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Human-Centric Model of a Unified System of Veteran Rehabilitation, Social Protection, and Reintegration into Civilian Life

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FOREWORD BY THE AUTHORS

The actual policy regarding veterans in Ukraine is based on the Law of Ukraine No. 3551-XII «On the Status of War Veterans and Guarantees of Their Social Protection,» dated October 22, 1993*. This law was adopted before the Constitution of Ukraine as a compromise option for regulating social inheritance in the form of obligations to veterans of various wars in which the USSR participated. Changes made to it by Ukrainian legislators in various periods of independence, including after the beginning of the Russian-Ukrainian war, concerned the introduction of new categories of subjects and/or benefits. However, such changes were not of a fundamental nature, and the basic ideology remained unchanged. One of the reasons for such conservation is the sensitivity of the issue because veterans have always been a category sacralized by Soviet propaganda. The law concerns 54 categories of veterans of various wars in which the Soviet Union entered (for example, the war in Afghanistan). Ukrainian society has also been under the influence of a certain perception of veterans for a long time. In August 2022, a third of Ukrainians mentioned veterans of the Second World War when answering the question «Who is a veteran for you?».

The main flaw of the approach laid down in this and other laws determining the status of veterans in Ukraine is the formation of an exclusive approach, hindering their full inclusion in society. These laws replace the priorities of social integration of veterans at the level of state policy, their maximum re-establishment in socio-economic relations with benefits and material support. This paternalistic approach, inherited from the Soviet doctrine, stimulates the reactive behavior of veterans and society, which does not correspond to the modern context.

Most of the military who has been defending Ukraine during the Russian-Ukrainian War are civilians who came to the ranks of defense forces. Upon their return, they can make a valuable contribution to the development of society, the state, and communities, provided that the rehabilitation and their return to civilian life are properly supported. These will be millions of men and women of productive age who will require self-realization, recognition, and decent employment. For this purpose, it is necessary to substantially redefine state and local policies and move from an exclusive to an inclusive approach in veteran policy. The exclusive approach is expensive: in addition to direct high costs for providing benefits and payments, the socio-economic efficiency of which is doubtful, there are significant consequences. For example, the exclusion of veterans from the processes of socio-economic development leads to a lack of income by communities and the state, negative phenomena in family relations, increased crime levels, and more.

Therefore, the development of a new veteran policy based on an inclusive approach should be a transparent, understandable, and prudent process with mandatory involvement of veterans and their families, based on the analysis of the modern experience of countries affected by war and the best practices of systemic Ukrainian businesses and NGOs that have experience in supporting, rehabilitating, and returning veterans to civilian life.

* Law of Ukraine No. 3551-XII "On the Status of War Veterans and Guarantees of Their Social Protection" of 22.10.1993.

It is important to give a new definition of veterans that would correspond to the modern context and public request. However, this should be preceded by the formation of a national strategy that will determine the security framework of Ukraine for decades. This will allow to form a new vision of the veteran's role: whether they will be reservists in a prolonged hazard or whether the state will allow them to abandon their military status forever in favor of civilian one with gratitude for the service. This framework will influence the formation of all systems around veterans and will be the basis for the formation of such policies.

Another challenge, which will have serious political opposition, will be the reform of the central executive bodies, which have the powers and budgets to implement the veteran policy, and the corresponding departmental infrastructure. Today, there are 22 such CEBs whose activities are not coordinated from a single center, and it is difficult to assess the effectiveness of their work. The number of institutions that are subordinated to various ministries and departments and take care of veteran rehabilitation is more than several hundred. Unlike the reformed healthcare facilities contracted by the National Health Service, the quality of services provided in departmental facilities cannot be monitored and evaluated. Their financing is carried out in a non-transparent manner and is managed according to the principle of state institutions, which does not allow for a flexible response to the needs of the target audience and the introduction of appropriate changes. Therefore, this entire departmental sector must undergo significant changes, unification, and integration into a single human-centric super-system designed for rehabilitation, social protection, and return of veterans to civilian life.

We must not allow veterans of the Russian-Ukrainian war to become an invisible category over time. There is a long way ahead of consolidation around the issues of overcoming the Soviet legacy in veteran policy; difficult conversations with veterans and their family members, as well as military personnel who are to understand the guarantees of their return to peaceful life; numerous discussions, studies, advocacy campaigns. Our duty is to make efforts for the transformation of society and the country, which will make sense of our firmness and Victory, and ensure justice for those who fought and are fighting for the sake of future generations of Ukrainians.

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If you use the materials below, a reference to the original source is required.

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We are grateful to all military veterans for their service and protection of Ukraine from the enemy, for our peaceful mornings and quiet nights. You are a reliable stronghold of the state

INTRODUCTION

Data from the Ministry of Veterans Affairs of Ukraine indicate that by the end of the Russian-Ukrainian War, the number of veterans (together with families) could reach 5 million people. According to the Institute of Demography and Social Research, the population of Ukraine in 2033 will most likely decrease from 35 to 26 million¹. Among the reasons are exacerbation of depopulation tendencies – the increase in the migration of the able-bodied population, the decrease in fertility, and the increase in mortality. Therefore, with a high probability, much of Ukrainian society will be veterans of the Russian-Ukrainian war (which has been going on since 2014). They are extremely valuable human capital, and after the end of the war they could become the driving force of the socio-economic development of the country, provided that a relevant human-centric state policy on their return to a peaceful life is formed.

Veterans should become an important and visible class of society, the value of which should be part of a new social contract. Is this how things are now?

The image of a veteran, their perception in Ukrainian society is still dynamically changing. Thus, if we talk about the first half of a year of the full-scale invasion, according to the results of a nationwide poll conducted on the initiative of the Ukrainian Veterans Fund of the Ministry of Veterans of Ukraine², for 32 % of respondents, veterans are the military who fought during World War II, for the other 32 % – those people who are fighting now. Another 14 % associated this term with veterans of the 2014-2021 ATO / JFO (Anti-Terrorist Operation/ Joint Forces Operation), only 2 % – with veterans of Afghanistan, 12 % – with other categories of combatants, 8 % were unable to answer.

In January 2023 (that is, almost a year after the full-scale invasion), the opinion of society on who a veteran is began to change: a new nationwide poll³ showed that 21 % of respondents believed that veterans were young people. Another 55 % are convinced that they are middle-aged. The number of those who perceived veterans as participants in World War II decreased to 7 %.

It is obvious that only now, in the tenth year of the war and in the third year of full-scale invasion, has society come to a consensus on the need to transform the perception of veterans and attitudes toward them, which should influence the formation of a new public policy.

Since 2014, the systems of veteran rehabilitation and reintegration have undergone almost no conceptual changes. Veterans and their loved ones who take care of them complain about these mechanisms (including benefits and social services). People are disturbed by excessive bureaucracy, opacity and complexity of processes, lack of humanity and respect. All these problems were the object of research by NGOs and leading human rights organizations⁴.

In our study, we aim to analyze systems of veteran rehabilitation, social protection, and return to civilian life in the current context – the challenges of prolonged war and Ukraine's post-war recovery to understand what shortcomings current systems have and what key changes are needed for their effective functioning⁵. In addition, we analyze international experience in the creation of systems of veteran rehabilitation, social protection and return

to civilian life, including the US, Israel, and Croatia, trying to avoid obvious mistakes and adapt the best practices to the modern Ukrainian context.

Our study consists of three sections. Separately before the first section, comments on the status of veterans in Ukraine are provided, and the problems of its legislative regulation, as well as the factors of historical, economic, and political nature that influenced its content, were analyzed.

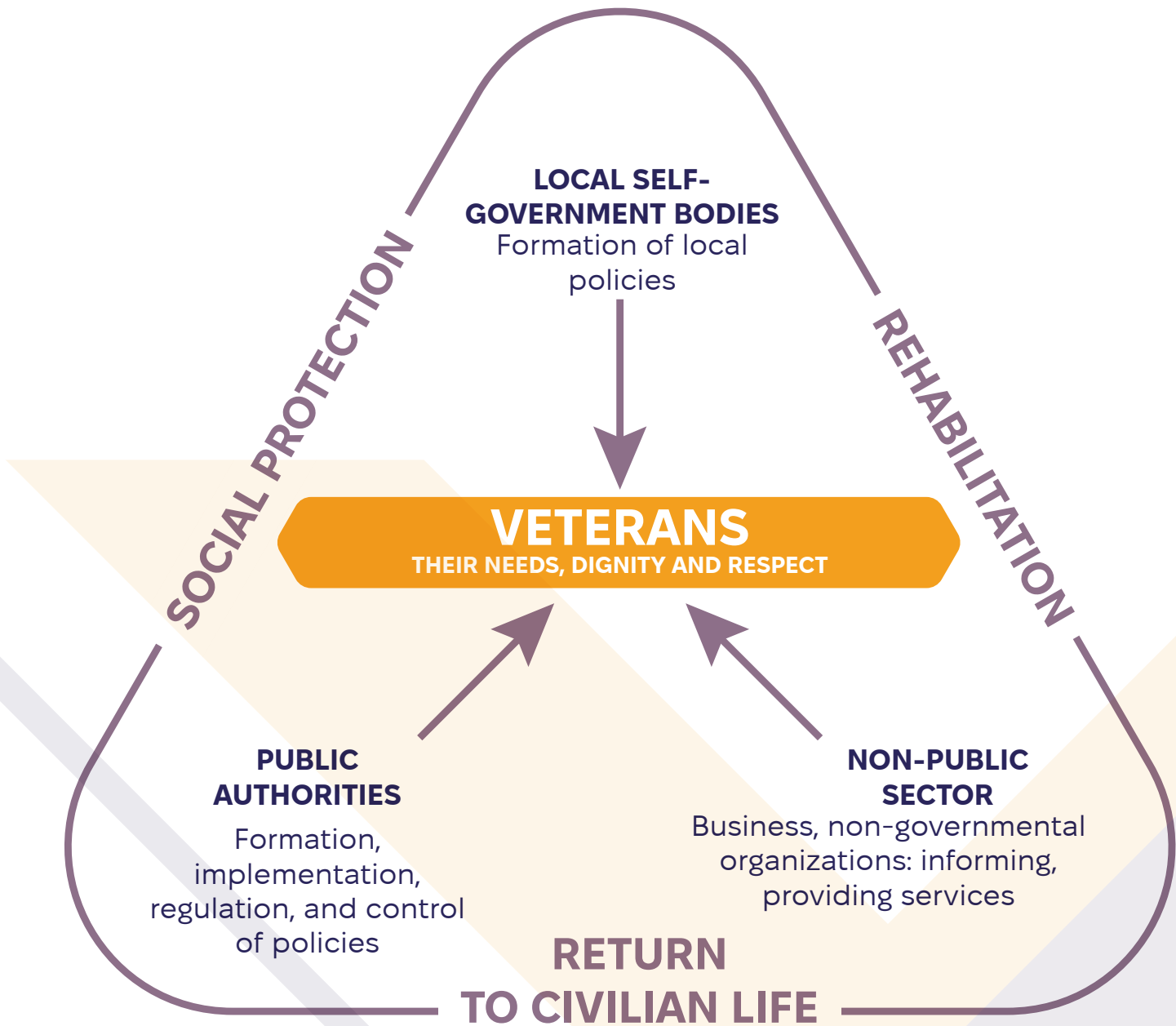
The first section is devoted to the analysis of the main problems in the current rehabilitation system that can interfere with the effective restoration of veterans at each of its stages (acute, post-acute, and long-term health restoration). The second section discusses the key problems of veterans' social protection in Ukraine and presents suggestions on possible ways to improve it. The third section describes the disadvantages of existing approaches to regulating the process of returning veterans to civilian life and ways to overcome them. At the end of the study, a summary of its results is given, as well as recommendations for the creation of a unified human-centric super system of veteran rehabilitation, their social protection, and return to civilian life.

Human-centricity as the study landmark

In this study, we proceed from the fact that the human-centric super system⁶ of veteran rehabilitation, social protection and return to civilian life shall be based on such principles:

- 1.** Any policy shall be based on the needs of veterans identified through objective and thorough research.
- 2.** Clearness – veterans, their families or any other persons concerned shall have an idea of how systems of veteran rehabilitation, social protection and return to civil life are constructed, what rights and responsibilities a person has in these systems, what he or she can count on, etc.; norms, rules, system of services and information about them shall be available and understandable to all.
- 3.** Respect for human dignity shall be at the heart of all policies and systems at national and local levels.
- 4.** Openness and transparency – involvement of veterans and their close ones in the creation of policies in the field of rehabilitation, social protection and return to civilian life nationally and at the level of community where they live.
- 5.** An effective system of guarantees of veteran rights. Their observance shall be guaranteed by the state through the introduction of effective and clear ways of protecting and restoring violated rights.

Human-Centric Super System: Principles and Participants



METHODOLOGY AND TOOLS OF THE STUDY

The empirical part of the study is based on the **descriptive method**, as we sought to provide insight⁷ into the current systems of veteran rehabilitation, social protection and return to civilian life. We aimed to consistently characterize the subjects of different levels involved in these systems, as well as information, financial and other tools available to them. However, sometimes we resorted to analysis, exploring Ukrainian legislation and drawing conclusions about its problematic aspects. In the end, we developed recommendations on the need for changes in the field of veteran rehabilitation, social protection and return to civilian life. They are focused on solving systemic, not point problems⁸. These recommendations can be implemented after detailed and deep processing and discussion with key stakeholders: representatives of state authorities, civil society and veteran organizations, veterans, and international experts.

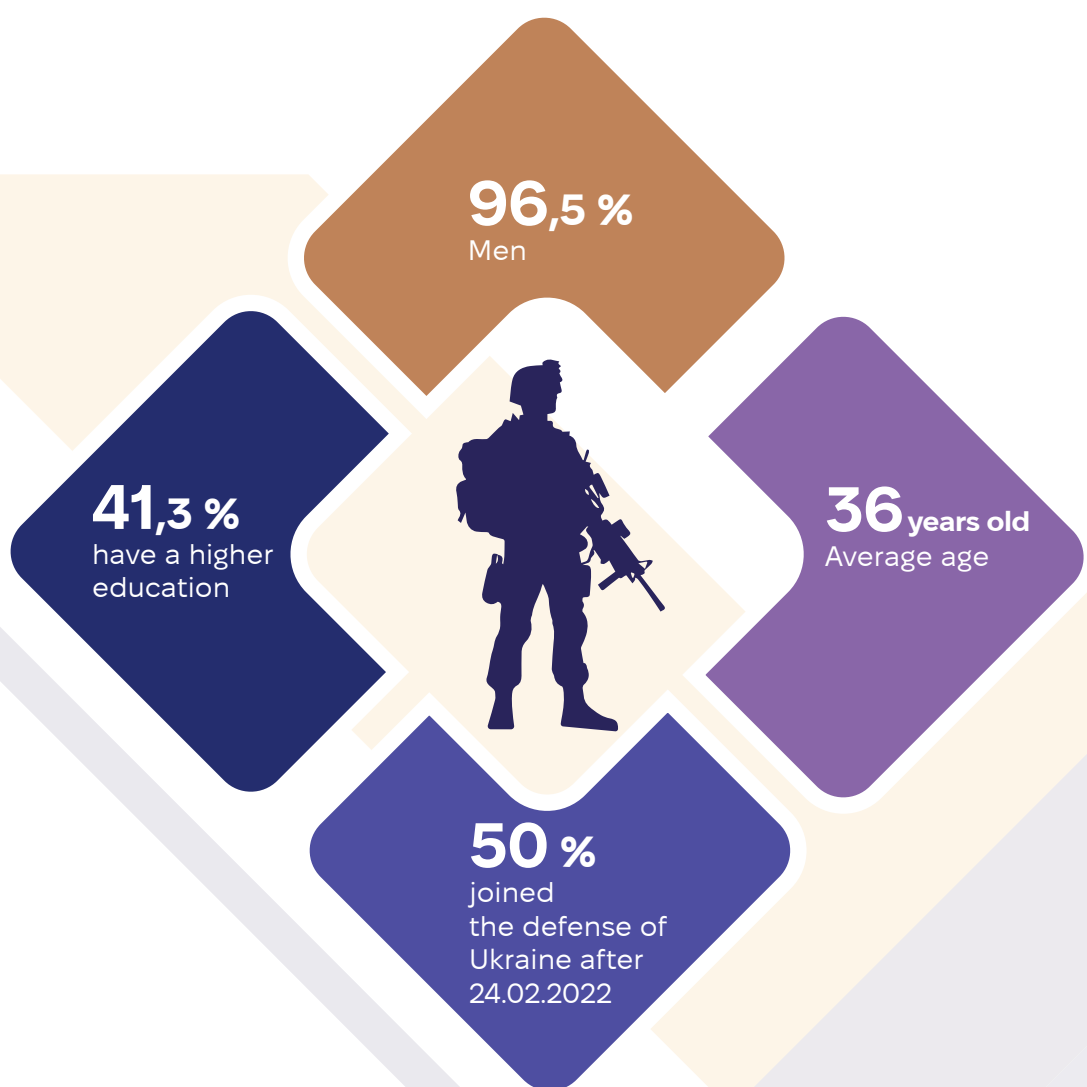
In the process of work, we used the following tools:

- **Interviewing representatives of public authorities and public organizations** involved in the process of veteran rehabilitation, their social protection and returning to civilian life. We interviewed representatives of the Ministry of Veterans Affairs of Ukraine, the Ministry of Social Policy of Ukraine, the National Health Service of Ukraine, the Ukrainian Veterans Fund under the management of the Ministry of Veterans Affairs, Veteran Hub⁹. Interviews were conducted in the format of open questions, seeking to find out the attitude of representatives of public authorities and public organizations to the available systems and their shortcomings, as well as their position on the need for change. The average interview duration was one hour, and the majority took place in online meetings.
- **Consultations with international experts** (focal countries – USA, Israel, and Croatia) have been conducted to obtain more detailed information on the history of the formation of relevant systems, their advantages, disadvantages, and key findings to evaluate the possibilities of using such experience in modern Ukraine.
- **Survey of veterans by questioning**¹⁰. The survey of veterans was selective. We interviewed veterans who were rehabilitated at the State Institution “Center for Psychological Health and Rehabilitation of Veterans “Lisova Polyana” of the Ministry of Health of Ukraine”, rehabilitation center “Superhumans Center”, Center for Medical and Psychological Rehabilitation of the communal non-commercial enterprise “Regional Clinical Hospital of War Veterans” of the Kirovohrad Regional Council, as well as those who participated in the “Doctors for Heroes” charitable project.

The survey was in absentia (the respondents filled out the online form) and anonymous. The respondents agreed in advance to participate in the questionnaire with all the privacy and personal data protection rules in place. The main goal was to find out the veterans' level of satisfaction with existing systems of rehabilitation, social protection and return to civilian life, and identify their long-term and short-term needs in these areas. The survey was conducted from February 1, 2024, to February 15, 2024.

INQUIRY

83¹¹ respondents were interviewed during the questionnaire. Of these, 58 have the official veteran status – they have a certificate of a participant in hostilities. As part of the study, we analyzed the answers of respondents who have official veteran status. Here is their generalized portrait:



ABBREVIATIONS

WHO	World Health Organization
VRU	Verkhovna Rada of Ukraine
HCF	Healthcare Facility
CMU	Cabinet of Ministers of Ukraine
CCU	Constitutional Court of Ukraine
MIA	Ministry of Internal Affairs of Ukraine
MoH	Ministry of Health of Ukraine
MESU	Ministry of Education and Science of Ukraine
MoD	Ministry of Defense of Ukraine
MoVA	Ministry of Veterans Affairs of Ukraine
ME	Ministry of Economy of Ukraine
MSP	Ministry of Social Policy of Ukraine
MRC	Medical Rehabilitation Center
NHSU	National Health Service of Ukraine
PMG	Medical Guarantee Program
SSU	Security Service of Ukraine
CEB	Central Executive Body

RESERVATION

1. Recommendations reflect the position of the authors of the study. It may differ from the position of representatives of state authorities and local self-government bodies or representatives of the non-public sector (business, public organizations, etc.).

2. Providing proposals for building a human-centric model of veteran rehabilitation, social protection, and return to civilian life, we assume that changes in these areas are likely to take place in conditions of limited resources (financial, human, etc.), as well as the possible continuation of hostilities (or a break and the beginning of a new phase of the war) and, as a result, depopulation processes: an increase in migration of the able-bodied population, a decrease in the birth rate, an increase in mortality, etc.

3. We are aware that it is impossible (or at least difficult) to build a human-centric model of veteran rehabilitation, social protection and return to civilian life without a unified veteran policy that would meet Ukrainian realities and become an organic component of security and defense policy. Such a policy should be based on an inclusive approach¹², aimed at returning veterans to civilian life, considering their special needs and adapting the system to them. The new veteran policy should be stripped of its Soviet legacy, focused on the needs of veterans of the Russian-Ukrainian war that began in 2014, and create the fundamental foundations for building a human-centric model of veteran rehabilitation, social protection, and return to civilian life.

4. We proceed from the fact that at the time of the study, there was no single national strategy for the development of the rehabilitation system that would define clear goals and areas of improvement at the state level. In the context of the importance of rehabilitation as a complex process of a person's full restoration (physical, mental, and social), the existence and implementation of such a document, in our opinion, would contribute to the achievement of strategic tasks that the state identifies as a priority (expanding access to rehabilitation services, addressing issues related to the lack of specialists to provide rehabilitation services, etc.) and would improve coordination of activities between the main actors in this area (government agencies, communities, non-public sector).

5. Building any model of the system is impossible without considering political, socio-economic, and demographic factors. Therefore, our study is about applying international practices, approaches and principles, considering the current Ukrainian context and the challenges of long-term war and post-war reconstruction.

6. Our recommendations are based on the provisions of current Ukrainian and international legislation and best practices for their application at the time of preparation of the study.

7. We consider the concept of rehabilitation in a broad (medical, psychological, professional, labor, physical, sports, etc.) sense. Medical rehabilitation is given special attention in the study.

8. The concept of “social protection” in the legislation is defined in relation to a certain group of persons (servicemen, people with disabilities, war veterans, labor veterans, etc.) or certain life circumstances.

Given the content of basic laws in the field of social protection¹³, in this study, the concept of “social protection of veterans” means the purposeful work of the state, local governments, and other stakeholders to provide veterans with:

- benefits (e.g. partial or full exemption from payment for various services and goods, as well as the possibility of purchasing certain goods at reduced prices, etc.).
- social and compensatory payments (various forms of material and social assistance, allowances, surcharges, and monetary compensations of social importance).
- social services aimed at preventing difficult life circumstances and overcoming or minimizing their negative consequences for people/families in difficult life circumstances.

9. Our study considers that there is no legal definition of the concept of “veteran reintegration (return) into civilian life” in Ukraine, but in international practice (for more details, see Section III), this concept is understood as a multidimensional process that enables veterans to restore economic, social, or family ties necessary to achieve inclusion in civilian life. Under ideal conditions, we see this process of reintegration as purposeful, structured, and systematic work of state authorities, local government authorities, representatives of the non-public sector and other participants aimed at obtaining education (retraining) by veterans, employment or starting their own business, and preparing families and communities for the return of veterans. All this work should contribute to the return (primarily mental) of veterans from the war to peaceful civilian life¹⁴.

10. The problems of the current model of veteran rehabilitation, social protection and return to civilian life are presented considering the interview of representatives of key public authorities and public organizations involved in these areas, as well as the survey of veterans themselves.

11. Our study focuses on veterans who have participated in repelling and deterring Russian aggression since 2014, combatants and people with disabilities as a result of war.

LEGAL STATUS OF VETERANS (TARGET GROUP OF THE MODEL) IN UKRAINE¹⁵

Legislation Regulating Veteran Status in Ukraine

The Law of Ukraine "On the Status of War Veterans and Guarantees of Their Social Protection"¹⁶ of 22.10.1993 is currently the main legal act that regulates issues related to the legal status of war veterans. This law was created mainly for military personnel who fought during World War II, the war in Afghanistan, or participated in international operations or armed conflicts. At the time of its adoption (more than 30 years ago), there were completely different historical, social and economic conditions, a different context. Veterans of the modern Russian-Ukrainian war, who are mostly young people, have completely different needs from veterans of previous generations, which are hardly limited to utility benefits or free travel. Modern society lives in new realities and faces more complex challenges, which means that the state must take this into account and create a new policy in response to public demand. It is noteworthy that such a public demand began to form only after the start of the full-scale invasion, as evidenced by the results of nationwide polls that we cited in the introduction. A holistic image associated with veterans of the Russian-Ukrainian war is only now being formed in society. Until February 24, 2022, ATO and JFO veterans were virtually invisible, and a significant part of society did not know about their needs and requests. Since in a few years the number of veterans of the current war may constitute a quarter of the total population of Ukraine, the legislation regulating their status needs to be urgently improved with a shift in focus to the needs of young defenders who have been fighting for Ukraine since 2014. That is, there is a need to differentiate the status, including rights in the field of social protection, of a veteran of the Soviet era and modern war.

In 1998, 26 years ago, the Law of Ukraine "On Status of Veterans of Military Service, Veterans of Bodies of Internal Affairs, Veterans of the National Police and Some Other Persons and Their Social Security" was adopted¹⁷. This law was developed primarily to regulate the status and establish guarantees for persons who have been discharged from military service, including due to redundancy in the Armed Forces, Soviet-era military pensioners, etc. It is noteworthy that the provisions of the law stipulate: a person with a group I or II disability, which occurred because of an injury, contusion, mutilation or disease related to the performance of military service duties, may be recognized as a veteran of military service. The same law stipulates that "veterans of military service, internal affairs bodies, the National Police of Ukraine <...> are also recognized as war veterans and labor veterans if they have the grounds determined by the legislation of Ukraine." Here a logical question arises: why are the grounds for establishing the status of a war veteran (i.e. a person involved in the defense of the Motherland) for servicemen whose main professional duty is such protection determined by another law?¹⁸

In view of the above and the problems described in this report, it can be argued that the legislation regulating the status of veterans already needs to be updated to eliminate gaps and sometimes contradictions that arise between the laws.

Specifics of Veteran Status Legal Regulation in Ukraine: It Covers Not Only Participants of Hostilities (Combatants)

Part 2 of Art. 4 of the Law on the Status of War Veterans and Guarantees of their Social Protection stipulates that war veterans include participants in hostilities (hereinafter also referred to as “combatants”), persons with disabilities as a result of war, participants of the war. At the same time, this law defines veterans as people who may not have participated in hostilities. For example, in accordance with paragraph 2 of part 1 of Art. 9, participants in the war were persons who worked in the rear at enterprises, institutions, organizations, collective farms, state farms and more during the Second World War.

In some cases, the status of a veteran is not related to participation in hostilities but to the number of years of service in the relevant body or length of service. For example:

- The Law of Ukraine “On the Status of Military Service Veterans, Veterans of Internal Affairs Bodies, Veterans of the National Police and Certain Other Persons and Their Social Protection” defines as veterans of military service persons who have served flawlessly for a certain number of years in the army, in the internal affairs bodies, the National Police, etc. (i.e., here the status is granted, in fact, for seniority, and not for participation in hostilities);
- According to Art. 6 of the Law of Ukraine “On Basic Principles of Social Protection of Labor Veterans and Other Elderly Citizens in Ukraine”¹⁹, veterans are persons who worked at enterprises, institutions, organizations, associations of citizens and individuals who have 40 years of work experience for men and 35 years for women and have retired (respectively, the presence/absence of status is associated with a certain length of service).

It should also be considered that the current Ukrainian legislation does not link the status of a veteran with dismissal from military service, which provides for removal from military registration. In such circumstances, a situation may arise where a person will have dual status. For example, those who took part in hostilities during the JFO period and officially formalized their status by receiving the certificate of a participant in hostilities and continued to fight after the full-scale invasion on February 24, 2022 (already in the status of a veteran), are active servicemen and veterans at the same time. In contrast, the approaches to determining the status of a veteran differ in the countries whose experience we studied. For example, in the United States, veterans are military personnel who have been discharged from military service²⁰. In Croatia, this status is associated with the military who took part in the local war of independence²¹. The experience of Israel is interesting in that the legislation in this country clearly distinguishes between the statuses of veterans of the Second World War²² and modern demobilized military personnel (who later become reservists and can be involved during hostilities, if necessary, i.e. their connection with military service is not interrupted)²³.

The issue of dual status may arise when military personnel are simultaneously entitled to combatant status and to the status of a person with a disability as a result of war. Both statuses are acquired according to the rules established in accordance with the Law of Ukraine “On the Status of War Veterans and Guarantees of Their Social Protection”. The same law provides benefits for categories of citizens who have the appropriate statuses.

Therefore, if a combatant has been wounded, traumatized, mutilated, or sick while performing military service and has been assigned any disability group, he/she has the

right to receive the status of a person with a disability as a result of war. The belonging of citizens to privileged categories is recorded in the relevant certificates of the established form.

At the same time, according to paragraph 12-1 of the Resolution of the Cabinet of Ministers of Ukraine No. 302²⁴, people who have the right to receive several certificates in accordance with the Law of Ukraine "On the Status of War Veterans and Guarantees of Their Social Protection" are issued only one certificate of their choice. If a participant in hostilities (war) is granted the status of a person with a disability as a result of war, the previously issued certificate of a participant in hostilities is withdrawn and stored in the social protection body at the place of citizen's registration with the notification of the authority that issued such a certificate. That is, legislators gave people the right to choose between two statuses. This means that the benefits can be enjoyed only under one chosen status²⁵.

The broad formulation of the concept of "a veteran" creates several problematic points:

- blurring the image of a veteran in society: these concepts cover a large number of people with different experiences and levels of participation in hostilities (society may lose a clear idea of who veterans are and why they deserve special attention and support).
- veterans with and without combat experience may have different needs and difficulties (combining them into one group can lead to conflicts over the distribution of financial resources, benefits, and attention from the state).
- A situation where veterans without combat experience receive the same benefits and services as those who participated in hostilities can lead to a lack of resources for those who have faced the more severe consequences of military service, such as physical injuries or mental disorders.

Separately, attention should be paid to another problem that arises because of the "duality" of the status of a veteran – namely, the "blurring" of the responsibility of state bodies, especially in the field of social protection. Two agencies are simultaneously responsible for servicemen/servicewomen who serve with the status of veterans: the Ministry of Defense of Ukraine (hereinafter referred to as MOD) and the Ministry of Veterans Affairs of Ukraine (hereinafter referred to as MOVA). For comparison: in the United States, all those who are still serving (in any structures) are subordinate to the Ministry of Defense, and those discharged from military service are subordinate to the US Department of Veterans Affairs (VA). At the same time, the social protection of active military personnel and veterans is somewhat different. For example, active military personnel are entitled to medical care under the Tricare program, while veterans can receive it within the system of VA and the network of subordinate institutions.

The team that worked on this study in no way diminishes the importance and heroism of the people mentioned above, but by the concept of "veteran" we mean combatants, persons with disabilities as a result of war who participated in ensuring national security and defense, repelling and deterring Russia's armed aggression, protecting the population and the interests of the state in connection with Russia's military aggression against Ukraine during the ATO, JFO and/or after Russia's full-scale invasion of Ukraine on February 24, 2022.

The focus of our study is on veterans who participated in deterring and repelling Russian aggression,²⁶ which has been ongoing since 2014 (combatants and persons with disabilities as a result of war).

SECTION 1

MODEL OF VETERAN REHABILITATION IN UKRAINE: PROBLEMATIC ISSUES AND RECOMMENDATIONS FOR IMPROVEMENT

General Framework for the Development of the Rehabilitation System in Ukraine: Current Status²⁷

Since February 2014, Russia has been waging an aggressive war against Ukraine, which escalated into a full-scale invasion on February 24, 2022. Ten years of war have created new difficulties and challenges, in particular, in veteran policy, which is constantly being reformed.

The full-scale invasion further complicated the situation. Many veterans return from the war zone with serious physical and mental health problems because of gunshot and mine-blast wounds, contusions, musculoskeletal injuries, amputations, etc. Full-fledged rehabilitation is the basis of their autonomy and return to civilian life (education, work, etc.).

WHO emphasizes²⁸ that rehabilitation is an integral part of universal health coverage, along with health promotion, disease prevention, treatment and palliative care. That is, in its recommendations the WHO sees the rehabilitation system as organically integrated into the health care system. This means that the rehabilitation system should develop synchronously with the health care system and consider its trends.

When constructing a human-centric model of rehabilitation, it is necessary to consider the existence of parallel systems for the provision of medical and rehabilitation care. These systems can be roughly divided into:

- 1)** medical and rehabilitation care provided within the framework of MGP under contracts concluded by the NHSU on medical care for the population (civil system).
- 2)** medical and rehabilitation care provided by departmental health care facilities and departmental rehabilitation facilities (departmental system)²⁹.

The key difference is that in the civilian system, the provision of medical and rehabilitation care is not tied to a person's special status. At the same time, in the departmental system, medical care for a person is provided on the condition that he or she acquires a certain status.

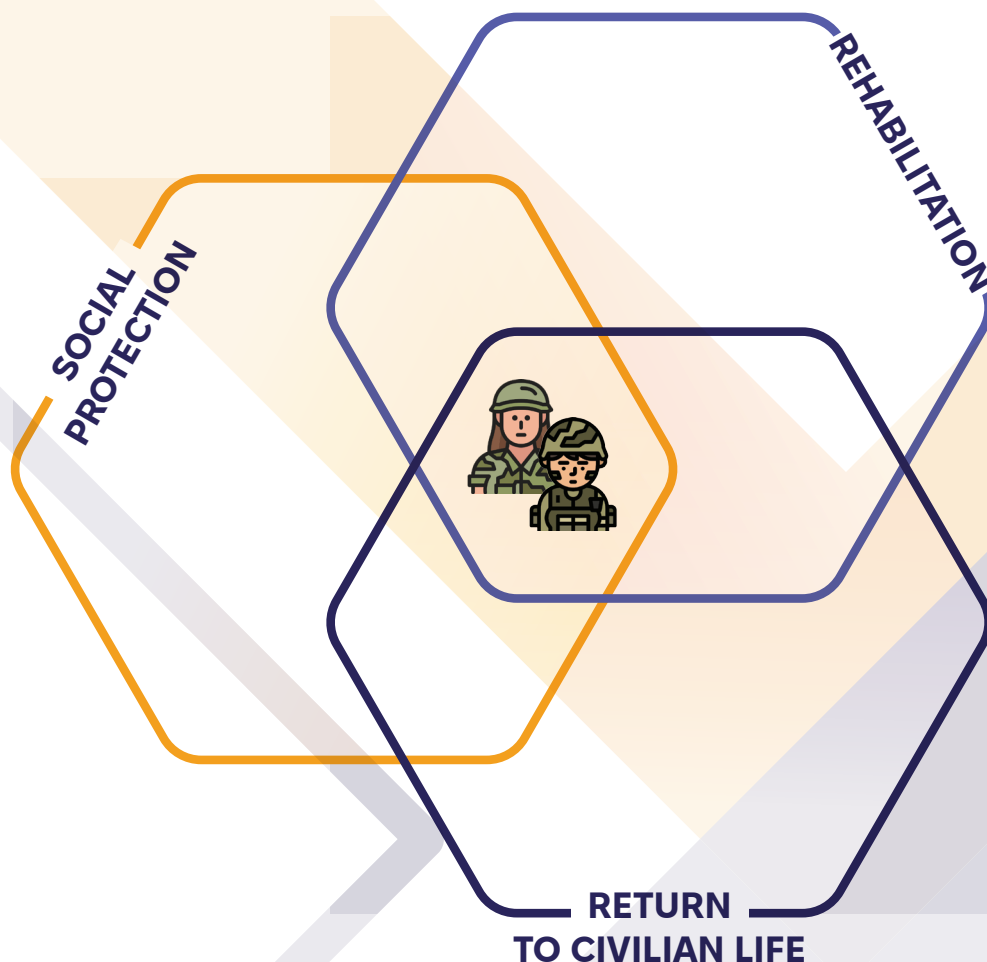
Currently, the state has declared a course towards the creation of a single medical space³⁰. One of the reasons for such a strategically important decision is that "most of the problems in prevention, diagnosis, treatment and rehabilitation, despite some peculiarities, are common to the civilian and military components. The exceptions are tactical medicine on the battlefield, medical triage, the principles of organizing advanced surgical care, the stages of evacuation and some specifics of injuries, wounds, diseases, lesions, and the organization of medical forces, as well as the peculiarities of determining fitness for service based on data on a person's health"³¹.

The existence of different systems in which veterans can undergo rehabilitation is not conducive to the satisfaction of recipients of rehabilitation services. This is evidenced by the results of the questionnaire conducted for the preparation of this report: only 27.6% of veterans are completely satisfied with the system of physical rehabilitation in Ukraine. As for the psychological picture, it is even worse: only 14.3% of the surveyed veterans believe that the Ukrainian system of psychological rehabilitation is devoid of any shortcomings. The hypothesis of our study is that the main reason for veterans' dissatisfaction with the current rehabilitation organization in Ukraine lies in its incorrect "architecture", complexity, and sometimes lack of logic.

Below, we outline the general picture of the rehabilitation care organization in Ukraine. We set ourselves the goal of identifying systemic problems³² that may arise at each stage of rehabilitation (rehabilitation period) of veterans and developing suggestions for building a unified and human-centric rehabilitation model for veterans. In a human-centric, inclusive super system, military personnel gradually undergo the above stages of rehabilitation, which helps them recover, improve their health, and adapt to changes and further civilian life.

It is important that in the UNIFIED system, the rehabilitation of veterans will be closely related to social protection measures and return to civilian life (this is the approach that makes the system holistic, comprehensive, and logical).

Human-Centric Super System: What Should It Be?



1.1. Overview of the Key Actors at Different Levels that Make Up the Model of Veteran Rehabilitation in Ukraine

A human-centric model of veteran rehabilitation should provide for a clear and balanced distribution of roles between all key actors (the state, community, non-public sector) that are relevant to the rehabilitation model in Ukraine. Such a system should be understandable to a veteran and meet his/her needs. An analysis of the current system leads to the conclusion that it does not meet the above criteria (which will be described in detail in paragraph 1.2 of this section).

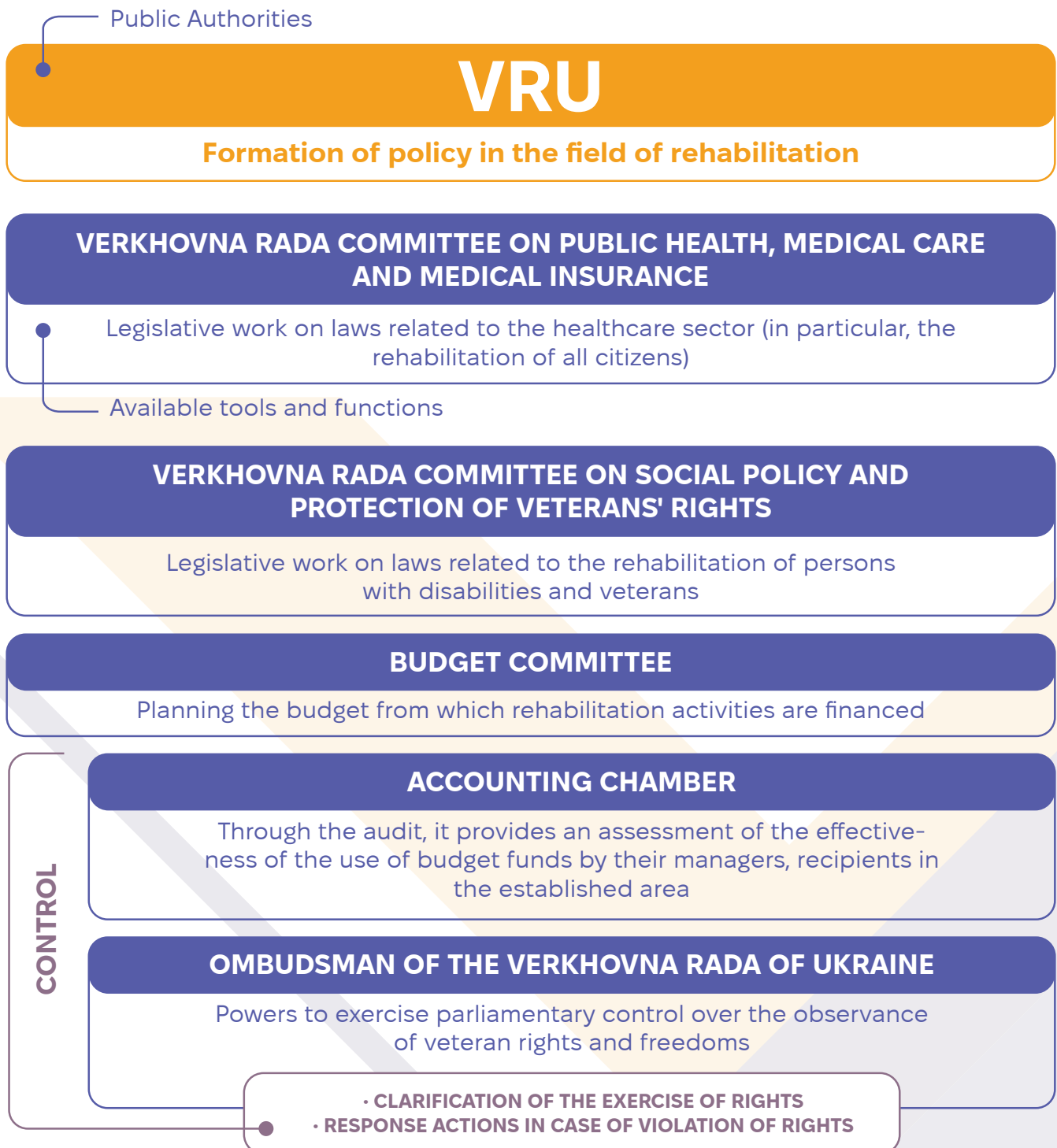
1.1.1. Public Authorities: Roles, Tools for Implementing Policies in the Field of Veteran Rehabilitation in Ukraine and Interagency Cooperation³³

The role of the state in the human-centric supersystem is that it, through the VRU, CMU and other CEBs, develops policy in the field of veteran rehabilitation after a thorough study of the needs of the latter. As part of developing policy, the state determines how it will meet the requests and needs of veterans, who should understand the design of the system, etc. At the same time, the state, through the CEBs, implements and properly finances the policies in the field of rehabilitation, as well as establishes the relevant rules, that is, regulates the policies. An effective control mechanism must be implemented to verify compliance with established rules³⁴.

Today, there is a significant number of state bodies related to the veteran rehabilitation policy. Such a large number of entities does not contribute to the system's comprehensibility and creates a multiplicity of routes for veterans in it. In the diagram below, we have indicated the key state authorities and the tools that the latter can use to develop, implement, regulate, and control policies in the field of veteran rehabilitation.

Figure 1. Development, Implementation, Regulation and Control of Public Policies in the Field of Veteran Rehabilitation

THE STATE



CMU

Organizational

Directing and coordinating the activities of other CEBs

Rulemaking

Resolutions and Orders

CEBs

Development + Implementation + Regulation + Control of Policies

MoH

Health Policy Development (including Rehabilitation)

Implementation

Organizational and Administrative Tools
Creates the central MSEC

Management Tools
Manages healthcare facilities under its scope

Financial Instruments
Finances healthcare facilities that are under its management

Information Tools
Publishes information on the rehabilitation of veterans on the official website

Regulation

Standardization, Licensing, Accreditation of Health Care Facilities

Certification of medical professionals

The Minister of Health directs and coordinates the activities of the NHSU

Control

MOH Clinical and Expert Commission
Assessment of the quality of medical treatment (including rehabilitation)

Internal (departmental) Control
Internal audit of healthcare facilities under the management of the Ministry of Health

NHSU

Policy implementation in the field of state financial guarantees of medical care for the population

Implementation

Organizational Tools
Conclusion of contracts with healthcare facilities that provide services to veterans, including rehabilitation

Financial Instruments
Payment to healthcare facilities for the services provided under the contract

Information Tools
Placement of information materials on obtaining rehabilitation services in healthcare facilities on the official website and official Facebook page

Monitoring of the National Health Service of Ukraine
(it is not a control in the classical sense, but this mechanism allows to effectively check the fulfillment of its obligations by the health care provider under the contract of medical care for the population)

MSP

Policy development in the field of rehabilitation measures for persons with disabilities (including veterans)

Implementation

Organizational and Administrative Tools

By its decision, the MSP can form enterprises, institutions, organizations belonging to its sphere of management

Management Tools

- Manages state centers for comprehensive rehabilitation
- Manages specialized sanatoriums
- Manages the Fund for Social Protection of Persons with Disabilities (implements the state program for prosthetic limbs of veterans)

Financial Instruments

Finances state comprehensive rehabilitation centers for persons with disabilities

Information Tools

The MSP uses the official website to post information about the rehabilitation of persons with disabilities

Control

Internal audit of institutions under the jurisdiction of the Ministry of Social Policy

MoVA

Policy development in the field of social protection of veterans and members of their families, in particular the provision of psychological rehabilitation

Implementation

Organizational and Administrative Tools

Acts of organizational and administrative nature

Management Tools

Manages social and psychological rehabilitation centers

Financial Instruments

Finances social and psychological rehabilitation centers for veterans. The MoVA is also involved in the process of financing the provision of psychological assistance to veterans in accordance with the Resolution of the Cabinet of Ministers of Ukraine No. 1338 "Some Issues of Providing Psychological Support to War Veterans, Members of Their Families and Certain Other Categories of Persons" dated November 29, 2022

Information Tools

Posts basic information on the official website and through the e-Veteran program

Control

Internal Audit

MESU

National Policy development and implementation in the field of education

Participation in the development of professional standards (in particular, for rehabilitation professionals)

Development and approval of state educational standards for specific professions (including for rehabilitation professionals)

MoD

Policy development

Non-core activities

Development of a set of preventive, therapeutic, sanatorium-resort, and rehabilitation measures for servicemen of the Armed Forces of Ukraine

Core activities

National security in the military and defense sphere

Implementation

Management Tools

Manages centers for medical rehabilitation and sanatorium-and-spa treatment, military sanatoriums, etc.

Financial Instruments

Funding

Information Tools

Posts information about rehabilitation on the official website and on the official Facebook page

Control

Internal audit of institutions under its management

MIA

Policy development

Non-core activities MIA

Developing a set of rehabilitation measures aimed at persons who have the right to be served in MIA healthcare facilities

Core activities

Ensuring the protection of human rights and freedoms, the interests of society and the state, combating crime, etc.

Implementation

Management Tools

MIA manages medical rehabilitation centers of the Ministry of Internal Affairs, sanatoriums and some other institutions

Financial Instruments

Finances institutions in the scope of its management

Information Tools

Posts information about rehabilitation on the official website

Control

Internal audit of institutions under management

SSU

Policy development

Non-core activities

Policy development on medical rehabilitation in the SSU system

Core activities

Ensuring the state security of Ukraine

Implementation

Management Tools

Manages healthcare institutions under the management of the SSU, sanatoriums, etc.

Financial Instruments

Information Instruments

Posts information about rehabilitation in the SSU system on the official website of the SSU department

1.1.2. 1.1.2. Role and Place of Communities in the Model of Veteran Rehabilitation in Ukraine. Tools for Implementing Local Policies in the Field of Veteran Rehabilitation in Ukraine

The Procedure for Provision of Rehabilitation Assistance in the Field of Health Care³⁵ defines rehabilitation in the territorial community as a strategy within the overall development of territorial communities. In the human-centric supersystem of veteran rehabilitation, rehabilitation services should meet the needs of veterans and therefore be as close to them as possible. Therefore, it is important to clarify the role of communities where veterans return after the war in the creation, maintenance, and development of rehabilitation spaces where the military will be able to fully restore their physical and mental health. Local self-government bodies act on behalf of and in the interests of the community. It is the community and its representative bodies that are responsible for preserving the health of its residents and organizing the system of medical services (including the rehabilitation of veterans)³⁶. The role of communities in the long-term rehabilitation of veterans is important, too. In particular, the community should create the most favorable conditions under which veterans with disabilities or those who are recovering after the injury would be able to adapt to life in a normal environment.

The role of the community in the Veteran Rehabilitation Model is illustrated in Figure 2.

Figure 2. Role of the Community in the Veteran Rehabilitation Model

COMMUNITY

FORMATION OF OWN LOCAL POLICIES, RELATED TO THE PROVISION OF REHABILITATION SERVICES TO VETERANS

For example, communities can develop and approve local **programs for the development** and support of municipal health care facilities, where rehabilitation services can be provided to veterans

Thanks to this tool, the community can pay for services above the scope determined by the medical guarantee program

PERFORMING THE ORGANIZATIONAL AND ADMIN- ISTRATIVE FUNCTION OF PROVIDING VETERANS WITH REHABILITATION SERVICES

Ensuring the functioning of the health care system of the territorial community → ensuring the development of all types of medical care (including rehabilitation) + the development and improvement of a network of health care facilities and rehabilitation institutions where rehabilitation services to veterans can be provided

COMMUNITIES PLAY THE ROLE OF THE MANAGER OF HEALTHCARE FACILITIES THAT PROVIDE REHABILITATION SERVICES TO VETERANS

Sub-paragraph 1 of paragraph "a" of Article 32 of the Law of Ukraine "On Local Self-Government in Ukraine" stipulates that the powers of village, settlement, and city councils include the management of healthcare facilities that belong to territorial communities or are transferred to them

Appointment/ dismissal of heads of communal healthcare facilities (including those that provide rehabilitation services to veterans

Hearing a report on the work of the heads of healthcare facilities of communal ownership, particularly those that provide rehabilitation services to veterans

Organization of material, technical and financial support of public health care facilities property — financing repairs, paying for utilities and energy, etc.

The community informs about rehabilitation services that can be provided to veterans on the territory of the relevant administrative-territorial unit

1.1.3. Role of the Non-Public Sector³⁷ in Public Policies for Veteran Rehabilitation in Ukraine

In the context of Russia's brutal war against Ukraine, the Ukrainian non-public sector has developed and strengthened rapidly. Since 2014, businesses, public activists, and volunteers have taken on a lot of work related to supporting the Armed Forces of Ukraine, veterans, and war victims. Since the beginning of Russia's full-scale invasion, the non-public sector has become even more active. Since February 24, 2022, powerful rehabilitation centers have been actively operating in Ukraine:

- national network of rehabilitation centers "RECOVERY", which provide rehabilitation services to veterans.
- National Rehabilitation Center UNBROKEN – a unique place where veterans receive comprehensive qualified medical care and rehabilitation services.
- "Superhumans Center", which provides free medical services for prosthetics, rehabilitation, reconstructive surgery and treatment of PTSD.

In addition, charitable and public organizations continue to operate actively (for example, Veteran Hub, NGO "PC Principle", etc.), which have become the flagships of promoting a unified veteran policy in Ukraine and are concerned with the rehabilitation of veterans.

The role of the non-public sector in the rehabilitation of veterans, as well as its capabilities, is shown in Figure 3.

Figure 3. Role of the Non-Public Sector in the Model of Veteran Rehabilitation

NON-PUBLIC SECTOR



1.2. Some Problematic Issues and Shortcomings of the Veteran Rehabilitation Model in Ukraine: International Experience and Best Practice

The Law of Ukraine “On Rehabilitation in the Field of Health Care” stipulates that the purpose of rehabilitation is to achieve and maintain an optimal level of functioning and quality of life of a person with restrictions on daily functioning in his/her environment.

According to the Law of Ukraine “On Rehabilitation of Persons with Disabilities in Ukraine”, the rehabilitation of persons with disabilities is aimed at restoring and compensating for impaired or lost bodily functions to achieve and maintain social and material independence, labor adaptation and integration into society, as well as providing persons with disabilities with rehabilitation aids and medical devices.

These two definitions are united by the goal of rehabilitation: to restore a person’s health to the highest possible level of life and to achieve their autonomy (ensuring the ability to lead a full, active life), adapt to changes and support in returning to social life.

This definition of the purpose of rehabilitation in both laws is characteristic of an inclusive model of rehabilitation, which is based on the following principles:

- ensuring the rights and dignity of persons undergoing rehabilitation. A person should be a full-fledged participant in the rehabilitation process and not an object for which decisions are made. A person actively makes decisions on his/her own — and retains subjectivity.
- considering the needs of the individual and ensuring his/her return to social life.
- universality of service provision – rehabilitation is available to all people who need it, regardless of status or any other factors and barriers: high cost, remoteness, inaccessibility for people without disabilities, etc. This is a key principle of inclusive rehabilitation.

The success and effectiveness of achieving the goal declared in the law depends on the accuracy of identifying the actual needs of veterans in the process of rehabilitation³⁸. The identification and assessment of these needs is necessary, among other things, for developing the National Strategy for the Development of Rehabilitation Services. Studies on veteran rehabilitation, as well as the survey conducted as part of this study (see Appendix), testify that the basic needs of veterans in the field of rehabilitation are as follows:

- comprehensiveness and involvement of highly qualified specialists — not only with higher medical education but also others working in the field of health care: occupational therapists, physical therapists, social workers, etc. Psychological recovery should be an integral part of such rehabilitation.
- accessibility of rehabilitation services³⁹ for veterans and relevance to their individual needs.
- clarity and comprehensibility of the route in the rehabilitation system. Veterans should know where they are today and where they will be tomorrow.
- sufficient rehabilitation period to restore health.
- the orderliness of receiving services without interrupting treatment and, if necessary, after it, i.e. the acute, post-acute, and long-term stages of rehabilitation.
- respect for the dignity and rights of veterans (without humiliation or excessive expectations).

provision of support for veterans during processes that go beyond rehabilitation in healthcare facilities. Receiving rehabilitation aids on an ongoing basis (including prostheses) and assistance in obtaining social services should be part of a full-fledged rehabilitation process.

Therefore, the clarity and predictability of the system in view of their needs are important for veterans. At the same time, there are problems that need to be immediately addressed in the rehabilitation system from the standpoint of a human-centric approach. Taking into account the stages of the rehabilitation process, the description of these problems is presented considering the sequence of providing medical care to veterans⁴⁰ in healthcare facilities.

VETERAN REHABILITATION IN THE ACUTE PERIOD

In an acute condition⁴¹, rehabilitation supports the medical needs of patients. It prepares people (primarily physically) for further treatment and therapy. The correctness and timeliness of rehabilitation measures at this stage play an important role in the effectiveness of all subsequent treatment and recovery. Thus, rehabilitation in case of burn injuries because of hostilities must necessarily begin on the day of injury and continue for many years after it. Timely rehabilitation measures in case of burn injuries (positioning, splinting, respiratory supervision, early mobilization, etc.) — without exaggeration — affect the fullness of a person's entire life: whether he or she remains a person with a disability or not.

If the patient does not receive rehabilitation services (of good quality) in the acute period, this can lead to complications in the subsequent stages of rehabilitation. Consequently, the goal of rehabilitation may not be achieved.

One of the main problems at this stage is the lack of an adequate number of standards for the provision of rehabilitation care in the acute period (for example, in the case of amputations, skeletal injuries, etc.).

Description of the problem. The standards for the provision of medical care are a set of medical and technological documents developed with the aim of ensuring the provision of high-quality medical (in particular, rehabilitation) care by implementing medical standards based on evidence-based medicine in accordance with modern European requirements and best practices. It is according to the order and methods established by them that the treatment and rehabilitation of the patient take place. The absence of such standards leads to the neglect of rehabilitation measures in the acute period. Thus, the website of the State Expert Center of the Ministry of Health of Ukraine contains only 7 standards for the provision of rehabilitation assistance in the field of "Physical and Rehabilitation Medicine". Existing standards apply to such diseases as:

- hemorrhagic stroke.
- acute coronary syndrome without the elevation of the ST segment.
- ischemic stroke.
- coronavirus disease 2019 (Covid-19).
- rheumatoid arthritis.
- chronic obstructive pulmonary disease.
- cerebral palsy

The described situation with the lack of an adequate number of standards leads to an increase in state spending on health care. Ineffective rehabilitation at the initial stage can lead to additional costs for secondary medical interventions, re-payment of rehabilitation services in another institution, etc. Our hypothesis was confirmed during interviews with representatives of state authorities.

Closely related to the problem of the lack of an adequate number of standards for the provision of rehabilitation care in the acute period is **the shortage of personnel in the departmental healthcare facilities of the security and defense forces** (HCFs where only military personnel can receive services), which are able to provide rehabilitation of veterans in the acute period.

Studies in military medicine show that in the HCFs of the security and defense forces, rehabilitation in the acute period is not carried out mainly due to the lack of specialists⁴². An example is the data from the official site of the State Institution “Head Medical Center of the Ministry of Internal Affairs of Ukraine”. This website states that 570 beds were deployed in the hospital, of which 300 had surgical profile and 270 had therapeutic profile. The HMC hospital has 17 medical and 5 diagnostic departments. However, there are only 2 rehabilitation professionals for the whole hospital: Head of Physical and Rehabilitation Medicine Department and a physiotherapist.

Recommendations

The Ministry of Health of Ukraine should, as soon as possible, develop and adopt standards (package of documents) that would provide for mandatory rehabilitation assistance in the acute period for various nosologies (for example, traumatic brain injuries, spine fractures, etc.).

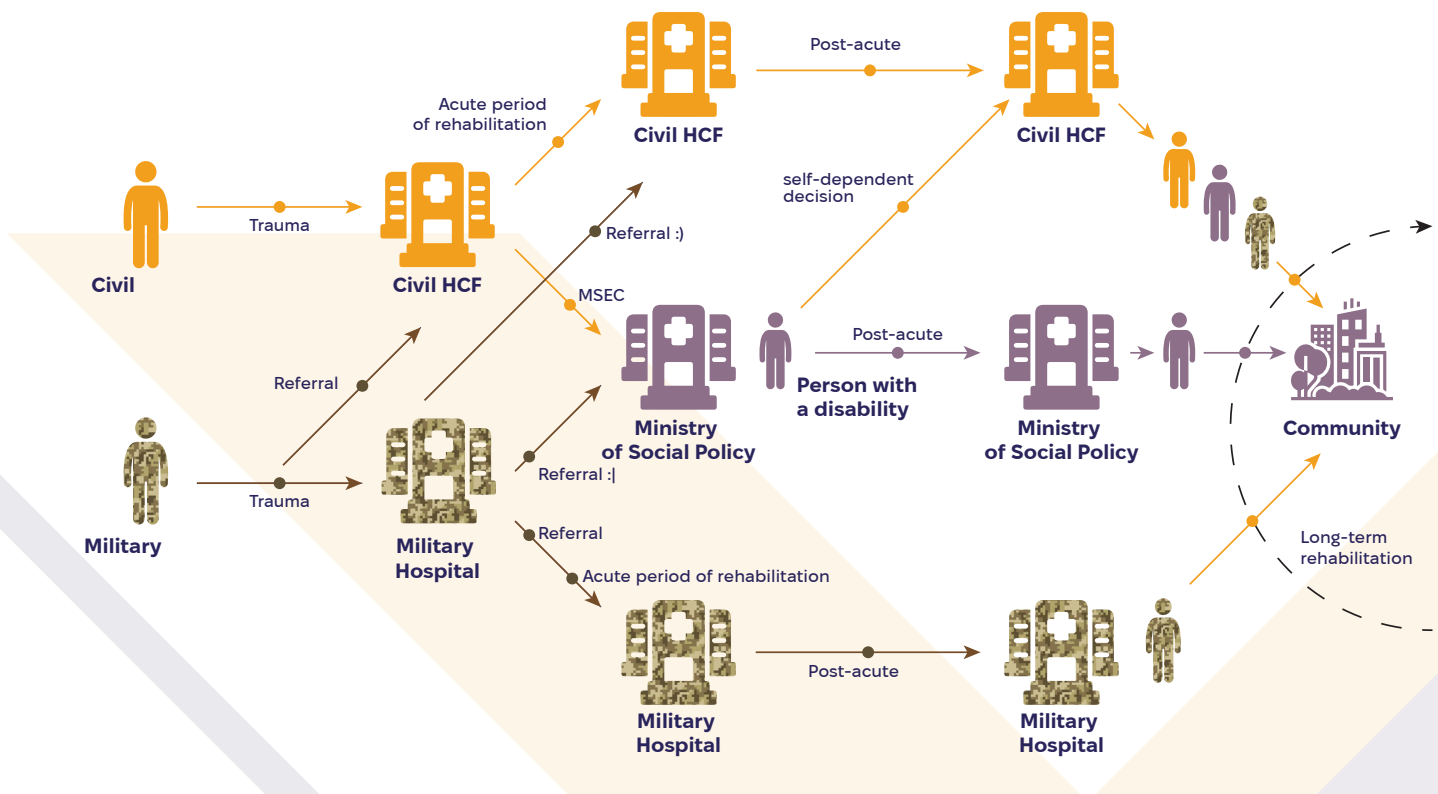
Solving the problem of shortage of highly skilled personnel in the HCFs of the security and defense forces, especially those that provide rehabilitation of veterans in the acute period, requires a comprehensive approach. Personnel can be attracted through financial incentives, incentives for professional development and growth, development and implementation of specialized training programs in medical educational institutions engaged in the training of specialists who should work in military medical facilities and provide rehabilitation services. A separate area may be the involvement of foreign specialists and simplification of bureaucratic processes of legalization in Ukraine. It is advisable to carry out a comprehensive solution to the challenge of attracting additional personnel through the development and implementation of the concept of state policy. The project of such a concept can be developed by the Ministry of Health jointly with experts and representatives of civil society and submitted for approval to the CMU⁴³.

VETERAN REHABILITATION IN THE POST-ACUTE PERIOD⁴⁴

Summarizing the provisions of the Order of the Ministry of Health No. 208345, it should be noted that veterans can undergo the post-acute rehabilitation period in several types of facilities:

- civilian facilities that have signed a contract with the NHSU (where veterans receive free rehabilitation services under the MGP).
- departmental facilities of the security and defense forces.
- departmental facilities of the Ministry of Social Policy, when it comes to veterans with amputation or those with complex skeletal injuries.

A Person's Path Depending on Their Status in Rehabilitation



Also, some veterans can undergo rehabilitation in civilian facilities for a fee or at the expense of donor programs, that is, outside the system provided by the state. Veterans can be admitted to such facilities after (in some cases, instead of) receiving medical or rehabilitation care from departmental or MGP-funded facilities.

As mentioned above, a unified model (based on human-centric and inclusive approaches) should also have a social protection system at this stage, within which veterans are advised on obtaining appropriate benefits, helped to collect and execute the necessary documents, etc. (see Section II of this study).

Distinctive Problems of this Period

1. Spending the post-acute rehabilitation period in departmental facilities of the security and defense forces may not meet the needs of veterans and reduce the effectiveness of rehabilitation.

The study of the departmental systems of the security and defense forces (Ministry of Defense, Ministry of Internal Affairs, Security Service of Ukraine) allowed us to identify one of the key problematic issues that will need to be addressed when creating a human-centric rehabilitation super-system for veterans in Ukraine: **in the departmental systems of the security and defense forces, the patient often loses subjectivity and turns into an object of the rehabilitation process⁴⁶, whose needs are not taken into account.** In particular:

- The rehabilitation process in departmental facilities of the security and defense forces **is based on the isolation of veterans from society.** Simply put, this means that veterans undergo rehabilitation in isolation from the outside world and civilians (living in specialized medical or rehabilitation centers with other military personnel; moreover, such centers are usually located outside or on the outskirts of large settlements)⁴⁷. For example, if a veteran suffers a brain or spinal cord injury, then, according to the Order of the MoH No. 2083, his/her rehabilitation in the post-acute period can take place in a sanatorium. In the system of the MoD, medical and psychological rehabilitation is carried out in ministerial sanatorium-and-spa institutions; and in the system of the MIA, it can take place in sanatorium-type medical rehabilitation centers (MRCs). At the same time, there is a problem of accessibility of rehabilitation (in the sense of the absence of geographical barriers), since the institution where military personnel are sent for rehabilitation may be far from their permanent place of residence, and the likelihood that a military will be sent to a HCF in their home community is quite low. Therefore, the possibility of participation of veterans' close ones and relatives in the rehabilitation process is significantly reduced. This approach is characteristic of the exclusive model of rehabilitation, when people are divided into groups according to certain characteristics (in our case, according to the status of "a military") instead of trying to include them in society, especially through rehabilitation along with civilians.
- The military **cannot independently choose a rehabilitation facility that would meet their needs.** The by-laws regulating the rehabilitation process in the departmental systems of the MoD, MIA and SSU state that the decisive role in the decision-making process on the need to send a military for rehabilitation to a specific institution is played by special medical selection or medical advisory commissions (the type depends on the department, responsible for rehabilitation). In practice, there is a high risk that such a decision-making process will adversely affect the achievement of the post-acute recovery goal and the goal of rehabilitation (full recovery of health and life to the highest possible level). **In departmental acts, the concept of "rehabilitation" is replaced by the concept of "sanatorium-and-spa treatment".** For the most part, these concepts are equated. However, the stay of the military in sanatoriums is more of a recreation (rest) than a full-fledged rehabilitation. In addition, it is necessary to pay attention to the fact that many departmental institutions where the military undergo rehabilitation have a license

for medical practice in the field of “Physiotherapy”. For example, military personnel with motor disorders are often provided with apparatus physiotherapy services (electrophoresis, magnetotherapy, etc.) in departmental sanatoriums. The essence of apparatus physiotherapy is that a person remains motionless for some time under the influence of a certain device. However, physiotherapy cannot be the only means of rehabilitation, because it is not enough to fully restore the usual skills (movement, self-care, etc.)⁴⁸. Full-fledged rehabilitation should be an orderly process and involve different functional recovery specialists (a multidisciplinary team).

- The guidelines governing the rehabilitation process in departmental facilities provide for an **extremely short recovery period** (which may also not meet the needs of the military and prevent full rehabilitation). For example, the term of medical rehabilitation in the SSU system, in the rehabilitation departments of sanatoriums “Odesa” and “Vorzel” is 11 days. **That is, certain individual needs of veterans as full-fledged subjects of the rehabilitation process are not considered here.**
- In the departmental facilities of the security and defense forces the **social component has not been integrated in rehabilitation (including the post-acute period)**. Such HCFs do not have a social worker who would help to navigate and accompany a veteran during the further receipt of social services and benefits⁴⁹. Therefore, the social protection system is not “included” in the recovery process in the post-acute period when necessary.

The existence of health care facilities of the departmental systems of the security and defense forces, in which the rehabilitation of veterans can take place, **gives rise to a plurality of subjects** engaged in rehabilitation. This is a systemic problem. Consequently, each agency (e.g., MoD, MIA, SSU) develops its own policies and different patient routes, which are likely to lead to frustration and complete disorientation of veterans.

In addition, the estimates of these HCFs are approved by the same authorities that own them, so the authorities act in a conflict of interest, since, on the one hand, a particular body acts as a customer of services on behalf of the state, and on the other hand, as a provider of services. Departmental institutions of the security and defense forces have no incentives to improve, because they are financed from the state budget simply because they exist, and the staff receives a salary for going to work and working hours. Therefore, even if veterans have not been provided with rehabilitation services, the institution will not be left without money. In a global sense, this can lead to the fact that the state will irrationally spend budget funds and must pay several times for the rehabilitation of a veteran if his/her rehabilitation in a departmental institution (for the military) has proven to be ineffective. The monitoring procedure of the NHSU does not apply to departmental institutions, since they do not conclude contracts with the service, and therefore there is no effective control over the volume of services provided, presence/absence of necessary equipment and personnel.



It is necessary to decide whether we need two systems (civil and departmental), which will overlap from time to time and be financed separately... Alternatively, it can be a combination of these, where rehabilitation in military hospitals means rehabilitation only in the acute period. And then everything goes to the civilian system...

(Excerpt from an interview with Anastasia Boychuk, Rehabilitation Expert of the Charitable Foundation "Patients of Ukraine")

International experience in the field of veteran rehabilitation shows that the world has different answers to the question of which system (civilian or departmental) should be used for the rehabilitation of veterans. For example, in Israel, the rehabilitation of military personnel with combat experience and injuries takes place in the general health care system. Rehabilitation services are provided regardless of status (both military and civilian). In addition, Israel has an extensive system of social workers in rehabilitation centers. The social worker in the rehabilitation center contacts the social worker in the community and informs them of the veteran's return home and the need to visit him/her and assess their needs. That is, in Israel, the social component is organically integrated into the rehabilitation process that takes place in the general health care system. Financing the system also has its own peculiarities. Funds are allocated from the state budget for rehabilitation (i.e., the so-called "rehabilitation basket" is formed). The National Institute of Social Insurance (the body that manages the taxes that citizens pay for health care) distributes money in the system.



In Israel, the principle of non-isolation from society has been applied throughout the entire process of military rehabilitation. Military personnel are treated in regular civilian hospitals (along with other civilians). There are no departmental institutions (purely for the military) and sanatoriums. As soon as a person becomes independent (for example, can move on crutches), they are discharged home, and not kept in a hospital (if living conditions allow). There are very few in-patient facilities in Israel, however, there are outpatient centers. Those who do not have physical injuries are not treated in the in-patient facilities. Patients are discharged on average on the 3rd or 4th day even after complex surgeries. Rehabilitation takes place mainly at the place of residence.

(Excerpt from an interview with Alexander Gershanov, an Israeli expert, psychotherapist, director of educational programs at ITC — Israel Trauma Coalition)

Veterans of the Croatian War of Independence receive medical services in the general health care system. However, rehabilitation services can be received in institutions where the Ministry of Croatian Veterans concludes an agreement for the provision of such services (these are also institutions of the general system). In addition, there are veteran centers under the Ministry of Croatian Veterans, which ensure the implementation of programs (including rehabilitation measures for veterans). Each visitor to the center receives an individual rehabilitation program, social and psychological anamnesis, etc. At the same time, they select specialists to participate in the rehabilitation process. The centers use a multidisciplinary approach with the involvement of a psychologist, social worker, physiotherapist, etc.⁵⁰ The Ministry approved the National Program of Psychosocial and Medical Assistance, which is implemented at the local (county) level in psychosocial support centers for veterans.

In the United States, a separate health care system has been created for veterans, where rehabilitation services are also provided. Within the government, there is the U.S. Department of Veterans Affairs, which has a separate department that deals with veterans' health, including the Veterans Health Administration. This department is a direct service provider. According to information from the official website of the U.S. Department of Veterans Affairs, it provides care in 1,321 health care facilities, including 172 health centers and 1,138 outpatient facilities at various levels, serving 9 million registered veterans each year.



We do not have the concept of sanatoriums, but there are, for example, rehabilitation centers – usually private institutions. The veteran system (U.S. Department of Veterans Affairs) also contains rehabilitation wards in hospitals. Most of the rehabilitation process mostly takes place at home rather than in the hospital, because a hospital stay usually requires a significant cost to the system...

(Excerpt from an interview with Israel Liberzon, Professor of Psychiatry, Psychology and Neurology at the University of Michigan (USA), Doctor of Medical Sciences)

Thus, the analysis of international experience shows that the most relevant approach for Ukraine is where veterans undergo rehabilitation in general health care institutions (Israel). The experience of the United States in this regard is useful, but it is of less practical importance, because the construction of a parallel health care system for veterans with a huge number of departmental facilities there is due to the number of people with the appropriate status. According to the Census Bureau, there were about 16.2 million veterans in the United States in 2022. In addition, the United States has the most expensive healthcare system in the world.

According to WHO estimates, the United States ranks first in the world both in absolute numbers (\$ 2.26 trillion, or \$ 7439 per person) and percentage of GDP (16 %). The number of people employed in the industry is more than 10 million. Since we are likely to operate in a resource-constrained environment while building a human-centric system, we will not be able to maintain a separate departmental infrastructure for the rehabilitation of veterans.

Recommendations

The solution will be required for the issue of the future fate of health care facilities and sanatoriums, which currently remain subordinate to separate departments of the security and defense forces and are financed from the state budget — at the expense of taxpayers. As already mentioned, the agencies currently have redundant infrastructure that is inefficiently used. One of the reasons is that the owners of institutions that provide rehabilitation services are engaged in rehabilitation on a redundant basis, because **it is not a core (proper and natural) type of activity for them**. For example, the development of a rehabilitation policy (which has a medical component) is not inherent in the Ministry of Defense since it is the core activity of the Ministry of Health, the central executive body that implements state policy in the field of health care. In general, this situation leads to the fact that the state becomes an inefficient owner **and therefore should focus not on the provision of services** but on the creation of a competitive market for their provision, where the leading role will be played by a single national strategic purchaser of medical services — the National Health Service of Ukraine.

This means that the most capable departmental health care facilities of the security and defense forces will be integrated into the overall national health care system, and they will receive contracts with the NHSU. It is about the autonomy and involvement of departmental institutions in the medical reform. Thanks to this, **veterans will receive a basic free package of services** that will be funded by the state. It is important that concurrently the monitoring of the NHSU in the departmental institutions of the security and defense forces will have an indirect impact on the protection of the rights of veterans in the rehabilitation system (monitoring will encourage departmental HCFs to comply with the terms of the contract for the provision of rehabilitation services and meet the established requirements). At the same time, agencies can create separate programs that will consider the specific needs of veterans (thanks to these programs, they can “co-finance” services that are not provided for by the MGP). Entry of departmental health care facilities of the security and defense forces in the general system will require the ministries, to which HCFs for the military are subordinate, to conduct a preliminary audit of the effec-

tiveness of institutions providing rehabilitation services to veterans. Such an audit should include an assessment of the effectiveness of the institution's functioning, the degree of implementation of the goals outlined in the plans, etc.

In addition to auditing, departmental institutions must go through the stage of "autonomization" (transformation into non-profit enterprises). However, transformation alone may not be enough, and there will be a need to reform the corporate or contractual management of departmental institutions⁵¹.

The participation of departmental facilities for the military in the medical reform will allow the state to radically change the approach to their maintenance and rationally use budget funds: there will be a transition from the current financing of itemized estimates of departmental budgetary institutions (depending on the number of beds, staff, etc.) to payment for the result (i.e. actually provided rehabilitation services under the program of medical guarantees) on the principle of "Money follows the patient", not "Money for the maintenance of beds".

It is noteworthy that the survey conducted as part of this study shows that 53.4% of the surveyed veterans believe that their rehabilitation should take place in civilian HCFs (e.g., municipal, private). This can be partly explained by the fact that half of the surveyed veterans are non-professional soldiers who stood up for the defense of the Motherland after Russia's full-scale invasion of Ukraine (February 24, 2022) and for whom treatment and rehabilitation in civilian facilities is familiar, mundane and understandable.

2. Integration of parallel rehabilitation systems: rehabilitation in the field of health care and rehabilitation of persons with disabilities.

As we have already noted, during the post-acute rehabilitation period, veterans can recover in departmental institutions of the Ministry of Social Policy.



... Another aspect that needs to be mentioned is the problem of the existence of two systems: the first system is regulated by the Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine" (the logic here is that rehabilitation depends on the acquisition of status), the second is regulated by the Law of Ukraine "On Rehabilitation in the Field of Health Care"⁵¹, which lays down a different logic: the rehabilitation does not take place on the basis of status, it does not depend on the moment when you received or did not receive a certain certificate from the MSEC...

(Excerpt from an interview with Anastasia Boychuk, Rehabilitation Expert of the Charitable Foundation "Patients of Ukraine")

Description of the problem. Prior to the entry into force of the Law of Ukraine "On Rehabilitation in the Field of Health Care"⁵² (i.e. until 31.12.2020), the current legislation provided for rehabilitation measures only for persons with disabilities (the main law that regulates this is the Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine"⁵³, and the Ministry of Social Policy takes care of such rehabilitation).

However, the approach in which rehabilitation services are provided only to persons with disabilities does not meet modern European and global requirements for the provision of rehabilitation care. For example, according to the WHO, "It is not only people with disabilities or chronic health conditions who need rehabilitation. On the contrary, rehabilitation is one of the essential health services for all persons suffering from acute or chronic illnesses, disorders or injuries that limit their functional capacities, and therefore rehabilitation services should be available to everyone who needs them." This, in turn, means that both persons with disabilities and those who do not have this status need rehabilitation.

With the adoption of the Law of Ukraine "On Rehabilitation in the Field of Health Care", the situation has changed, since both it and the by-laws adopted to implement it regulated issues related to the rehabilitation of people who do not have the status of a person with a disability. Systemically, this law created another mechanism for rehabilitation, which is currently managed by the Ministry of Health.

The fundamental difference between the laws and systems mentioned above is that, in the field of health care, rehabilitation services can be provided to veterans if the latter have such a need. In contrast, rehabilitation of persons with disabilities in the field of the Ministry of Social Policy can take place only after assignment to a specific disability group. The disability group is established by medical and social expert commissions (hereinafter referred to as MSEC) within the framework of a procedure called "medical and social expertise". It is

important that today the MSEC not only establishes the disability group, but also performs medical functions, for example, draws up an individual rehabilitation program for people with disabilities (which should include measures for medical rehabilitation). At the same time, the MSEC also performs social functions, for example, it determines the need of people with disabilities for social assistance, for outside supervision, care or support, household services, etc.

Having received a disability group and an individual rehabilitation program, a veteran acquires the right to receive rehabilitation services in the system of the Ministry of Social Policy. In accordance with the Procedure No. 31 of the Cabinet of Ministers of Ukraine "On Approval of the Procedure for the Implementation of Rehabilitation Measures" dated January 19, 2022, a person may apply to the social protection authorities to obtain a referral for comprehensive rehabilitation in state rehabilitation institutions, subordinate to the Ministry of Social Policy, or municipal rehabilitation institutions.

In the context of the existence of the Laws of Ukraine "On Rehabilitation in the Field of Health Care" and "On Rehabilitation of Persons with Disabilities in Ukraine", several questions arise regarding the elimination of discrepancies and contradictions between them. Thus, on the one hand, the Law of Ukraine "On Rehabilitation in the Field of Health Care" does not apply to persons with disabilities (such a conclusion can be drawn from Article 3 of this law). On the other hand, this law stipulates that providers of rehabilitation assistance in the field of health care include rehabilitation institutions, departments, divisions, and other authorized entities. Rehabilitation institutions that have a license to carry out economic activities in medical practice, which provides for the right to carry out rehabilitation in the field of health care, include institutions of complex rehabilitation. This is an important note, since the Ministry of Social Policy, which deals with the rehabilitation of persons with disabilities, has comprehensive rehabilitation centers, which provide medical rehabilitation services. In fact, this means that the Law of Ukraine "On Rehabilitation in the Field of Health Care" applies to institutions that are subordinate to the Ministry of Social Policy and provide comprehensive rehabilitation services (in terms of medical rehabilitation). Such confusion in legislation can lead to disorientation of persons with disabilities (in particular, for veterans), a lack of understanding of their route, the system and where exactly rehabilitation services can be obtained.

It is interesting that the problem of two laws approving two systems of rehabilitation was considered at the stage of adoption of the Law of Ukraine "On Rehabilitation in the Field of Health Care". In particular, the Verkhovna Rada voiced opinions on the regulation of the field of rehabilitation by one law. The text of the opinion, prepared by the Main Scientific and Expert Department of the Verkhovna Rada of Ukraine, contains the following comment:

... Under these conditions, it would be more logical to adopt the Law on the rehabilitation of people with disabilities as a general law, which would fully address the issues of rehabilitation of people with disabilities and other people in need, with the inclusion of relevant provisions...

(Chief Scientific and Expert Department of the Verkhovna Rada of Ukraine)

Another problem is that state institutions subordinated to the Ministry of Social Policy and municipal institutions that provide comprehensive rehabilitation services to persons with disabilities (including medical rehabilitation services) are available to persons with disabilities only after acquiring this status (a person with a temporary disability cannot receive services from them), which reflects an exclusive approach. At the same time, it should be noted that some state facilities under the management of the Ministry of Social Policy and most municipal facilities that provide comprehensive rehabilitation services for persons with disabilities are not reformed and autonomous and do not have contracts with the National Health Service of Ukraine, and therefore, as in the case of departmental facilities of the security and defense forces, there is no effective control over the scope of services, that are provided to patients.

... determining the extent of the impairment should take place at the level of a multidisciplinary team. Assessment should take place after rehabilitation. For example, if it is established that a person has a 20% disability, he or she may receive some compensation. Now everything is arranged in such a way that the presence of a certain injury in the past can already give the right to obtain the status of a person with a disability...

(Excerpt from an interview with a representative of a public authority)

The integration of rehabilitation systems will require a revision and common approaches to the identification of disability and the status of a person with disabilities. One of the challenges will be the development of a new system for assessing a person's disability (disability determination). Thus, today medical and social expertise fully reproduces and preserves the medical model, which is characterized by a few bureaucratic processes and delays in granting a person the appropriate status. For example, if it comes to veterans discharged from military service with removal from military registration, they need to contact a family doctor, undergo a series of examinations (during which they must obtain signatures from all doctors involved in the examination process), pass a medical advisory commission, all members of which must approve the examination and provide a referral for MSEC. Only after all these procedures, the veteran gets the opportunity to submit the collected package of documents to the MSEC. Another major drawback of this system is corruption risks. Whether a person will receive benefits and payments from the state or not depends on the decision of the MSEC. Meanwhile, according to the analysis of the Unified Register of Court Decisions, corruption risks can arise both at the stage of obtaining a referral to MSEC⁵⁴ or setting the date for passing the MSEC⁵⁵, and at the stage of decision-making itself. A detailed description of the corruption risks of medical and social expertise is contained in the strategic analysis of the National Agency on Corruption Prevention⁵⁶.

However, the key problem of the existing system is the lack of decent treatment of a person undergoing medical and social examination. This is confirmed, firstly, by the fact that in the current system it is impossible to realistically assess the limitations of a person's functional capabilities. As an example, we can cite the resonant story in Kharkiv⁵⁷, when the head of the MSEC "advised" the soldier to cut off his leg so that he would have the second group of

disability instead of the third. The development of a new assessment system will require significant changes in the regulatory framework. Along with this, it will be necessary to decide which body will replace the MSEC and, most importantly, to define its functions (e.g. whether it will consider issues related to rehabilitation, or whether it will be attributed to the powers of the mobile repair and diagnostic complex (MRDC), which currently provide rehabilitation services in the field of health care). Secondly, the unbearable conditions of waiting in queues when submitting documents to MSEC is disrespectful to a person⁵⁸.

Israel's experience in establishing the disability of military personnel is useful in this context. It differs significantly from the Ukrainian one. Firstly, the degree of person's disability in this country is determined as a percentage (i.e. there are no disability groups). Secondly, in Israel there is a concept of disability related to military service (loss or decrease in the ability to perform normal physical or mental activities, which has arisen in a discharged military serviceman or conscript serviceman because of one of the following events that occurred during the service and because of it: injuries, illnesses, deterioration of health). Therefore, if the loss of the ability to perform normal activities occurred during the service and as its result, a serviceperson in Israel must be examined by a medical commission of independent medical specialists appointed by the Minister of Defense to determine the degree of disability as a percentage. Such commissions operate under the Ministry of Defense.

It is important to note that these commissions determine only the percentage of disability and do not perform a social function (i.e., they do not establish the need for social services and rehabilitation measures, unlike MSECs in Ukraine). For IDF veterans who have a disability of 20% or more, a comprehensive rehabilitation program is drawn up, which goes beyond the medical component. To develop such a program, a social worker (who acts as a case manager for a veteran) coordinates their efforts with the team of doctors who accompany the rehabilitation process of a particular soldier.

Recommendations

It is necessary to consider the option where the medical rehabilitation of people with disabilities and people with reduced capabilities (including veterans) will be carried out in the general health care system under the MGP. The implementation of such a solution envisages that state departmental facilities under the management of the Ministry of Social Policy, as well as municipal facilities that provide comprehensive rehabilitation services (including medical), will be autonomous. If they meet the requirements, they will receive contracts with the NHSU, which will finance only medical services. This will help improve the quality of these services. In addition, such facilities will be accessible not only to people with disabilities, but also to people with reduced capabilities, which is in line with an inclusive approach. As we have already mentioned, a person can receive services regardless of the presence/absence of status within the framework of the MGP funded by the NHSU. Other types of services, such as vocational and labor rehabilitation (i.e., that cannot be financed by the National Health Service of Ukraine), will be provided from the state or local budgets. It is important that the state also move away from funding based on the principle of maintaining facilities, and there is a transition to the principle of “money follows the person.” This will qualitatively improve the entire range of services provided by the same comprehensive rehabilitation centers.

The system for assessing disability (establishing the status of a person with a disability) also needs to be reviewed and changed. Obviously, such a transformation will be a multi-stage process and will involve the identification of other entities that will determine the status of a person with a disability (if, for example, there is a complete liquidation of the MSEC). In addition, it will be necessary to decide which entities will draw up a rehabilitation plan for a person with a disability (alternatively, a multidisciplinary team providing rehabilitation services in the field of health care) and identify the need of veterans with disabilities for social services (these can be, for example, social protection bodies).

VETERAN REHABILITATION IN THE LONG TERM⁵⁹

In the long term, the main goal of rehabilitation is to overcome conditions that adversely affect the life of a veteran. According to doctors, the decisive factor in the recovery of a veteran at this stage is the support from family, close associates, friends and colleagues. This rehabilitation period usually takes place in a community⁶⁰. At this stage, the veteran must actively interact with the social protection system (and participate in the procedures for returning to civilian life). The activities (or services) offered to the veteran should be a logical continuation of rehabilitation at this stage and complement it. Given that it is the community's responsibility to provide veterans with basic social services (which are often associated with the need for long-term medical rehabilitation), the degree of their ability and readiness to respond to new challenges related to veterans returning home is of the greatest concern.

Typical problems of this period

1. Insufficient participation of communities in the rehabilitation of veterans in the long term

... Another problem is the lack of levels in the rehabilitation system. For example, if we take a long-term period of rehabilitation, in developed countries there is a practice of providing rehabilitation assistance in communities...

(Excerpt from an interview with a representative of a public authority)

Description of the problem. Rehabilitation in a community is an inclusive approach that helps people with disabilities or those recovering from trauma to adapt and recover in a normal living environment instead of undergoing rehabilitation in specialized facilities (hospitals or rehabilitation centers). Community-based rehabilitation aims to enable people to effectively recover and adapt to life at home.

Main rehabilitation measures in communities:

- 1. Physical rehabilitation.** Includes physiotherapy and other forms of exercise aimed at restoring strength, flexibility, mobility and overall functionality (**sufficient rehabilitation spaces must be created in the community and/or home rehabilitation services developed⁶¹**).
- 2. Providing affordable housing.** Adapting home environments to meet a person's needs, such as installing handrails, ramps, and other devices to promote independence.
- 3. Vocational training and employment.** Supporting people in finding suitable employment or retraining if needed due to changes in physical abilities.

4. Psychological support. Counselling and therapy help people cope with the emotional effects of trauma and support in rebuilding self-esteem and self-respect.

5. Social integration. Programs that promote social inclusion: support groups, hobby clubs, community events that help to avoid isolation.

6. Family and caregiver training. Training will help them better understand their needs and methods of help.

7. Assistive Technology. Provision of specialized equipment in communities that can help people lead more independent lifestyles (wheelchairs, etc.).

In Figure 2, we presented the most important directions of community activity in the field of rehabilitation (i.e., showed their role and place in the model of veteran rehabilitation, as well as tools for implementing local rehabilitation policies). However, here we sought to illustrate with examples why, in our opinion, communities are not sufficiently involved in the rehabilitation of veterans in the long term.

2. Formal approach of communities to the creation of local targeted programs to support defenders of Ukraine

The community has a key role to play in the long-term recovery of the military. Therefore, ensuring the rehabilitation of veterans and the development of human capital should be a priority of the community development strategy. To do this, the community must fully fulfil its role in the model, through the creation and effective implementation of local programs for veterans, of which the above-mentioned paragraphs 1-7 are an integral part.

However, the analysis of local programs shows that quite often communities identify the need to implement a few measures for the rehabilitation of combatants as a problem (the solution of which the program is aimed at). Although, in fact, the program implementation plan contains a minimum number of measures related to rehabilitation. And if such measures are included in the plan, it usually does not specify the amount of funding. An example is the Comprehensive Support Program for Participants of the ATO, JFO and Hostilities in connection with the Military Aggression of the Russian Federation against Ukraine, and Their Family Members for 2023-2025, approved by the decision of the Kropyvnytskyi City Council of December 15, 2022. This program includes measures on the organization of sanatorium-resort treatment for demobilized participants of the ATO and JFO, including people with disabilities as a result of war. However, firstly, it is not rehabilitation, but rather recreational, and secondly, the program does not specify the amount of its funding. At the same time, the program does not include measures aimed at the development of rehabilitation spaces, home rehabilitation in communities or the organization of affordable housing for veterans with disabilities. Another example is the city target program "Support for Kyiv residents – Defenders of Ukraine for 2023-2025". Although this program states the need to restore the physical (mental) health of defenders, it does not provide for any specific measures aimed at development (investment in the rehabilitation network).

Recommendations

- Centralized development of guidelines for local self-government bodies on preparing local programs and planning measures. State and civil society representatives should promote the use of targeted local programs as one of the key and effective means of implementing local policies. The challenge for communities and actors on the ground will be learning the process of data collection and processing, which should become the basis for developing measures and further monitoring their effectiveness. That is why it is important to have a general methodological document approved at the state level, which will provide answers to priority questions and propose a methodology for the development and implementation of local target programs.
- Involvement of the public in the process of development and adoption of local target programs and control over their implementation. It is an integrated approach to public health, where representatives of various fields will be involved in decision-making and implementation. This will contribute to a comprehensive solution to problems and will allow for finding additional resources.

3. Lack of rehabilitation spaces in communities to provide services to all veterans who need them

- Veterans in the long-term and post-acute rehabilitation period will require rehabilitation services. The institutions that provide them are unevenly distributed in the country (from 2 in the Mykolaiv region to almost 26 in Kyiv) and regions (most of them are in regional centers). Therefore, rehabilitation is not available for communities far from regional centers. A survey among veterans conducted as part of this study showed that 32.8% of respondents cited the difficulty of getting to rehabilitation, which is due to the lack of specialized facilities in communities, as one of the reasons for dissatisfaction with the current rehabilitation system. The low level of accessibility of rehabilitation services in communities is also evidenced by the results of a nationwide survey conducted by the Kyiv International Institute of Sociology⁶². Thus, according to the results of this survey, only 27% of respondents (out of 2014 respondents) indicated that all or most of the services are available in their community or in the community where their acquaintances/friends who have been injured or whose health has been harmed live. At the same time, the share of those who say there are no rehabilitation services is 25%. The rest of the interviewees found it difficult to respond. In addition, the results of this nationwide survey revealed that rehabilitation services are less accessible for residents of villages and small towns. Thus, 51% of respondents in villages and 27% in small towns say that they are aware of cases where services were not provided at all. For comparison: in medium-sized cities, 15% say that there are no services available, while 29% say that all / most of the services are available, while in large cities only 11% claim that there are no such services available, while 39% say they are available.

Recommendations

- Analysis of opportunities for opening additional rehabilitation facilities, considering the needs of the community's population and the infrastructure already available in the community. There may be premises in the community that are not used or are used inefficiently and that can be converted into appropriate rehabilitation spaces. Any decision-making should be data-driven and reasonable. Therefore, communities should understand the number of servicemen and plan their adaptation to civilian life.
- Support of health care facilities and rehabilitation facilities through appropriate programs and provision of medical services beyond the scope provided for by the program of state medical guarantees for the population.
- Establishment of additional outpatient rehabilitation centers for veterans and development of home rehabilitation in communities⁶³. The decision to establish such centers should be made based on data and be justified. For remote communities, the creation of mobile rehabilitation units could be an effective solution, especially since similar pilot projects with positive experience have already been implemented in Ukraine.
- Financing the transportation of veterans from remote communities to regional centers to provide them with rehabilitation services. However, this option is less attractive in terms of rational spending and convenience for veterans themselves (and their family members) than the option with mobile rehabilitation units, where multidisciplinary teams work.
- Creation of attractive conditions for private medical centers by the community to conclude contracts with the NHSU and provide free rehabilitation services to veterans within the framework of MGP or, through cooperation with local public and charitable organizations, attract donor funding for the rehabilitation of community residents. In the first case, since private institutions have more current costs than municipal enterprises (rental costs, electricity, etc.), it is not as profitable for them to cooperate with the NSAU as for municipal enterprises. Therefore, local governments could develop local programs to support such institutions (allocation of premises for rent for a reasonable fee, etc.). Since private medical centers usually already have all the conditions for effective comprehensive rehabilitation of injured veterans, such cooperation will be of interest to the state and the community.

- Moreover, state and municipal rehabilitation centers are not always able to provide effective assistance. In the case of donor funding, communities could join forces with local or national organizations. For local programs, this would be a good opportunity to find additional funds for improving accessibility and quality of rehabilitation care in the community.

At the same time, it is necessary to solve a rather complex **issue of attracting human capital to communities** in parallel with the implementation of the above-mentioned activities. The acute shortage of rehabilitation specialists is one of the key obstacles to the development of rehabilitation in Ukraine, which is constantly emphasized by the Ministry of Health.

The proposed options for the development of rehabilitation spaces in the community **directly depend on funding**. Ukrainian municipalities differ significantly in their financial capacity. The problem of attracting resources for the implementation of rehabilitation measures for veterans could be solved through the attraction of grant funds, fruitful cooperation and pooling of resources of adjacent territorial communities that have similar problems within the framework of the Law of Ukraine "On cooperation of territorial communities"⁶⁴ (implementation of joint projects, creation and maintenance of joint communal institutions, etc.).

In addition, in accordance with clause 228 of Section VI of the Budget Code of Ukraine⁶⁵, during the period of martial law, the remaining balances of local budgets and balances of the special fund of local budgets at the end of the budget period shall be allocated, **in particular, to create conditions for the treatment, recovery and rehabilitation of people affected by Russia's armed aggression against Ukraine** by decisions of the relevant local councils (military administrations). That is, this paragraph defines an exhaustive list of areas for the distribution of free balances of local budgets under martial law to prioritize certain areas of work for the community, in particular rehabilitation. Therefore, these funds could also be used to develop accessible rehabilitation spaces for veterans in communities, and this would contribute to the creation of a human-centric model of veteran rehabilitation.

PROBLEMS AFFECTING VETERAN REHABILITATION DURING ALL REHABILITATION PERIODS⁶⁵

1. The problem of effectiveness of exercising their powers in the field of veteran rehabilitation by individual state bodies

MINISTRY OF HEALTH OF UKRAINE

Description of the problem. As part of the veteran survey, 27.6% of respondents answered that they were not satisfied with the current organization of psychological rehabilitation in Ukraine, as “it is difficult to find a specialist who really understands the needs of a serviceman or veteran and has experience working with people like me” (quote from the survey).

The lack of qualified specialists⁶⁷ capable of providing quality rehabilitation services to veterans is primarily related to the development of uniform educational and professional standards in this area. Interestingly, the Concept for the Development of Mental Health Care in Ukraine for the period up to 2030⁶⁸ mentions the low level of staffing by psychologists, psychotherapists, social workers and other personnel, involved in the provision of mental health care, the imperfection of the system for the formation and maintenance of professional competencies among specialists in the field of mental health and other related professions. Professional standards contain specific requirements for the skills and abilities of employees, which will become the basis for awarding professional qualifications regardless of the place of education and position held. The lack of former professional standards for specialists in the field of mental health involved in the provision of rehabilitation services to veterans, reduces the quality of training of these specialists, and therefore hinders effective rehabilitation.

In the field of mental health, there are only professional standards for the specialties of a practical psychologist of an educational institution and a practical psychologist in the social sphere. If we talk about the professional standard for psychotherapists, its draft has not yet been approved at all, although a psychotherapist can also be a member of a multidisciplinary team that helps veterans.

Рекомендації

The Ministry of Health participates in the development of professional standards for rehabilitation professionals. Given the importance of quality psychological care for veterans, we recommend a revision of professional standards for mental health rehabilitation professionals. Since the MoH manages rehabilitation in the health sector, it should take the lead in developing new standards or bringing them in line with international requirements. The MoH can do this in cooperation with other public authorities, professional organizations, with technical and expert support from civil society and donors.

As we have already mentioned, the Ministry of Health is authorized to develop standards for the provision of rehabilitation care in Ukraine. However, the available standards are not enough today. This significantly impairs the provision of rehabilitation services to veterans. Therefore, there is an urgent need for the Ministry to work systematically and consistently in terms of developing sufficient standards in the field of rehabilitation.

It is also important to note that the Law of Ukraine “On Rehabilitation in the Field of Health Care” stipulates that rehabilitation specialists who continuously develop professionally and undergo certification can be involved in the provision of rehabilitation assistance. Their certification is directly related to the quality control of the rehabilitation services, as it allows to determine the professional level of specialists. The certification procedure is approved by the decree of the Ministry of Health. However, there is currently no certification procedure for some specialists with higher non-medical education who provide rehabilitation services (occupational therapists, physiotherapists). This, in turn, requires the Ministry’s proactive work to resolve this issue.

MINISTRY OF VETERANS AFFAIRS OF UKRAINE

Description of the problem. Initially, the Ministry of Veterans Affairs had to coordinate the implementation of veterans’ policy and rehabilitation. **The powers of the Minister for Veterans Affairs also include the coordination of other central executive bodies on issues within the competence of the Ministry of Veterans Affairs.**

However, in December 2023, the Verkhovna Rada Committee on Social Policy and Protection of Veterans’ Rights stated that the Ministry of Veterans Affairs **had not taken on a leadership and coordination role** and cited the lack of a systematic approach by the Ministry to the development of policies and draft laws.

The Ministry of Veterans Affairs should develop and implement state policy, regarding the psychological rehabilitation of veterans. However, to date, no international protocol for the provision of psychological rehabilitation services has been standardized and implemented in Ukraine. Over the years of its existence, the Ministry of Veterans Affairs, as a key body of state power in the formation and implementation of policy in the field of psychological rehabilitation, has not taken the initiative to develop and implement such policies. Due to the lack of approved standards and protocols for psychological rehabilitation in sanatoriums, it was limited to therapeutic exercises, herbal tea and mineral water. This problem is highlighted in the Report of the Accounting Chamber on the results of the audit of the effectiveness of the use of state budget funds aimed at the implementation of measures for the rehabilitation and readaptation of the injured participants of the Revolution of Dignity, the anti-terrorist operation and the repulse of armed aggression against Ukraine.

In addition, the MoVA has centers for social and psychological rehabilitation, which **do not provide veterans with relevant services at all**.

For example, the Kyiv-Svyatoshinsky Center provides only individual psychological consultations and social consultations. Unfortunately, the name of such centers does not correspond to the services they provide.

In some cases, the MoVA's areas of responsibility may overlap with the competence of other ministries. For example, the MoVA formulates a policy of psychological rehabilitation of veterans (including those with disabilities), and the Ministry of Social Policy also has the right to formulate public policies in the field of psychological rehabilitation of people with disabilities⁶⁹ (including veterans). Another example: the Ministry of Youth develops a policy of physical culture and sports rehabilitation of veterans and develops an auxiliary educational program. The MoVA also takes care of this type of rehabilitation and allocates funds for it. Annex No. 3 to the State Budget of Ukraine for 2024 provides for about UAH 2.5 billion, including for sports rehabilitation measures to be implemented by the MoVA.

Special mention should be made of Resolution No. 1338⁷⁰. With this legal act, the MoVA created a separate subsystem of psychological assistance (although currently psychological assistance is provided during rehabilitation within the framework of MGP both in the departmental system of the security and defense forces and in the system of the Ministry of Social Policy) and a separate route for obtaining services for veterans, which led to even more confusion. In addition, this resolution applies only to veterans discharged from military service, although veterans who continue to serve may also need psychological assistance.

Recommendations

1. Strengthening the role of the Cabinet of Ministers in coordinating ministries:

- Regular meetings of the Cabinet of Ministers with the heads of ministries to discuss current tasks and priorities in the field of veteran rehabilitation.
- Setting clear goals and objectives for each ministry that would be in line with the objectives of the national rehabilitation strategy (which needs to be developed).

2. Detailed audit of the work of ministries:

- Evaluation of the effectiveness of each ministry.
- Analysis of audit results to identify weaknesses and opportunities for improvement.

3. Redistribution of powers between ministries:

- Revision of the powers of ministries based on audit; redistribution of tasks and resources to increase their effectiveness.
- Annual performance evaluation of the ministries to adjust plans and strategy.

It is expedient that the measures described above become part of the concept of veteran policy. Such a concept could also provide for interaction between ministries, such as the creation of interagency working groups, which will include various experts who will work together to address veterans' issues, in particular the problem of rehabilitation; ensuring the effective exchange of information between agencies; harmonization of different strategies and programs (in particular, those related to the rehabilitation of veterans) and others.

2. Lack of transparency in the veteran rehabilitation system

Building a human-centric system is impossible without involving veterans in the formation of public policy in the field of rehabilitation, primarily to identify their needs (otherwise, it will be a closed system, which most likely will not consider the real needs of veterans, and therefore will not be effective).

Currently, it is quite common to observe a situation where the needs of veterans are not always considered in the policy-making process. For example, measures and quantitative indicators in the State Target Program for Physical, Medical, Psychological Rehabilitation, and social and professional readaptation of participants of the anti-terrorist operation and persons who participated in the implementation of measures to ensure national security and defense, repulsion and deterrence of the armed aggression of the Russian Federation in Donetsk and Luhansk regions, in ensuring their implementation, for the period up to 2022 were changed without the availability of information about the contingent of affected participants or the type and scope of services they need. This was emphasized in the Report of the Accounting Chamber on the results of the audit of the effectiveness of the use of state budget funds aimed at the rehabilitation and readaptation of the injured participants of the Revolution of Dignity, the anti-terrorist operation and the repulsion of armed aggression against Ukraine.

Another, no less important component of the human-centric supersystem is to ensure that veterans and their family members are aware of the state policy in the field of rehabilitation by obtaining complete, timely and comprehensive information about the places where rehabilitation services are provided, documents for obtaining them, and the rights of veterans in the field of rehabilitation (for example, the right to quality services, complete and accessible information about the services provided).

However, veterans lack information about rehabilitation. This means that today the system of veteran rehabilitation is not transparent. Why did this happen? First, the websites of some ministries provide distorted information about the rehabilitation of veterans. Quite often, departmental institutions in the "Rehabilitation" section on their websites indicate a list of sanatoriums and resorts where the military can undergo rehabilitation, although in fact they provide recreational services there. The same can be said about the centers of social and psychological rehabilitation of the Ministry of Veterans Affairs (for example, in the above-mentioned Kyiv-Sviatoshyn Center for Social and Psychological Rehabilitation, psychological assistance is provided rather than rehabilitation).

In addition, the information on such resources is presented in fragmented form. Even if a veteran reads the information on the websites of individual departments, they will not get a complete picture of the rehabilitation system and will not know their rights. Take, for example, rehabilitation in the system of the Ministry of Internal Affairs. The website contains a list of institutions where they can undergo rehabilitation, but there is no data on the veteran's route or the documents that need to be collected for rehabilitation in a particular institution.

Unfortunately, there is no platform in Ukraine that would collect complete and reliable information on the rehabilitation of veterans. The e-Veteran platform, which is managed by the MoVA, does not perform this function (although it was created as a single knowledge base for veterans and their families). This platform contains very little information about the rehabilitation of veterans (there is no information on the possibilities of obtaining free rehabilitation services within the framework of the MGP, the rights of veterans in the field of rehabilitation, actions in case of violation of rights, etc.). In addition, the section on rehabilitation provides unnecessary information about sanatorium and spa treatment.

Recommendations

The situation could be changed by a purposeful information policy of the state, which would provide for either the improvement of existing information platforms (e-Veteran) or the creation of a fundamentally new single platform (perhaps even with the involvement of representatives of the non-public sector and funds from international donors). At the same time, other tools should be developed and used (e.g., assigning a social worker to a veteran as a case manager who would play the informing role).

In addition, the provision of complete information is currently difficult for objective reasons, due to the problems mentioned above: parallel health care systems and the multiplicity of entities involved in rehabilitation. As a result, the development of a transparent and understandable rehabilitation route for a veteran is significantly hampered. In addition, veterans should be involved at all stages of developing policies to clarify their needs in the field of rehabilitation.

KEY FINDINGS

- In the human-centric supersystem of veteran rehabilitation, state participation should primarily involve the development, implementation, and regulation of policies in the field of veteran rehabilitation, as well as the financing of services with the help of the National Health Service of Ukraine in accordance with the “Money follows the person” approach. That is, the state should create a competitive market for high-quality rehabilitation services for veterans and a single clear route that the veteran will follow in the rehabilitation system (ensuring his/her rights and dignity). All parallel departmental systems should be integrated into the overall health care system.
- Future changes should also include strengthening the role of communities (especially in the long-term rehabilitation period), developing their capacity through the attraction of grant funds, cooperation with other communities on the implementation of joint projects for the development of rehabilitation spaces for veterans, which will ensure the availability of services. At the same time, the state should help communities with certain methodological and organizational solutions, without taking over their functions. Currently, municipalities are not always able to develop solutions on their own for various reasons and require state support in the field of methodology and models that communities can already use.
- The problem of the ability of individual state bodies to effectively perform their roles should be solved by strengthening the role of the Cabinet of Ministers in coordinating the work of ministries.
- The state should establish a system of rehabilitation for veterans, which is:

transparent – the state should raise awareness among veterans about their rights in the field of rehabilitation. This requires a centralized information policy – improvement of the e-Veteran platform (for example, it can create a separate section that will describe all the opportunities for veterans in the field of rehabilitation on the basis of state, communal and private health care facilities) or the creation and development of a new unified information platform; use of other tools: informing veterans about rehabilitation services through television, veterans offices, social workers, etc.;

open – any changes and reforms of the rehabilitation system should take place only with the involvement of veterans and representatives of the veteran community and after a thorough and in-depth study of the needs of veterans (which will also be necessary for the formation of veteran policy in Ukraine).

CHAPTER II

MODEL OF SOCIAL PROTECTION OF VETERANS IN UKRAINE: PROBLEMATIC ISSUES AND RECOMMENDATIONS FOR IMPROVEMENT

General Framework for the Development of the Social Protection System of Veterans in Ukraine: Current Status

When talking about building a single human-centric model, we should pay attention to the fact that the rehabilitation of veterans should be organically combined with social protection measures in the post-acute and long-term period.

By its content, the system of social protection of veterans is a joint responsibility of state authorities, local governments, civil society institutions, enterprises and organizations for the implementation of the rights and guarantees, freedoms and legitimate interests established by the current legislation, meeting the material and social needs of veterans and their families. The main forms of social protection of veterans in Ukraine are benefits, social payments⁷¹ and social services.

The very concept of “social protection of veterans” is quite broad and may include rehabilitation (in all its varieties), as well as measures aimed at returning veterans to civilian life (retraining, advanced training, employment, etc.). That is, both rehabilitation and return to peaceful life can be components of social protection. In this section, we will focus on the benefits, social payments, and social services that can be provided to veterans. That is, on those forms of social protection that are not covered in Sections I and III of this study.

The main benefits and social payments⁷¹ discussed in this section are described in Art. 12, 13 of the Law of Ukraine “On Status of War Veterans, Guarantees of Their Social Protection”. These articles contain a list of benefits and payments for participants in hostilities and persons with disabilities as a result of war. In general, all the benefits outlined in the law can be divided into conditional groups:

- medical (for example, free dental prosthetics).
- residential (e.g. 75% discount on utility bills).
- travel (for example, free travel by all types of urban passenger transport).
- labor and educational (in particular, the preferential right to retain their job in case of staff reduction, state targeted support for higher education).

As for social payments for veterans, an example is a one-time cash payment for the Independence Day of Ukraine, payment of temporary disability benefits to employed persons with disabilities as a result of war in the amount of 100% of the average wage, regardless of length of service, etc.

The military person's path to receiving these benefits and payments **currently begins with obtaining the appropriate status** (whether it is a participant in combat operations or a person with a disability as a result of war), confirmed by the appropriate certificate. In this system, the principle of **"No status, no benefits and payments"** applies. The procedure for obtaining the status of a participant in combat operations is regulated by the Resolution No. 413 of the Cabinet of Ministers of Ukraine⁷² and provides for the collection and submission of a number of documents by the serviceperson (and their subsequent consideration and decision on granting/refusing to grant the status by departmental commissions created, for example, in the Ministry of Defense or the Ministry of Internal Affairs, or by an interdepartmental commission under the MoVA (in case of disputes requiring interdepartmental settlement).

Some military personnel receive benefits and payments in connection with the acquisition of the status of a person with a disability as a result of war. The procedure for obtaining this status is determined by the Resolution No. 685 of the Cabinet of Ministers of Ukraine⁷³. This service is provided by local structural units on veteran policy at state administrations based on the results of consideration of relevant documents.

Considering the issues related to the social protection of veterans, our attention was drawn to a significant number of regulations (primarily by-laws) that regulate this area, as well as state and local bodies that are involved in it. For example, today the provision of benefits and services to war veterans is regulated by 156 regulations and carried out by 19 public authorities.

It is noteworthy that during the survey conducted as part of this study, only **25.9%** of veterans replied that they were satisfied with the existing system of benefits.

The main reasons for this, in our opinion, are the budget overload, the lack of effective communication between the authorities and veterans on their social protection, and the low effectiveness of state targeted programs.

For a better understanding of the problems in this area, here is a brief overview of the system of veteran social protection in Ukraine.

2.1. Overview of the Key Actors at Different Levels that Make Up the Model of Social Protection of Veterans in Ukraine

The human-centric supersystem of social protection of veterans requires coordination between government agencies, communities, and the non-public sector. Collaborative efforts provide a comprehensive approach to supporting veterans, which means creating conditions in which they can live comfortably and safely, with access to the necessary services and resources. Such a system (as well as a rehabilitation system) should be based on the principles of meeting the needs and demands of modern veterans, and most importantly, operate to provide the veteran with the most effective tools for development that would facilitate their adaptation. However, the analysis we have carried out shows that the existing model has significant shortcomings (which will be described in detail in clause 2.2 of this section).

2.1.1. Public Authorities: Roles, Tools for Implementing Policies in the Field of Social Protection of Veterans in Ukraine and Interagency Cooperation

In the system of social protection, the state plays a coordinating and organizational role, regulating the processes of providing social benefits, payments and services. According to Article 17 of the Constitution of Ukraine, the state is entrusted with the duty to provide social support to citizens who defended Ukraine in the Armed Forces of Ukraine and other military formations, as well as members of their families. The state provides social support to citizens in the army and veterans through a defined system of bodies, namely: the Verkhovna Rada of Ukraine, the Cabinet of Ministers of Ukraine, the MoVA, MSP, MoD, MIA, SSU, etc., which are responsible for the development, implementation, regulation, and control of veteran social protection policy in Ukraine.

Given the significant number of public authorities in this area, we have listed only the key ones below.

Figure 4. Development, Implementation, Regulation and Policy Control in the Veteran Social Protection Model

THE STATE

VRU

Development of policy in the field of social protection of veterans

VERKHOVNA RADA COMMITTEE ON SOCIAL POLICY AND PROTECTION OF VETERANS' RIGHTS

Legislative work on laws related to the legal status and social protection of war veterans, legislative regulation of the provision of social services to veterans

CMU

Organizational

Directing and coordinating the activities of other CEBs

Rulemaking

Resolutions and Orders

CEBs

Development + Implementation + Regulation + Policy Control

MoVA

The main state body that ensures the development of policy in the field of social protection of veterans and their family members, in particular, the provision of psychological rehabilitation

Implementation

Organizational Tools

"Implements" projects in this area (for example, monetary compensation for the purchase of housing)

Financial Instruments

Certain benefits and payments for veterans financed from the state budget for the relevant year through the Ministry of Veterans Affairs

Information Tools

Basic information on benefits for veterans is available on the e-Veteran platform and the official website

MSP

Develops state policy in the field of social protection of the population, provision of social services and social work (veterans can be recipients of social services)

Implementation

Organizational and administrative tools

Issuance of acts of organizational and administrative nature

Management Tools

- manages the system of social services.
- manages institutions registered as social service providers (for example, the Truskavets sanatorium "Batkivshchyna").
- directs and coordinates the activities of the Pension Fund of Ukraine (implements state policy on the provision of benefits for housing and communal services to veterans, etc.).
- Directs and coordinates the activities of the National Service Social Service.
- Ensures coordination of other entities in the provision of social services, etc.

Financial Instruments

Directs budget funds to the professional development of employees of the social protection system, the development of the system of social services

Information Tools

Official website + website of the National Social Service

Regulation

Standardization of social services

Professional development of employees of the social protection system

Control

Monitoring

of the National Social Service of Ukraine

Resolution №1035 of the Cabinet of Ministers of Ukraine "Some Issues of State Control/Monitoring of Compliance with the Requirements of the Legislation in the Provision of Social Support, Social Services and Observance of Children's Rights" dated October 6, 2021.

The purpose of the monitoring is to ensure compliance with the requirements of the law when providing social support

COURTS

Administration of justice for the purpose of protecting or restoring violated, contested rights and freedoms

The body exercising constitutional control is the Constitutional Court of Ukraine

One of the important areas of activity

Checking the compliance of laws and other legal acts related to the social protection of military personnel and veterans with the Constitution of Ukraine.

For example, the Decision No. 1-247/2018 (3393/18 of the Constitutional Court of Ukraine) dated 27.02.2020.

2.1.2. Role and Place of Communities in the Model of Social Protection of Veterans in Ukraine. Tools for Implementing Local Policies in the Field of Social Protection of Veterans in Ukraine

After the war, veterans will return to their communities. Therefore, the latter should create all conditions for a comfortable stay of veterans, in particular, provide social (primarily material) support. It should be well balanced with measures that help veterans return to civilian life (see Section III for details). The key role of the community in this area also lies in increasing the capacity to effectively implement state programs for the social protection of veterans, create and implement its own programs, as well as provide veterans with a basic package of social services.

Below we have illustrated the role of the community in this area.

Figure 5. Role of the Community in the Model of Social Protection of Veterans

COMMUNITY

CREATING, IMPLEMENTING AND FINANCING THEIR OWN LOCAL SOCIAL SUPPORT PROGRAMS FOR VETERANS

This means that the community establishes additional guarantees for veterans (more than the amount approved by the state) based on real financial capabilities

FINANCING OF BENEFITS AND GUARANTEES ESTABLISHED BY THE STATE

Clause 20⁴ of Article 91 of the Budget Code of Ukraine stipulates that the benefits provided by law for war veterans are financed from the local budget

ORGANIZATIONAL AND ADMINISTRATIVE FUNCTION TO PROVIDE VETERANS WITH SOCIAL SERVICES

Organization of social services on the territory of the relevant administrative-territorial unit; formation of a network of social services, in particular through the social ordering mechanism to attract independent suppliers

THE COMMUNITY PLAYS THE ROLE OF THE MANAGER OF COMMUNAL SOCIAL SERVICE PROVIDERS

(in particular, that they can provide services to veterans)

Management of communal social service providers, their financing, etc.

THE COMMUNITY INFORMS ABOUT SOCIAL SUPPORT PROGRAMS FOR VETERANS AND SOCIAL SERVICES AVAILABLE TO THEM IN THE COMMUNITY

Publishes information on the website of the relevant council + on the websites of social service providers

2.1.3. Role of the Non-Public Sector⁷⁴ in the Model of Social Protection of Veterans in Ukraine

The role of the non-public sector in the system of social protection of veterans (primarily public organizations, veteran unions, etc.) is that it participates in the formation of state policy in the field of social protection through the institution of public councils and consultations with the public. In addition, representatives of the non-public sector (e.g. charities or foundations) can strengthen the community's ability to provide social services through social ordering mechanisms and inform veterans about their rights in the field of social protection.

Figure 6. Role of the Non-Public Sector in the Model of Social Protection of Veterans in Ukraine

PROVISION OF SOCIAL SERVICES BY INDEPENDENT ENTITIES

The legislation provides for the possibility for the relevant local councils to attract independent social service providers on a competitive basis

Creating a market for social services + receiving public support from capable organizations with sufficient resources (e.g., charitable organizations inform veterans about their rights in the field of social protection)

INFORMING VETERANS ABOUT THEIR RIGHTS IN THE FIELD OF SOCIAL PROTECTION

Charitable NGOs inform veterans about their rights in the field of social protection

2.2. Some Problematic Issues and Shortcomings of Veteran Social Protection Model in Ukraine: International Experience and Best Practice

The Law of Ukraine “On the Status of Veterans and Guarantees of Their Social Protection” is the main legal act that regulates issues related to the social protection of veterans. According to the preamble of this law, it “defines the legal status of war veterans, ensures **the creation of appropriate conditions for their livelihood**, and contributes to **the formation of a respectful attitude towards them in society**.” The main emphasis regarding the instruments of social protection of veterans in the law is made on material assistance, benefits, and financial security.

Interestingly, only about 7% of veterans surveyed in our study said that **only material support** (benefits, etc.) would contribute to a more successful return of the military to civilian life. 89.7% of respondents are in favor of combining material support and tools for development (creation of favorable conditions for employment or starting one’s own business, etc.) or providing only tools for development that will facilitate a smooth transition to civilian life.

The above shows that veterans in the social protection system **require not only financial assistance from the state, but also tools for development and socialization** (more on this below), education (retraining), employment or starting their own business. This is confirmed by the results of a survey conducted as part of a study “Veterans’ Needs 2023” by the Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine⁷⁵.

Therefore, given the current challenges, the system of social protection for veterans needs a transformation and a change in philosophy, approaches, principles and mechanisms that will encourage people to act and take care of their well-being.

Let’s outline the most pressing issues and options for their solution

1. The discrepancy between the established benefits and the needs of veterans

Description of the problem. The Law of Ukraine “On Status of War Veterans, Guarantees of Their Social Protection” was adopted in 1993. This law was developed for the needs of veterans of the Second World War, internationalist soldiers and the Afghan war participants in the turbulent 1990s, when the only thing the state could do was to allow someone not to pay for something (in fact, this became a priority of the policy in this area). Since the beginning of the Russian-Ukrainian war (which has been going on since 2014) in Ukraine a **generation of veterans with combat experience has been formed**. For the most part, these are young and middle-aged people. As part of our study, the average age of the surveyed combatants (veterans) is **36 years**. This is in line with the results of a study conducted by the Ukrainian Veterans Fund of the Ministry of Veterans Affairs of Ukraine⁷⁷. The largest share of surveyed veterans were people aged **36-45**. It is quite clear that the needs of veterans of the Russian-Ukrainian war are significantly different from the needs of those for whom the above-mentioned law was created. Most young and middle-aged veterans need support as they return to civilian life and are various tools for development from the state.

However, the Law of Ukraine “On Status of War Veterans, Guarantees of Their Social Protection” currently contains benefits that simply migrated to the 1993 law from Soviet legislation:

the priority right to join housing cooperatives, cooperatives for the construction and operation of collective garages, parking lots for vehicles and their maintenance, and horticultural associations; the right to priority provision of food products of improved assortment and industrial goods of increased demand, priority free installation of landline phones. For the new generation of veterans, these benefits are not entirely relevant and are rather of secondary importance. In addition, if we consider Art. 12 of the Law of Ukraine “On Status of War Veterans, Guarantees of Their Social Protection”, which provides benefits for participants in hostilities and persons equated to them, there is a significant imbalance between labor and educational benefits (5 points) and medical, housing, travel benefits (15 points).

In this context, the experience of other countries in the field of social support for veterans (military) seems interesting. In Israel, assistance to demobilized young military personnel is aimed primarily at development in civilian life. There is a program to help demobilized IDF soldiers called “From Military Uniform to Training”. Initially, it granted the right to receive higher or vocational education only to demobilized military personnel and officers of military units. Today, the program has been significantly expanded: it extends to military combat support units. It is also interesting that those previously demobilized in Israel received a monetary gift (“pikadon”) from the army in the amount of about 8 thousand shekels, which could only be used to pay for education, purchase housing or start a business. Since 2017, “pikadon” has been used to pay for driving lessons, paying off debts, and paying fines. Previously this gift was valid only for 7 years after the end of service, but now it is not limited in time⁷⁸. Many benefits are provided for demobilized single mothers (the vast majority are aimed at education and employment)⁷⁹.

The experience of the United States in this area also shows that the priority of its veteran policy is the employment of veterans, public investment in education (financing of various courses, trainings, etc.), increasing the interest of business in the employment of veterans (providing certain preferences from the state).

Thus, investments in education give the state the opportunity to “grow” working capital and reduce the need for social benefits in the long run.

The state authorities in the field of social protection of veterans in Ukraine should prioritize the development of broad opportunities for them in education, retraining, and starting a business. Currently, state educational programs for education (or retraining) often fail to achieve the goal of further employment of veterans. This problem is especially relevant for veterans who have the status of persons with disabilities.

... For example, preferential education also often turns into a formal process. Quite often it does not end with employment and active socialization...

(Excerpt from an interview with a representative of a public authority)

Recommendations

Guarantees for veterans in the field of social protection can be improved through the development (expansion) of opportunities in the field of education, improvement of professional adaptation and employment by means of:

- strengthening the role and interaction of the State Employment Service with veterans; systematic training and retraining of career advisers of public employment services on the specifics of communication with veterans, job search for veterans, considering the acquired skills and abilities, so that further employment is successful.
- increasing measures to inform veterans about the possibilities of receiving retraining services, training, participation in trainings, seminars, etc.
- expanding opportunities and distance learning programs for veterans (online platforms and courses).
- initiating the creation of new jobs for veterans, finding new opportunities through the involvement of employers' associations, the development of entrepreneurship and business start-ups.
- stimulating competition among providers of professional adaptation services, monitoring and quality control of services, etc.

2. Failure of the state to fulfill its obligations to provide veterans with established benefits

Description of the problem. 55.2% of veterans surveyed in this study indicated that one of the reasons for dissatisfaction with the system of benefits in Ukraine is **bureaucratic complexity and the inability to receive certain benefits**. An online survey conducted by the Educational and Analytical Department of the Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine⁸⁰ indicates that when answering the question "Which of the services have you been denied access to?", about a third of veterans (33.81%) mentioned not receiving a land plot; 15.47% were denied financial support; 12.03% did not receive right to free travel; 7.74% had no education benefits; 7.45% had no tax discounts; 6.02% had no utility subsidies; 5.16% did not have respective pensions. 10% of respondents had their own answers, among which the most common were cases of refusal to improve living conditions, interest-free loans for the construction/repair of their housing, etc. These results illustrate the problem of declarative nature of certain benefits. An example is the priority allocation of land plots for individual housing construction and horticulture for veterans. This benefit is determined by clause 13 of part one of Art. 14 of the Law of Ukraine "On Status of war veterans, guarantees of their social protection". During martial law, veterans cannot take advantage of this benefit⁸¹, which leads even to electronic petitions on the website of the

President of Ukraine⁸². However, the problem of allocating land plots to veterans and registering their rights existed even before the war.

One of the main reasons why veterans do not receive the desired benefits is the over-regulation and complexity of registration procedures. As we have already noted, according to the Cabinet of Ministers of Ukraine, the process of providing benefits and guarantees to war veterans is regulated by **156 regulations**. At the same time, some benefits simply do not have a procedure for implementation and are not applied. This leads to the restriction of the rights and social protection of war veterans, while contradictory provisions can be found in normative legal acts⁸³. An example can be the provision of the relevant Law No. 3551-XII, according to which veterans have the right to use polyclinics and hospitals, to which they were attached at their previous place of work, when retiring (regardless of age) or changing jobs. However, the Ministry of Defense is guided by Art. 6 of the Law of Ukraine "On Status of Veterans of Military Service, Veterans of Internal Affairs Bodies, Veterans of the National Police and Certain Other Persons and Their Social Protection", which states that free service in hospitals is provided only for veterans of military service who have at least 25 years of service, or for disabled war veterans of groups I and II. Most participants in hostilities do not meet these criteria. For them, access to medical services in military hospitals after discharge from military service is possible only on a paid basis⁸⁴. Even traumas, injuries and contusions associated with participation in hostilities do not give former servicemen the right to be served in departmental health care facilities.

Another important problem is the lack of funding. As already mentioned, most of the state-guaranteed benefits **are provided at the expense of local budgets**. According to the law, the State Budget of Ukraine may provide for an additional subsidy to compensate for the loss of local budget revenues because of the provision of benefits established by the state. However, in practice, the state (presumably due to a lack of financial resources) does not provide for such subsidies in the state budget (the state budget for 2024 was also no exception) and in fact, it shifts the responsibility for providing benefits to veterans to local governments. As a result, carriers (who are obliged by law to provide free travel to beneficiaries, in particular veterans) simply deny this right⁸⁵ or unilaterally set "unspoken limits" on the number of passengers they are ready to transport without significant losses to themselves. The carriers explain this by the fact that the local authorities do not compensate for the transportation of beneficiaries at regulated tariffs in violation of Art. 29 of the Law of Ukraine "On Road Transport"⁸⁶.

... benefits for veterans need to be revised, we need to work on their gradation; changes will depend on the needs and capabilities of the state. It is necessary to involve the public in this process...

(Excerpt from an interview with a representative of a public authority)

Special attention should be paid to the fact that, according to the legal position of the Constitutional Court of Ukraine, the establishment of benefits for war veterans, persons covered by the Law of Ukraine No. 3551, is one of the means of implementing the state's constitutional duty to ensure social protection of people who defended the Motherland, its sovereignty and territorial integrity, and members of their families. **The state cannot unilaterally waive its obligation to provide social protection to people who have already fulfilled their duty to it by defending its sovereignty and territorial integrity.** The state's failure to fulfil its social obligations in relation to war veterans, people covered by Law No. 3551, undermines trust in the state. Social protection of these categories is aimed at providing them with a sufficient standard of living. Restriction or the abolition of benefits for war veterans, people covered by Law No. 3551, without equivalent replacement or compensation, is a violation of the state's obligations to protect persons who defended the Motherland and members of their families. In the event of a change in legal regulation, the benefits or other guarantees of social protection acquired by these people must be preserved with the possibility of their implementation. **Restriction or cancellation of such benefits or other guarantees of social protection is possible only in case of introduction of equivalent or more favorable conditions of social protection.**

Recommendations

The solution to this problem could be a revision of the existing benefits with the mandatory involvement of veterans to study their needs and requests as deeply as possible. The current benefits should be reviewed with the aim of further implementation of equivalent or more effective forms and measures of social protection by the state, which are really needed by veterans and which will be really provided. At the same time, the provision of certain benefits to veterans (for example, free travel) requires close cooperation between communities and specific entities (in this case, transport operators) to find solutions that will contribute to the actual receipt of the benefits declared by the state by veterans. In this example, this could be the installation of validators in fixed route taxis and other forms of public transport, so that veterans would be able to pay for travel contactless and the exercise of their right would not depend on the decision of a particular driver. Changes in approaches to the financing of benefits are also important: those benefits that are established and guaranteed by the state should be financed from the state budget. Communities can establish additional guarantees of support for their veterans through local target programs, based on their own capabilities.

3. Complexity and intricacy of procedures for obtaining benefits and social payments

Description of the problem. According to the Cabinet of Ministers of Ukraine, the benefits and guarantees are provided to war veterans by more than 18 central and local executive authorities and local self-government bodies, which leads to a blurring of responsibility for the social protection of veterans⁸⁷ (see Figure 4). Too many participants in social support for veterans lead to a more complex system. As a result, each entity develops its own procedures for applying for benefits or payments (within the framework of each procedure, veterans are forced to collect a separate package of documents, which requires a significant amount of time and effort). For example, to receive a 75 percent discount on housing or communal services, the veteran will most likely apply to the Pension Fund of Ukraine with the following documents: an application, a copy of the certificate of a participant in hostilities, a copy of the registration number of the taxpayer's registration card, etc. At the same time, if we are talking about the priority provision of veterans with fuel, they need to contact the social protection authority at the registered place of residence. The veteran must collect a different package of documents, namely: certificates from service providers that the dwelling is not provided with electricity, heat or gas supply; certificate of the presence of stove heating and/or kitchen hearth on solid fuel in the dwelling, etc.

This situation is unprecedented against the background of the countries whose experience we analyzed. In Israel, for instance, demobilized soldiers receive most benefits from the Fund and the military unit of the discharged soldiers, under the structure of the Ministry of Defense. Structural Division of the Israeli Ministry of Defense aids persons discharged from military service in the field of career guidance, education and matriculation, as well as training in various courses. Military, who have received the status of a person with a disability also receive benefits from the Israeli Ministry of Defense. In the U.S., benefits and privileges for veterans are the responsibility of the Department of Veterans Affairs. There is the Benefits and Privileges Administration within this agency, which deals with the processing of mortgage loans, the provision of benefits and other assistance.

Recommendations

To simplify the lives of veterans in the field of registration of benefits and payments, it is advisable to develop the "Single Window" project to enable veterans and their relatives to submit relevant documents through the Administrative Service Centers. Employees of such "single windows" can work either directly in ASCs or, for example, in rehabilitation institutions and health care facilities that serve a significant number of veterans. It is expected that such an approach will make it possible to apply with one package of papers through a "single window" to the ASC, which will then distribute the received applications and documents between the responsible entities.

This project was created to implement an integrated approach – to receive a range of administrative services in one place from one or more responsible entities. It is noteworthy that some communities, such as Ternopil and Fastiv, are already actively developing and implementing “single windows” for veterans. It is expedient to extend this experience to the entire territory of Ukraine, in communities of any size.

4. Lack of proper coordination in the social protection system

61.3% of the surveyed veterans indicated that they support the initiative to assign them temporary assistants or social workers who will advise on training, employment, and implementation of their business projects, help in solving social and pension issues, etc. The very need for coordination (assistance and support) in obtaining benefits and social services is due to the imperfection of the system, services and mechanisms for exercising rights (as mentioned above).

Currently, there is still a discussion about the fundamental difference between a social worker and a veteran’s assistant. Some argue that veterans do not need assistants, it is better to provide them with understandable services. However, after the analysis, we concluded that such specialists are needed. The transition period will last around 5 years. Even more assistants will be needed in rural areas, where there is often no internet. Therefore, the consultant should help deal with everything. But I’m sure it’s going to be temporary...

(Excerpt from an interview with a representative of a public authority)

Description of the problem. In April 2023, news⁸⁸ appeared about the launch of a pilot project to introduce a veteran’s assistant. Initially, the idea of this project was that such an assistant would be a specialist in the community who would provide individual support to veterans and facilitate the realization of their opportunities, rights, guarantees and benefits (“will establish communication between veterans and the entire bureaucratic system, help with the necessary information on social guarantees and veteran services”). The assistant will advise veterans on education, employment and implementation of their own business projects, help solve social and pension issues, and support in matters of physical and psychological rehabilitation. Such assistants were employed in service offices for veterans’ affairs. This institute is financed through a subvention allocated from the state budget to local ones.

It is noteworthy that in 2024, the state budget included funding for this institute in the amount of **UAH 3.8 billion**. However, **there are complaints among the public about the failure of this project**⁸⁹. One of the reasons is the lack of clearly defined qualification requirements for the position. In April 2024, it became known about the reformatting of the veteran assistant institute and the emergence of a veterans and demobilized persons support specialist. A new profession and a new professional standard “Specialist in support of veterans and demobilized persons”, developed by the Ministry of Veterans Affairs, have appeared in Ukraine. Under this standard, a person who aspires to become a veteran support specialist can have the qualification 23 “Social work”. **This means that a social worker can also help veterans** (In fact, this is what social workers have been doing since the beginning of the Russian-Ukrainian war).

Separately, the Ministry of Social Policy has approved state standards for the provision of social services, the content of which corresponds to the work⁹⁰ of specialists in support of veterans and demobilized persons. That is, social services for veterans (counselling, employment assistance, etc.) have been provided to veterans for quite some time. In this regard, the question arises about the new separate profession and the feasibility of funding from the state budget of a separate veteran assistant institute (a specialist in supporting veterans and demobilized persons). In addition, there is a problem of blurred responsibilities between the Ministry of Social Policy and the Ministry of Veterans Affairs, since the demarcation between the competencies of a social worker (who will provide social services under the auspices of the Ministry of Social Policy) and a specialist in support of veterans and demobilized persons (a project of the Ministry of Veterans Affairs) remains in question.

It is noteworthy that in Israel there are no assistants or specialists exclusively for the military, but there is an extensive and coordinated system of social workers – case managers. The case manager assesses the military’ needs and coordinates and advises him/her within the system⁹¹.

Recommendations

A solution to this situation could be the direction of state funds for the development of social services in communities and advanced training of social workers (in the field of management of the Ministry of Social Policy), who would learn the specifics of providing social services to veterans. This approach is inclusive, as it does not involve the creation of a separate profession to accompany veterans, but the training of social workers who could provide services to all citizens who need them and meet certain criteria (this will contribute to additional budget savings). At the same time, it is necessary to create an understandable system for receiving benefits and social services so that veterans do not have to communicate with the authorities or other institutions with the help of assistants.

KEY FINDINGS

- Given the current challenges, the system of social protection of veterans requires a change in approaches. The state, along with material support, should provide veterans with tools for development (opportunities for education, employment, starting their own business, etc.).
- The solution to the problem of the state's failure to fulfil its obligations to veterans regarding the provision of certain benefits should be comprehensive. First, the current benefits need to be reviewed with the mandatory involvement of veterans to clarify their current needs and the level of satisfaction with the available benefits. Once the benefits that are not effective and are not provided in practice are defined, the state should introduce equivalent or more effective forms of social protection. In addition, it is necessary to change the approach to the financing of benefits: those benefits that are established and guaranteed by the state should be financed from the state budget. Communities can provide additional guarantees of support for their veterans through local targeted programs, based on their own capabilities.
- To simplify the procedures for registration of benefits and payments, it is advisable to consider the possibility of extending the project of the Ministry of Veterinary Affairs "Single Window" to the entire territory of Ukraine and to ensure the opening of such "windows" based on ASCs not only in their premises.
- A human-centric supersystem should provide for proper coordination of veterans in the social protection system. To this end, it is expedient to develop social services in communities and improve the skills of social workers who could provide services to all citizens (including veterans) regardless of status, which would correspond to an inclusive approach.

CHAPTER III

RETURNING VETERANS TO CIVILIAN LIFE IN UKRAINE: PROBLEMATIC ISSUES AND RECOMMENDATIONS FOR IMPROVEMENT

General Framework for the Development of the System of Returning Veterans to Civilian Life in Ukraine: Current Status

In the laws dealing with the issues of legal status and social guarantees for veterans, there is no term “the return to civilian life”. It is noteworthy that the Law of Ukraine “On Social and Legal Protection of Military Personnel and Members of Their Families” mentions “Social and professional adaptation of persons who are discharged from military service from among war veterans”. The content of such social and professional adaptation is disclosed in the Resolution No. 432 of the Cabinet of Ministers of Ukraine dated June 21, 2017.⁹² In this resolution, social adaptation is equated with social services, but the concept of “social services” is narrower than “the return to civilian life”, since it does not include, for example, the preparation of the community for the return of a veteran.

In one of its projects, the MoVA uses the term “transition from military to civilian life” (“Strategy for the formation of a system of transition from military service to civilian life for the period up to 2032”). This definition certainly more accurately reflects the process that a veteran goes through after being discharged from service. At the same time, in international practice, along with the term “transition” the term “the return to civilian life” is used, which, in our opinion, is more human-centric and meaningful.

The process of returning veterans to civilian life contributes to rehabilitation and is fully in line with an inclusive approach, where a person who is traumatized or injured is to return fully to public life and adapt to change.

Veterans of the Russian-Ukrainian war courageously fulfilled their civic duty to the state to protect the Motherland, sacrificing the best years of their lives, health, career, family relationships, etc. Therefore, the state (the public and the entire society that the military defended while resisting the Russian invaders) must fulfil its duty to return these people to the life they had before the war (or at least create the necessary conditions for this): help them get an education (retrain), start their own business, find a job, etc.

Most of those who are now holding the front are non-professional soldiers, people of civilian professions (doctors, musicians, etc.) who went to war after the full-scale invasion on February 24, 2022.⁹³ When they return home, they are more likely to feel disconnected from civilian life. Bridging the gap between them and civilians will require a lot of time and joint effort. Therefore, there is already an urgent need for a certain strategy (vision) of the state regarding the return of veterans to civilian life. Such a strategy should include both measures for the adaptation of the military and a vision

of working with society⁹⁴. It is noteworthy that 63.8% of the surveyed veterans believe that the creation of military adaptation programs will contribute to a more successful transition to civilian life.

At the time of this study, there was no single strategy for resolving this issue in Ukraine. Although, as we have repeatedly noted, there have been attempts to develop it by the Ministry of Veterans Affairs⁹⁵. Since 2014, key stakeholders (including ministries, businesses, NGOs, etc.) have been organizing individual activities for the reintegration and development of veterans (educational programs, favorable conditions for starting their own business, etc.), but such initiatives lack consistency and coordination. In this section, we tried to give a general idea of the leading actors' operation involved in this area at different levels, identify shortcomings and provide suggestions for building a unified human-centric system for returning veterans to civilian life.

We would like to draw special attention to the fact that the issue of creating a holistic model for the return of the military to civilian life is directly related to the development of the concept of military personnel policy of the Armed Forces of Ukraine, as well as the model of security and defense that the state will choose in the future. For example, if Ukraine is in a state of permanent war with Russia and takes the Israeli security model (and this is very likely⁹⁶). This provides for compulsory military service for all citizens. Most citizens remain in reserve (reservists) after their release and return to service at certain intervals (and in the event of the outbreak of hostilities, they join the ranks of the army). It is obvious that the return to civilian life of a reservist will be significantly different from the return of a person discharged from military service with removal from military registration. A reservist must be ready to leave the everyday life to defend the Motherland again. The same applies to those released to the reserve⁹⁷: they temporarily return to civilian life. In the last two cases, the return will not be complete, but the state has no right to forget about these people and must take care of creating conditions for their (at least temporary) adaptation. Most likely, some of the military (both professional and non-professional) will no longer see themselves in civilian positions, therefore, it will be expedient to create separate programs for education (retraining) and further employment in military specialties for them. So, the key question of developing a model for the return of the military to civilian life is: "Who and how will we return?"

3.1. Overview of the Key Actors at Different Levels Involved in the Process of Returning Veterans to Civilian Life in Ukraine

A human-centric system for the return of veterans to civilian life should be focused on providing comprehensive support that considers physical, psychological, social and professional aspects, contributing to the successful adaptation and return of veterans to civilian life. Such a system should provide for mutually coordinated activities of public authorities, the community, and the non-public sector. At the same time, it is important that such activities take place within the framework of a single veteran policy and concept. However, the analysis we carried out showed that there was no such mutually agreed activity between key actors. In addition, the existing organization for the return of veterans to civilian life has other shortcomings (we will describe them in more detail below).

3.1.1. Public Authorities: Roles, Tools for Implementing Policies of Returning Veterans to Civilian Life in Ukraine and Interagency Cooperation

Currently, there are a few public authorities that implement projects aimed at adapting veterans to civilian life and their development. At the same time, the state finances certain measures aimed at returning veterans to civilian life (for example, state programs) and, with the help of the relevant authorities, monitors the effectiveness of policy implementation.

Below, we have illustrated the role of communities in the process of returning veterans to civilian life.

Figure 7. Development, Implementation and Policy Control in Returning Veterans to Civilian Life

THE STATE

VRU

Formation of state policy on issues related to the return of veterans to civilian life

VERKHOVNA RADA COMMITTEE ON SOCIAL POLICY AND PROTECTION OF VETERANS' RIGHTS

Legislative work on laws related to the return of veterans to civilian life (for example, draft Law of Ukraine No. 10258 "On Veteran Entrepreneurship" of 13.11.2023)

BUDGET COMMITTEE

Legislative work on the law on the state budget of Ukraine for the relevant year, in which funds are allocated to finance measures that contribute to the return of veterans to civilian life

CMU

Organizational

Directing and coordinating the activities of other CEBS

Rulemaking

Resolutions and Orders

CEBs

Policy Development + Implementation + Control

MoVA

Development of policy in the field of social and professional adaptation of veterans, their employment, increasing competitiveness in the labor market

Implementation

Management Tools

- The MoVA manages the Ukrainian Veterans Foundation (UVF)
- Provides financial support to veterans for the implementation of projects aimed at returning to civilian life

Financial Instruments

Provides funding

Information Tools

Publishes information on its official website

Control

UVF

Reports on the implementation of projects

Monitoring on the state of compliance with the law, on the social adaptation of veterans

MSP

Development of policy in the field of social and professional adaptation of war veterans

Implementation

Social and professional adaptation is carried out through the provision of social services

Control

Monitoring of the National Social Service

MESU

Development of public policy in the field of education, which is an important component of returning veterans to civilian life

Implementation

Organizational Tools

Support and implementation of projects to return from military service to civilian life

Financial Instruments

Provides a subvention to local budgets to provide state support to persons with special educational needs (for example, veterans who have lost their sight)

Information Tools

Basic information on educational support for veterans is available on the official website

MINISTRY OF ECONOMY

Development of public policy in the field of employment.
This applies to the employment of veterans

Implementation

Organizational Tools

Contributes to the implementation of grant programs for veterans

Management Tools

Directs and coordinates employment services

Financial Instruments

Funds grants for veteran businesses

Information

Places information related to projects on the official website

3.1.2. The Role and Place of Communities in Veteran Reintegration into Civilian Life in Ukraine. Tools for Implementing Local Policies in the field of Reintegration

The main stage of reintegrating veterans into civilian life will take place in communities, which should create the most comfortable conditions for defenders after returning from the war. The role of communities is also manifested in creating their own adaptation programs for demobilized people. Accordingly, they may have certain differences in different communities. For example, the communities of the southern regions of Ukraine can create programs for veterans in the field of farm development. In addition, communities should focus on creating a barrier-free inclusive space (we are talking not only about physical accessibility, but also about information, digital, etc.), as well as open spaces (hubs, platforms) that will help bridge the gap between the military and civilians (these are spaces not only for the military, but also for civilians).

It is noteworthy that the MoVA, with the support of ICAP Ednannia, has launched the project "Communities accessible to war veterans", the purpose of which is to create conditions for the implementation of veteran policies in communities through uniform approaches that are clear and understandable for veterans, their family members and families of fallen defenders, and easy to implement on the ground. At the same time, such projects are not a common practice today, which leads to the problems described in clause 3.2 of this study.

Below, we have illustrated the role of communities in the process of returning veterans to civilian life.

Figure 8. Role and Place of Communities in Reintegrating Veterans

COMMUNITY

CREATION AND IMPLEMENTATION OF LOCAL TARGETED PROGRAMS TO SUPPORT VETERANS

Programs may contain various tools for the development of veterans, employment opportunities, etc.

CREATING AN INCLUSIVE AND BARRIER-FREE COMMUNITY SPACE FOR VETERANS

Communities at the local level should implement measures to implement the national vision of creating a barrier-free environment (National Strategy for a Barrier-Free Environment in Ukraine until 2030)

SUPPORT AND WORK WITH THE FAMILIES OF VETERANS

Psycho-emotional support measures for families of veterans

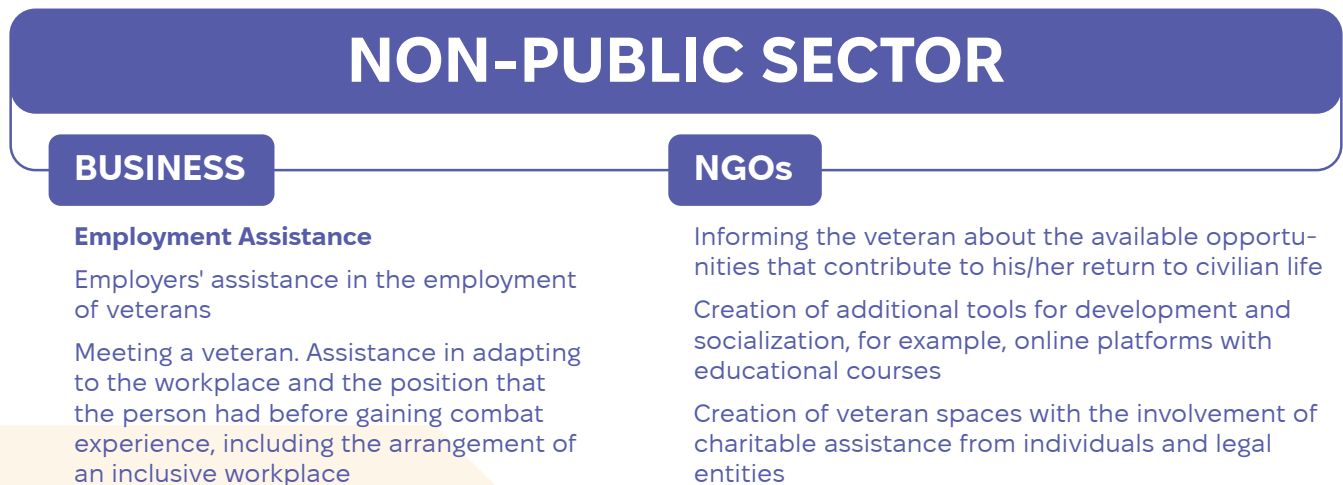
PREPARATION OF COMMUNITY RESIDENTS FOR THE RETURN OF VETERANS. CREATION OF OPEN VETERANS SPACES IN COMMUNITIES

Creation of communication platforms accessible to both military and civilians, where civilians could offer their help and support to veterans where needed + an information campaign for civilians about the needs of veterans

3.1.3. Role of the Non-Public Sector in Reintegrating Veterans

Not only the state, but also representatives of the non-public sector — business, public organizations (which are the embodiment of the entire civil society) — should work to return veterans to civilian life. We decided to schematically depict the role of the non-public sector in returning veterans to civilian life.

Figure 9. Role of the Non-Public Sector in Reintegrating Veterans in Ukraine



3.2. Some Problematic Issues and Shortcomings of the Model of Reintegrating Veterans in Ukraine: International Experience and Best Practice

The main goal of reintegrating veterans is to restore the economic, social, and psychosocial connections they had before defending the Motherland.

The UVF⁹⁸ survey showed that 77.5% of veterans believe that they are likely to face unemployment after returning to civilian life; 72.8% say they may start abusing alcohol or drugs; and 69.4% believe that they will face conflicts in their family.

Such results suggest that it is extremely important for veterans to return to a society where they will be a specific role assigned to them (employee, husband, friend, colleague, etc.). An effective solution to this important problem requires many coordinated measures both on the part of the state and on the part of a particular community. It is necessary to develop and adopt a strategy for veterans to transition from military service to civilian life. **Unfortunately, there is currently no such strategy.**

Overcoming the difficulties that veterans face in returning to civilian life requires addressing the following critical systemic issues:

1. Lack of an entry point into the return process and a clear algorithm after demobilization

Description of the problem. During the analysis, we found that there is currently no algorithm defined by law that would establish a list of measures aimed at the consistent return of veterans to civilian life. Today, after being discharged from service, a veteran is subject to referral to the district (city) territorial center for recruitment and social support at the place of residence for military registration. In fact, it is there that the initial screening (interview) of veterans should take place to find out their needs and further counselling. This would contribute to the proper orientation of veterans in the process of adaptation to civilian life. However, today such a survey is not within the competence of these centers. Current legislation does not include a veteran's route after discharge from military service, which he/she must follow to get information about employment, education, etc. Thus, veterans find themselves in a situation where they are forced to search for this information on their own and, as a result, are left alone with their problems, which does not correspond to an inclusive approach.

In other countries, there are appropriate programs for reintegration of military personnel. For example, the Ministry of Defense of Israel has a special department and a fund for the demobilized, where the military are provided with recommendations before discharge, assisted in solving their problems, and advised on reintegration. Lone soldiers (whose relatives do not live in Israel) have the right to take a separate course of reintegration. The purpose of this course is to prepare military personnel for civilian life by providing information on post-service rights and benefits, assistance with job search and interviews, or selection of university entry options.

In the United States, there is a streamlined Military Transition Assistance Program (TAP)¹⁰⁰. Historically, its purpose has been to facilitate the reintegration of military personnel forcibly discharged from the U.S. military due to the downsizing of armed forces in the late 1980s. The program is supervised by several government agencies: the Veterans Employment and Training Service (VETS), the Department of Defense, the Department of Homeland Security (DHS), and the Veterans Administration (VA). In 2011, the U.S. Congress made it mandatory for the military to undergo a pre-discharge counselling program. The law requires that military personnel participate in it as early as possible, but no later than 90 days before the date of discharge from service (unless there are unforeseen circumstances that prevent this). This means that the reintegration of the military begins in the army. The law requires that an individual transition plan is drawn up during counselling for the military, considering the educational, professional, work and financial goals of the program participant (and his/her spouse, if any). The consultation may address issues of education, obtaining benefits/services, rehabilitation, etc. In fact, such primary counselling is the entry point into post-war life in the United States.

In the context of the above, it should be noted that the creation of these programs in Israel and the United States became possible since the process of demobilization of the military is predictable (that is, the state carefully organizes the process of discharge from service, considering the preliminary analysis and forecasting the future needs and living conditions of military personnel). Predictable demobilization allows the state to plan and implement measures to support veterans more effectively.

Recommendations

In general, it can be said that the approaches that currently exist in the United States and Israel regarding the adaptation of the military to civilian life while still in service are not relevant for Ukraine (but may be useful in the future). This can be explained by the fact that it is quite difficult (or almost impossible) to predict demobilization in the conditions of war (in contrast to the above-mentioned countries). So, for Ukrainian soldiers, this process will most likely begin after returning from the war. A concept should be developed that would provide for the interaction of bodies involved in the process of veterans' adaptation to civilian life, as well as a list of measures and algorithms. The system outlined above should consider the reintegration peculiarities of those military personnel who will temporarily return to civilian life (reservists, the released to the reserve) and determine the entry point for return. One of the options for such an entry point could be a survey by a social worker (case manager) in community, which should guide the veteran along a certain route in the future.

2. Duplication of powers of the Ministry of Social Policy and the Ministry of Veterans Affairs in the process of returning veterans to civilian life. Lack of responsibility for the transition process

Description of the problem. An analysis of the powers of the Ministry of Social Policy of Ukraine and the Ministry of Veterans Affairs of Ukraine showed that the range of their tasks in the field of social and professional adaptation of the military in civilian life is very similar. The main difference is that the Ministry of Social Policy promotes reintegration of the military through the provision of social services (e.g., social support during employment and in the workplace, social adaptation, etc.), while the Ministry of Veterans Affairs of Ukraine, through the Ukrainian Veterans Foundation, also promotes their employment (e.g., advises veterans on career opportunities). In addition, the official website of the UVF contains information on various events for veterans (for example, about the "Fly" project, during which veterans are taught to fly drones, English courses, and many others).

Such initiatives are financed from different "baskets": social services — under one line of the budget, and activities (including activities of the Ukrainian Veterans Foundation) — under another. As a result, there is a blurring of responsibility for the return of the military to civilian life¹⁰¹.

Recommendations

The solution to the problem could be the cooperation of key state authorities within a clearly defined system coordinated by the Ministry of Veterans Affairs, since this body has the leading role in the formation and implementation of state policy in the field of social protection of veterans, and the return to civilian life is part of such protection.

3. Unpreparedness of communities for the return of defenders. Lack of comprehensive work with families of veterans in communities

... So far, programs to prepare communities and families for the return of veterans are only at the stage of conversations. In addition, we cannot predict demobilization in Ukraine (as, for example, is the case in America). But it is necessary to work with families (here we can use the experience of Israel). Psychologists in communities should work with families and prepare them for the meeting. It is also necessary to train family psychotherapists. As for the preparation of communities, society also needs to be prepared. I have great hope for public organizations in this regard...

(Excerpt from an interview with a representative of a public authority)

Description of the problem. Currently, communities are creating separate comprehensive programs of social support for veterans, but such programs are focused more on providing material assistance than on creating tools for development (assistance in employment, education, etc.). First, this applies to small communities. An example is the Comprehensive Program of Support for War Veterans and Family Members of Deceased Participants of the Anti-Terrorist Operation / Joint Forces Operation for 2023-2025 approved by the decision No. 917 of the Pidhorodne Village Council of 27.04.2023, which lacks specific measures aimed at employing veterans, providing them with education, etc.

During the study, we did not find a single program that would include measures aimed at preparing society for the return of veterans: informational, aimed at developing a culture of communication with the military, which would be based on consideration and respect; educational at the level of educational institutions, where children would be taught the proper attitude and perception of military personnel with disabilities, etc. This is important because the preparation of society will help bridge the gap between the military and civilians.

Another pressing issue is that most communities are objectively not ready for the return of defenders (primarily veterans who received the status of persons with disabilities as a result of war). Although Ukraine has taken a course towards a barrier-free

environment at the state level, our cities and villages are not inclusive and barrier-free (this refers not only to the physical inaccessibility of buildings for people with disabilities¹⁰²; communities do not inform veterans about their rights and opportunities, because of which effective exercise of rights is impossible, and there are many other obstacles).

Communities do not carry out systematic work with the families of veterans (psycho-emotional support). Local programs are primarily aimed at working with veterans themselves, and their family members are often excluded. At the same time, as the experience of Croatia has shown, simultaneous work with family members is very important in view of the negative impact of the war on veterans.

... In our first studies, it turned out that the family played a key role in the recovery of veterans. And when we began to study the literature, it turned out that the wives of veterans have the so-called secondary trauma — they develop psychological trauma due to the trauma of their husbands. At first, the husband gets PTSD, and then his wife, because she lives with him... In addition, she has her own problems, but meanwhile she takes care of her husband, who can have night terrors and all sorts of medical troubles. In Croatia, wives were living under occupation and had their own experience of war. We found out that our women had primary traumatization. They developed their own PTSD, the effect of which was only exacerbated by the husband's PTSD...

It is important that the wife can be the wife and the husband is the husband. The wife should not act as a psychotherapist. In my opinion, this is the biggest problem for all women. It's not our role to treat the husband for a trauma.

They both need the help of a professional — a psychologist, a psychiatrist, not only doctors... The whole family needs professional help, and this is a big challenge, because there are not five or ten such people, but many more. But, as we found out, group therapy is effective for specific categories — separately for veterans and for their wives. You can mix groups too, but I think they need to be able to give free rein to thoughts separately from each other. Because men often don't understand what their wives are going through...



(Excerpt from an interview with Martina Knežević, Ph.D., Associate Professor of Psychology at the Catholic University of Croatia, who researches the negative impact of war on veterans and their families)

Recommendations

In our opinion, programs to support veterans at the community level should be reorganized. These programs should proportionally include both measures for material support of veterans and measures aimed at developing and creating additional opportunities for them (employment, training, use of their unique experience gained in the war zone, provision of business vouchers, etc.). Implementing programs in communities to work with families of veterans and conducting educational work with the community on communication with veterans and their needs are also important.

Communities lack funds to create such programs, which should be addressed by introducing state grant programs and attracting funding from international donors.

It will be expedient for the Ministry of Veterans Affairs to develop methodological recommendations for communities on the creation of social support programs for veterans.

4. Lack of dialogue between the state and business to help veterans return to civilian life through employment and workplace adaptation

Description of the problem. As we have already mentioned, most veterans are confident that they will face the problem of unemployment. This belief is not unfounded: a study by the Ukrainian Veterans Foundation shows that some employers are afraid to hire veterans because they believe that physical and mental health problems may prevent them from performing their duties¹⁰¹. As a result, there may be problems with the employment of veterans (particularly those with a disability). At least two of the interviewed government officials drew attention to this problem.

... Quite often, employers' requests and expectations do not coincide. Therefore, the best success is achieved when a veteran employs a veteran...

... The state does not have the means to stimulate employers (for example, for tax preferences), and therefore the information policy (even propaganda) should be quite active.

(Excerpt from an interview with a representative of a public authority)

... The percentage of employment of people with disabilities (including veterans) is quite low. One of the reasons is the prejudice of employers, who believe that the state of health of a person with a disability will prevent them from performing their duties effectively... In general, this should be done by employment centres, there are career advisers, but now it is ineffective. Only 16.5% of people with disabilities are employed, but these are stable workers who just need support at the initial stage...

(Excerpt from an interview with a representative of a public authority)

Recommendations

The state (represented by the Ministry of Veterans Affairs of Ukraine) should solve this problem with the help of its information resources (television, social networks, official website), informing employers about the benefits of employing veterans (for example, using their unique experience and skills, which will contribute to productivity growth). At the same time, it should be noted that individual initiatives to oblige employers to employ veterans are unlikely to work. For example, the Verkhovna Rada registered draft law No. 10261 dated 14.11.2023, which proposes to establish a standard of jobs for veterans in the amount of 2% of the staff and to increase the standard of jobs for people with disabilities (including people with disabilities as a result of war) from 4 to 5%. Moreover, it may give rise to the shameful practice of "renting employment record books", as is currently the case with the establishment of standards for the creation of jobs for persons with disabilities.

KEY FINDINGS

- The human-centric supersystem of returning veterans to civilian life should be holistic and understandable and organically continue their rehabilitation in the long term. Currently, there is no such model in Ukraine. The state should develop a unified mechanism for the return and identify responsible for this, foresee measures for the temporary adaptation of military reservists and those released to the reserve. The Ministry of Veterans Affairs will play a coordinating role in this process. Veterans will return to civilian life in an organized and gradual manner and adapt in society.
- It is important to prepare communities for the return of defenders: to create a barrier-free space, to work with families and the community (psycho-emotional support for families, an information campaign among residents about the needs of veterans, etc.). This will contribute to improving relationships between the veteran and his family as well as society, and their full involvement in civilian life.
- The state should establish a dialogue with business on the employment of veterans, as business is its main accomplice in the field of their return to civilian life. Such a dialogue is important because employment will contribute to the financial independence of veterans, their psychological adaptation and social integration.

SUMMARY AND RECOMMENDATIONS BASED ON THE RESULTS OF THE STUDY

1. Based on the results of the study, we concluded that clarifying the needs of veterans is fundamental for building a unified human-centric model of rehabilitation. Veterans are the target group of the model and the end users of services in the field of rehabilitation, social protection and return to civilian life. This means that the problem of ambiguity and vague definition of the concept of “veteran” should be solved at the state level. The vagueness of this concept does not allow us to develop a clear approach to this category of citizens and a single veteran policy, an integral part of which should be the provision of rehabilitation services, social protection services and return to civilian life within the framework of a clear system. Currently, the concept of “veteran” unites people with different backgrounds and needs, which complicates the construction of a unified model of rehabilitation, social protection and return to civilian life. The legislation regulating the legal status of veterans is in urgent need of updating, as it was developed and adopted under different historical and socio-economic conditions and in a different context.

2. The human-centric supersystem (unified, understandable, transparent, open, and ensuring decent treatment) involves a close relationship between the mechanisms of recovery, social protection, and return to civilian life of veterans at different stages of rehabilitation: acute, post-acute, and long-term. Unity of this system is based on the organic integration of social protection mechanisms and return to civilian life into rehabilitation processes, acting either as a continuation or as an addition to rehabilitation. At each stage of rehabilitation, the principles of a human-centric approach should be followed.

3. The current model of rehabilitation, social protection and return to civilian life of veterans needs to be significantly adjusted for several reasons that affect its work.

Veteran Rehabilitation

3.1. Systemic problems need to be solved, in particular, the existence of two separate rehabilitation systems:

- rehabilitation in departmental health care facilities of the security and defense forces, as well as institutions subordinate to the Ministry of Social Policy, where only veterans with the status of a person with disabilities can undergo rehabilitation.
- rehabilitation in the MGP system.

The existence of parallel systems contradicts an inclusive approach, confuses veterans, leads to the provision of rehabilitation services that may not meet their needs and sometimes even offend the dignity of patients.

A possible way to solve the problems outlined above could be the integration of the most capable departmental health care facilities and rehabilitation institutions of the security and defense forces, state institutions in the system of the Ministry of Social Policy, municipal institutions for the complex rehabilitation of persons with disabilities, which provide, in particular, medical rehabilitation services, into the general national health care system and their receipt of contracts with the NHSU (i.e., such institutions should join the medical reform). Approaches to establishing a person's disability are also subject to transformation. Obviously, such changes will be a multi-stage process and will involve the identification of other entities that will establish the status of a person with a disability (if, for example, there is a full liquidation of MSECs), draw up a rehabilitation plan for them (alternatively, it can be a multidisciplinary team providing rehabilitation services in the field of health care) and identify the need of veterans with disabilities for social services (e.g. these may be social protection bodies).

3.2. Ineffective exercise of powers in the field of rehabilitation of veterans by individual state bodies has a negative impact on all periods of recovery of the veteran and may hinder the achievement of the goal — the optimal level of veteran's functioning, social integration, and independence. First, we are talking about the fact that the Ministry of Health does not provide enough standards in the field of rehabilitation care, and the Ministry of Veterans Affairs does not properly perform the coordination function on issues within its powers. The lack of sufficient standards in the field of rehabilitation can worsen the quality of services and affect their scope.

Resolving this issue requires strengthening the coordination of ministries by the Cabinet of Ministers of Ukraine. A system should be introduced to evaluate the effectiveness of the ministries that play a key role in the model of rehabilitation for veterans (the Ministry of Health, the Ministry of Veterans Affairs, the Ministry of Social Policy and some others). One option may be to regularly monitor performance based on defined KPIs and reports on the work in the field of veteran rehabilitation (this will help to identify weaknesses and take appropriate measures).

3.3. At the national level, the issue of non-transparency and closure of the rehabilitation system for veterans, which is why they do not receive the necessary services, must be resolved.

The state should focus on the implementation of a centralized policy of informing veterans about their rights in the rehabilitation system — to create a single information platform or improve the e-Veteran (by finalizing the main section on the rehabilitation of veterans, supplementing it with reliable information on rehabilitation opportunities in civilian institutions contracted by the National Health Service of Ukraine, rights in the field of rehabilitation, etc.), as well as using other resources (television, social workers, etc.). Veterans should be involved at all stages of policymaking to clarify their needs in the field of rehabilitation.

3.4. It is necessary to address the issue of insufficient community participation in the process of veteran rehabilitation. Rehabilitation (primarily in the long term) should take place in the community and end with the full return of veterans to civilian life. To do this, the community should create all conditions for adaptation and rehabilitation spaces (a developed system of home rehabilitation) to maintain the physical condition of veterans. So far, communities have often neglected the implementation of long-term rehabilitation measures for veterans through city target programs (they use a formal approach) and do not focus on the creation of rehabilitation spaces.

The state should centrally create methodological recommendations for local governments on how to develop local programs with the involvement of the public (primarily veterans) and look for incentives to increase community interest in the development of rehabilitation at the local level (this can be done through local subventions and subsidies for the implementation of individual projects, the creation of grant programs for communities, etc.).

3.5. The problem of personnel shortage in departmental institutions of the security and defense forces also needs to be addressed, especially relevant at the stage of the acute rehabilitation period for veterans. This problem is caused by the lack of sufficient standards for the provision of rehabilitation care in the acute period. This situation may have a negative impact on further rehabilitation and lead to the state spending funds to pay for the rehabilitation of a veteran in several health care facilities.

The lack of professional personnel in departmental institutions of the security and defense forces, especially those that provide rehabilitation to veterans in the acute period, requires a comprehensive approach. Talent can be mobilized through financial incentives and opportunities for professional development and growth, and through the development and implementation of specialized training programs in medical schools that train professionals who will work in military medical institutions and provide rehabilitation services. Separately foreign specialists may be involved and bureaucratic procedures for their legalization in Ukraine simplified. A comprehensive solution to the problem of attracting additional personnel should be carried out by developing and implementing the concept of public policy. The Ministry of Health can create a draft of such a concept together with experts and representatives of civil society and submit it to the Cabinet of Ministers for approval.

Social Protection of Veterans

3.6. The system of social protection of veterans is currently dominated by tools for material and financial support. Such an imbalance not only leads to the state's inability to fulfil its obligations to provide social benefits and compensations but also deprives veterans of incentives for development and social adaptation.

It is necessary to improve guarantees for veterans in the field of social protection through the development (expansion) of educational opportunities, improvement of professional adaptation and employment mechanisms. This can be done through:

- strengthening the role and interaction of the State Employment Service with veterans; systematic training of career advisers of employment services on the peculiarities of communication with veterans, job search for a veteran, considering the acquired skills and abilities, so that further employment is successful.
- strengthening measures to inform veterans about the possibilities of obtaining such services as retraining, education, participation in trainings and seminars, etc.
- expanding distance learning opportunities and programs for veterans (online platforms and courses).
- initiating new jobs for veterans, searching for new opportunities through the involvement of employers' unions, the development of entrepreneurship and business startups.
- stimulating competition among providers of professional adaptation services, monitoring these services, controlling their quality, etc.

3.7. The state quite often fails to fulfill its obligations to provide veterans with the established benefits.

This problem can be solved if the current benefits are reviewed with the mandatory involvement of veterans in this process to better study their needs and requests. The review should aim to further introduce equal or more effective forms and measures of social protection that veterans really need and that the state will actually provide. A change in the approach to the financing of benefits is also important: those benefits that are established and guaranteed by the state should be financed from the state budget. Communities can establish additional guarantees of support for their veterans through local targeting programs, based on their own capabilities.

Veteran Reintegration into Civilian Life

3.8. Ukraine currently lacks a unified system for reintegrating veterans, which would be an organic continuation of long-term rehabilitation.

The state should develop a unified system of reintegration and determine the authorities responsible for it, as well as provide for measures for the temporary adaptation of military reservists and military personnel released to the reserve. This process should be coordinated by the Ministry of Veterans Affairs. Under the new system, veterans will return to civilian life and adapt to society in an organized and consistent manner. The concept of veteran reintegration should be based on the security model that will be formed in Ukraine in the post-war period.

3.9. Most communities are objectively not ready for the return of defenders: there is no barrier-free space, no one works with families and community members (families are not provided with psycho-emotional support, there are no information campaigns about the needs of veterans). The unpreparedness of the community will hinder the relations between the veteran and the family and society and their full reintegration.

Local programs to support veterans developed by the community should proportionally include both material support measures and measures aimed at developing and creating additional opportunities for veterans (employment, training, starting their own business). It is also important to implement programs for working with families and educational work with the community on communication with veterans and their needs.

The lack of funds for such programs in communities should be addressed by introducing state grants and attracting funding from international donors.

3.10. The state/community does not conduct a systematic dialogue with business regarding the employment of veterans. This can make it difficult for veterans to find jobs and adapt to the workplace.

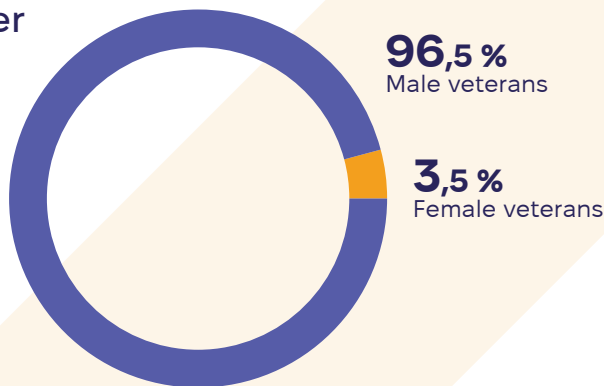
An integrated approach to meeting needs should be implemented at the community level. It presupposes the involvement of representatives of various departments, civil society, business and media in the analysis of the situation, strategy development and implementation of decisions. Joint development of solutions will significantly increase the resources for their implementation and implement a single strategy. The community and business are most interested in the preservation and development of human capital; therefore, this approach will make it possible to deepen cooperation. The state can help clarify the model of cooperation with business for community leaders and provide exemplary solutions that can be developed with the involvement of civil society experts. This worked well during the autonomization of health care facilities during the medical reform, when experts developed methodological recommendations, and the state, represented by the Ministry of Health, approved and disseminated them among community leaders. Changes happened much faster then. The state has significant information and expert capabilities to develop guidelines for such cooperation and disseminate successful cases and best practices.

Appendix

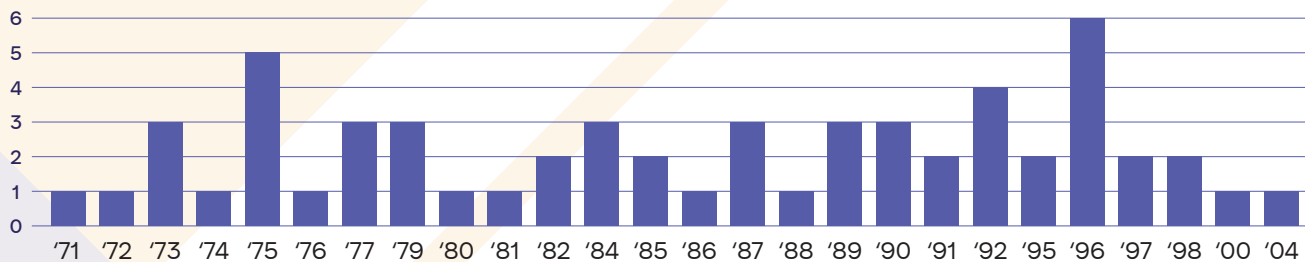
Results of the Veterans Questionnaire within the Framework of the Study

BLOCK I. GENERAL QUESTIONS

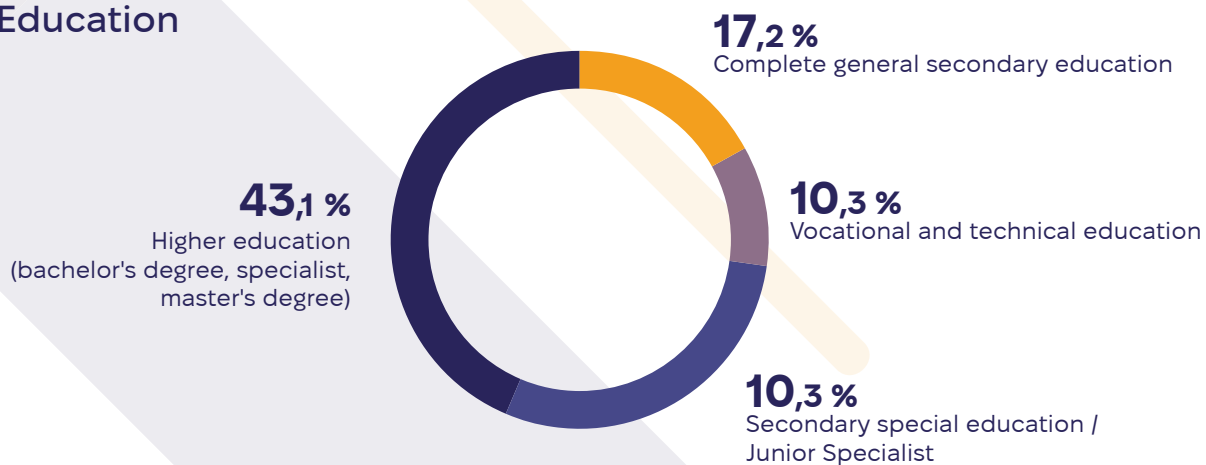
Gender



Year of birth



Education



During what period did you take part in combat missions to protect the Motherland?

During the ATO/JFO period before the full-scale invasion on February 24, 2022

5 (8,62 %)

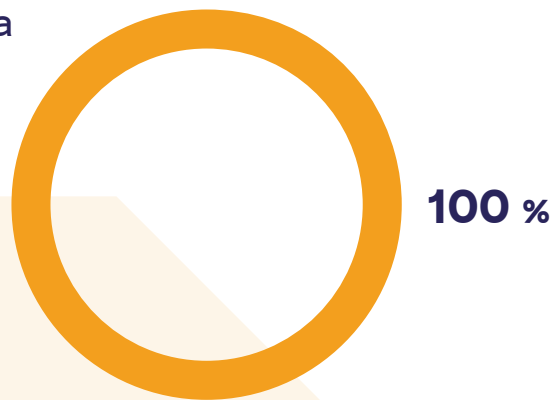
After the full-scale invasion on February 24, 2022

29 (50 %)

During the ATO/JFO, as well as after the full-scale invasion on February 24, 2022

24 (41,38 %)

Official status of a participant in hostilities

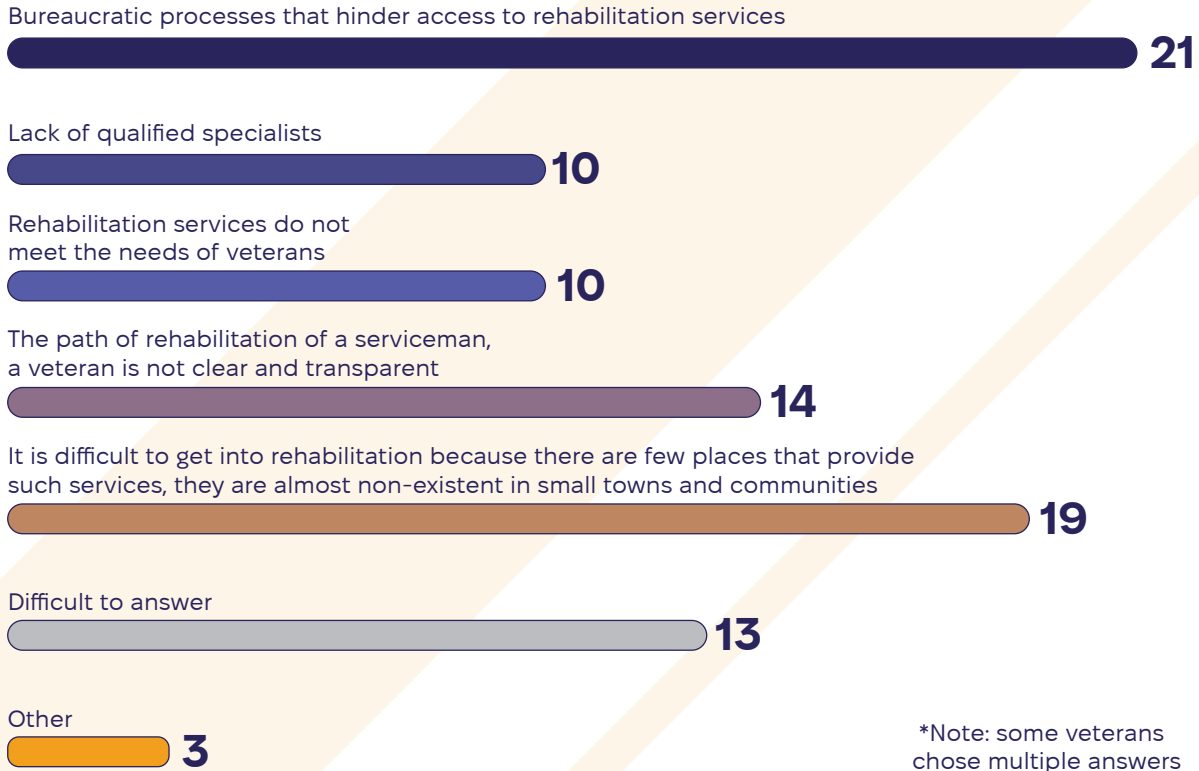


BLOCK II. MEDICAL (PHYSICAL) REHABILITATION

Are you satisfied with the existing system of medical (physical) rehabilitation for military personnel and veterans in Ukraine?

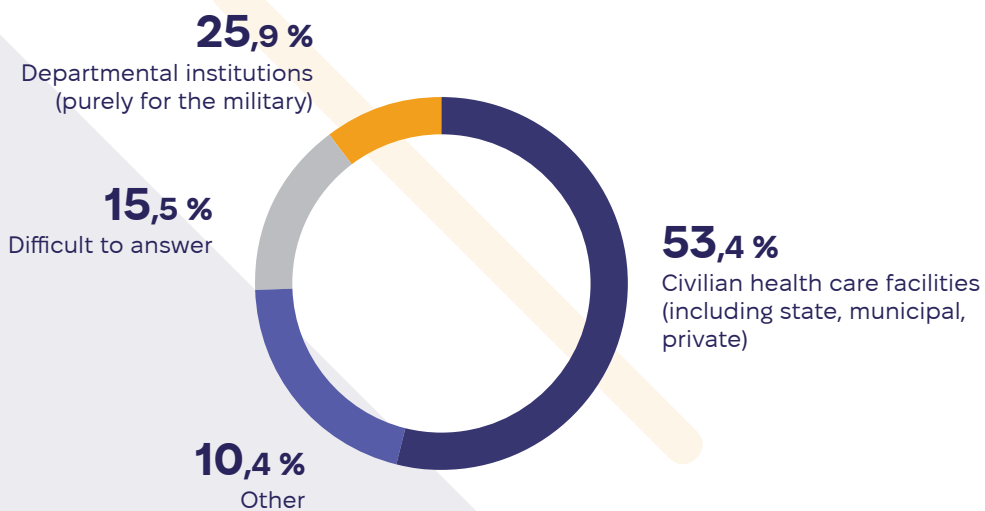


If you are not satisfied with the existing system of medical (physical) rehabilitation for military personnel and veterans in Ukraine, what do you think are the main problems?*



*Note: some veterans chose multiple answers

Where, in your opinion, should the rehabilitation of veterans take place in Ukraine?

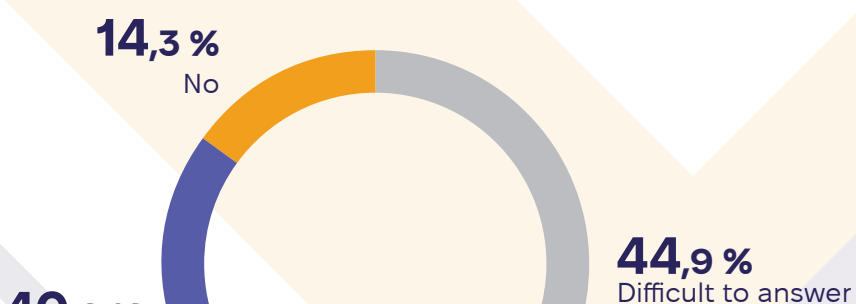


BLOCK III. PSYCHOLOGICAL REHABILITATION

Have you had any experience of psychological rehabilitation for military personnel and veterans?



If you have had experience of psychological rehabilitation for military personnel and veterans, do you think that the existing rehabilitation system in Ukraine has shortcomings?



If the answer is "YES" to the previous question, indicate what shortcomings the existing rehabilitation system in Ukraine has

Lack of qualified specialists capable of providing high-quality psychological rehabilitation services to the military, veterans and using modern (evidence-based) approaches



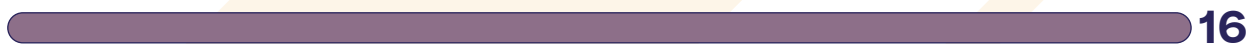
Lack of clear and understandable information about where and how military or veterans can receive quality psychological services



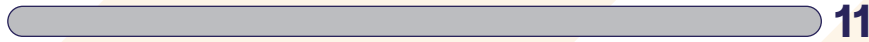
Quite often, receiving a high-quality psychologist or psychotherapist services challenges the military or veterans to search for them on their own and spend their own money



It is difficult to find a specialist who really understands the needs of the military or veterans, has experience working with people like me



Difficult to answer



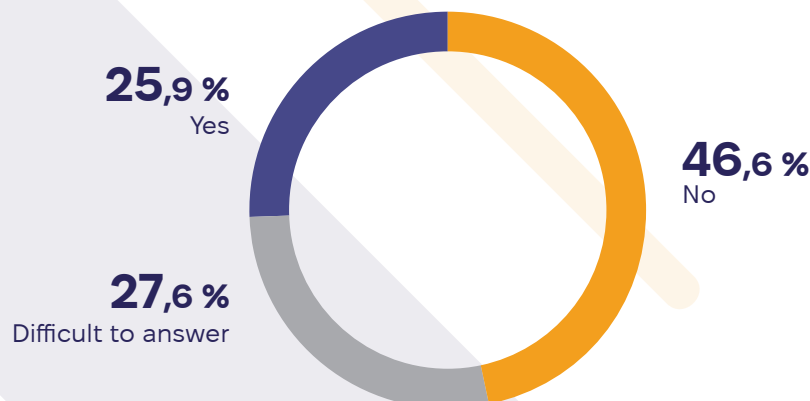
Other



*Note: some veterans chose multiple answers

BLOCK IV. SOCIAL PROTECTION AND INTEGRATION INTO CIVILIAN LIFE

Are you satisfied with the system of benefits for military personnel or veterans in Ukraine?



If you are not satisfied with the system of benefits for military personnel or veterans in Ukraine, indicate what shortcomings you think the system has

Lack of information about individual benefits and how to get them

29

Existing benefits do not consider the needs of veterans

13

Bureaucratic complexity (impossibility) of obtaining certain benefits

32

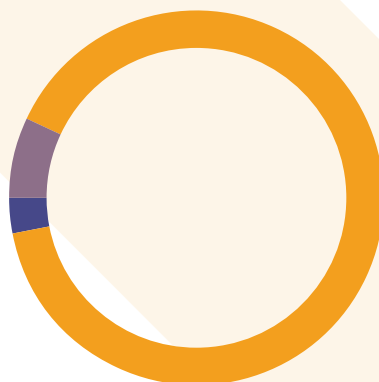
Difficult to answer

5

What, in your opinion, should contribute to a better transition of the military to civilian life?

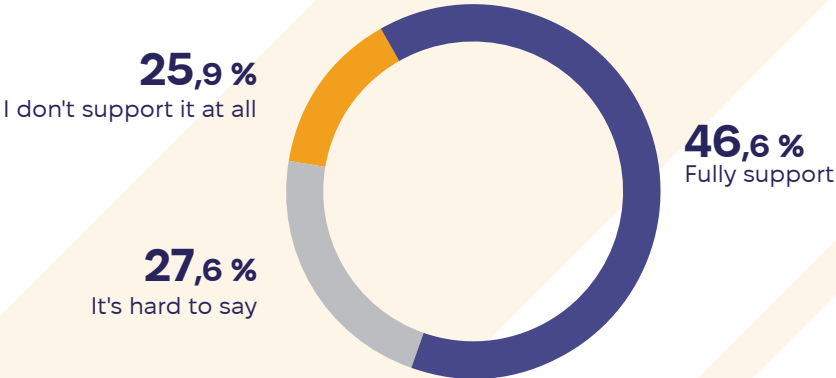
25,9 %
Only material support (benefits, etc.) will contribute to a better transition of the military to civilian life

3,3 %
Інше



89,7 %
Provision of various tools for development by the state: material support + development tools (creating favorable conditions for employment, starting your own business, and some others) or provision of purely tools for development, which will contribute to a more successful return to civilian life

Do you support the initiative to assign each veteran an assistant (for a certain period) or a social worker who will advise on training, employment and implementation of their own business projects, help in solving social and pension issues, etc.



REFERENCES

- 1 | Within the borders of 1991.
- 2 | Results of the XVI National Wartime Survey, conducted on 6-7 August 2022 at the initiative of the Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine.
- 3 | Results of the XX National Wartime Survey, conducted on January 14-16, 2023, at the initiative of the Ukrainian Veterans Foundation of the Ministry of Veterans Affairs of Ukraine.
- 4 | See, for example, the study:
From injury to return. Ethnographic study of the path of veterans and their relatives / [Tina Polek, Yevhen Lysenko, Oleksii Moskalenko, Denys Sultangaliev, Lyubov Halan]; for the total. Ed. L. Galan., D. Sultangalieva. — K., 2023. — 139 p.
Analysis of the system of social protection of veterans and military personnel. / [Yuliia Moriy, Viktoriia Ivasyk, Maria Zvyagintseva, Viktoriia-Nataliia Fatsiyevych, Viktoriia Oliynyk, Anna Pashkina]; for the total. Ed. V. Lavrinyuk. — K., 2022.— 142 p.
Social Services for Veterans in Communities: Challenges and Needs / [Natalia Lomonosova, Alina Khelashvili, Yuliia Nazarenko]; for the total. Ed. E. Stepko, I. Nikolaychuk. — K., 2024.— 132 p.
- 5 | We are talking about legal analysis.
- 6 | The concept of «human-centric supersystem» was introduced in this report: Man and Military Medicine — A Comprehensive View / [Oleg Petrenko, Oleksandr Danyliuk, Arsen Zhumadilov et al.]. — K., 2023. — 47 p. Such a system provides significant flexibility and the ability to respond quickly and easily to the challenges and requests of the military and civilian spheres.
- 7 | Based on the current legal framework that regulates the rehabilitation, social protection and return to civilian life of veterans.
- 8 | By point recommendations, we mean individual changes in regulations that will not be effective without a revision of approaches to the system (its individual elements) and/or the principles underlying the model.
- 9 | The official legal name is the Charitable Organization «Charitable Foundation «Veteran Hub ++»
- 10 | The results of the survey are available in the infographic provided in the appendix.



11 | Such a survey (considering the number of respondents) does not allow us to operate with statistical data, but it allows us to identify the diversity of veterans' experience of interaction with the system of rehabilitation, social protection and return to civilian life, to find out the level of satisfaction with them and to get an idea of the most common problems that may indicate a systemic nature.

12 | In some countries (e.g., the United States), an exclusive approach to the development of veteran policy has been formed, which involves the separation of veterans into a special social group, a special attitude of society, and the development of special infrastructure.

13 | Laws of Ukraine: «On Status of War Veterans, Guarantees of Their Social Protection» No. 3551-XII of 22.10.1993, «On the Fundamentals of Social Security of Persons with Disabilities in Ukraine» No. 875-XII of 21.03.1991, «On Social and Legal Protection of Military Men and Members of Their Families» No. 2011-XII of 20.12.1991.



14 | To some extent, this understanding corresponds to the state vision of the process of returning veterans to civilian life. For example, the draft order of the Cabinet of Ministers of Ukraine «On Approval of the Strategy for the Formation of a System of Transition from Military Service to Civilian Life for the Period up to 2032» dated June 27, 2023 (it has not yet been approved, and at the beginning of March 2024 there was news that the Ministry of Veterans Affairs is reworking this strategy, but it is still important in terms of understanding the state's vision of this area) states that the participants of the transition are military personnel who have already been discharged from military service (the document defines several categories of such persons). The transition itself is considered as a process of changes in the conditions of employment and in the financial and economic condition of its participants, in the transformation of family relations and the attitude of society towards them during reintegration into civilian life.



15 | Given that veterans will be the main consumers of services in the human-centric model of rehabilitation, social protection and return to civilian life, it is important to understand the meaning of this term and identify the consumer for whom such a model is created.

16 | Law of Ukraine «On the Status of War Veterans and Guarantees of Their Social Protection» No. 3551-XII of 22.10.1993.



17 | Law of Ukraine «On Status of Veterans of Military Service, Veterans of Bodies of Internal Affairs, Veterans of the National Police and Some Other Persons and Their Social Security» No. 203/98-BP of 24.03.1998.



18 | Review dossier on the problems of legislative regulation of the status of war veterans, prepared by the Research Service of the Verkhovna Rada of Ukraine.



19 | Law of Ukraine No. 3721-XII «On Basic Principles of Social Protection of Labor Veterans and Other Elderly Citizens in Ukraine» of 16.12.1993.



20 | United States Code, Title 38, Section 101.



21 | Zakon o hrvatskim braniteljima iz Domovinskog rata i članovima njihovih obitelji (Act on Croatian Homeland War Veterans and Members of Their Families). URL: <https://www.zakon.hr/z/973/Zakon-o-hrvatskim-braniteljima-iz-Domovinskog-rata-i-%C4%8Dlanovima-njihovih-obitelji>.



22 | Israel's Law on the Status of World War II Veterans (2000). URL: https://www.nevo.co.il/law_html/law01/280_001.htm.



23 | Israel's Law on the Integration of Demobilized Military Personnel (as amended in 2022). URL: https://www.nevo.co.il/law_html/law01/150_023.htm.



24 | Resolution of the Cabinet of Ministers of Ukraine No. 302 «On Procedure for Issuing Certificates and Badges of War Veterans» of May 12, 1994.



25 | At the same time, persons with disabilities as a result of war enjoy greater benefits than participants in hostilities. This can be illustrated by the example of benefits for housing and communal services. Persons with disabilities have a hundred percent discount, while participants in hostilities — 75 percent.

26 | The unofficial name of Russian aggression against Ukraine is the «Russian-Ukrainian war.» Veterans of the Russian-Ukrainian war is currently the largest group for the sake of which the state and other members of civil society must build a system of rehabilitation, social protection and return to civilian life on a human-centric basis.

27 | First of all, we want to outline the general framework within which the rehabilitation system in Ukraine is developing and functioning.

28 | WHO (2023). Rehabilitation. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/rehabilitation> [in English]. (2023, January 23).



29 | When we talk about the departmental system, we primarily mean the organization of medical and rehabilitation assistance in the system of security and defense forces: the Ministry of Internal Affairs of Ukraine (hereinafter referred to as MIA), the Ministry of Defense of Ukraine (hereinafter referred to as MoD), the Security Service of Ukraine (hereinafter referred to as SSU) and some other departments. In these systems, people involved could receive medical care and undergo rehabilitation. For example, Item 1 of Section II of the Instruction on the procedure for medical care in health care institutions of the Ministry of Internal Affairs, approved by the Order of the Ministry of Internal Affairs of Ukraine No. 462 of 03.06.2016 (as amended by the Order of the Ministry of Internal Affairs of Ukraine No. 1051 of 20.12.2017), defines the list of people who have the right to medical care in health care institutions of the Ministry of Internal Affairs, and names among them police officers, servicemen of the National Guard of Ukraine (hereinafter referred to as NGU) and others. At the same time, we also consider rehabilitation in the system of the Ministry of Social Policy of Ukraine (hereinafter referred to as MSP) as a departmental one. In this system, rehabilitation services are provided exclusively to persons with disabilities in accordance with the Law of Ukraine «On the Rehabilitation of Persons with Disabilities» (i.e., rehabilitation depends on the person's acquisition of status).



30 | For example, the Military Medical Doctrine, approved by the Resolution of the Cabinet of Ministers of Ukraine No. 910 of October 31, 2018, contains the following provisions: «the territorial principle of medical support and the integration of the system of medical support of troops into a single medical space of Ukraine, which provides for the joint effective and rational use of the capabilities of health care facilities, regardless of ownership, located in the relevant territory.»



31 | *Man and Military Medicine — A Comprehensive View* / [Oleh Petrenko, Oleksandr Danyliuk, Arsen Zhumadilov et al.]. — K., 2023. - 47 p.



32 | We consider a systemic problem to be one that affects all aspects of the system and can determine its structure, processes, and interactions within it. If this problem is not addressed, it can significantly impair the system's ability to operate effectively.

33 | In this figure, we sought to show the role of the state (or rather, public authorities) in the process of rehabilitation of veterans: which bodies form and implement state policy in the field of rehabilitation, which ones regulate, and which — control. In Ukraine, there is currently no separate specially authorized body that would deal with the issues of monitoring the rehabilitation of veterans, but there are entities involved in the analysis of the state of implementation of policy in this area and its problems.

34 | *Manifesto of a Healthy Society* / [Tetiana Havrysh, Viktoriia Tymoshevska, Mykhaylo Dovgopol, Arsen Zhumadilov, Pavlo Kovtoniuk, Volodymyr Kurpita, Oleg Petrenko]. — K., 2021. — 17 p. URL: <https://health-manifest.online/?#founders>.



35 | Procedure for organizing the provision of rehabilitation assistance in the field of health care, approved by the Resolution of the Cabinet of Ministers of Ukraine No. 1268 of November 3, 2021.



36 | Manual on the development of an activated community / [Tetyana Havrysh, Oleksii Golovin, Mykhailo Dovgopol, Olena Reshetnyak]. — K., 2024. - 28 p.



37 | In this subparagraph, by the concept of «non-public sector» we mean those entities that are not the state or the community. The subjects of the non-public sector include business (private rehabilitation centers, health care institutions that provide rehabilitation services to veterans) and representatives of the active part of civil society (charitable organizations, public organizations, including veterans).

38 | This list is not exhaustive: the individual needs of veterans may differ, but we have tried to give the most common ones.

39 | By «accessibility» we mean the absence of geographical barriers, i.e. the maximum approach of rehabilitation services to the veteran's home, as well as the absence of bureaucratic obstacles that prevent timely receipt of services.

40 | In turn, rehabilitation is a component of medical care.

41 | After receiving a trauma (injury), a veteran (a combatant who may also be an active military personnel) is transferred to a civilian health care facility or a health care facility subordinate to the security and defense forces (departmental institution). The main goal of this stage is to stabilize the patient, reduce pain, and prevent further deterioration of his/her condition. The peculiarity of this stage is that the military, along with medical care (treatment), begins to be provided with rehabilitation of a small (1 hour per day or less) or medium (1-2 hours per day) duration. The duration of the acute period is individual, may vary depending on the patient's condition, and lasts from several days to several weeks.

42 | This problem was also addressed in the study: *Man and Military Medicine — A Comprehensive View* / [Oleg Petrenko, Oleksandr Danyliuk, Arsen Zhumadilov et al.]. — K., 2023. - 47 p.



43 | Paragraph 58 of the Rules of Procedure of the Cabinet of Ministers of Ukraine, approved by the Resolution of the Cabinet of Ministers of Ukraine No. 950 of 18.07.2007 «On Approval of the Rules of Procedure of the Cabinet of Ministers of Ukraine».



44 | In the post-acute period, the veteran's condition is stabilized, so he/she no longer needs round-the-clock medical supervision, but still needs intensive support for a full recovery (at this stage, veterans can continue to receive medical care according to the recommendations received at the end of the acute period). The main goal of the post-acute period is to restore the ability to daily self-care (dressing, personal hygiene, etc.). Therefore, the period is critical in the recovery of a veteran. At this stage, veterans are usually provided with active rehabilitation assistance. Appropriate specialists (multidisciplinary team) should work with them for 3 or more hours a day, or 15 or more hours a week. The duration of the post-acute period is also individual (but on average it can last from several weeks to several months). It is important to note that there are quite a lot of options when a veteran can undergo rehabilitation during this period (the route will be based on trauma or injury).

45 | Order No. 2083 of the Ministry of Health of Ukraine «On Approval of the Procedure for Organizing the Provision of Rehabilitation Assistance on Rehabilitation Routes» dated 16.11.2022.



46 | We are talking about veterans who are also active military personnel, not discharged from military service and not removed from the military register. Such military can undergo rehabilitation in a hospital but are deprived of the opportunity to officially receive rehabilitation services on an outpatient basis and at home (home rehabilitation).

47 | For example, the Vorzel sanatorium of the SSU, located 35 km from Kyiv: MRC «Shayan» of the MIA (Shayan village, Zakarpattia region) and others.

48 | Electrophoresis: why apparatus physiotherapy cannot be the only means of rehabilitation. URL: <https://moz.gov.ua/article/health/elektroforez-chomu-apatna-fizioterapija-ne-mozhe-buti-edinim-zasobom-reabilitacii>.



49 | By the way, in the NHSU package «Rehabilitation care for adults and children in an inpatient setting», the involvement of a social worker in the multidisciplinary rehabilitation team, who ensures interaction with social protection services for the timely organization of the modification of the environment where the person will return after rehabilitation, and the provision of rehabilitation aids after the end of inpatient rehabilitation care is a requirement for the provision of the service.



50 | For more information on veteran centers, follow the link: <https://branitelji.gov.hr/veteranski-centri-u-republici-hrvatskoj/4130>.



51 | As an option, the management of departmental institutions can be transferred to a management company under a contract, but this will require significant changes in the regulatory framework.

52 | The Law of Ukraine No. 1053-IX «On Rehabilitation in the Field of Health Care» of 03.12.2020 is based on the biopsychosocial model of rehabilitation, which not only considers the disease from a physiological angle, but also encourages the consideration of psychological, social and other factors during rehabilitation (in this model, rehabilitation is comprehensive, takes into account the individual needs of a person and is based on a multidisciplinary approach, which involves the involvement of not only doctors, but also, if necessary, other specialists in the field of health care: an occupational therapist, a prosthetist-orthotist; professionals with higher non-medical education — social workers, etc.).



53 | The Law of Ukraine No. 2961-IV «On Rehabilitation of Persons with Disabilities in Ukraine» of 06.10.2005 is based on an outdated medical model of rehabilitation, in which the limitation of human functioning appears as a defect (disease) that requires appropriate treatment and medical interventions.



54 | For example, see the verdict of the Suvorovsky District Court of Odesa dated 29.09.2020 in case No. 523/1942/19.



55 | TOP-10 corruption risks of medical and social expertise on disability determination. Strategic analysis of corruption risks. 2022. URL: <https://nazk.gov.ua/wp-content/uploads/2022/08/Karty-MSEK.pdf>.



56 | ТОП-10 корупційних ризиків медико-соціальної експертизи щодо встановлення інвалідності. Стратегічний аналіз корупційних ризиків. 2022. URL: <https://nazk.gov.ua/wp-content/uploads/2022/08/Karty-MSEK.pdf>.



57 | The soldier, who had undergone many surgeries, had a wounded leg that did not function, but its very presence did not make it possible to get the second group of disability.

58 | We recommend that you read the article, which contains the stories of real people who faced problems during the MSEC: «Medical bureaucracy with a «Soviet» taste: assigning of disability in the Zaporizhzhya MSEC turns into hell.» URL: <https://forpost.media/novosti/medychna-biurokratiia-z-prysmakom-sovdepiiak-pryznachennia-invalidnosti-v-zaporizkomu-msek-peretvoriuietsia-napeklo.html>.



59 | The duration of this period ranges from a few months to several years, and sometimes a lifetime, especially in cases where the veteran's condition requires long-term support. The long-term rehabilitation phase includes further improvement of the veteran's quality of life through regular exercise, psychological support, and adaptation to long-term limitations or loss of function (if we are talking about veterans who have received the status of a person with a disability as a result of war). During this period, veterans receive active rehabilitation care at regular intervals to maintain optimal functioning. At this stage, the veteran usually adapts and returns to social life, can learn and master new skills (for example, when a return to previous levels of activity is not possible, long-term rehabilitation may involve the acquisition of skills or hobbies that help to adapt to new living conditions).

60 | It is noteworthy that in some cases, rehabilitation in the post-acute period can also take place in communities.

61 | Currently, veterans who are fighting can only undergo rehabilitation in a hospital, but for veterans discharged from military service and removed from military registration, such services would be relevant in the long-term rehabilitation period.

62 | Rehabilitation services for people who have received injuries, health damage or diseases since February 24, 2022. Review of the results of a nationwide survey. URL: <https://www.undp.org/sites/g/files/zskgke326/files/2023-12/overview-research-results.pdf>.



63 | Currently, veterans who remain in the army can undergo rehabilitation in healthcare facilities where there is an inpatient regime.

64 | Law of Ukraine No. 1508-VII «On Cooperation of Territorial Communities» of 17.06.2014.



65 | Budget Code of Ukraine No 2456-VI of 08.07.2010.



66 | In the course of the study (in particular, through interviews and questionnaires of veterans), we identified systemic problems that can reduce the effectiveness of rehabilitation at all stages.

67 | This includes not only rehabilitation professionals with higher medical education, but also other health professionals with non-medical education.

68 | The Concept for the Development of Mental Health Care in Ukraine for the Period up to 2030, approved by the Order of the Cabinet of Ministers of Ukraine No. 1018-p of December 27, 2017.



69 | This conclusion can be reached because, according to the Law of Ukraine «On the Fundamentals of Social Security of Persons with Disabilities in Ukraine», rehabilitation is part of the social protection of people with disabilities, and the Ministry of Social Policy is the central executive body that develops and implements policy in the field of social protection of the population (in particular, persons with disabilities).

70 | Resolution of the Cabinet of Ministers of Ukraine «Some Issues of Providing Psychological Assistance to War Veterans, Members of Their Families and Certain Other Categories of Persons» No. 1338 of November 29, 2022.



71 | The fundamental difference between benefits and social payments is that the former are usually provided in the form of discounts or exemptions from certain payments, while the latter are the direct allocation of funds mainly to maintain a person's income.

72 | Resolution No. 413 of the Cabinet of Ministers of Ukraine «On Approval of the Procedure for Granting and Depriving the Status of a Participant in Hostilities of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine and Directly Participated in the Anti-Terrorist Operation, Ensuring its Implementation or in the Implementation of Measures to Ensure National Security and Defense, Repulsion and Deterrence of Armed Aggression of the Russian Federation in Donetsk and Luhansk Regions, Ensuring Their Implementation, in Measures Necessary to Ensure the Defense of Ukraine, Protect the Security of the Population and the Interests of the State in connection with the Military Aggression of the Russian Federation against Ukraine» of August 20, 2014.



73 | Resolution No. 685 of the Cabinet of Ministers of Ukraine «On Approval of the Procedure for Granting the Status of a Person with a Disability as a Result of War to Persons Who Have Been Disabled as a Result of Injury, Contusion, Mutilation or Disease Received During Direct Participation in the Anti-Terrorist Operation, Implementation of Measures to Ensure National Security and Defense, Repulsion and Deterrence of Armed Aggression of the Russian Federation in Donetsk and Luhansk Regions, Ensuring Their Implementation, during Direct Participation in Measures Necessary to Ensure the Defense of Ukraine, Protect the Security of the Population and the Interests of the State in connection with the Military Aggression of the Russian Federation against Ukraine» of September 8, 2015.



74 | In this subparagraph, the concept of «non-public sector» includes providers of social services of the non-state sector — enterprises, institutions, organizations, public associations, charitable, religious organizations, etc., as well as veteran spaces where social support services can be provided.

75 | Analytical study «Needs of veterans 2023» [Electronic resource] // Ukrainian Veterans Fund. — Access mode: <https://veteranfund.com.ua/analitics/needs-of-veterans-2023/>.



76 | The new law on veteran policy [Electronic resource] / Halyna Tretyakova. Retrieved from <https://www.epravda.com.ua/columns/2023/08/28/703641/>.



77 | Analytical study «Portrait of a Veteran (September-October 2023)» [Electronic resource] // Ukrainian Veterans Foundation. Retrieved from veteranfund.com.ua/wp-content/uploads/2023/11/portrait-of-veteran.pdf



78 | Assistance of the state to the demobilized military of the IDF (in Russian) [Electronic resource] // Access Mode: <https://domoi.org/pomoshh-gosudarstva-demobilizovannym-soldatam-tzahala-ru/>.



79 | See. brochure of the Department and the Fund for the Integration of Demobilized Soldiers of the Ministry of Defense.



80 | Online survey among veterans and active military personnel «Current needs and vision of opportunities for career and professional growth of veterans» January 15-25, 2024.



81 | In accordance with subparagraph 5 of paragraph 27 of the Transitional Provisions of the Land Code of Ukraine No. 2768-III dated 25.10.2001.



82 | Electronic petition «To grant the right to receive land plots free of charge to participants in hostilities during martial law» [Electronic resource] // Access Mode: <https://zakon.rada.gov.ua/laws/show/2768-14#Text>.



83 | Reform of veterans support [Electronic resource] // Access Mode: <https://www.kmu.gov.ua/reformi/bezpeka-ta-oborona/reforma-pidtrimki-veteraniv>.



84 | This is the focus of the authors of the article, which we recommend for acquaintance: «Veterans out of turn» [Electronic resource] // Access mode: <https://tyzhden.ua/veterany-poza-cherhoiu/>.



85 | First of all, we are talking about transport operators who do not have a validator that allows non-cash travel of citizens. See also: «Do benefits for participants in hostilities work in transport» [Electronic resource] // Access mode: <https://www.radiosvoboda.org/a/pilgy-dlia-ubd/31691273.html>.



86 | Law of Ukraine «On Road Transport» No. 2344-III dated 05.04.2001.



87 | Reform of veterans support [Electronic resource] // Access Mode: <https://www.kmu.gov.ua/reformi/bezpeka-ta-oborona/reforma-pidtrimki-veteraniv>.



88 | Yuliia Laputina: The Ministry for Veterans Affairs prepares a pilot project to implement a veteran's assistant in four regions of Ukraine [Electronic resource] // Access mode: <https://www.kmu.gov.ua/news/yuliia-laputina-minveteraniv-hotuie-pilotnyi-proekt-u-chotyrok-oblastiakh-ukrainy-iz-vprovadzhennia-pomichnyka-veterana>.



89 | The Committee states: The Ministry for Veterans Affairs did not take a leadership and coordinating role in the Cabinet of Ministers of Ukraine regarding the implementation of the veteran policy of the state 76585.html https://komspip.rada.gov.ua/news/main_news.



90 | See, for example, the State Standard of Social Support for Families (Persons) in Difficult Life Circumstances; State Standard of Social Counselling Services; State Standard of Social Adaptation.



91 | Interestingly, the website of the Ministry of Social Policy contains a draft Resolution of the Cabinet of Ministers of Ukraine «On Approval of the Procedure for the Provision of Services Using the Case Management Method», but this legal act has not been adopted.



92 | Resolution No. 432 of the Cabinet of Ministers of Ukraine «On Approval of the Procedure and Conditions for Ensuring Social and Professional Adaptation of Persons Who are Retiring or have been Discharged from Military Service, War Veterans, Persons with Special Services to the Motherland, Family Members of Such Persons, Family Members of Deceased War Veterans, Family Members of Deceased Defenders of Ukraine and Injured Participants of the Revolution of Dignity» dated 21.07.2017.



93 | It is interesting that 43.1% of the surveyed veterans have higher education (bachelor, master, specialist).

94 | Moreover, we need a new social contract in which the state and society take responsibility for providing veterans with everything they need to find their role and place in public life.

95 | The strategy was never approved.

96 | Shmyhal: After the end of the war, Ukraine will abandon military conscription in the form in which it existed before [Electronic resource] // Access Mode: <https://zn.ua/ukr/UKRAINE/shmihal-pislja-zavershennja-vijni-ukrajina-vidmovitsja-vid-prizovu-v-tomu-vihljadi-jak-vin-isnuvav-do-tsoho.html>.



97 | For example, paragraph 71 of the final provisions of the Law of Ukraine No. 2232-XII «On General Military Duty and Military Service» of 25.03.1992 establishes that during general mobilization, as an exception to the provisions of part nine of Art. 23 of this law, conscript servicemen are released from military service in reserve within the time limits determined by the Decree of the President of Ukraine. Such persons may not be called up for military service during mobilization within twelve months from the date of discharge from military service to the reserve, unless they have expressed a desire to continue military service.



98 | Analytical study «Needs of veterans 2023» [Electronic resource] // Ukrainian Veterans Fund. — Access mode: <https://veteranfund.com.ua/analytics/needs-of-veterans-2023/>.



99 | Information Booklet for Parents of Single Soldiers (in Russian) [Electronic resource] // Access Mode: <https://www.nbn.org.il/nbnlsp/wp-content/uploads/2021/02/Информационная-пашюра-для-родителей-soldier-одинок-чек.pdf>.



100 | Military Transition Assistance Program (TAP): An Overview. URL: <https://sgp.fas.org/crs/natsec/IF10347.pdf>.



101 | It is also important to pay special attention to the fact that after the liquidation of the territorial bodies of the MoVA by the Resolution of the CMU No. 702, measures to return to civilian life are carried out with the help of social protection bodies. For example, the Department of Social and Veteran Policy of the Kyiv City State Administration implements a policy of transition from military service to civilian life of military personnel discharged as war veterans.



102 | We advise you to read the article: «We don't need pity, we need accessibility» about how veterans with disabilities adapt, prioritize and rebuild their lives.



103 | Read more: Sociological research of the Ukrainian Veterans Foundation «Veterans' Employment Needs and Obstacles» (June-July 2023) [Electronic resource] // Access Mode: https://veteranfund.com.ua/wp-content/uploads/2023/07/Zvit_pereshkodi_precevlashtuvanii.pdf.





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