

Veteran's Reintegration in Dnipro: What is next?

Findings from the post-assessment workshop

August 2024 | Ukraine

Key takeaways from the workshop

- **Enhancing service availability should be focused on expanding and improving existing initiatives.** Efforts to increase both the supply and quality of services would require increased funding. These developments would have to be accompanied by well-coordinated information campaigns to raise veterans' awareness of the services.
- **The primary difficulties in addressing veterans' barriers to accessing essential services stem from the need for increased funding and comprehensive process improvements.** Participants identified most barriers, particularly physical, administrative, and financial ones, as urgent and difficult to address. Solutions to information barriers were deemed easier to implement.
- **Long-lasting solutions require transparent and well-coordinated initiatives.** Stakeholders providing services to veterans should establish mechanisms for effective information exchange between themselves and veterans, along with ensuring stable, well-planned funding.

Context and rationale

As of May 2024, there were about 1,2 million veterans in Ukraine according to the Deputy Minister for Veterans Affairs, Maksym Kushnir, marking a twofold increase since the escalation of hostilities in February 2022. The Ministry of Veterans Affairs projects that the number of veterans and their family members will rise to 5-6 million in coming years¹. The findings of the [Veterans' Reintegration Assessment](#) published in April 2024 highlighted that the system of service provision for veterans in Dnipro is extensive and improving, but does not meet veterans' needs in several domains, while demand for services is expected to continue to increase. The most frequently mentioned needs of the veterans, that were not fully met, included: mental health and psychosocial support (MHPSS), healthcare services, and support with securing employment and retraining. In addition, veterans faced several barriers in accessing services. Veterans with disabilities faced difficulties getting to and moving through facilities. Some found services unaffordable and, although many services are meant to be free, veterans and their families reportedly often paid for services. Other barriers to access included unclear information and complicated administrative and bureaucratic procedures.




Methodology overview

Following the report's publication, REACH organised a workshop to validate the findings and engage local stakeholders in addressing the identified issues. The workshop featured guided group exercises and discussions on key topics, including veterans' access to services such as healthcare, psychological support, and employment assistance, as well as the barriers that hinder access to these services. Held in June 2024, the workshop included representatives from local authorities and non-governmental organisations (NGOs) which provide services to veterans. In the first part of the workshop, participants mapped out the services available to veterans in Dnipro and identified those that need to be established or further developed. The second part focused on evaluating how to overcome the barriers to accessing services, the difficulty of implementing proposed solutions, and the urgency of these efforts. All inputs included in the brief reflect the ideas and opinions of the participants, therefore it is possible that some other insights or potential solutions may have been omitted.

Picture 1: Workshop in Dnipro, June 2024



Figure 1: New developments and services, along with responsible providers, proposed by the participants²

	Government	Local authorities	International organisations	NGOs	Private sector	
 Physical healthcare	Modernised prosthesis production	●	●	●		
	Increased funding for rehabilitation	●	●	●	●	
	Modern medical equipment	●	●	●	●	●
	Higher insurance coverage rate for dental services	●				
	Increased salaries for healthcare workers	●	●			
	E-map for navigating medical services		●	●		
	Information campaigns		●			
 MHPSS	Funding for establishment and operation of MHPSS facilities	●		●	●	
	Funding for support groups	●		●	●	
	Establishment of long-term outpatient ³ mental health support	●				●
	Information campaigns on inpatient ⁴ rehabilitation opportunities	●				
	Information campaigns on MHPSS trainings for medical workers	●	●			
	Training and financial support (salaries) of medical workers		●		●	
 Employment	Information campaigns	●	●	●	●	
	Financing of professional skill development programmes	●	●	●	●	
	Subsidising veterans' businesses		●	●		
	Fostering exchange of good practices at the international level			●	●	
	Enabling flexible working arrangements ⁵					●

Enhancing service availability should be focused on expanding and improving existing initiatives.

Participants observed that several services deemed necessary by veterans in the assessment were available in Dnipro. However, veterans might have been unaware of them or the providers might have lacked the capacity to meet the veterans' needs. Consequently, participants focused on expanding existing services, primarily by modernising approaches and equipment where applicable, along with securing increased funding. These efforts should be accompanied by coherent and extensive information campaigns.

Physical healthcare

Participants highlighted the availability of regular medical examinations, outpatient treatment and surgical operations. However, they confirmed issues with availability of certain medicines, particularly imported ones. They also stressed the need to modernise medical equipment and to increase the number of doctors to reduce waiting times for procedures. Furthermore, they proposed creating an electronic map to facilitate the mapping of available healthcare services. Similar issues were noted concerning specialised services, including limb prostheses, dental services, rehabilitation, and physiotherapy. Although facilities providing such services to veterans exist in Dnipro, they require increased funding to address a broader range of needs, modernise the equipment and prosthesis production process, and support an expanded workforce of the healthcare sector.

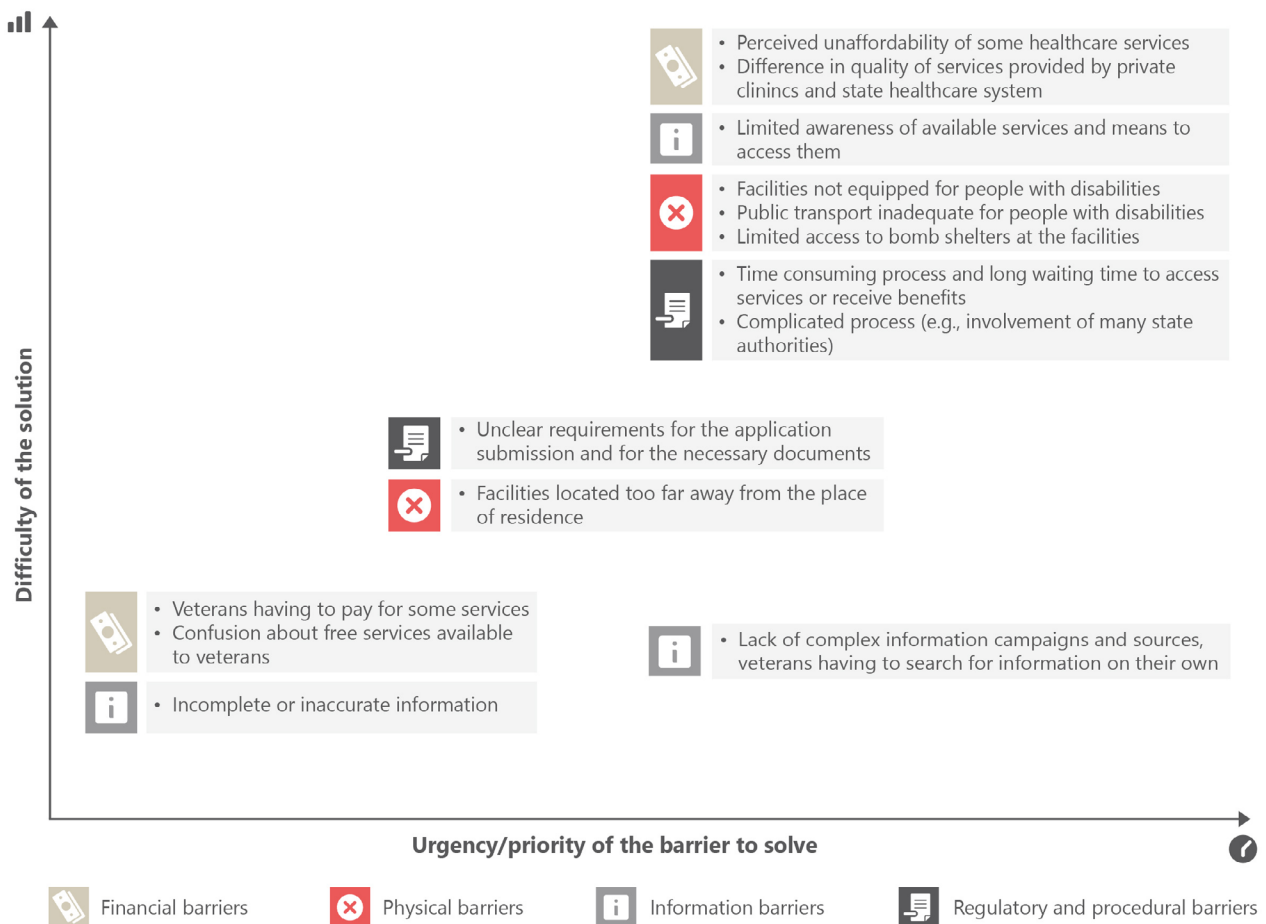
MHPSS

Participants reported a lack of adequate long-term outpatient mental health support, which they believed should be established by the State. They also noted that many community

support groups existed in Dnipro, but relied on fluctuating international funding to cover the salaries of specialists leading these groups. Additionally, some participants highlighted the need for further training for psychologists to prepare them for the unique challenges of working with veterans. Overall, participants affirmed the availability of inpatient psychological support services, as well as training on veterans' mental health for psychologists and others working with veterans. The latter often depended on international funding. Participants pointed out that communication about such opportunities was relatively poor, leading to low awareness and, in turn, limited access to these services. Consequently, participants emphasised the need for sustained funding of MHPSS services, coupled with extensive information campaigns about available services. Recent initiatives in this direction were noted, with the list of MHPSS rehabilitation centres being shared with and further disseminated by the Department of Veterans' Affairs in Dnipro.

Employment

Participants in Dnipro identified several institutions that assist veterans in seeking employment, establishing businesses, and acquiring new professional skills. These primarily included the Dnipropetrovsk Regional Employment Centre, the Veteran Development Centre (for skills training and finding employment), the Ukrainian Veteran Foundation (for business creation), and the Technical and Vocational Education Centre (for skills training). Participants did not perceive an urgent need to establish new institutions for these purposes; instead, they suggested expanding funding for existing programmes and conducting extensive information campaigns about available services. Participants asserted that exchanging experiences between national and foreign institutions on veterans' reintegration and employment would be beneficial for modernising these programmes. Nonetheless, they emphasised the broader issue of limited supply of jobs due to struggling national economy.

Figure 2: Matrix of service access barriers categorised by the difficulty of the solution and the urgency of implementation²

The primary difficulties in addressing barriers to access stem from the need for increased funding and comprehensive process improvements.

Participants identified most barriers to accessing veterans' services - particularly physical, administrative, and financial ones - as urgent, and at the same time difficult to address. This is because potential solutions require significant funding, infrastructure improvements, and process restructuring. However, they noted that several information-related barriers would be easier to address.

Easier to resolve: Information gaps and resulting financial barriers

Participants linked some financial barriers, such as confusion about free services and the need to pay for certain services, to veterans' low awareness. They suggested that addressing these and other information-related barriers should be relatively easy, requiring a focus on improving information campaigns, which need relatively low financial input. Proposed solutions included further developing official information sources on veteran-oriented services through government websites and other channels, such as TV, for those with lower digital literacy. Additionally, participants recommended improving communication between service providers and authorities to ensure high awareness of up-to-date situation among the staff providing services. They also

proposed establishing a mechanism to report and address (compensate) cases where veterans were wrongly charged for services that should be free.

Challenging to resolve: Physical, administrative information and financial barriers

Barriers considered more challenging to resolve included those related to comprehensive changes in existing processes and systems, as well as investment in infrastructure. Improving the quality of public services to bridge the gap between them and private services (particularly in healthcare) would require substantial developments, including significant investments in equipment, modernisation of medical facilities, and increases in doctors' salaries. Additionally, adapting transportation and facilities to be accessible for people with disabilities would require significant infrastructure investments. A similar situation applies to building bomb shelters.

Addressing administrative barriers, such as the complicated and lengthy processes for accessing necessary services, would fall beyond the responsibility and capacity of local authorities. Eligibility criteria and procedural pathways for obtaining required documents and accessing essential public services are established at the national level by legislative bodies, which is a lengthy process. At the local level, however, authorities could attempt to consolidate services in one location (a measure already being implemented within the Administrative Service Centre) and facilitate information exchange between relevant administrative bodies and service providers by digitalising veterans' data.

Long-lasting solutions require transparent and well-coordinated initiatives.

The need for international support and cooperation was further emphasised throughout the discussion. Since developing and improving services for veterans requires substantial financial input, local authorities and national institutions may struggle to cover the expenses. Therefore, attracting international funding for these activities were identified as a priority. It is worth mentioning that many of the necessary developments, such as the modernisation of medical facilities and improvements in infrastructure to make them accessible for people with disabilities, would benefit not only veterans but also other groups in the population, including vulnerable ones. Well-planned investment in these initiatives would contribute to overarching and long-lasting improvements in essential services.

However, it should be noted that relying on international funding (including non-governmental) for ongoing activities, such as MHPSS services (including trainings for healthcare professionals and employment of specialists

to lead community support groups), can lead to instability due to the fluctuating nature of such support. Therefore, implementing sustainable solutions requires long-term projects that are embedded within local structures, for example inscribed into the local budgets or strategic plans.

Throughout the discussions, it became apparent that there is an abundance of institutions and organisations interacting with or providing services to veterans. The landscape of veteran support appeared to be relatively fragmented, possibly contributing to confusion among veterans and service providers regarding which organisations offer specific services, the manner in which they are delivered, and their locations.

Therefore, exchanging information regarding best practices and current and planned programmes should be central to cooperation among stakeholders. This approach would help ensure a coherent action plan and comprehensive solutions that take external factors into account. For example, monitoring markets and fostering cooperation between private employers and institutions offering professional skills training would help job seekers develop skills that are in demand in the labour market.

Endnotes

¹ Artur Krizhnii, ['After the war ends, the number of veterans will increase to 5-6 million people - Ministry of Veterans'](#), *Economichna Pravda*, 27 May 2024

² Responses which duplicated information or fell outside of the scope of exercise are not included.

³ Outpatient care involves medical procedures, tests, or treatments that do not require an overnight stay at a hospital or healthcare facility.

⁴ Inpatient care involves being admitted to a hospital or healthcare facility and staying overnight or longer for treatment or surgery.

⁵ Flexible working arrangements, such as adaptable working hours, could help to include persons with medical conditions in the workforce.

ABOUT REACH

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