that they made use of **free public transport**, though some said that in practice using this benefit was not always easy or possible. According to them, some drivers do not find it profitable to stop for veterans and may outright refuse free service. A veteran and the family member of a deceased soldier both reported being ridiculed for making use of the benefit, with the former stating that 'the attitude towards such people who have privileges for travel in public transport is very bad'. Additionally, respondents mentioned that disabled veterans experience issues with the physical accessibility of public transport (see 'Physical Accessibility', above).

Changes in Availability, Accessibility, & Quality of Services since February 2022

Veterans who served in the military before and after February 2022 mentioned that certain aspects of service provision to veterans (such as availability, accessibility, or quality) had improved since the war's escalation in February 2022, compared to the period between 2014-2022. Some mentioned Administrative Service Centres and social protection departments having improved in their provision of service. Several veterans who only served after February 2022 also reported that their peers who had participated in hostilities prior to the full-scale invasion also recognised improvements:

'I have first-hand information from my acquaintances who continued to serve after 2014. They reported that the previous process of obtaining service was more complicated. Now it has been adapted and expanded in the range of provision'.

'Through conversations with comrades who have been in combat since 2014, I have heard that medical services for veterans have seen some improvement compared to past years'.

Similarly, KIs mentioned some improvements, including growing digitalisation of service provision and better functionality of the Diia application;²⁷ creation of separate institutions and facilities for veterans, and the expansion of existing facilities; increased cooperation between state institutions and volunteer groups and NGOs, notably in the medical field; better psychological and legal services; and specialists becoming increasingly experienced at working with veterans.

Few veterans and family members believed that services had either not changed or decreased in quality. Among those who mentioned worsening conditions for service provision, some referenced services decreasing in affordability, and one veteran struggling with chronic disease said that ‘now it is much more difficult to get proper medical care’.

Several veterans and family members noted an increase in the number of veterans seeking services since February 2022, creating **an imbalance in the supply and demand of services**. KIs worried about the impact of this on the availability, accessibility, and quality of services, with many citing a lack of funding as a barrier to keeping up with demand. One veteran – a man above 60 who fought for several years during 2014–2021 and again in 2022 – said that, following the full-scale invasion, ‘now we have to fight for services’.

This substantial increase in demand was often cited in relation to healthcare. For instance, one service provider mentioned that health services struggled to cope with the increasing number of wounded, resulting in expanding waiting lists. Similarly, a veteran who was seriously wounded and needs regular health checkups to monitor his kidney functioning said that ‘since there are many veterans now, they do not have time to serve everyone quickly’. Another veteran, who reported that he was prematurely discharged from the hospital before his wounds had fully healed after an operation, said:

‘No one cares if patients have completed their treatment or not. Due to the large number of people arriving at the hospital with complex injuries all the time, there is not enough space, medicine, and good specialists’.

It is noteworthy, however, **that several respondents believed this increase in demand contributed to the improvement of services**. One veteran mentioned that employees and specialists involved in the provision of services are becoming more adept at working with veterans, while others emphasized the growth in resources and personnel dedicated to veterans’ services along with the increasing veteran population. Another veteran noted that amid the heightened focus on veterans, ‘more institutions [...] provide services to veterans as a separate category’.

Coordination Between Veterans Affairs Actors

According to KIs, coordination takes place between and among state and non-state actors working on veterans’ affairs in Dnipro. **This extensive network of actors forms an interconnected system of service provision, where coordination and cooperation occur with varying degrees of formality.** This included interactions among state actors; between state actors and non-state actors; and among non-state actors.

Several avenues of coordination and collaboration took place among state actors. This included, for example, **information sharing**; one service provider from a state institution said that ‘We inform [the Ministry of Veterans Affairs] about the activities that we have planned, are conducting, or have already carried out’, while a KI from national government said that they use ‘personal contact with all authorities and service providers’ to coordinate actions and formulate policy. This included monitoring veterans’ affairs at the level of the hromada. One regional government KI said:

²⁷ Diia is a Ukrainian government e-services portal, and may be found at: <https://diia.gov.ua/>

'Our task as the regional authorities is to hear territorial hromadas. Because territorial hromadas work with people on sites and inform us about their problems. It means that the formation of the regional veteran policy [...] should take into account the problems that exist in hromadas. For example, if Dnipro city talks about some problems and informs us about them, then our task is to include their special requests in the general regional policy'.

Another KI, from local government, reported that they coordinate with other levels of local and regional administration to meet the needs of Dnipro's veteran population and **avoid duplicating services**:

'we cooperate on the basis of the laws and sociological studies, and we understand the needs of the residents of Dnipro city and provide them with the services which are not specified by law but are relevant for Dnipro city. We cannot duplicate services. It means that if the Ministry of Social Policy provides veterans with rehabilitation and healthcare services, we can provide sanatorium and resort treatment to veterans or their children, on our part. So, such services are not provided for by the government, but we included them in our local budget'.

Many state actors also **formalised collaboration** on veterans' affairs work through signing memoranda of cooperation for the 'I am a Veteran' project (an initiative of the Dnipropetrovsk Regional State Administration).²⁸ A local government service provider described the cooperation as follows:

'In March 2023, we signed an agreement within the framework of "I AM VETERAN" project. There is a person in each ASC who knows all types of services that can be offered to veterans. This person has access to technological information cards and knows where to refer veterans. Each Employment Centre has a person who cooperates with the ASC, and if they receive information that veterans want to register, they will communicate directly with them. The administrators were trained, we shared information about our services [...] That is, if veterans visit the ASC, their specialist will refer them to us'.

According to KIs, state and non-state actors also collaborate on veterans' affairs work. NGO actors mentioned interaction with a variety of state institutions – including Dnipro City Council's Department of Health of Dnipro City Council, the Oblast State Military Civil Administration, and the Department of Social Policy – but, as one NGO KI mentioned, this is often 'based on personal relationships' instead of more formalised, systematic collaboration. KIs mentioned that **non-state actors provided services for government actors, and also helped veterans connect with, and access, government services**. For example, one KI said that their organisation trained local government employees and medical professionals at state hospitals how to communicate, and work, with veterans; they also 'inform hromadas in the oblast about the centre that provides free psychological support, counselling', and connected family doctors with psychological specialists. Another NGO KI shared that their organisation helped veterans write grant applications for small business support from the Ukrainian Veteran Foundation, an institution under the management of the Ministry of Veterans' Affairs. NGOs also reportedly implemented some programmes for hromadas in the oblast.

KI discussion about coordination among non-state actors mostly fell under two categories: coordination with other national actors, and coordination with international actors. Some of this occurs on a more systematic basis, such as regular meetings of the Protection Cluster, mentioned by one KI. Another KI from an NGO said that 'we coordinate 100% of our work' with other NGOs 'almost every day in terms of humanitarian aid, medicines, and we also have joint projects. There is constant communication and

²⁸ Dnipropetrovsk Regional Military Administration, "'I am a Veteran": a service for soldiers, their relatives and families of fallen soldiers will be launched in Dnipropetrovsk region', 29 March 2023, <https://adm.dp.gov.ua/news/ya-veteran-na-dnipropetrovshchini-zapracyuye-servis-dlya-bijciy-yihnih-ridnih-ta-simej-zagiblih-voiniv>; Dnipropetrovsk Regional Employment Centre, 'Training to provide high-quality service "I am a Veteran"', 7 June 2023, <https://dnp.dcz.gov.ua/novyna/navchannya-zadlya-nadannya-yakisnogo-servisu-ya-veteran>

exchange of information, we are not isolated from each other in our activities'. However, another KI emphasised that they coordinate with other non-state actors, 'but mostly on an informal level'. Indeed, sometimes coordination and collaboration occurred on a more ad hoc basis, according to need. One KI said:

'We do not have any particular plan of cooperation with local organisations in our raion or oblast. We reach out to the ones we need, taking into account the specific requests, for example, when we need to provide accommodation for people. [...] In general, I can get [INGOs] involved, based on their area of activities, in order to provide comprehensive support to people I attend to by means of resources provided by other organisations. One of my responsibilities is to redirect people'.

Responses from respondents also suggest that **individual volunteers and informal volunteer groups are also a significant source of support for veterans and the system of service provision targeting them**. One KI from a volunteer group said:

'There are a lot of volunteer centres, some of them don't even have a name, but do important work providing support to veterans and wounded. Unfortunately, the government is not providing sufficient resources, because if everything was fine, we would not be delivering pillows to hospitals. [...] We deliver from 500 to 800 pillows per week'.

Several KIs agreed that volunteer groups complemented more formal structures of service provision for veterans. For example, a government KI said that 'there are [...] volunteer movements in every hospital' and described the 'positive tendency' regarding 'cooperation between hospitals and volunteer organisations': volunteer groups cooperate with hospitals by covering the unmet needs of veteran patients, such as by bringing food and clothing to dedicated collection rooms in hospitals, from where they are distributed to patients.

Recommendations from Participants

All respondents who participated in this study were asked to provide insights on how they would like to see the government (and relevant policies) adapt to meet the needs of veterans and their family members in the coming years. The most common recommendation raised across respondent groups (veterans, family members, service providers, and government respondents) was to **ensure adequate funding and administrative capacity to support the needs of veterans and their family members**. More specifically, a number of respondents mentioned the need for more funding to be allocated by the government for veterans' services to ensure that existing policy is systematically implemented in practice, while others mentioned the need for all services for veterans to be free of cost to veterans (especially those related to health).

With regard to **administrative systems**, many respondents raised the need for a more timely and efficient process for demobilised individuals to register as a veteran with the state. Several mentioned that this could be achieved by increasing Ukraine's digitalisation of social services, allowing veterans to process administrative paperwork and/or identify and access services online. A veteran with a disability expressed frustration over the cumbersome process of registering his disability, and said 'you constantly need to run and collect documents, although all this can be done electronically'. Simplifying and digitalising certain administrative processes for veterans would **improve service accessibility**. While there are ongoing efforts to improve the digitalisation of these processes, some ultimate users of these services appear to still be unaware of these reforms.²⁹

²⁹ Centre of United Actions, 'Digitization of the procedure for obtaining combat veteran status', 15 November 2023, <https://centreua.org/en/monitoring/digitization-of-the-procedure-for-obtaining-combat-veteran-status/>; Ministry of Veterans Affairs of Ukraine, 'Veterans Affairs Ministry is working on creation of an electronic office of the veteran', 20 April 2021, <https://mva.gov.ua/en/news/minveteraniv-pracyuye-nad-stvorenniam-elektronnogo-kabinetu-veteraniv>.

Another recommendation often raised by respondents was the need to **expand medical and psychological services and facilities**. Respondents specifically noted the need for medical, dental, and mental healthcare, mitigating risk related to alcoholism and drug addiction, and scaling up the availability and quality of mental health service providers. Several respondents pointed to the need for modern physiotherapy facilities, and more psychological rehabilitation centres in Ukraine. Others pointed to the need for systematic change in the healthcare system, with one veteran saying:

'As for healthcare, I believe it is necessary to improve the conditions of hospital workers, to make decent wages, benefits, so that they better perform their duties, so that each employee is responsible only for his or her own direction, is not distracted by other things and does not burden a person with additional responsibilities in order to save money. All this is directly related to the quality of service for people in hospitals'.

Furthermore, respondents recommended **improving the physical accessibility of services**. Several veterans pointed out that facilities where they access services still require adaptations for people with disabilities, and that medical coverage remains a challenge for those living in rural areas who must travel far to access care.

Veterans also called for **increasing information sharing about services**, such as through information campaigns that would inform veterans what their rights are and which benefits they are entitled to, along with a clear explanation of the steps required to secure them. A family member of a deceased serviceman said 'we must have access to the services that we need without having to search'.

Finally, respondents expressed that they would like to see more **career and business support**. Several veterans and family members emphasised the importance of providing assistance with employment, particularly by helping veterans with disabilities identify jobs with appropriate working conditions, or by providing retraining so that they are able to do something productive in their new circumstances. Respondents also highlighted supporting veterans' entrepreneurial activity, such as through 'preferential loans and other financial support'. A family member of a deceased serviceman believed that employment assistance programmes for veterans would 'promote their socialisation and return to civilian life'.

Conclusion

Following the escalation of the war in Ukraine in 2022, the country's veteran population began to rapidly increase, and is projected to continue to grow. While state and non-state actors seek to provide assistance to this population, there remains a lack of information about veterans' experiences of reintegration in this new context. This assessment sought to fill that gap by identifying the needs of veterans and their families, understanding the availability, accessibility, and quality of services designed to address these needs – as well as barriers to access these services faced by veterans with different sociodemographic characteristics – and examining how national-level policy, and coordination among veterans' affairs actors, plays out in a local setting. By focusing on veterans' lived experiences of accessing a system of services in a geographically limited area, this assessment sought to complement other nationwide surveys on veterans' needs and reintegration.

Veterans and their families most frequently reported needing psychosocial support, medical services, and assistance with employment and retraining. A large number of services are available for veterans and their families in Dnipro, but respondents experienced issues with the accessibility and quality of some of them. Additionally, respondents also frequently noted their frustration over the lengthy administrative process required to access services, resulting in some veterans lacking the support they need during the initial months of their civilian lives following demobilisation.

The **impact of disability** on a veteran's experience of accessing services (and, more broadly, of reintegration) stands out as particularly negative. Veterans with serious injuries and disabilities confronted difficulties travelling to, and moving around inside, facilities where they accessed services. **Veterans residing in rural areas** and with **less financial resources** also faced barriers to accessing critical services. While the system of service provision for veterans in Dnipro is extensive and reportedly improving, it does not meet veterans' needs in several domains, and demand for services is expected to continue to increase as more soldiers demobilise.

Amid fears of an imbalance in the supply and demand of veterans' services, non-state actors work to fill gaps in service provision. The state also continues to improve veterans' programming in Dnipro and beyond. For example, amendments to the law continue to expand the provision of psychosocial services to veterans and increase the digitalisation of issuance of veterans' certificates.³⁰ Nevertheless, **gaps persist in veterans' service provision in Dnipro, presenting an opportunity for programmatic actors aiming to support Ukraine's rapidly growing veteran population.** Future research may be particularly useful by examining veterans' experience of reintegration and access to services in different areas of Ukraine – particularly rural areas – lacking the extensive network of actors and government programmes found in Dnipro.

³⁰ Ministry of Veterans Affairs, 'Government has improved the way of organizing and providing psychological assistance services for veterans and their family members', 11 December 2023, <https://mva.gov.ua/ua/news/za-iniciativi-minveteraniv-uryad-udoskonaliv-sposib-organizaciyi-ta-nadannya-poslug-iz-psihologichnoyi-dopomogi-dlya-veteraniv-i-chleniv-yih-simej>; Verkhovna Rada, 'Draft Law on Amendments to Certain Laws of Ukraine on Improving the Procedure for Processing and Using Data in State Registers for Military Registration and Acquiring the Status of a War Veteran During Martial Law', January 2024, <https://itd.rada.gov.ua/billInfo/Bills/Card/42801>

Annexes

Annex 1: Questionnaire for Veterans

REACH Veteran Reintegration Assessment Veteran Tool

Informed Consent

Hello, my name is _____. REACH Initiative is an international NGO working on humanitarian & development research to help inform the work of organizations providing support to people affected by the war in Ukraine. REACH is currently undertaking a study focused on the experiences of veterans returning to civilian life in Dnipro city. Through this research, we hope to gain an understanding of veterans' needs, level of access to services, associated barriers and experiences transitioning to civilian life at the local level. I am part of the team conducting this assessment. We would like to ask you about your experience returning to civilian life, and about what support you've received since then in Dnipro.

Please feel free to share your own experience or to speak about experiences of veterans in Dnipro in general if you prefer.

Your participation in this study is **entirely voluntary** and you are free to **stop the interview** or **refuse to answer any question**. This interview will take about an hour. All information you share with us will remain **anonymous**. While we hope to provide useful information to actors interested in working with veterans in Ukraine, participation in this study **does not guarantee any future support to veterans in Dnipro**. We encourage you to be honest in your assessment so that we can get an accurate in-depth picture of the situation. We would like to collect your contact details for possible follow-up when we conclude the study.

Do you agree to participate in the interview?

- ☐ Yes
☐ No

With your consent, we would like to use quotes from your interview in the final report. Do you consent to being quoted, anonymously?

- ☐ Yes
☐ No

Demographic Information

Respondent Name:

Interviewer / Enumerator Name:

Date of Interview:

Location of Interview:

Gender of Respondent

- ☐ Male
- ☐ Female

Age of Respondent:

- ☐ Age 18-39
- ☐ Age 40-60
- ☐ Age 60+

Is the respondent a veteran?

NOTE: For the purpose of this study, "veteran" is an individual who has previously served in the Armed Forces of Ukraine, National Guard, Security Service, Foreign Intelligence Service, Ministry of Internal Affairs (not police), National Police, State Border Guard Service, State Emergency Service, Territorial Defense [or other])

- ☐ Yes
- ☐ No (Stop Interview)

When did the respondent serve in the military? (Check all that apply)

- ☐ Since February 22, 2022
- ☐ Between 2014 and February 22, 2022
- ☐ Before 2014

Work experience prior to military service:

- ☐ Civilian employment
- ☐ Military only

Displacement status:

- ☐ Not displaced
- ☐ Internally displaced
- ☐ Returnee

Place of residence prior to mobilization (hromada, raion):

Place of residence now (hromada, raion):

Does the respondent struggle with any of the following?

- ☐ Difficulty seeing
- ☐ Difficulty hearing
- ☐ Difficulty with mobility (walking or climbing steps)
- ☐ Difficulty remembering / concentrating
- ☐ Difficulty with self-care (washing, dressing)
- ☐ Difficulty communicating (understanding or being understood)

Is the respondent living with a disability or chronic illness?

- ☐ Disability
- ☐ Chronic Illness
- ☐ No, neither

Introduction, Service Providers, Needs:

1. Could you please start by introducing yourself, and telling us when you demobilized from the military? Feel free to tell us a little bit about how your transition to civilian life was at first, and how it is now.

2. In what areas are you (or veterans in Dnipro in general) in greatest need of support right now? For example, in relation to health, mental health and psychosocial support (MHPSS), social integration³¹, employment / business, or otherwise?
 - a. How, if at all, have those needs changed for veterans since the full-scale invasion?
3. Could you tell us about your experience with the process of registering with the government to get veteran status and/or disability status? Have you faced any challenges with this, and can you describe them if so?

Service Availability, Accessibility, Quality

4. Could you tell us a bit about where or to whom you go to access (if at all) (if veteran says certain services are NOT available, please include in notes):
 - a. Health services?
 - b. Social / state benefits?
 - c. Help accessing work / employment / business development services?
 - d. Mental health, psychosocial support services?
 - e. Other relevant services? (For example, education, social support groups)
5. What services are **available** to you in Dnipro city? Who is providing those services, both formally and informally?
 - a. Health, mental health and psychosocial support (MHPSS), social integration, employment / business, or otherwise? State and non-state? CSOs, NGOs, volunteer groups, veterans associations?
6. In your view, how **physically accessible** are services for veterans (and family members) in Dnipro?
 - a. Are facilities within a reasonable distance to your place of residence? Is it safe to access? Are the facilities adapted for persons with disabilities?
7. Are there any costs related to accessing these kinds of services? How affordable do you find these costs to be?
 - a. For example, physical and mental healthcare? Education, employment support?
8. To what extent (if at all) do veterans and family members face **any bureaucratic or administrative challenges** in accessing services in Dnipro?
 - a. Long waiting times? Difficulty visiting multiple administrative offices?
9. In your view, how well is **information** about accessing services communicated? How do you access information about such services?
 - a. Word of mouth, online, social media, service centers, etc.?
10. In your view, are the services available to veterans and family members in Dnipro of adequate **quality**?
 - a. Do service providers have the necessary skills and training? Are facilities safe and sanitary? Are there adequate supplies? For example, in relation to health, mental health and psychosocial support (MHPSS), social integration, employment / business, or otherwise?
11. To what extent are services accessible to **different groups** of veterans and family members? Are services more accessible to some groups than others? To what extent do veterans and family members experience **discrimination** when accessing services?
 - a. For example: disabled veterans, women veterans, displaced veterans, younger or older veterans, career veterans in comparison to those who have prior civilian professional experience, veterans from urban or rural areas?
12. Based on your experience or that of your peers, how, if at all, has service availability, accessibility, and quality changed since the 2022 invasion?
 - a. For example, in relation to health, mental health and psychosocial support (MHPSS), social integration, employment / business, or otherwise? State and non-state? CSOs, NGOs, volunteer groups, veterans associations?

Government Support:

³¹ "Social integration" here means any form of support in resuming roles in individual relationships, family, and community upon demobilization. (For example, peer support groups for veterans.)

13. Veterans are entitled to a range of benefits from the state upon demobilization (*see point a*). To what extent are you successful in accessing these benefits from the state? If you aren't successful, what prevents you from obtaining such benefits?
- a. Such benefits include (but are not limited to) utilities discounts, annual health examinations, free dental services, free legal assistance, tax benefits, and loans for housing construction, reconstruction and repair
 - b. How were the quality of these services?
14. How would you like to see the government (and relevant policies) address veterans (and their family members') needs in the coming years? Updating the current veteran policy - how? Increased support to CSOs, NGOs? Improve / changes to healthcare system? Employment support? Educational support?