

INVISIBLE AT THE FRONTLINE: DISABILITY AND CHILDHOOD IN WARTIME UKRAINE

Needs and Barriers Faced by Children with Disabilities and Their Families
in War-Affected Communities of Ukraine





Invisible at the Frontline: Disability and Childhood in Wartime Ukraine. Needs and Barriers Faced by Children with Disabilities and Their Families in War-Affected Communities of Ukraine.

April 2025

This report was conducted by War Child, in collaboration with AUFCR and Montessori UA, within the project "Meeting Urgent Needs of Children and Families in War-Affected Communities: Localised Approaches Towards Integrated CP, Education and MHPSS services" funded by the Ukraine Humanitarian Fund.

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INTRODUCTION

Children's disability landscape in Ukraine was already unique and complex before February 2022, and it was further complicated and exacerbated since Russia's full-scale invasion of the country. The situation is particularly acute in the regions close to the frontline, such as Donetsk, Dnipropetrovsk, Kharkiv, Zaporizhia, and Mykolaiv oblasts.

This report presents the findings of the assessment of the situation of children with disabilities in Ukraine, with a special focus on the regions close to the frontlines.

War Child would like to acknowledge and thank the Facilitators and Key Informants, caregivers, adolescents, and survey respondents, who participated and made this assessment possible.

METHODOLOGY

The participatory assessment included primary and secondary data analysis. The secondary sources included UN's, NGOs' and INGOs' research reports and analyses on the country's context, specifically on children's disabilities in Ukraine, including disability rates, barriers to accessing services, public perceptions of disabilities, and the devastating impact of the Russian Federation's full-scale invasion on the country.

In parallel, primary data was collected in March and April 2025. The quantitative data includes the results of an online survey based on the Module on Child Functioning, developed by UNICEF and the Washington Group on Disability Statistics¹ for children aged 2-4 and 5-17. This standardized tool is designed to assess functional difficulties in six domains: hearing, vision, communication/comprehension, learning, mobility, and emotions. Respondents included both parents/caregivers and teachers. The caregiver version of the module was used in its original form, while the teacher version was modified to inquire whether any of their students exhibited difficulties in any of the specified domains. The respondents were residents of Donetsk, Dnipropetrovsk, Kharkiv, Zaporizhia, and Mykolaiv oblasts. Caregivers of children aged 2-4 numbered 109, of whom 35% were male, and 65% female; while for the older age group there were 123 responses, of which 40% were from male and 60% from female caregivers. Teacher respondents were all female, and there were 59 responses from teachers of children aged 2-4, and 39 for children and adolescents aged 5-17.

The survey was accompanied by two Focus Group Discussions (FGDs) with caregivers (11 female participants with children or grandchildren with disabilities, including two teachers) in Kharkiv, and Donetsk (caregivers of children with and without disabilities -

¹Module on Child Functioning. UNICEF. 2021. Available at: <https://data.unicef.org/topic/child-disability/data-collection-tools/module-on-child-functioning/>

7 participants, 6 female and 1 male). One FGD with adolescents (13 participants with and without disabilities, 7 female and 6 male) was conducted in Kharkiv region. The FGDs aimed at understanding the perceptions of accessibility, inclusion, availability of assistive devices, access to services, learning and integration, school life, community life, and disability awareness.

Lastly, four Key Informant Interviews (KIIs) were conducted remotely with various stakeholders. These included representatives of the Age and Disability Working Group - a part of the Protection Cluster, National Assembly of People with Disabilities, and therapists and psychologists providing services to children with disabilities and their families, including one from Kharkiv oblast, who works at the state run Inclusive Resource Center (IRC).

All assessment participants provided informed consent, and none were remunerated for their participation. The facilitators were trained in safeguarding and provided contacts for reporting channels to be distributed among the participants.

The limitation of the assessment stems from a small sample size mainly pertaining to the deteriorating security situation (especially when it comes to conducting FGDs). The low response rate on behalf of teachers can also be attributed to increased workload and the multifaceted issue of teacher burnout.²

FINDINGS

Policy Background

In the last two decades, Ukraine launched multiple commendable reforms aimed at improving the situation of adults and children with disabilities, and transitioning from the country's institutionalization approach towards family-based care.

In 2009, Ukraine ratified the Convention on the Rights of Persons with Disabilities (CRPD) and has undertaken multiple efforts to align its policies with the Convention. Most notably, it has introduced the following legislative actions: National Action Plan for CRPD Implementation (2025) which includes efforts towards inclusive education; National Strategy for a Barrier-Free Environment (2030); Accession to the Marrakesh Treaty (2023), as well as the ongoing Reform of Disability Assessment system, which shifts from a medical model to a functional based on the International Classification of Functioning, Disability and Health (ICF). Since 2017, it is mandatory for schools to create inclusive classes upon request.³

²The European Wergeland Centre. Meeting the Urgent Needs of Ukrainian Schools. 2024. Available at: <https://theewc.org/story/meeting-the-urgent-needs-of-ukrainian-schools/>

³United Nations Ukraine, Global Disability Fund. Situational Analysis on the Rights of Persons with Disabilities in Ukraine. Country Brief. 2025. Available at: <https://globaldisabilityfund.org/new/wp-content/uploads/2025/03/SITAN-Ukraine.pdf>

These commitments were reflected in budget allocations. In the 2024 state budget, there was an 88% increase from the year prior of allocations for social protections of adults and children with disabilities, while the 2025 budget increases further by 4.8%.⁴

Despite these efforts, gaps remain in public service delivery, deinstitutionalization reform, and creating inclusive environments for children with disabilities. The medical and charity models of disability, still prevalent in Ukraine, prevent adults and children with disabilities from enjoying their human rights.⁵ Some of the challenges concern registration and categorization of children with disabilities, high institutionalization rates, reliability of administrative data, and significant disruption of state services caused by the 2022 full-scale invasion.

Since ratifying the CRPD in 2009, the Ukrainian government has pledged to shift from a medical to a social model of disability. Nevertheless, up until 2020, the main standardized pathway for accessing rehabilitation services, assistive devices, and social benefits continued to rely on an assessment process rooted predominantly in the medical model of disability.⁶

Existing data of children with disabilities may be inaccurate, as the registration process itself can be seen as somewhat cumbersome and problematic. Some disability rights organizations point to the categorization system as being inconsistent and contributing to lifelong stigma and discrimination.⁷

The process involves children and adolescents being assessed by a “defectologist”.⁸ Following the assessment, a child is assigned a legal disability status within one of three categories (I, II, or III) (Children with some severe disabilities are considered “uneducable”⁹). There are multiple challenges reported relating to disability assessments, such as limited awareness of the necessary documentation, perceptions of corruption during the assessment processes, inadequate access to assessment facilities - especially in rural areas - and overburdened commissions, which compromise the quality of assessments and the formulation of Individual Rehabilitation Programs (IPRs).¹⁰

In addition, the Law on Rehabilitation defines disability in a way that contradicts the CRPD, framing it as “a measure of health loss due to disease, trauma (or its consequences), or inherited defects that, in interaction with the environment, may lead to limitations in life ability.” Organizations of Persons with Disabilities (OPDs) have criticized this approach for reinforcing a medical model of disability. The Law of Ukraine

⁴UNICEF's Ukraine's State Budget 2024. Public Finance for Children (PF4C) Budget Analysis Overview and Ukraine's State Budget 2025. Public Finance for Children (PF4C) Budget Overview

⁵UN Policy Paper on Disability. 2021. Available at: <https://ukraine.un.org/en/165090-un-policy-paper-disability>

⁶United Nations Ukraine, International Disability Fund. 2025.

⁷Disability Rights International. Left behind in the war: Dangers facing children with disabilities in Ukraine's orphanages. 2022. Available at: <https://www.driadvocacy.org/new-report-left-behind-in-the-war-dangers-facing-children-with-disabilities-in-ukraines-orphanages/>

⁸UN Policy Paper on Disability. 2021.

⁹Disability Rights International. 2022.

¹⁰United Nations Ukraine, Global Disability Fund. 2025.

"On Education" misrepresents the concept of "reasonable accommodation" by excluding the notion of "excessive burden," which creates confusion regarding the obligations of educational institutions in ensuring access to education. Moreover, the law does not explicitly recognize the "refusal of reasonable accommodation" as a form of disability-based discrimination. A draft law intended to close these legislative gaps has been stalled since 2015.¹¹

In 2017, Ukraine developed the 2017 Children's Deinstitutionalization Strategy, which aimed at transitioning from institution-based care by 2026. However its implementation has been hampered by lack of alternative housing, financial constraints, and limited community services.¹² Concerns continue to be raised about the pace of its implementation. The ban of placing children younger than three years old in institutions was put on hold in 2021,¹³ and children with disabilities are systematically excluded from the deinstitutionalization efforts.¹⁴ In 2022, the Committee on the Rights of the Child (CRC) and the Committee on the Rights of Persons with Disabilities (CRPD) issued a joint call to action, expressing deep concern over the thousands of Ukrainian children with disabilities who were living in residential institutions and have been evacuated from conflict zones to Western Ukraine or abroad — along with those who remain in dangerous areas. The Committees especially highlight the serious harm faced by children with high support needs as a result of institutionalization.¹⁵

In 2023, the Ministry of Social Policy established the Coordination Center for the Development of Family Education and Care. This promising initiative will work on developing and implementing the National Plan for Family Education and Care of Children in Ukraine. The process will include authorities, disability experts, and NGOs.¹⁶

¹¹Ibid.

¹²UN Policy Paper on Disability. 2021.

¹³Fight for Rights, League of the Strong, National Assembly of Persons with Disabilities in Ukraine, Ukrainian Helsinki Human Rights Union. "Situation on the Rights of Persons with Disabilities in Ukraine". 2024. Available at: https://ffr.org.ua/wp-content/uploads/2024/09/INT_CRPD_CSS_UKR_58975_E.pdf

¹⁴Disability Rights International. 2022.

¹⁵Joint statement by the Committee on the Rights of the Child and the Committee on the Rights of Persons with Disabilities on Ukrainian children with disabilities, Available at: <https://www.ohchr.org/en/statements-and-speeches/2022/10/un-experts-call-urgent-action-protect-ukrainian-children>

¹⁶United Nations Ukraine, Global Disability Fund. 2025.

Disability Rates

According to the administrative data sources, the number of registered children with disabilities range around 160,000¹⁷. The figure from 2023 (159,000) is similar to that from 2016, which - considering the lower number of children in the country - means that the child disability prevalence has increased. UNICEF reports that among 15-17 year old adolescents with disabilities, 58% are boys, and 42% are girls. Moreover, high regional discrepancies were recorded among this age group, with highest rates in Mykolaivska region (102 per 1,000), Donetsk (66), Khersonska (55) and Chernigivska (51). Lowest rates were reported in Kyiv (27), Poltavska (34), and Lvivska (35) regions.¹⁹

"Parents might understand that there is a problem, but they are not ready to establish a certain medical diagnosis. (...) Because they are afraid that this would stigmatize a child. They are afraid of the official status of "disabled." Then they think that there would be a different perception towards them."

Key Informant - teacher, therapist working with children with disabilities and their families

Since obtaining the disability registration is often hindered by multiple institutional, financial, attitudinal, and physical barriers, as well as the prevailing medical model of classification, the real numbers are likely to be higher, but data that is not based on the official registration is scarce.²⁰

The available data on types of disabilities and their prevalence in children and adolescents include: congenital anomalies, deformities, and chromosomal abnormalities (28.2%), mental and behavioral disorders (20.1%), diseases of the central nervous system (14.7%), endocrine system, eating disorders, and metabolic disorders (10.6%), ear and mastoid process (5.6%), diseases of the musculoskeletal system and connective tissue (4.5%), diseases of the eye and ocular adnexa (3.1%). Notably, the rate of mental and behavioral disorders increased by over 50% between 2015 and 2022, likely pointing to the increasingly detrimental effect of the military conflict even before the full-scale invasion.²¹

The data from the quantitative survey of caregivers and teachers, while limited, provides some insights into the types of difficulties that participants from Donetsk, Dnipropetrovsk, Kharkiv, Zaporizhia, and Mykolaiv oblasts report. Analysis of the

¹⁷Voices of Children charitable foundation, Kharkiv Institute for Social Research NGO. "Children and war in Ukraine. May 24-June 24, 2022", Available at: <https://khisr.kharkov.ua/wp-content/uploads/2022/06/Sytuatyvnyy-zvit-24.05-24.06.pdf>

¹⁸UNICEF. New activation to boost inclusive education for 160,000 children living with disabilities in Ukraine. December 2024. Available at: <https://www.unicef.org/ukraine/en/press-release/activation-to-boost-inclusive-education>

¹⁹UNICEF. Situation Analysis of Children in Ukraine. 2024. Available at: <https://knowledge.unicef.org/ukraine/resource/situation-analysis-children-ukraine-2024>

²⁰UN Policy Paper on Disability. 2021.

²¹M. Shkolnyk, Y. Sharhorodska. Dynamics Of Disability Among The Child Population Due To The Nervous Disorders In Ukraine. Scientific Journal Of Polonia University 61 (2023) 6

response of parents of children aged 2-4 demonstrates that in Kharkivska there were higher reports of no difficulties across most domains (vision, hearing, mobility), while in

Mykolaivska oblast notable challenges in learning (30% with difficulties) and communication (25%) were reported. In Donetska oblast, parents report higher prevalence of walking difficulties (15%) and aggressive behavior (20%). One in five respondents reported “some” or “a lot

“There is also the problem of social alienation. I don't think enough time is spent in education to know how to deal with people or children with disabilities. Kids that don't have disabilities are not prepared how to react, how to treat them.”

Key Informant - teacher, therapist working with children with disabilities and their families

of” difficulty understanding their child, one in four difficulty in learning. Teachers of children in the 2-4 age group reported a high proportion of severe difficulties in vision, hearing, and mobility in Mykolaivska oblast. Teachers from Dnipropetrovska oblast reported most sensory impairments and assistive devices use (glasses and hearing aids), but fewer severe mobility issues. Teachers from Zaporizhia oblast reported few isolated mobility difficulties. A subset of children face co-occurring difficulties (vision, hearing, learning, aggression), suggesting complex support needs. These cases are concentrated in Mykolaivska and Dnipropetrovska oblasts, pointing to regional disparities in health and education services.

Parents of older children (aged 5-17) in Kharkivska oblast report difficulties in vision/hearing, but higher in learning (30%) and anxiety (25%), while in Mykolaivska oblast there were notable challenges in communication (25%) and depression (20%). Parents from Donetska oblast reported highest rates of mobility difficulties (20%) and severe learning challenges (15%). Teachers of students in the same age group from Mykolaivska oblast report the highest multi-domain challenges (vision, learning, behavior). There are also reports of frequent anxiety and depression (“Daily” in 20% of cases). The situation is different in Zaporizka oblast where teachers report lower rates of mental health concerns (64% “never” anxious).

State Support

Under the current martial law, medical-social examinations of people with disabilities, initiated by referral from the Medical Advisory Commission (MAC), are conducted regardless of a person’s place of registration, residence, or current location. The re-examination period is automatically extended for the entire duration of martial law and for six months after it ends. All associated payments and benefits remain in effect until the extended re-examination period concludes.²²

Children and adults with disabilities are entitled to and can continue to receive support according to their individual rehabilitation programs without needing a re-examination by the Medical Advisory Commission (MAC) or the Medical-Social Expert Commission (MSEC), including:²³

²²Public Union “League of the Strong”, Kharkiv regional foundation “Public Alternative”. 2023

²³Ibid.

- Social payments,
- Rehabilitation services and assistive devices (e.g., crutches, walkers, wheelchairs),
- Incontinence supplies (such as diapers, catheters),
- Educational services,
- Other applicable benefits.

To ensure ongoing social protection and access to rehabilitation services, the government has allowed for a repeat medical-social examination to be completed within six months following the end of martial law.²⁴ By the end of 2023, multiple improvements have been made to increase access to assistive technologies, including additional centers that issue necessary documents; monitoring mechanism for quality control of prostheses; reimbursement of costs for repairs of assistive devices; expansion of the list of people eligible for costly rehabilitation aids.²⁵

While improvements have been made, according to the OPDs they often have to distribute assistive devices themselves, as their provision from public service providers is inconsistent. Challenges can be attributed to lack of funding, low quality of products, delays especially in inpatient settings, lack of accessible information; and complicated procedures, especially for Internally Displaced Persons (IDPs).²⁶

Some FGD participants who are caregivers of children with disabilities also reported difficulties with obtaining the above mentioned benefits and insufficient amounts of allowances, which can only cover their basic needs. They were unable

"And the prices for [assistive devices]? Let's take a look at these prices, how much does a wheelchair cost, God forbid, what about a helicopter?"

FGD participant, caregiver, Kharkivska region

to obtain assistive devices from the public service providers, and resorted to humanitarian organizations, or were forced to purchase them themselves. They also discussed challenges with accessing specialists, such as: speech therapists, psychologists, neuropsychologists, phonologists, rehabilitation specialists, and massage therapists. This significantly affected the continuity of care for their children with disabilities. Moreover, finding specialists was especially difficult outside big urban centers.

One of the important state service providers are Inclusive Resource Centers (IRCs). These facilities provide comprehensive medical, psychological and pedagogical assessments of children with difficulties, and develop rehabilitation plans, recommendations and guidelines for individual children. The assessments are

"So you have to have a higher education [to work in the Inclusive Resource Center]. You have to be very well trained. You have to be very professional. But the pay is very low."

Key Informant, psychologist employed at IRC

²⁴Public Union "League of the Strong", Kharkiv regional foundation "Public Alternative". 2023

²⁵United Nations Ukraine, Global Disability Fund. 2025.

²⁶*Ibid.*

conducted by psychologists, special education teachers, rehabilitation specialists, and social workers. They also provide daycare activities. As of February 2024, 664 out of 690 IRCs remained open and operational, but they are underfunded and struggle to meet the demand. The Ministry of Education plans to extend the functions of the IRC, their relationships with education institutions, and restore centers that were destroyed or damaged.²⁷ One of the Key Informants who provides psychological services in an IRC reports that her salary and available equipment are both insufficient.

While progress has been made in the last decade in inclusion efforts in the public education system to remove barriers to participation of children with disabilities, inclusive education remains a challenge in some cases. Key Informants reported the need for more inclusive classrooms and inclusion training for teachers, who are often not prepared to work with children with disabilities. Teachers, caregivers, and students do not always know how to support children with disabilities. Multiple other barriers still exist to accessing education services: not enough funding for purchasing aids; limitations to inclusive online learning; insufficient psychological support for children with learning disabilities; persisting stigma among education professionals around teaching children with disabilities.²⁸

"It seems to me that we have education, we have had reforms in this area for a long time, and we talk about it a lot. The question is, are we being heard?"

FGD participant, adolescent boy with special education needs, Kharkivska region

One Key Informant recalled working with a boy with autism, who, after receiving some additional services, was able to attend school. The parents of other students opposed his presence and he was forced out of school. In another case, a center for children with disabilities planned to open a daycare area, and was protested by the neighbors, who did not wish for their children to "see children with disabilities." There is more anecdotal evidence of similar situations, and adolescents themselves report not knowing how to engage with peers with disabilities, which causes them to feel anxiety and fear.

"When you are next to someone like that [a child with a disability], when you see such a person, remember what feeling comes first? For me, for example, the first feeling is that I'm scared. It's true. Anxiety. How to deal with this person? Do I need a dialog? Do I even need to approach this person?"

FGD participant, adult

Some assessment participants reported the need for awareness and education campaigns, explaining the issues of inclusion, and easing interactions with children with disabilities. This is exacerbated by lack of spaces where children and adolescents with and without disabilities can interact and get to know each other. This segregation contributes to

social isolation of children with disabilities, and anxiety of others. As a result, children with disabilities are reportedly bullied a lot. These findings point to a need for

²⁷Ibid.

²⁸Ibid.

continuing and expanding disability rights awareness among teachers, children and adolescents, and the general public.

Institutionalization

Institutionalization of children in Ukraine - placing children in residential institutions instead of family-based care - dates back to the Soviet era. Multiple stakeholders raise concerns over the high rate of institutionalization in Ukraine²⁹. The adverse effects of growing up in an institutional setting are well documented and include significant suffering, trauma, and both emotional and physical impairments.³⁰

While there are over 700 residential institutions for children in Ukraine,³¹ their different types are under mandates of various ministries: the Ministry of Social Policy, the Ministry of Education and Science, and the Ministry of Health.^{32,33} Because of these Ministries' different jurisdictions, reliable data on the exact numbers of children living in institutions is scarce, but it is estimated that about 100,000³⁴-105,000³⁵ children live in these residential facilities. They include "baby homes," "boarding schools," "children's care homes," "children's homes," "sanatorium boarding schools," and "specialized boarding schools". Vast majority of these children - 90% - have a living parent with full parental rights³⁶ and with whom they have a relationship.³⁷ Majority of children are placed in institutions because of poverty, or because their parents are considered unfit to care for them.³⁸

²⁹The Committee on the Rights of the Child (CRC), the Committee on the Rights of Persons with Disabilities (CRPD), Save the Children, Human Rights Watch, Disability Rights International, European Roma Rights Center, local NGOs, among others

³⁰Guidelines on deinstitutionalization, including in emergencies*. Committee on the Rights of Persons with Disabilities. 2021. Available at: <https://www.ohchr.org/en/documents/legal-standards-and-guidelines/crpd5-guidelines-deinstitutionalization-including>

³¹Human Rights Watch. "We Must Provide a Family, Not Rebuild Orphanages" The Consequences of Russia's Invasion of Ukraine for Children in Ukrainian Residential Institutions. 2023. Available at: https://www.hrw.org/sites/default/files/media_2023/03/crd_ukraine0323web.pdf

³²Save the Children. Behind The Closed Doors: Children's Dreams In Institutional Care. 2024. Available at: <https://www.edf-feph.org/content/uploads/2024/10/Behind-the-closed-doors-childrens-dreams-in-institutional-care-compressed.pdf>

³³Disability Rights International. 2022.

³⁴Ibid.

³⁵Human Rights Watch. 2023.

³⁶Ibid.

³⁷Public Union "League of the Strong", Kharkiv regional foundation "Public Alternative". The impact of the war in Ukraine on the rights of persons with disabilities. Monitoring report. 2023. Available at: https://ls.org.ua/wp-content/uploads/2023/11/Monitoring_Report_Eng.pdf

³⁸Disability Rights International. No Way Home. The Exploitation and Abuse of Children in Ukraine's Orphanages. 2015. Available at: <https://www.driadvocacy.org/reports/no-way-home-exploitation-and-abuse-children-ukraines-orphanages>

It is unclear how many children residing in institutions have disabilities. The figures range from 19%³⁹ to 72%⁴⁰ to 90%⁴¹ likely due to different disabilities categorization methods.

No data exists on Roma children with disabilities, but there are reports that they are overrepresented in institutional settings.⁴²⁴³ One study suggests that in some “boarding schools” in Odeska oblast, half or majority of the residents are from Romani communities. In Zakarpatska oblast, as many as 90%, and in some cases even 100% of children enrolled in “boarding schools” are Romani - which far exceeds the percentage of Roma children in the general population. One Roma father recalled that he sent his son to a “boarding school” after seeing a presentation promoting the benefits of residential care, upon which 15 families from his community decided to send their children there. What is more, children of Romani origin are often inaccurately diagnosed with “delays in mental development”.⁴⁴

Over the past decade, multiple reports documented conditions in Ukraine’s institutions housing children, who are isolated from society and deprived of the benefits of growing up in a family. Although some facilities were physically clean, children were raised in adverse environments, lacking the emotional connections and nurturing essential for healthy development. Across these institutions, children faced chronic neglect and abuse, enduring prolonged periods of inactivity, without stimulation or opportunities to build critical life skills — conditions that without a doubt contribute to worsening cognitive and developmental disabilities.⁴⁵⁴⁶⁴⁷⁴⁸

In one study,⁴⁹ institutionalized children and adolescents with disabilities, including those with high support needs (HSN) and limited verbal communication, expressed a strong desire for family life, 90% expressed a wish for a stable adult in their life, 89% wanted to do things independently and be able to move without restrictions. The study also found that some children who were confined to their beds or wheelchairs became extremely passive or expressed their distress through crying, self-harm, or aggression. However, their behaviors and emotions changed significantly when they were given the freedom to move on the floor and engage with researchers, toys, activities, or other children.

³⁹UNICEF. 2024.

⁴⁰Kharkiv regional foundation “Public Alternative”. 2023.

⁴¹Human Rights Watch. 2023.

⁴²Disability Rights International. 2022.

⁴³European Roma Rights Centre. In Time of War: Romani Children in State Care in Ukraine. 2023. Available at: <https://www.errc.org/reports--submissions/in-time-of-war-romani-children-in-state-care-in-ukraine>

⁴⁴Ibid.

⁴⁵Disability Rights International. 2015.

⁴⁶Disability Rights International. 2022.

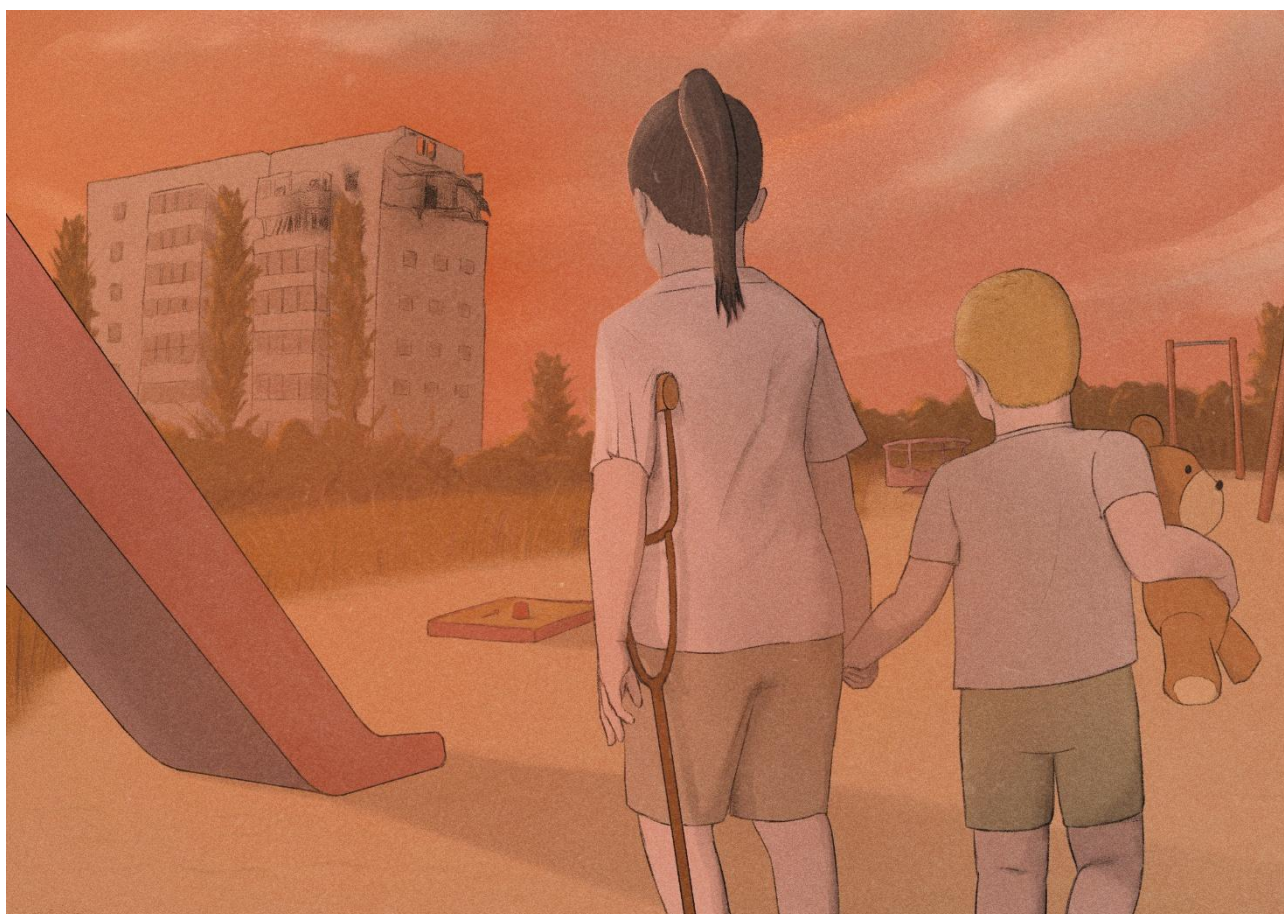
⁴⁷Human Rights Watch. 2023.

⁴⁸Save the Children. 2024.

⁴⁹Save the Children. 2024.

Impact of War

The February 2022 full-scale invasion on Ukraine presents multiple, multifaceted, and extreme risks to children with disabilities and their families in Ukraine. This group and their families are disproportionately affected by the hostilities. As of April 22nd, 2025, as many as 620 children were confirmed dead and 1,901 wounded.⁵⁰ The group of missing children numbers 2,190. No data is available on how many of the children who died, were injured, or are missing are children with disabilities, or how many injuries result in an impairment. Additionally, some children whose disability may have been preventable with access to healthcare, are unable to access services that would prevent it. Families of children with disabilities who were evacuated reported a lack of safe and inclusive evacuation. They reported a lack of personal assistants who would help, or support persons for those who need them. There was also insufficient access to accessible transportation. One mother reported that in March 2022, during evacuation, she could not leave, as her son would not have survived the journey.⁵¹



One of the challenges of evacuations is ensuring that the destination places are accessible for children with disabilities, and services there are available. Some families

⁵⁰Children of War, Available at: <https://childrenofwar.gov.ua/en/>

⁵¹International Disability Alliance. The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine. 2023. Available at: https://www.internationaldisabilityalliance.org/sites/default/files/ida_ukraine_report.pdf

are reluctant to evacuate and put their child through the stresses of a laborious and difficult relocation and new unknown environments with uncertainty about what condition they would find at the destination, especially when the child needs rehabilitation or other specialized services.

Families report challenges in accessing education and rehabilitation services.⁵² In February 2025, UNICEF reported that as many as 780 health facilities and over 1,600 schools have been damaged or destroyed⁵³ critically hampering access to these services.

One study⁵⁴ reported that within 10 months of the conflict, the percentage of families of children with disabilities having access to services dropped from 80% to 47%. Other unmet needs included psychological support (69%) and help with socialization of the children (81%) - pointing to high rates of social isolation. Almost half of those surveyed reported having no access to education, rehabilitation, and occupational therapy.

Parents report missing therapy sessions with their children with mobility impairments, being unable to access upper storeys without working elevators. Overloaded rehabilitation services present challenges for children with disabilities even in relatively safer parts of the country.⁵⁵ With the ongoing hostilities, only schools and kindergartens that have shelters are able to operate. While many schools have moved online (initially during the COVID pandemic), online learning can be difficult for some children with disabilities and requires equipment that not all families can afford.

"Now that the school is online, a lot of children are using the phone. There is no laptop, no desktop computer, no tablet, let's say what a child could use to go to class, with some gadget. And there is only one phone per family, and it is very difficult if there are, let's say, two children in the family, and it is the mother's phone, And they take turns asking to learn from this phone."

FGD participant, caregiver of a child with a disability

During air raids, children with mobility impairments are often unable to access shelters. Even if a shelter is accessible, caregivers report that frequent power cuts prevent them from using lifts. Children with sensory impairments can also face barriers, e.g. when they are unable to hear a siren or find their way to the shelter. Shelters located in basements or metro stations are often unable to meet the needs of children with multiple and complex, as well as psychosocial and intellectual disabilities.⁵⁶

⁵²Office of the High Commissioner for Human Rights. The impact of the armed conflict and occupation on children's rights in Ukraine. 2025. Available at; <https://www.ohchr.org/en/documents/country-reports/impact-armed-conflict-and-occupation-childrens-rights-ukraine-24-february>

⁵³UNICEF. The devastating toll of war on Ukraine's children. 2025. Available at: <https://www.unicef.org/eca/press-releases/devastating-toll-war-ukraines-children>

⁵⁴Disability Rights International. Alternative Report on the implementation of The Convention on the Rights of Persons with Disabilities in Ukraine. Available at; https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCRPD%2FCSS%2FUKR%2F59195&Lang=en

⁵⁵Public Union "League of the Strong", Kharkiv regional foundation "Public Alternative". 2023

⁵⁶Global Disability Fund. 2025

The hostilities have a devastating effect on mental health - caregivers report increased levels of anxiety, depression, and psychosomatic disorders. Witnessing explosions, being separated from loved ones, experiencing evacuation and displacement, all contribute to poor mental health and can result in long-term impairments. The stress of finding appropriate and accessible means of transportation during the evacuations, leaving behind rehabilitation and assistive devices present additional challenges. Reports of loss of medical files, and individual rehabilitation cards of children who were evacuated present an additional barrier to continuity of care.⁵⁷

For many families of children with disabilities, their livelihood situation has deteriorated since the start of the full-scale invasion, further hampering their ability to provide care to their children. One survey of caregivers of children with disabilities documented that only 29% were employed.⁵⁸ The situation is complicated even more for those families who have been displaced.

In the early weeks after Russia's full scale invasion, multiple cases of haphazard and ad hoc evacuations of children from institutions in the eastern regions to the west of the country occurred, in many cases without standardized evacuation procedures. Often the process lacked oversight and monitoring and exposed children to the multiple risks of harm: neglect, discontinuation of medical care, and trafficking in persons. In some cases children were accompanied by insufficient numbers of staff, and lacked medical documentation. At the same time, the hosting institutions in the west of the country experience understaffing and host numbers of children well above their capacity.^{59,60} There was also a case of return of evacuated children with disabilities living in an institution ("orphanage") back to Dnipro, a city not far from the frontlines, and frequently shelled. The return, publicized on social media, revealed a decision making process in which the mandates and responsibilities were not clear and caused concerns over the best interest of the child principle.⁶¹ Many children (over 30,000) were also returned back to their family homes, initially without monitoring systems in place to ensure adequate care and provide additional support and protection when needed.⁶² There were also documented cases of forced transfers of children from institutions into the Russian Federation and the occupied territories. Such instances were reported in "Donetsk, Kherson, Kharkiv, Luhansk and Zaporizhzhia regions to other regions of

⁵⁷Public Union "League of the Strong", Kharkiv regional foundation "Public Alternative". 2023

⁵⁸European Disability Forum, National Assembly of People with Disabilities, CBM. Analytic report based on the survey of legal representatives of children with disabilities concerning access in Ukraine after 24 February 2022 to benefits and services established by legislation for children with disabilities and their family members. 2024. Available at: https://naiu.org.ua/wp-content/uploads/2023/03/ENG_korotkyj-zvit-ostatochnyj-simyi.pdf

⁵⁹Human Rights Watch. 2023

⁶⁰Disability Rights International. 2022.

⁶¹LB.ua. Back to the boarding school. Twenty-nine children with disabilities sent back from abroad to Dnipro without explanation.2023. Available at: https://en.lb.ua/news/2023/05/20/20502_back_boarding_school.html

⁶²European Roma Rights Centre. 2023.

Russian-occupied territory as well as deportations to the Russian Federation⁶³ as well children transferred from Khersonska and Mykolaivska regions to Crimea.⁶⁴

RECOMMENDATIONS

During the participatory assessment, participants were asked about priority needs of children with disabilities, with a focus on children in the regions close to the frontlines. Below is a summary of recommendations for action for state and non-state service providers to improve the security, protection, inclusion, and agency of children with disabilities.

1. Safety, Security & Emergency Preparedness

- Ensure **safety and security** of children with disabilities and their families by continuing to provide and expand a network of shelters that are accessible for children with different impairments. Provide children with sensory impairments with means to get to safety during air raids. Ensure personal assistants and quiet spaces are available in shelters.
- Ensure that security-related information, such as emergency warnings or evacuations, as well as available aid, is accessible and provided in multiple formats.
- Facilitate safe **evacuation** of families of children with disabilities from remote and high-risk areas. For safe evacuations, accessible means of transportation and personal assistants are needed. In addition, ensure that safer places to which they relocate are accessible and able to provide services needed, such as education, rehabilitation, and healthcare.

2. Family and Caregiver Support

- Support the caregivers of children with disabilities with **cash assistance**. Many are unable to access public services and struggle to meet their basic needs, including rehabilitation services. Cash assistance allows for families to decide what the most pressing needs for them are and cater to them accordingly, in a dignified manner. Many fathers of children with disabilities are in the army, which further prevents the mothers, tasked with caring for the children, from getting jobs.
- Support the caregivers of children with disabilities with the necessary **assistive devices** that are free and can be easily obtained. Ensure that children in remote, high-risk, and hard-to-reach areas have access to assistive technology.
- Support the caregivers of children with disabilities with devices that allow children to participate in online learning, such as mobile phones or tablets.

⁶³UN OHCHR, "Update on the situation in Ukraine, 1 August – 31 October 2022," https://www.ohchr.org/sites/default/files/documents/countries/ua/2022-12-02/HRMMU_Update_2022-12-02_EN.pdf.

⁶⁴Human Rights Watch. 2023

- Support the caregivers of children with disabilities with cash for education interventions to facilitate their access to adequate education services.

3. Inclusive Services and Mental Health

- Implement targeted community-based disability inclusion awareness campaigns to address stigma and promote healthy interactions.
- Educate and support the caregivers of children with disabilities in providing emotional support and care for their children and be engaged in rehabilitation efforts.
- Educate and support teachers to be able to create inclusive classroom environments.
- Provide specialized **mental health and psychosocial support (MHPSS)** services to children with disabilities and their caregivers to mitigate the adverse effects of the hostilities, such as trauma, Post Traumatic Stress Disorder, anxiety, depression, among others. These interventions however have to be carefully designed, not to expose participants close to the frontline to further risks, for example by asking them to gather in groups or travel long distances. The recommended approach is comprehensive, whereby MHPSS services are combined with other forms of assistance, addressing the families' basic needs.
- Continue to expand **the network of Inclusive Resource Centers** by increased funding, and staff capacity development opportunities.

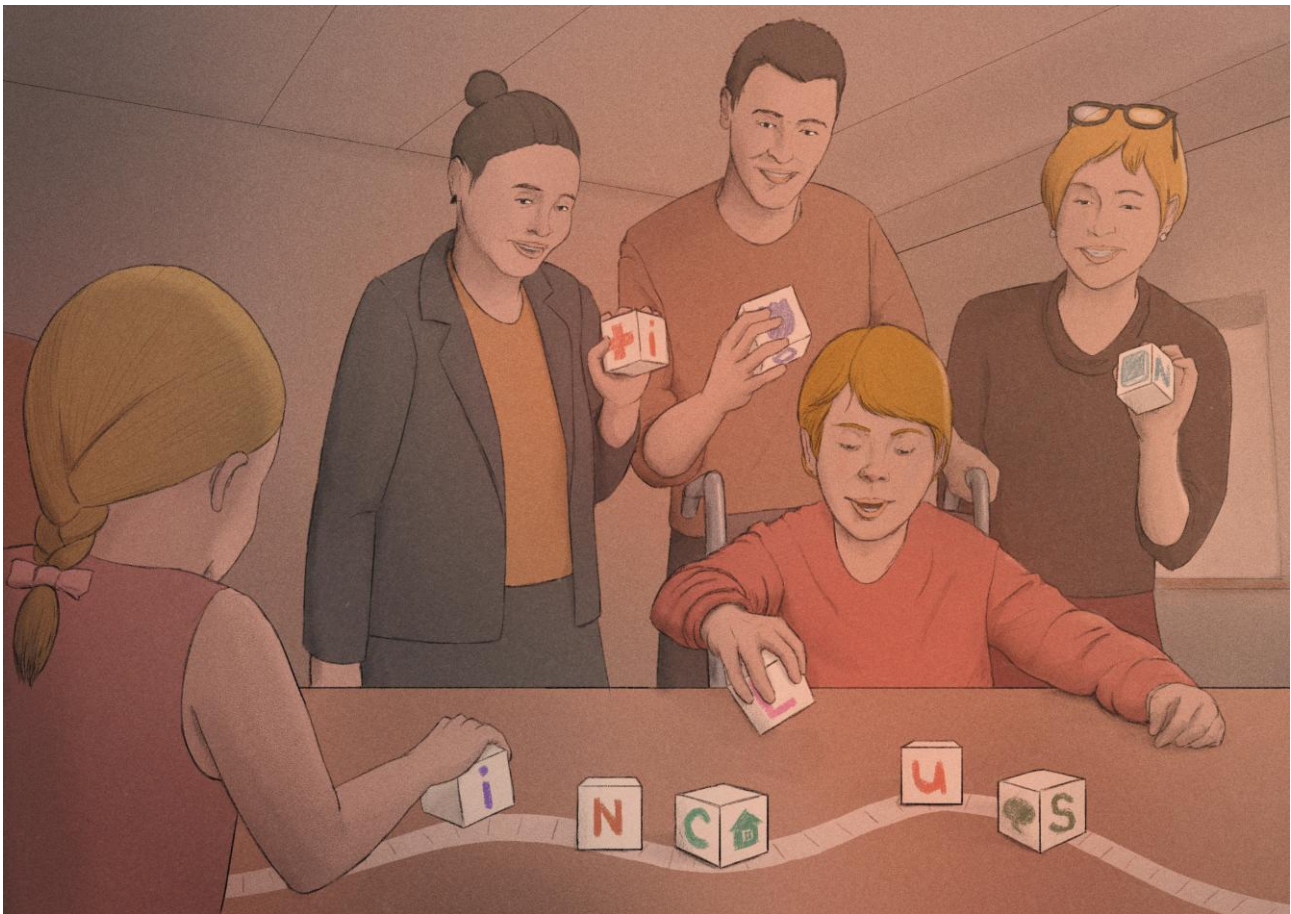
4. Child Protection and Deinstitutionalization

- Ensure identification and protection of at-risk children in frontline regions, especially children in institutional care, including through community-based child protection systems and legal guardianship support.
- Implement the 2022 CRPD Guidelines on Deinstitutionalization, including in Emergencies by continuing and accelerating **deinstitutionalization** efforts. Promote, fund, and support family based-care solutions; decrease the number of children in institutions and institutions themselves; monitor the situation of children after they are removed from institutions; provide support and protection to children after leaving residential care; and ensure that children with disabilities are not excluded from the reform.

5. Participation and Coordination

- Fund Organizations of People with Disabilities, who are often the main provider of information, assistive devices, and services to the families of children with disabilities.
- To strengthen inclusion, **consult** solutions with individuals and organizations of people with disabilities. Their perspectives must be taken into account when designing and delivering programs.

- Develop a **coordination system** which would allow state and non-state actors to provide referrals and provide comprehensive care to children with disabilities and their families.



The recommendations outlined above are grounded in the voices and lived experiences of children with disabilities, their caregivers, and advocates. They highlight urgent priorities and actionable steps to ensure the safety, protection, dignity, and inclusion of children with disabilities, particularly in frontline and high-risk areas. A coordinated, rights-based, and inclusive approach — informed by the perspectives of those most affected — is essential to building resilient systems of protection, care, and opportunity. By working collaboratively across sectors and centering the agency of children with disabilities, we can contribute to a future where every child, regardless of ability or circumstance, can thrive.