

A person is seen from behind, looking out of a window. The room's walls are covered in plywood, suggesting a temporary or makeshift dwelling. The window is open, showing a view of green trees and a blue sky with white clouds. The person's silhouette is dark against the bright light coming from the window.

“THEY LIVE IN THE DARK”

**OLDER PEOPLE’S ISOLATION AND INADEQUATE ACCESS
TO HOUSING AMID RUSSIA’S INVASION OF UKRAINE**

**AMNESTY
INTERNATIONAL**



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Cover photo:

An older woman with a disability looks out of the boarded-up window of her home in Izium, Ukraine. © Amnesty International

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PROLOGUE: THREE SISTERS

In September 2021, Olha Tsibinyova fell down. The 73-year-old had fallen dozens of times before, as diabetes gradually eroded sensation in her legs. But this time, the doctor said, the nerve damage appeared final: Olha would be unable to stand again.

Olha's younger sisters Tetiana, 66, and Natalia, 62, who lived in the same village in Ukraine's eastern Kharkiv region, took turns supporting her. They tended her garden and brought her food in a thermos so it stayed hot all day. They helped adapt her home to her new disability, so that Olha could lift herself onto a portable commode or shift herself around on the couch where she slept.

Then came Russia's full-scale invasion. Their village, Mala Komyshevukha, quickly came under assault. On 17 March 2022, Ukrainian soldiers told civilians it was too dangerous to stay and gave them an hour to evacuate. The three sisters fled in a panic. Like many displaced people, Tetiana and Natalia found shelter in a converted nursery school. But the building had no ramps or other infrastructure to make it physically accessible to Olha.

"I said I'm sorry, please don't be upset, but I just can't take you with me," said Tetiana, who wept in September 2023 as she recalled saying goodbye to Olha 18 months before. "We never thought it would be so long."

The three sisters haven't been reunited since. Ukrainian forces liberated their village, together with most of Kharkiv region, in September 2022. But their homes have been destroyed or heavily damaged, and there is still no heating, electricity or public transportation. Like many older people, they have little in the way of financial support or opportunities to rebuild their lives, in Mala Komyshevukha or elsewhere.

Olha was evacuated to a hospital in March 2022, and since June 2022 has lived in an institution for older people and people with disabilities, where she spends her days in a bed that faces the wall and is taken outside only for the occasional doctor's appointment. Tetiana, the middle sister, still lives in a nursery school shelter, which is just two hours' drive from Olha but an impossible journey for her to make on public transport in one day. Natalia, the youngest, still has her job as the local council secretary, but with the village destroyed she has had to move in with her daughter and two grandchildren in their small apartment. "It's just a place to sleep," she said. "It's not a home."

"Before we knew: 'My old age will be here [in Mala Komyshevukha], here I will be buried,'" said Natalia. "Now we have all been scattered. We are left by ourselves with our problems."



↑ Mala Komyshevakh, the sisters' home village in Ukraine's eastern Kharkiv region, which was almost totally destroyed during Russia's full-scale invasion. © Olga Ivashchenko / Amnesty International



↑ Natalia Skripnik, 62, at the destroyed village council where she worked before the war. © Olga Ivashchenko / Amnesty International



↑ Olha Tsibinyova, 73, who has lived in hospitals and institutions since fleeing her now-destroyed village in March 2022.
© Olga Ivashchenko / Amnesty International



↑ The destroyed family home of Olha Tsibinyova and her sisters in Mala Komyshevakh, Ukraine. © Olga Ivashchenko / Amnesty International

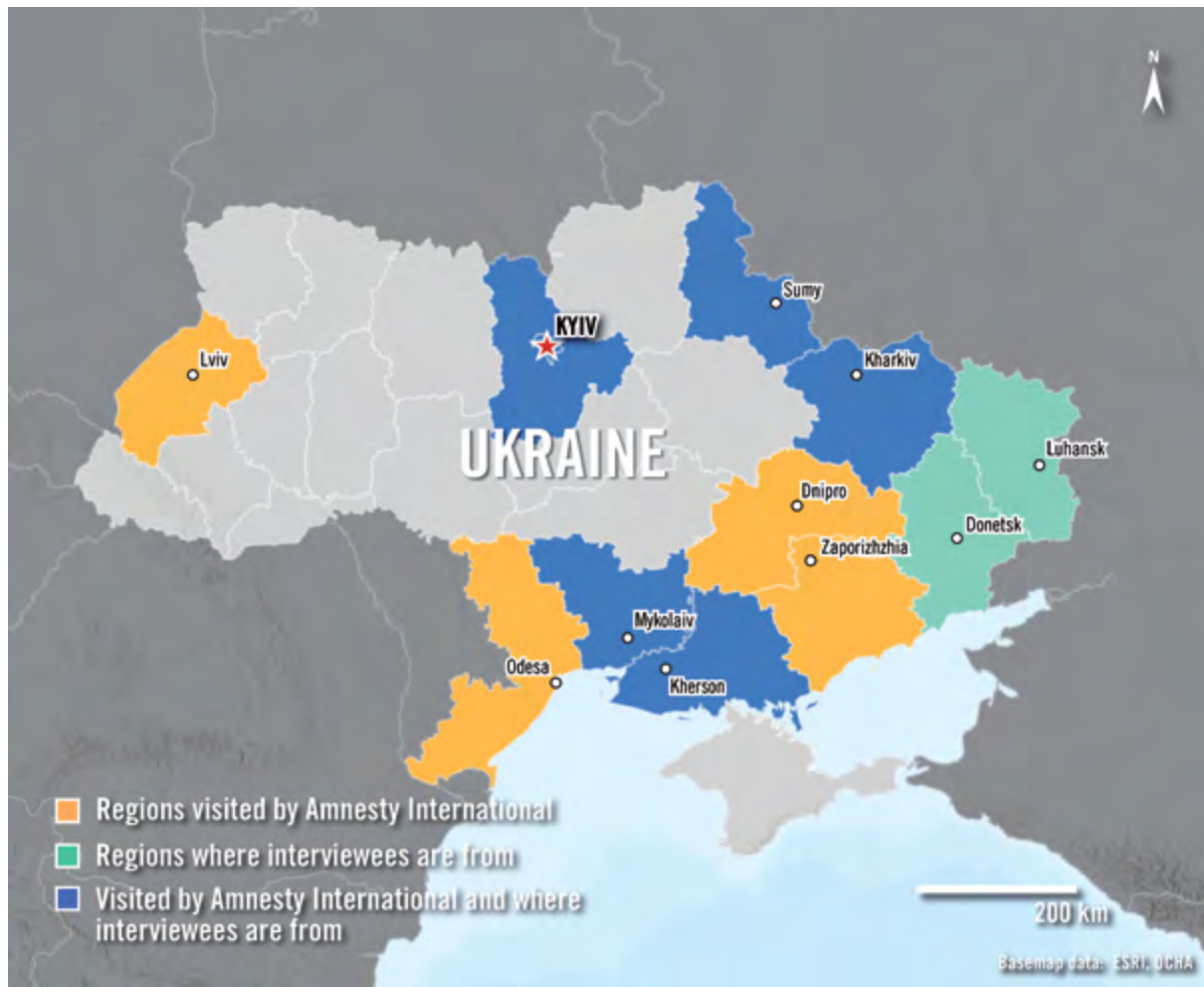


↑ Tetiana Bureyko, 66, in one of the nursery schools where she has lived since being displaced. © Olga Ivashchenko / Amnesty International



↑ Tetiana Bureyko, 66, in one of the nursery schools where she has lived since being displaced. © Olga Ivashchenko / Amnesty International

MAP OF UKRAINE



1 EXECUTIVE SUMMARY

Russia's full-scale invasion of Ukraine, which began on 24 February 2022, has separated millions of families and upturned countless lives. Throughout its war of aggression, Russia has shown little regard for civilian life or property, launching indiscriminate attacks on Ukrainian cities and towns, arbitrarily detaining and extrajudicially executing civilians, and organizing the forcible transfer and deportation of many people living in Russian-occupied territory. At least 27,000 civilians have been injured or killed as of September 2023, according to the United Nations (UN). The real toll is much higher. While people of all ages have suffered greatly, older people, who make up nearly one-fourth of the population in Ukraine, face particularly devastating risks.

Older people have comprised a disproportionate number of civilian casualties during the war in Ukraine. They often stay behind in conflict-affected areas, whether because they have disabilities that make fleeing impossible or because they are reluctant to abandon their homes, which are usually their only valuable asset. But even after being displaced to safer parts of Ukraine, older people often face insurmountable hurdles in their efforts to rebuild an autonomous and dignified life, struggling to access housing, support services and healthcare on an equal basis with others.

Between May and September 2023, Amnesty International visited nine regions of Ukraine, interviewing a total of 89 older people, 49 of whom had disabilities including limited mobility, impaired vision or hearing, and dementia. Amnesty International visited 24 temporary shelters for displaced people and interviewed 17 directors or other staff there. Delegates also visited five state-run residential institutions and several hospitals where older people and people with disabilities were living. Finally, Amnesty International interviewed dozens of social and healthcare workers, local and regional officials, and disability rights advocates.

Under international law, there is no specific definition of older age, but Amnesty International takes a context-specific approach, which defines older age by how people self-identify and are identified by others in a given context. For this reason, while most people in this report were over 60 years old, several cases of people in their 50s are included.

This report will show how Russia's invasion has fuelled a crisis in Ukraine's already overburdened care system. In many communities, younger relatives who previously supported older people with disabilities

have fled or enlisted in the military, while older people have stayed behind. Despite the individual heroism of social and healthcare workers, who have continued providing support to older people and people with disabilities in the face of great personal risks and often with minimal pay, there are simply not enough workers – nor enough transportation – to serve this growing need. Because most temporary shelters are physically inaccessible to older people with disabilities, and private accommodation is unaffordable to them due to extremely low pensions and rising rents, older people in Ukraine are often placed in segregated institutional settings, where they are isolated from their communities and loved ones. As one social worker put it, many older people in Ukraine now “live in the dark.”

On 3 November 2023, Amnesty International sent a summary of its findings and questions related to the research to four relevant government ministries in Ukraine. At the time of publication, Amnesty International had not received a response.

ACCESS TO HOUSING

According to the International Organization for Migration (IOM), there are about 5 million internally displaced people in Ukraine. While estimates vary, 9 to 20% of this population is over 60 years old, while 25 to 30% of displaced families have at least one member with a disability. Despite the significant number of older people, including those with disabilities, who have been displaced, the humanitarian response still falls short of protecting their rights and meeting their needs. This is most evident in the difficulties they face in accessing housing.

Since the full-scale invasion began in February 2022, local and regional authorities have established temporary shelters in almost all regions of Ukraine. Most frequently, these shelters are in educational facilities, such as schools or university dormitories, but sometimes they are set up in private businesses, such as hotels or factories, health sanatoriums or religious buildings. Approximately 3% of the displaced population – or about 150,000 people – live in these shelters. An additional 5,000 displaced people live in 25 modular housing communities, which are made up of container-like homes and are built with foreign funding. According to humanitarian organizations, older people appear to make up a disproportionately large number of those living in temporary shelters.

Of the 24 temporary shelters that Amnesty International visited, almost all were partially or completely inaccessible to people with disabilities. They did not have ramps to enter the building, elevators, grab bars to make toilets accessible or room to make a full turn with a wheelchair. When shelter directors were asked about taking in people with disabilities, most said they were unable to do so.

“At the beginning of the war people in wheelchairs came to us. But we couldn’t even take them in for the night, we had to turn them away,” said the director of one children’s camp that had been converted to a shelter. “We don’t have a ramp in front of the building. We told them to go somewhere else.”

In some cases, staff did not see the need to make their infrastructure more accessible. In a school in Mykolaiv, where at least 80% of the 94 residents were over 60 years old and many had disabilities, those with limited mobility were living on the second floor. When Amnesty International asked staff whether they were considering building ramps to the building or between floors so that older people with disabilities could more easily go outside, the head nurse of the school said:

“We think that our current situation is temporary. [Before], we didn’t have children [with limited mobility], so we do not see the need for these things. We won’t be doing this forever – some of these people will go home, the older ones might go to a nursing home.”

Often, the staff at temporary shelters were still conducting their official duties – such as running online education – in addition to supporting displaced people. They described feeling overwhelmed and wary of any additional responsibilities that might be involved in admitting people with disabilities, particularly those with care needs. Iryna Borodina, the director of a nursery school in Kharkiv region where 57 displaced people were living, said:

“One family came with a grandmother... who could barely walk up the stairs at the front of the building... I understood this is a person who requires care. But we aren’t a nursing home, we don’t have care workers. I already have people with elite degrees cleaning toilets as it is. So we had to turn her away.”

The Convention on the Rights of Persons with Disabilities (CRPD), to which Ukraine is a party, calls on states to ensure that people with disabilities have access to their physical environment on an equal basis with others. Leading disability rights groups in Ukraine have called on the government to adopt minimum accessibility requirements for temporary shelters and modular housing, but as of the time of writing, no such requirements were in place.

In addition, few shelters consistently collect data about residents that is disaggregated by age, gender or disability. This absence of reliable data makes it impossible for humanitarian actors or the Ukrainian government to adequately respond to the needs of older people and people with disabilities in these settings.

The vast majority of displaced people in Ukraine do not live in temporary shelters, but rather in private rental accommodations or with relatives. For almost all older people, particularly those who do not have support from younger family members, renting accommodation on the private market is simply not an option. Before the full-scale invasion, approximately 80% of older people received pensions below the real poverty line calculated by Ukraine’s Ministry of Social Policy, making rental housing utterly unaffordable to them. Since February 2022, rental prices have risen a staggering 42%, and the increases are greater in western Ukraine, where many displaced people have fled to. Ukraine does not have laws regulating rental prices or preventing evictions.

“My pension is not enough for anything,” said Tetiana Bureyko, 66, who has lived in various nursery schools in Poltava since being displaced in March 2022. “Everything I had, burned. I am homeless, with nothing and nowhere.”

While the Ukrainian government offers 2,000 hryvnia (US\$55) per month to displaced people, and 3,000 hryvnia (US\$82) per month for those with disabilities, these payments are insufficient to meet most older people’s housing needs. Support from humanitarian organizations is typically offered as one-off or time-bound payments, which is inadequate in terms of helping older people pay rent longer-term.

“[Temporary shelters] are gradually transforming into de facto [older age] institutions because the people of working age move out,” said one humanitarian worker. “For older people cash can be provided, but it’s very time-bound assistance... So older people themselves ask, ‘Okay, what is next? How am I going to afford [rent]?’”

In February 2023, the Ukrainian government passed a law providing for financial or other compensation for property that has been damaged or destroyed since Russia’s full-scale invasion. Amnesty International found that many older people have struggled to navigate this process, whether because they did not know about the law, found it impossible to reach application points in-person, or were not formally registered as owners of their homes, which was a particular issue in rural areas.

ACCESS TO SUPPORT SERVICES

For older people with disabilities, community-based care – which can include a wide range of supports from delivering groceries to bathing and changing – is key to retaining autonomy and independence. Russia’s invasion has placed immense strain on Ukraine’s ability to provide such support, particularly in those regions most directly impacted by the conflict. Many older people have been forced to flee their homes because of a de facto care crisis in the communities where they lived before the full-scale invasion. Others stay behind regardless, and are forced to go without essential support, which undermines their rights to dignity and autonomy and puts them at greater risk of death, disability, or health crises.

Amnesty International interviewed 22 social and healthcare workers who provided support to older people and people with disabilities, as well as 12 local and regional officials. They said the war had created a massive demographic shift, particularly in the regions closest to the frontline, as younger relatives or others who had previously supported older people fled abroad, to other parts of Ukraine, or had enlisted in the military.

“[My grandson] brought me groceries and medicine, he worked my garden and took me to the hospital,” said Kateryna Demchenko, 73, who lived in a village near Sumy. Her grandson and his family had since fled abroad: “Everyone in my life has gone away, I am the only one left.”

There are not enough social workers in conflict-affected areas of Ukraine to provide for the growing needs of older people and people with disabilities who have stayed behind. In Kherson, for example, in the city's Korabelny neighbourhood, only 26 out of 53 social workers were still on duty as of early September 2023, even though they had taken on an additional 147 clients – out of 298 total – during the war. Anton Yefanov, the Deputy Director of the Kherson City Military Administration, said this was a drop in the bucket of the total need:

“In addition to these figures there are [older] people who have remained in the city, they have limited mobility and their relatives left during the occupation... There is nobody to go to them, nobody to bring them [food or medication], they don't have the ability to get to humanitarian aid [distribution] centres... There are some 6,000-7,000 such people requiring additional help at this time.”

Social workers, many of whom themselves were older women in their 50s and 60s who said they were still working in order to supplement their extremely low pensions, often face significant risks to continue delivering care. But with the rising numbers of older people who have needed support, they were unable to provide the same quality and range of services as they had before the war. Early curfews and transportation cutbacks, particularly in conflict-affected areas but also in many rural parts of Ukraine, made it even more difficult for them to reach their clients.

Unlike the healthcare sector, where there was some centralized governmental and humanitarian support to medical facilities, social workers and local authorities said there was insufficient coordination and support for the care sector. Local officials told Amnesty International that they were largely left to cope with whatever staffing they had, and had received little funding from donor organizations, including for transportation such as electric bicycles or cars, that would allow social workers to do their jobs more quickly and safely.

According to the CRPD Committee, which is invested with authoritative interpretation of the CRPD, individualized at-home support services for people with disabilities, including older people with disabilities, are a right, not a form of medical, social or charity care. At-home support services in Ukraine were largely underfunded even before Russia's invasion, according to disability rights advocates, making it difficult for many people with disabilities to live independently in the community rather than in institutions.

ACCESS TO DISABILITY-RELATED AND HEALTHCARE SERVICES

Amnesty International interviewed several older people who now live with a disability due to war-related injuries. This included several people with amputated limbs, and others who described going partially deaf or blind from explosions. Nina Melnychenko, 85, described lasting injuries after an explosion near her home in Mykolaiv region:

“Shrapnel flew into my yard. I lost consciousness, I don't know how long I was lying there. I was bleeding from my face... [Now] I have started having really bad headaches and I can't see from my left eye anymore... Before I walked with only one cane, now I need two.”

While data is limited, reporting shows that rates of certain health incidents that disproportionately impact older people, such as stroke and heart attack, have also increased during the war.

Despite the growing number of older people who have war-related disabilities or experienced health crises, Amnesty International found that older people were often unable to access disability-related services or healthcare on an equal basis with others. While the conflict has exacerbated these barriers, many of them predate the full-scale invasion.

In Ukraine, people can register for official disability status with the government. Under national law, this gives them the right to access a range of supports, including assistive devices, rehabilitative services and, in certain cases, financial support. In Ukraine, 2.7 million people are registered as having a disability, and more than half of them are of pension age. The real number of older people with disabilities, however, is likely much higher. Amnesty International interviewed many older people who, despite having significantly limited mobility, difficulty seeing or hearing, or clear signs of memory loss, were not officially registered as having a disability. This has led to the invisibility of older people with disabilities, many of whom did not know that they had a right to access life-changing supports including wheelchairs, walkers or hearing aids.

There are several reasons for this gap. First, the registration process is highly medicalized, which leads to the exclusion of older people who may have slow declines in function, for example eyesight or mobility, but are never hospitalized for these conditions. Second, the registration process is arduous, requiring multiple doctors' visits and appointments. One older man, who was blind, said he had gone to six doctors over the course of four months in order to register for disability status in 2023. This process is extremely difficult for many people with disabilities, but older people, who may not use or have access to the internet, often struggle more than others. Finally, some older people were misinformed about the benefits of applying for disability status or said that doctors had discouraged them from applying.

"I started going blind during the period of the war, I have cataracts now," said Tamila Zadoina, 81. "My doctor told me, 'Your pension won't be any bigger, so why do you need disability [status]?'"

The war has also impacted older people's access to healthcare. There are fewer doctors in conflict-affected areas, and primary care doctors in particular are sometimes no longer able to conduct home visits. Some pharmacies, particularly in rural areas, have shut down, forcing older people to travel long distances – up to two hours on public transport in one direction– to reach one that is operating.

Many of the barriers older people face accessing healthcare, however, predate the war. Older people, as perhaps the largest group in Ukraine living below the poverty line, often struggle to afford medication and healthcare services. Amnesty International interviewed many older people who were unable to afford crucial procedures including knee and hip replacements or eye operations, the postponement of which meant they lived with prolonged disabilities. Tetiana Anisimova, 65, who had a congenital hip displacement and could walk only short distances with the support of two crutches, said:

“I need a hip replacement but it’s very expensive. Before the war it cost 60,000 hryvnia (US\$1,625), now it’s about 100,000 hryvnia (US\$2,710). I can’t afford to pay that by myself. I signed up for a free operation but I have been on the waiting list for eight years.” Anisimova’s only income was her pension.

According to a World Health Organization report from 2021, more than half of the people in Ukraine who experienced catastrophic health spending – spending greater than 40% of their capacity on healthcare – were over 60 years old. To address issues of affordability, the Ukrainian government started significant reforms of the healthcare sector in 2017, and has made particular gains in expanding affordable access to primary care and certain medications. However, specialist and in-patient care remain unaffordable to many older people.

SEGREGATION AND ISOLATION

Because so few temporary shelters are adapted to the needs of older people with disabilities, and older people are largely unable to afford rent or repairs to their homes, many older people have no option but to live in specialized residential institutions or medical facilities after being displaced.

Yevhen Kryvoeshaya, 85, who walks with a cane but lived independently before the war, moved into a residential institution in Izium, a city in Kharkiv region that came under near-constant bombardment in early 2022. The institution was just half a kilometre from his damaged apartment, which would cost him 272,000 hryvnia (US\$7,484) to fix.

“I had everything. Clothes and furniture. I had just done renovations. And suddenly I am left alone, with no money, no wife, and a destroyed apartment,” he said. “I have neither the strength nor the funds to repair it.”

Older people with disabilities who have been placed in institutions were often separated from relatives without disabilities, who could live in shelters for the general population. Older people with dementia or other forms of cognitive loss appeared particularly at risk of getting lost in the institutional system after losing contact with relatives during the war. One woman, who is 83 and has dementia, lost touch with her son and nephew, who she said had lived near her in Donetsk region before the war. After being displaced, the woman had ended up in an institution in Odesa, and did not know how to find her son.

“I think my son is in Russia now, and Russia is big. I don’t know how to look for him. There is no way to telephone him,” she said. “I have nowhere else to go.”

In many places, Amnesty International found that older people have been living long-term – in some cases since March or April 2022 – in hospitals, even when they did not require medical care. Leonid Remyga, the chief doctor at a district hospital in Kherson, said that 180 people, many of them older people with disabilities, had been evacuated to the hospital after the Kakhovka dam explosion in June 2023. As of September 2023, 44 people were still living there full time.

“Those who are left are mostly older people, most of them on their own, who need particular kinds of support bringing them food, cleaning up after them, showering them,” he said. “Unfortunately some of them might remain here forever... They need support, and they won’t get that in [shelters in] schools or dormitories.”

The Ukrainian government does not regularly publish information about people in institutions. Before February 2022, monitoring groups estimated that 41,000 adults lived in 282 state institutions for older people and people with disabilities. An additional 9,000 are estimated to live in institutions run by local authorities. Since the full-scale invasion, many more older people and people with disabilities have been placed in institutions, though the exact number is hard to gauge. While the Ukrainian government said that at least 4,000 older people were admitted to institutions from February to July 2022 alone, it is unclear how many people have entered or left institutions since. In at least some regions or institutions, interviews with staff as well as data received by Amnesty International suggests an extremely high number of older people and people with disabilities have died in these facilities over the past year.

This challenge of understanding how many people live in institutions is even greater now that many older people with disabilities live in facilities that do not fall under the traditional remit of long-term care, such as hospitals. Even before the war, many people with disabilities effectively lived in healthcare facilities, particularly in psychiatric hospitals. Since the war, many older people with disabilities have ended up in medical settings with nowhere else to go. And yet information about them does not appear to be routinely collected, making it more likely that people in such settings remain invisible to both the government and humanitarian actors. The director of a hospital in Lviv region, where five older people with disabilities were living as of September 2023, said: “De jure we are not a shelter... As far as the Ministry of Health is concerned, these people aren’t patients here.”

Separating people with disabilities into institutional settings – which can include long-term stays in hospitals or other medical facilities – is a form of segregation, according to the CRPD Committee. The Committee has stated that “social exclusion [of people with disabilities] engenders stigma, segregation and discrimination, which can lead to violence, exploitation and abuse.” A detailed monitoring of institutional facilities was beyond the scope of this report. However, independent monitors in Ukraine have regularly found that institutions foster human rights abuses of residents, including physical or other types of abuse. They have also found that these facilities – which lack sufficient staff to support residents, including to put them in wheelchairs, dress them or take them outside – are breeding grounds for neglect.

Russia’s invasion of Ukraine has caused a massive displacement crisis, and the Ukrainian government’s goal when placing older people with disabilities in these facilities is to provide them with urgently needed shelter, food, clothing and support. While it is vital that Ukraine create non-segregated housing options for displaced older people and people with disabilities, Kyiv’s international partners can and should provide the necessary funding and logistical support to ensure such options exist.

THE WAY FORWARD

The war in Ukraine has had a devastating impact on people of all ages, forcing millions from their homes. Ultimately, only Russia ending its invasion will allow older people in Ukraine to fully realize their rights, including the right to return home to their communities.

But even now, there is much that Ukraine, with the support of international partners, can do to build a society that more meaningfully includes older people and people with disabilities. The government can implement minimum standards to make temporary shelters physically accessible, so that older people with disabilities are not forced to live in segregated institutional settings. It can ensure equal access to housing compensation, including by providing assistance and ensuring that information reaches these groups. Home care services and healthcare can be made more accessible and affordable in the communities where older people and people with disabilities live, ensuring that they can live autonomous and independent lives for as long as they choose.

The costs and logistics of rebuilding a more inclusive society cannot be Ukraine's alone. Foreign donors and humanitarian organizations can provide financing and materials to make shelters physically accessible. They can also provide transportation and other support to local authorities to ensure they can continue providing home-based care, and in the longer run they can support Ukraine in making community-based services more widely available to older people and people with disabilities. Finally, the international community can support the drafting and adoption of a UN convention on the rights of older persons, which would recognize the unique discrimination they face and shed light everywhere on human rights violations against them.

All of these changes will benefit Ukraine not just now, but for years to come. Since the war began, the proportion of older people and people with disabilities in Ukrainian society is only growing. Many veterans, as well as civilians, will come home from the front with disabilities. Taking steps now to protect the rights of older people and people with disabilities will ensure they are not forced to live in the shadows in the future.

2 METHODOLOGY

This report is based primarily on field and remote research undertaken between May and September 2023. An Amnesty International delegate undertook five weeks of on-the-ground research in Ukraine in May-June and August-September 2023. The trips focused on the war's impact on the rights of older people and people with disabilities. During that research, Amnesty International travelled to and conducted in-person interviews in Kyiv, Kharkiv, Sumy, Dnipro, Zaporizhzhia, Odesa, Mykolaiv, Kherson, and Lviv regions. In addition, Amnesty International conducted several interviews by phone or video call.

In total, Amnesty International interviewed 159 people for this report. This included 89 older people (66 older women, 23 older men), 49 of whom lived with one or more disabilities, including limited mobility, impaired vision or hearing, and dementia. A diverse group of interviewees was sought, including by age. The older people interviewed were between 50 and 89 years old: seven people were in their 50s; 29 were in their 60s; 34 were in their 70s; and 19 were in their 80s. Amnesty International prefers a context-specific approach to older age, which takes into account the ways in which people are identified and self-identify in a given context, consistent with the approach taken by the UN Office of the High Commissioner for Human Rights (OHCHR).¹ For this reason, the cases of several people in their 50s who spoke about their experiences as older people are included in this report.

Between May and September 2023, Amnesty International visited 24 temporary shelters where displaced people were living, including nine dormitories, six schools and kindergartens, five model towns, a children's camp, a sanatorium and two shelters run independently by non-profit organizations of people with disabilities. Amnesty International also visited five state-run residential institutions for older people and people with disabilities. In total, Amnesty International interviewed 17 directors or other staff at shelters and five directors of residential institutions for older people and people with disabilities.

Amnesty International also interviewed 22 social and healthcare workers who provided support to older people and people with disabilities in the community, as well as 12 Ukrainian officials from local and regional governments. Finally, Amnesty International interviewed 13 representatives of disability rights

¹ OHCHR, Report of the United Nations High Commissioner for Human Rights (2012 ECOSOC Report), UN Doc. E/2012/51, 20 April 2012, para. 8, <https://undocs.org/E/2012/51>

groups, international humanitarian agencies and other non-governmental organizations. In the case of one woman with advanced dementia who found it difficult to relay her story fully, Amnesty International interviewed a family friend to confirm some of the details of her situation.

Amnesty International informed interviewees about the nature and purpose of the research and how the information would be used. Delegates obtained oral consent from each person prior to the interview. People were told they could end the interview at any time and could choose not to answer specific questions, though nobody chose to do so. No incentives were provided to interviewees in exchange for speaking. All but seven interviews were conducted in Ukrainian or Russian.

The delegate made an effort to ensure privacy during interviews, including privacy from relatives or residents who were living with the older person, so that they could feel comfortable speaking openly. Several exceptions were made, with the interviewee's consent, in situations where crowded living conditions or disability made it impossible for relatives or others to leave the room where an interview was being conducted, including in institutions where there were communal living arrangements.

Everyone interviewed was given the opportunity to express themselves anonymously, if they had security or privacy concerns. In cases where an interviewee preferred for Amnesty International not to use their name, they have been made anonymous. People living and working in institutions often face particular security and privacy risks. In one case, Amnesty International facilitated, at her request, the relocation of one person from an institution after staff retaliated against her for speaking out about conditions there. She has been named in the report with her consent. In addition, where people specifically mentioned having relatives in Russian-occupied parts of Ukraine, Amnesty International has anonymized them, or used only their first name, out of concerns for their and their relatives' safety.

On 3 November 2023, Amnesty International sent letters to Ukraine's Ministry of Health, Ministry of Social Policy, the Ministry of Reintegration of Temporarily Occupied Territories and Ministry for Communities, Territories and Infrastructure Development, informing these ministries about this research and asking questions related to older people and people with disabilities. A representative of the Ministry of Reintegration reached out to a researcher from Amnesty International to confirm receipt of the letter, but indicated the ministry would not have capacity to respond. At time of publication, no responses from the remaining three ministries had been received.

In addition, on 6 July 2023 Amnesty International sent letters to the Departments of Social Protection (which are responsible for implementing social policy at the regional level) for 24 oblasts, or regions, of Ukraine, requesting information about the numbers of older people and people with disabilities who had been placed in institutions since February 2022. As of 21 November 2023, Amnesty International received 20 letters in response, which have been reflected in the report's findings.

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In particular, Amnesty International would like to thank the National Association of People with Disabilities, Turbota Pro Litnikh, League of the Strong, Okean Dobra, and HelpAge International.

3 BACKGROUND

3.1 WAR, DISPLACEMENT AND OCCUPATION

Russia's war with Ukraine began in February 2014, when it invaded and subsequently annexed the Black Sea region of Crimea.² An armed conflict in Donetsk and Luhansk regions began soon after in April 2014, leading to an estimated 10,000 civilian deaths as of early 2022.³ The full-scale Russian invasion of Ukraine began on 24 February 2022.

From the start of the full-scale invasion until 24 September 2023, the Office of the UN High Commissioner for Human Rights (OHCHR) recorded 27,449 civilian casualties in the country: 9,701 killed and 17,748 injured.⁴ The real toll is undoubtedly higher. Russia's invasion of Ukraine is a manifest violation of the United Nations Charter and an act of aggression that is a crime under international law.⁵ Amnesty International has also documented numerous war crimes and other serious violations of international humanitarian law committed by Russia in Ukraine, including indiscriminate attacks in Kharkiv;⁶ extrajudicial executions and disproportionate and indiscriminate attacks in Kyiv region;⁷ the likely intentional targeting of the hundreds of civilians sheltering in Mariupol's Drama Theatre in March 2022;⁸

2 New York Times, "Gunmen Seize Government Buildings in Crimea", 28 February 2014, <https://www.nytimes.com/2014/02/28/world/europe/crimea-ukraine.html>

3 United Nations Human Rights Office of the High Commissioner (OHCHR), "Conflict-related civilian casualties in Ukraine", 27 January 2022, https://ukraine.un.org/sites/default/files/2022-02/Conflict-related%20civilian%20casualties%20as%20of%2031%20December%202021%20%28rev%2027%20January%202022%29%20corr%20EN_0.pdf

4 OHCHR, "Ukraine: civilian casualty update 24 September 2023", 26 September 2023, <https://www.ohchr.org/en/news/2023/09/ukraine-civilian-casualty-update-24-september-2023>

5 Amnesty International, "Russia/Ukraine: Invasion of Ukraine is an act of aggression and human rights catastrophe", 1 March 2022, <https://www.amnesty.org/en/latest/news/2022/03/russia-ukraine-invasion-of-ukraine-is-an-act-of-aggression-and-human-rights-catastrophe/>

6 Amnesty International, "Anyone Can Die at Any Time": Indiscriminate attacks by Russian forces in Kharkiv, Ukraine (Index: EUR 50/5682/2022), 13 June 2022, <https://www.amnesty.org/en/latest/research/2022/06/anyone-can-die-at-any-time-kharkiv/>

7 Amnesty International: "He's not coming back". War crimes in Northwest areas of Kyiv Oblast (EUR 50/5561/2022), 6 May 2022, <https://www.amnesty.org/en/documents/eur50/5561/2022/en/>

8 Amnesty International, "Children": The attack on the Donetsk Regional Academic Drama Theatre in Mariupol, Ukraine (EUR 50/5713/2022), 30 June 2022, <https://www.amnesty.org/en/documents/eur50/5713/2022/en/>

and the forcible transfer and deportation of civilians from occupied areas to other parts of occupied Ukraine or to Russia, which constitute war crimes and may amount to crimes against humanity.⁹

Despite what began as a full-out assault on Ukraine's north, east, and south, Ukraine repelled Russian forces from much of its territory in 2022, liberating all of Kyiv, Chernihiv, Sumy and Mykolaiv regions and almost all of Kharkiv region.¹⁰ As of September 2023, Russia still controlled about 18% of Ukrainian territory, including much of Luhansk, Donetsk, Zaporizhzhia and Kherson regions, and all of Crimea.¹¹ According to the New York Times, as of September 2023, fighting had resulted in Russia's net gain of 188 square miles (486 square kilometres) of Ukrainian territory between January and September 2023.¹²

According to the UN, there were 6.2 million Ukrainian refugees recorded around the world as of October 2023, with most of them living in European Union countries, Russia and Belarus.¹³ The overwhelming majority of refugees were women and children.¹⁴

3.2 OLDER PEOPLE IN UKRAINE

Ukraine has one of the highest proportions of older people per population in the world: nearly 10 million of its population of about 41 million, or nearly one-fourth, were over 60 years old before February 2022.¹⁵ According to analyses of Eurostat data, only 5% of the more than 6 million Ukrainian refugees to Europe are over 65 years old, meaning the proportion of older people amongst those remaining in Ukraine during the war has increased.¹⁶

Within Ukraine, Amnesty International has found that – as is the case in armed conflicts around the world – older people are less likely to flee their homes during armed conflict.¹⁷ This can be for various reasons, including because they have disabilities that make fleeing physically more difficult, because they lack

9 Amnesty International, *"Like a Prison Convoy": Russia's Unlawful Transfer and Abuse of Civilians in Ukraine During 'Filtration'* (EUR 50/6136/2022), 10 November 2022, <https://www.amnesty.org/en/documents/eur50/6136/2022/en/>

10 The Guardian, "A year of war: how Russian forces have been pushed back in Ukraine", 21 February 2023, <https://www.theguardian.com/world/ng-interactive/2023/feb/21/a-year-of-war-how-russian-forces-have-been-pushed-back-in-ukraine>

11 The New York Times, "Who's Gaining Ground in Ukraine? This Year, No One", 28 September 2023, <https://www.nytimes.com/interactive/2023/09/28/world/europe/russia-ukraine-war-map-front-line.html>

12 The New York Times, "Who's Gaining Ground in Ukraine? This Year, No One" (previously cited). 2

13 UN High Commissioner for Refugees (UNHCR), "Ukraine Refugee Situation", <https://data.unhcr.org/en/situations/ukraine> (accessed 29 October 2023).

14 European Commission, *Ukraine's population future after the Russian invasion: the role of migration for demographic change*, 2023, <https://publications.jrc.ec.europa.eu/repository/handle/JRC132458>, p. 17.

15 State Statistics Service of Ukraine, "Population of Ukraine 2019: A Demographic Yearbook", 2020, https://ukrstat.gov.ua/druk/publicat/kat_u/2020/zb/10/zb_nas_2019.pdf, p. 40.

16 European Commission, *Ukraine's population future after the Russian invasion: the role of migration for demographic change* (previously cited), p. 17.

17 See, for example, Amnesty International, *"I Used To Have A Home": Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (Index: EUR 50/6250/2022), 6 December 2022, <https://www.amnesty.org/en/documents/eur50/6250/2022/en/>, pp. 66-84. See also: Amnesty International, *Last to flee: Older people's experience of war crimes and displacement in the Nagorno-Karabakh conflict* (Index: EUR 54/5214/2022), 17 May 2022, <https://www.amnesty.org/en/documents/eur54/5214/2022/en/>; Amnesty International, *"Fleeing My Whole Life": Older People's Experience of Conflict and Displacement in Myanmar* (Index: ASA 16/0446/2019), 18 June 2019, <https://www.amnesty.org/en/documents/asa16/0446/2019/en/>

equal access to information about evacuation routes, or because they may have greater sentimental or financial attachments to their property.¹⁸

Reports by the International Organization for Migration (IOM) have found that the proportion of internally displaced people in Ukraine who are over 60 years old has fluctuated between 9 and 20% of the total displaced population.¹⁹ Separately, HelpAge International estimated that only 11% of older people in Ukraine are registered as internally displaced persons, compared with 18% of the total population that is registered as internally displaced, meaning that older people are less likely to be displaced or to register as displaced persons than other age groups.²⁰

According to OHCHR, older people are at higher risk of conflict-related death and injury, with people over 60 years old making up 32% of civilian deaths in cases where the age was known.²¹ During the 2014-2021 war as well, older people made up an estimated 30% of total casualties.²² Calculating the direct impact the war has had on people with disabilities is more complex, as UN reporting about civilian casualties in Ukraine has not traditionally contained information about disability.

While not all older people have disabilities, older age and disability often intersect: according to the UN, more than 46% of people in the world who are over 60 years old have a disability, relative to 15% of the general population.²³ According to official Ukrainian statistics from early 2022, approximately 2.7 million people, including 163,900 children, were registered as having a disability.²⁴ Reports suggest that due to war-related injuries, the number of people with disabilities has increased significantly since February 2022, though official statistics are not currently available.²⁵ According to the Ukrainian State Statistics Service, 56% of people registered as having one or more disability – or 1.5 million people – are of pension age.²⁶

18 Amnesty International, *"I Used To Have A Home": Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited), pp. 66-84.

19 International Organization for Migration (IOM), *Ukraine – Internal Displacement Report – General Population Survey Round 13 (11 May - 14 June 2023)*, 3 July 2023, <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-13-11-may-14-june-2023>, p. 7; International Organization for Migration (IOM), *Ukraine – Internal Displacement Report – General Population Survey Round 12 (23 January 2023)*, 2 February 2023, <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>, p. 7.

20 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response*, 23 February 2023, <https://www.helpage.org/silo/files/ive-lost-the-life-i-knewolder-peoples-experiences-of-the-ukraine-warreport.pdf>, p. 6.

21 UN Human Rights Office of the High Commissioner (OHCHR), Briefing Paper: *The Human Rights Situation of Older Persons in Ukraine in the Context of the Armed Attack by the Russian Federation*, May 2023, <https://www.ohchr.org/sites/default/files/documents/countries/ukraine/2023/2023-HRMMU-Briefing-Note-Older-Persons-ENG.pdf>, p. 6.

22 OHCHR Representative, email to Amnesty International, 12 September 2022, on file with Amnesty International.

23 UN Department of Economic and Social Affairs, "Ageing and Disability: Overview", <https://www.un.org/development/desa/disabilities/disability-and-ageing.html> (accessed on 26 July 2023).

24 The Ministry of Social Policy of Ukraine, *Особам з Іналідністю*, <https://www.msp.gov.ua/timeline/invalidnist.html> (accessed 26 July 2023).

25 Social.com.ua, "За рік кількість людей з інвалідністю зросла на 27 тисяч", January 2023, <https://social.com.ua/lyshe-u-nas/za-rik-kilkist-lyudej-z-invalidnistyu-zroslo-na-27-tysyach/>; Volyn News, "У 3,5 раза більше, ніж 2021 року: скільки українців отримали інвалідність за перші 10 місяців війни", 2 July 2023, <https://www.volynnews.com/news/all/u-35-raza-bilshe-nizh-2021-roku-skilky-liudej-otrymaly-invalidnist/>

26 State Statistics Service of Ukraine, "Соціальний захист населення України у 2020 році", 2021, https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/07/zb_szn_2020.pdf, p. 43.

This is likely an undercount, as often older people do not register for disability status (see Chapter 5.2 for more information).²⁷

In Ukraine, in order to register as having a disability, a person must undergo examination by a group of medical professionals called the Medico-Social Expert Commission (MSEC), which determines whether a person is first, second, or third group disability: in general, first group disability is meant to include those with the highest support needs, whereas third group disability includes those with the lowest support needs.²⁸ As of January 2020, there were approximately 222,000 adults with first group disability, 900,000 adults with second group disability, and 1.4 million adults with third group disability.²⁹

According to Ukrainian law, registering as having a disability entitles a person to certain types of financial support, social services, rehabilitation and assistive devices (including wheelchairs, walkers, hearing aids, etc.).³⁰ After Russia's full-scale invasion of Ukraine began in February 2022, the Ukrainian government issued a decree allowing people with disabilities to apply for or extend their disability status without appearing in-person to the Medico-Social Expert Commission.³¹ However, as will be demonstrated in Chapter 5.2, people applying for disability registration for the first time were almost always still expected to apply in-person through the MSEC.

3.3 SOCIAL CARE SYSTEM

In Ukraine, there are three levels of government: central, oblast (or regional) level, and the local or city level.³² The central government, led by the Ministry of Social Policy, is responsible for defining norms and laws around social care, monitoring its quality and implementation at the local level, and collecting data, among other things.³³ Regional governments are primarily responsible for administering services inside residential care institutions for older people and people with disabilities. Local governments are primarily responsible for delivering and funding community-based care, including home care, for older people and

27 In addition to Chapter 5.2, see HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response*, 24 February 2023, <https://www.helpage.org/silo/files/ive-lost-the-life-i-knewolder-peoples-experiences-of-the-ukraine-warreport.pdf>, p. 23.

28 Ukraine, Cabinet of Ministers Decree No. 1317, "Питання медико-соціальної експертизи", 3 December 2009, <https://zakon.rada.gov.ua/laws/show/1317-2009-%D0%BF#Text>, Article 27.

29 The Ministry of Social Policy of Ukraine, *Особам з Іналідністю* (previously cited).

30 The Ministry of Social Policy of Ukraine, *Особам з Іналідністю* (previously cited).

31 Ukraine, Cabinet of Ministers Decree No. 225, "Деякі питання порядку проведення медико-соціальної експертизи на період дії воєнного стану на території України", 8 March 2022, <https://www.kmu.gov.ua/npas/deyaki-pitannya-poryadku-provedennya-mediko-socialnoyi-ekspertizi-na-period-diyi-voennogo-stanu-na-teritoriyi-ukrayini-225>

32 National Agency of Ukraine for Civil Service, Report: Про результати підготовки експериментального проекту з проектом умов оплати праці державних службовців державних органів, які є учасниками експериментального проекту, на 2022 рік з урахуванням результатів класифікації посад, 1 July 2021, <https://nads.gov.ua/storage/app/sites/5/01.07.21/zvit-uryad-reforma-01-07.pdf>, p. 11.

33 Ukraine, Law No. 2671-VIII, "Про соціальні послуги", 17 January 2019, <https://zakon.rada.gov.ua/laws/show/2671-19#Text>, Article 11.2.

people with disabilities.³⁴ In 2021, the Ukrainian government passed a decree allowing local authorities to create smaller institutions, of between five and 50 residents, for adults with disabilities or older people.³⁵

Before February 2022, an estimated 41,000 adults in Ukraine lived in 282 state institutions for older people and people with disabilities that were primarily overseen by regional governments.³⁶ These long-term care facilities are divided into institutions for people with psychosocial disabilities, known as Psychoneurological Institutions, and institutions for people with physical or other types of disabilities, known as Geriatric Institutions or Institutions for People with Disabilities.³⁷ Independent monitors estimate that an additional 9,000 people live in institutions run by local authorities.³⁸ A number of older people and people with disabilities also live in private care institutions in Ukraine, though these institutions are not obliged to register with the state and are subject to very little regulation or oversight, meaning there is no available information about how many people live there.³⁹

Community-based support services, sometimes also referred to as home-based care, are provided by the local authorities in Ukraine, at so-called “Territorial Centres” or “Centres for the Delivery of Social Services.” These bodies employ social workers who provide support to at-risk populations at home, particularly older people and people with disabilities.⁴⁰ The services most commonly provided include delivering or preparing food, delivering medications or other necessities, cleaning, helping with paperwork and registering for benefits.⁴¹ The Centres usually only provide free care for older people or people with disabilities who have no relatives to support them.⁴² Where an older person has relatives, the expectation

34 Ukraine Law No. 2671-VIII, “Про соціальні послуги” (previously cited), Article 11.4; See also Ukraine, Cabinet of Ministers Decree No. 479, “Типове положення про районний, міський, районний у місті, селищний, сільський центр соціальних служб”, 1 June 2020, <https://zakon.rada.gov.ua/laws/show/2671-19#Text>, Article 15.

35 Ministry of Social Policy of Ukraine, “Перелік соціальних послуг, умови їх надання структурними підрозділами територіального центру соціального обслуговування (надання соціальних послуг)”, <https://www.msp.gov.ua/projects/749/>, para. 25.

36 Human Rights in Mental Health-Federation Global Initiative on Psychiatric, Transforming Social Care Homes in Ukraine, June 2018, <https://www.gip-global.org/files/ss-fin-eng-1.pdf>, p. 4. United Nations Office of the High Commissioner on Human Rights (OHCHR), *Briefing Note: The Human Rights Situation of Persons with Intellectual and Psychosocial Disabilities in Ukraine*, 1 February 2022, <https://ukraine.un.org/sites/default/files/2022-07/BRIEFING%20NOTE%20THE%20HUMAN%20RIGHTS%20SITUATION%20OF%20PERSONS%20WITH%20INTELLECTUAL%20AND%20PSYCHOSOCIAL%20DISABILITIES%20IN%20UKRAINE.pdf>

37 Ukraine, Cabinet of Ministers Decree No. 772, “Про затвердження Типового положення про будинок-інтернат для громадян віку та осіб з інвалідністю” 2 September 2020, <https://zakon.rada.gov.ua/laws/show/772-2020-%D0%BF#Text>

38 Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022*, undated, <https://ombudsman.gov.ua/report-2022/images/documents/annual-report-2022.pdf>, p. 156.

39 Council of Europe, *Assessment of Ukraine’s policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter*, October 2020, <https://rm.coe.int/old-people-eng-soft/1680a242de>, p. 46.

40 The Ministry of Social Policy of Ukraine, “Територіальні центри соціального обслуговування”, [https://www.msp.gov.ua/content/centri-zahistu.html#:~:text=%D0%A2%D0%B5%D1%80%D0%B8%D1%82%D0%BE%D1%80%D1%96%D0%B0%D0%BB%D1%8C%D0%BD%D1%86%D0%B5%D0%BD%D1%82%D1%80%D0%B8%20%D1%81%D0%BE%D1%86%D1%96%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B3%D0%BE%20%D0%BE%D0%B1%D1%81%D0%BB%D1%83%D0%B3%D0%BE%D0%B2%D1%83%D0%B2%D0%B0%D0%BD%D0%BD%D1%8F%20\(%D0%BD%D0%B0%D0%B4%D0%B0%D0%BD%D0%BD%D1%8F,%D1%81%D1%82%D0%BE%D1-%80%D0%BE%D0%BD%D0%BD%D1%8C%D0%BE%D1%97%20%D0%B4%D0%BE%D0%BF%D0%BE%D0%BC%D0%BE%D0%B3%D0%B8%20%D0%B7%D0%B0%20%D0%BC%D1%96%D1%81%D1%86%D0%B5%D0%BC%20%D0%BF%D1%80%D0%BE%D0%B6%D0%B8%D0%B2%D0%B0%D0%BD%D0%BD%D1%8F](https://www.msp.gov.ua/content/centri-zahistu.html#:~:text=%D0%A2%D0%B5%D1%80%D0%B8%D1%82%D0%BE%D1%80%D1%96%D0%B0%D0%BB%D1%8C%D0%BD%D1%86%D0%B5%D0%BD%D1%82%D1%80%D0%B8%20%D1%81%D0%BE%D1%86%D1%96%D0%B0%D0%BB%D1%8C%D0%BD%D0%BE%D0%B3%D0%BE%20%D0%BE%D0%B1%D1%81%D0%BB%D1%83%D0%B3%D0%BE%D0%B2%D1%83%D0%B2%D0%B0%D0%BD%D0%BD%D1%8F%20(%D0%BD%D0%B0%D0%B4%D0%B0%D0%BD%D0%BD%D1%8F,%D1%81%D1%82%D0%BE%D1-%80%D0%BE%D0%BD%D0%BD%D1%8C%D0%BE%D1%97%20%D0%B4%D0%BE%D0%BF%D0%BE%D0%BC%D0%BE%D0%B3%D0%B8%20%D0%B7%D0%B0%20%D0%BC%D1%96%D1%81%D1%86%D0%B5%D0%BC%20%D0%BF%D1%80%D0%BE%D0%B6%D0%B8%D0%B2%D0%B0%D0%BD%D0%BD%D1%8F) (accessed 26 July 2023).

41 The Ministry of Social Policy of Ukraine, “Територіальні центри соціального обслуговування” (previously cited).

42 The Ministry of Social Policy of Ukraine, “Територіальні центри соціального обслуговування” (previously cited). See also Ukraine, Cabinet of Ministers Decree No. 479, “Типове положення про районний, міський, районний у місті, селищний, сільський центр соціальних служб” (cited previously), Article 16.

is either that the family will pay for social services or that the relatives will themselves provide care for the older person.⁴³ Centres can also provide material support and legal consultation, which is available to other at-risk groups including survivors of domestic violence and families that are in difficult situations, including as a result of poverty or unemployment.

As will be explored further in Chapter 5.1, community-based services are typically financed out of local, rather than regional or central, budgets, leaving local communities largely on their own to expand or bolster these services to better meet the needs of local populations.

43 Interviews, May-September 2023. See also: Law of Ukraine No. 21-22, “Сімейний кодекс України”, 2002, Article 206.

4 ACCESS TO HOUSING

“People in wheelchairs came to us. But we couldn’t even take them in for the night, we had to turn them away.”

Director of a temporary shelter for displaced people in Kharkiv region⁴⁴

“My pension is not enough for anything. Everything I had burned. I am homeless, with nothing and nowhere.”

Tetiana Bureyko, 66, who lives in a kindergarten converted into a shelter for displaced people⁴⁵

According to the International Organization for Migration (IOM), there are 5.1 million internally displaced people in Ukraine.⁴⁶ While reporting varies, international organizations have estimated that between 9 to 20% of this population is over 60 years old, while 25 to 30% of displaced families have at least one member with a disability.⁴⁷ Despite their prevalence and the devastating impact the war has had on older people and people with disabilities, the humanitarian response falls short of meeting their rights and needs. Nowhere is this more evident than in their ability to access housing.

Almost two years after the full-scale invasion, housing remains physically and financially inaccessible to many displaced older people, particularly those who have disabilities. Temporary shelters in dormitories, schools and other buildings house approximately 3% of the displaced population.⁴⁸ When visiting

44 Interview in person with director of a children’s camp (anonymous), Koviaky, Kharkiv region, Ukraine, 23 May 2023.

45 Interview in person with Tetiana Bureyko, Poltava, Ukraine, 10 September 2023.

46 International Organization for Migration (IOM), *Ukraine – Internal Displacement Report – General Population Survey Round 13 (11 May - 14 June 2023)*, 3 July 2023, <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-13-11-may-14-june-2023>, p. 1

47 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)*, 2 February 2023, <https://dtm.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-12-16-23-january-2023>, p. 7. See also IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 13 (11 May - 14 June 2023)* (previously cited), p. 9; and HelpAge International, *“I’ve lost the life I knew”: Older people’s experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 6.

48 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)* (previously cited), p. 12.

temporary shelters, Amnesty International found that older people often made up a disproportionately large number of residents, and UNHCR has said that older people are more likely to live in temporary shelters than other groups.⁴⁹ Younger people are more likely to find employment that allows them to move out of shelters and into rental accommodation. Older people, many of whom live on their pension alone, often do not have this choice.

Despite the apparently large number of older people living in temporary shelters, the government and humanitarian agencies have made little progress on making these facilities physically accessible, meaning many people with disabilities, including older people with disabilities, cannot live there. These shelters are run by school, university or other staff who are often overwhelmed by the double demand of caring for displaced residents while also providing educational services. In this context, they were wary of taking in people with disabilities because they were unable to provide them with additional support.

Data collection in temporary shelters is sporadic and inconsistent, making it even more challenging to comprehensively assess the situation and needs of older people and people with disabilities living there.

The vast majority of displaced persons in Ukraine live not in temporary shelters, but in rental accommodations or with relatives. The private sector, however, is unaffordable to many older people, particularly those who do not have financial support from younger relatives. Before February 2022, 80% of older people received pensions that put them below the real poverty line, meaning most would have struggled to access private rental housing even then.⁵⁰ Since the full-scale invasion began, rental prices have risen a staggering 42%, with even larger increases in western Ukraine, where many displaced people have fled to.⁵¹ Pensions, the primary source of income for many older people, have not kept pace with inflation, making private accommodation almost totally inaccessible to them.

As examined later in this report (see Chapter 6.1), the lack of accessibility in shelters has accelerated the placement of older people and people with disabilities in segregated institutional settings. International partners should ensure that there is greater targeted funding for older people and people with disabilities, to ensure that Ukraine can make good on its legal obligations to provide accessible and affordable housing.

49 United Nations High Commissioner for Refugees (UNHCR), “Acute needs of older Ukrainian refugees and those with disabilities must not be overlooked,” 27 April 2023, <https://www.unhcr.org/news/acute-needs-older-ukrainian-refugees-and-those-disabilities-must-not-be-overlooked>; and interview by video call with representatives from a UN agency, 3 August 2023.

50 EPravda, “80% пенсіонерів в Україні живуть за межею монетарної бідності – омбудсмен”, 12 October 2022, <https://www.epravda.com.ua/news/2020/10/12/666153/>

51 State Statistics Service of Ukraine, *Consumer price indices for goods and services in 2023 (to corresponding month of previous year)*, <https://ukrstat.gov.ua/> (accessed 2 August 2023).

4.1 PHYSICALLY INACCESSIBLE SHELTER

As of June 2023, there were 2,501 shelters – also called ‘Collective Centres’ or ‘Places of Temporary Settlement’ – in Ukraine, with an additional 1,441 buildings equipped to host displaced people as needed.⁵² These shelters are in various settings, most commonly schools and university dormitories, but also in other public buildings. This housing is typically provided for free, though some facilities charge a small fee for utilities or other costs.⁵³ Approximately 3% of the displaced population – or about 150,000 people – live in temporary shelters.⁵⁴ In addition to shelters, foreign donors have funded the construction of at least 25 modular housing communities, which housed some 5,000 displaced people as of July 2023.⁵⁵

Between May and September 2023, Amnesty International visited 24 shelters where displaced people were living, including nine dormitories, six schools and kindergartens, five modular housing communities, a children’s camp, a sanatorium and two shelters run independently by organizations for people with disabilities.⁵⁶ Amnesty International’s site visits, as well as interviews with shelter staff and humanitarian officials, strongly suggest that older people are disproportionately represented in them, though as noted below, many shelters have not consistently collected age- and disability-disaggregated data on residents. According to a May 2023 survey by IOM, 84% of shelters hosted older women and 72% hosted older men.⁵⁷

Despite the prevalence of older people in temporary housing, all of the shelters Amnesty International visited were partially or fully inaccessible to people with disabilities, except for the two shelters run by organizations of people with disabilities. Almost all of these buildings lacked elevators or ramps that would allow people with limited mobility to enter or move between floors. None had toilet or sanitation facilities with grab bars, ramps, or other equipment that would allow people with disabilities to use them. Most of the sleeping facilities had insufficient room for a person with a disability to easily enter the room or to fully rotate in a wheelchair. Representatives of international organizations involved in the humanitarian response told Amnesty International that the inaccessibility of temporary shelters was a widespread problem.⁵⁸

52 The Global Camp Coordination and Camp Management (CCCM) Cluster, *Mapping of the active collective sites (Ukraine, June 2023)*, https://www.cccmcluster.org/sites/default/files/2023-06/CCCM_UKR_Situation_Overview_active_sites_June2023_ENG_UKR.pdf; CCCM Cluster, *Mapping of the inactive collective sites ready to host IDPs in emergency (Ukraine, June 2023)*, https://www.cccmcluster.org/sites/default/files/2023-06/CCCM_UKR_Situation_Overview_non-active_sites_June2023_ENG_UKR.pdf

53 Interviews, May-June 2023. See also The Global Camp Coordination and Camp Management (CCCM) Cluster, *Ukraine Collective Site Monitoring: Round 8 (April-May 2023)*, June 2023, https://www.cccmcluster.org/sites/default/files/2023-06/CCCM_2023_CSM%20R8_ENG.pdf, p. 5.

54 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)* (cited previously), p. 12.

55 Ukrinform, “Верещук каже, що модульні містечка для переселенців ‘не спрацювали’”, 3 May 2023, <https://www.ukrinform.ua/rubric-society/3703902-veresuk-kaze-so-modulni-mistecka-dla-pereselenciv-ne-spracuvali.html>

56 These numbers do not include visits to other places where displaced people were living, such as institutions for older people and people with disabilities and hospitals, which are discussed in Chapter 6.

57 CCCM Cluster, *Ukraine Collective Site Monitoring: Round 8 (April-May 2023)* (previously cited), p. 2.

58 Interview by video call with a humanitarian agency staff member, 25 August 2023; interview by video call with representatives from a UN agency, 3 August 2023.

Many directors of temporary shelters said that as a result of this inaccessible infrastructure, they had to turn away people with disabilities, including older people, who were fleeing the war. The director of a youth camp in Koviaky, Kharkiv region, which had been converted into a shelter where 26 displaced people were living in May 2023, said:

At the beginning of the war people in wheelchairs came to us. But we couldn't even take them in for the night, we had to turn them away. We don't have a ramp in front of the building. We told them to go somewhere else.⁵⁹

This sometimes led to the separation of families. For example, Olha Tsibinyova, 73, who cannot walk, fled her home in the village Mala Komyshevukha, in Kharkiv region, when it came under attack in March 2022. Her two younger sisters, Tetiana and Natalia, who were from the same village and once provided care to Olha, found shelter in a nursery school.⁶⁰ But Olha was unable to join them, because her disability would have made it impossible to transport and care for her in the inaccessible building. Tetiana, 66, said:

[I told Olha], 'I'm sorry, don't be upset but I just can't take you with me'... She was the only 'bedridden' person [amongst those who had been displaced]... She was very upset, I had taken care of her and she was used to me... We never thought it would be so long.⁶¹

Olha was first moved to a hospital and has lived in an institution for older people and people with disabilities since June 2022.

Modular housing communities for displaced people look distinct from temporary shelters. Unlike shelters, which are built in existing buildings such as dormitories or schools, modular homes are made up of container-like structures and were built, primarily with funding from international donors, to house displaced people after Russia's full-scale invasion. Residents share communal spaces, such as kitchens and toilets, with other families, but each family typically has a private room. Despite being single-story structures, most of these facilities are inaccessible to people with disabilities: they lack entrance ramps, do not have rooms wide enough for a wheelchair to enter or make a full turn, grab bars or other accessible infrastructure in toilet or bathing spaces, or colour-contrasting on doors to make them easy to identify, all of which make it harder for people with different types of disabilities to navigate them.

This has meant that any people with disabilities living in modular housing have been largely dependent on their relatives for support, and many have been confined to their rooms throughout the day and forced to go to the toilet in their rooms.⁶² For example, Mykola Kovalenko, 68, who lived with his wife in a modular community in Kyiv region after their house was destroyed in March 2022, could not use his wheelchair

59 Interview in person with the director of a children's camp (anonymous), 26 May 2023, Koviaky, Kharkiv region, Ukraine.

60 Interview in person with Olha Tsibinyova, Zmiiv, Kharkiv region, Ukraine, 8 September 2023; interview in person with Tetiana Bureyko, Poltava, Ukraine, 10 September 2023; interview by voice call with Natalia Skripnik, 15 September 2023.

61 Interview in person with Tetiana Bureyko, Poltava, Ukraine, 10 September 2023.

62 Interview in person with Mykola Kovalenko, 20 May 2023, Irpin, Kyiv region, Ukraine; interview in person, 21 May 2023, Bucha, Kyiv region, Ukraine; interview in person with Nina Korkoch, 20 May 2023, Irpin, Kyiv region, Ukraine.

because there was less than half a metre between their beds, and the building did not have a ramp at the entrance. Mykola had not been outside his room since coming to the modular home community. He said, crying:

Yesterday a hairdresser was here, but I couldn't even go out of this room to get my hair cut. My food has to be brought to me and I eat while lying down.⁶³

In a survey undertaken by UN and humanitarian organizations of over a thousand directors of shelters in May 2023, 33% of directors said the top problem they faced was the inaccessibility of their building infrastructure to older people and people with disabilities.⁶⁴

However, Amnesty International visited only one shelter that was undergoing renovations to make it more physically accessible to people with disabilities.⁶⁵ In other cases, staff said they did not see a need to make their buildings more accessible because they saw these shelters as temporary. In Mykolaiv, for example, one school was hosting 94 displaced people as of September 2023, 80% of them over 60 years old. Many older people in the shelter had significantly limited mobility and were living on the second floor with no ability to get to the ground floor or to go outside.⁶⁶ When Amnesty International asked staff whether they were considering building ramps to the building or between floors, the head nurse said:

We think that our current situation is temporary. We didn't have any children [with limited mobility], so we do not see the need for these things. We won't be doing this forever – some of these people will go home, the older ones might go to a nursing home.⁶⁷

While data collection is inconsistent (see Chapter 4.2), the limited data that Amnesty International was able to access suggested the de facto exclusion of people with disabilities from many temporary shelters. An analysis of shelters in Lviv oblast provided by the regional administration, for example, showed that of the 1,949 displaced people living in 58 educational facilities, only 135 – or 6.9% – were registered as having a disability.⁶⁸ This was much smaller than the overall percentage of displaced people with disabilities living in shelters, which was 16%; the data showed that the largest concentrations of people with disabilities were living in institutions or institutional-like settings, such as hospitals, psychiatric wards, and nursing homes.⁶⁹

63 Interview in person with Mykola Kovalenko, 20 May 2023, Irpin, Kyiv region, Ukraine.

64 CCCM Cluster, *Ukraine Collective Site Monitoring: Round 8 (April-May 2023)* (previously cited), p. 4.

65 This was a dormitory in Drohobych, Lviv region.

66 Interviews in person with Valentyna Osochenko, Anastasia Chepenko, and Hanna Hesirovska, Mykolaiv, Ukraine, 2 September 2023.

67 Interview in person with the head nurse at a school in Mykolaiv, Ukraine, 2 September 2023.

68 This analysis is based on data given to Amnesty International by the Lviv Department of Social Protection on 13 September, 2023. All data are on file with Amnesty International. Given the medical rather than the functioning approach to disability that prevails in Ukraine, it is likely that these people with disabilities may not be those with limited mobility (see Chapter 5.2 for more information). Amnesty International saw relatively few people with limited mobility or limited eyesight in temporary shelters.

69 Data shared by Lviv Department of Social Defense with Amnesty International, 13 September 2023, on file with Amnesty International.

The Convention on the Rights of Persons with Disabilities (CRPD), to which Ukraine is a party, calls on states to ensure that people with disabilities have access to their physical environment on an equal basis with others, including by “developing, promulgating and monitoring the implementation of minimum standards... for the accessibility of facilities and services open or provided to the public” and “training... stakeholders on accessibility issues facing persons with disabilities”.⁷⁰ These standards are also reflected in the UN Inter-Agency Standing Committee (IASC) Guidelines on Inclusion of Persons with Disabilities, which guide humanitarian responses to emergencies and call for all humanitarian actors to remove infrastructural and attitudinal barriers that deprive people with disabilities access to shelter, including by implementing universal design principles in humanitarian responses.⁷¹

Leading disability rights groups in Ukraine, including the umbrella organizations National Assembly of People with Disabilities and League of the Strong, have called on the Ukrainian government to adopt legislation that would create minimum accessibility requirements for temporary shelters and modular housing.⁷² However, at the time of writing, no such requirements are in place. This leads to the exclusion of displaced people with disabilities from housing, and also means that many buildings that could benefit from greater accessibility in the longer-term, such as schools, are not conducting necessary changes to become more accessible in the future to students or others with disabilities. Given that more than half of people registered with a disability in Ukraine are older people, these practices and attitudes have a particular impact on older people in displacement.

70 CRPD, Article 9.

71 UN Inter-Agency Standing Committee (IASC), *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action*, July 2019, https://interagencystandingcommittee.org/system/files/2020-11/IASC%20Guidelines%20on%20the%20Inclusion%20of%20Persons%20with%20Disabilities%20in%20Humanitarian%20Action%2C%202019_0.pdf, pp. 167-175.

72 European Disability Forum, *Rights of persons with disabilities during the war in Ukraine: Summary of Monitoring Report*, February 2023, <https://www.edf-feph.org/content/uploads/2023/02/PDF-Summary-of-monitoring-report-Rights-of-persons-with-disabilities-during-the-war-in-Ukraine.pdf>, p. 13.



↑ A nursery school that has been adapted into a shelter for displaced people in Kharkiv region, Ukraine. © Amnesty International



↑ A bathroom facility in a temporary shelters for displaced people in Kharkiv, Ukraine. Shelters, which are often in schools or nurseries, often do not have physically accessible sanitation for people with disabilities. © Amnesty International

4.2 OVERWHELMED STAFF AND UNPREDICTABILITY

Shelters that Amnesty International visited were often still shouldering their original responsibilities: many universities were still hosting students in addition to displaced persons, and many schoolteachers and directors were conducting classes, at least online, while also managing the property as a shelter.⁷³

The director of one kindergarten in Kharkiv region said her staff struggled to cope with the needs of displaced people living there. While the school had 39 staff, only one-third of them were currently working.⁷⁴ In addition to managing the shelter for displaced residents living there, they continued to provide online education for half of the 128 children registered at the school. The director said:

It's very difficult to manage everything. I have no secretary, I still have to speak to parents and do all the administration for the school, but now there is round-the-clock work with foundations [to provide aid for the displaced people], and we need to give [displaced people] a place to live, do all of their documentation.⁷⁵

This already-limited capacity meant that in addition to being largely physically inaccessible, shelters almost never had dedicated staff who could assist older people with disabilities if they required support to move about, eat, wash, or to go to a doctor's office or other appointments. With staff already overwhelmed, directors of temporary shelters told Amnesty International they were reluctant to take in people with disabilities fleeing the war.

For example, Iryna Borodina, the director of a nursery school in Kharkiv region that now hosts 57 displaced people, 22 of whom are older, said that the remaining 11 out of 42 staff members who were working as of May 2023 could not cope with any additional care responsibilities for people with disabilities:

One family who came here had a grandmother, she could barely walk up the stairs at the front of the building... I understood this is a person who requires care. But we aren't a nursing home, we don't have care workers. I already have people with elite degrees cleaning toilets as it is. So we had to turn her away.⁷⁶

73 Interviews in person, May-June 2023.

74 Interview in person with Olena Hamolina, 26 May 2023, Valki, Kharkiv region. In Ukraine, local governments must ensure the ongoing payment of educational workers during the war regardless of whether they have moved abroad or to another region of Ukraine, and must continue providing schooling "in whatever form that they can guarantee and which is safest for them." In many regions, particularly those directly impacted by the conflict, little or no in-person schooling can take place, and education must be provided online. Regardless of whether students are studying in-person or remotely, the law requires that local administrations determine how many employees will continue working versus how many will temporarily stop work (known as *простой*, or stand-by time, in Ukrainian); they must pay at least two-thirds salary to those who are not currently working and preserve their jobs until the state of emergency is over. For more information, see Ukraine, Ministry of Education and Sciences, Decree No. 274, "Про деякі питання організації здобуття загальної середньої освіти та освітнього процесу в умовах воєнного стану в Україні", 29 March 2022, <https://zakon.rada.gov.ua/rada/show/v0274729-22#Text>; Ukraine, Ministry of Education and Sciences, Letter No. 1/6887-22, "Щодо збереження мережі закладів дошкільної освіти та захисту прав їх працівників", 22 June 2022, <https://mon.gov.ua/ua/npa/shodo-zberezhennya-merezhi-zakladiv-doshkilnoyi-osviti-ta-zahistu-prav-yih-pracivnikov>; Ukraine, Ministry of Education and Sciences, Letter No. 1/4444-22, "Про оплату праці працівників закладів освіти", 25 May 2022, <https://mon.gov.ua/ua/npa/pro-oplatu-praci-pracivnikov-zakladiv-osviti>

75 Interview in person with Olena Hamolina, 26 May 2023, Valki, Kharkiv region.

76 Interview in person with Iryna Borodina, 26 May 2023, Kharkiv region, Ukraine.

Older people with disabilities sometimes said they did not want to burden the already-overworked staff in shelters, and so they did not request additional support when they needed it. Hanna Gesirovska, 73, who was from a village in Mykolaiv region, fled her home in March 2023 and was living in a school in Mykolaiv. Both her daughters and her grandchildren had fled abroad and were living in Germany and Finland. She lived on the second floor of the school and rarely went outside:

I can't go downstairs by myself, I need somebody to help me. It's not the staff's obligation to help me do that. They already have a lot of work.⁷⁷

People living in temporary shelters faced significant uncertainty regarding how long and under what conditions they could stay there. Almost all of the school or dormitory directors Amnesty International interviewed for this report said they hoped to be able to reopen for in-person schooling as soon as possible.⁷⁸ Amnesty International interviewed many people who had lived in multiple schools or universities since the war began, moving from one to another as they closed to displaced people. According to Cedos, a think tank that has written extensively about housing in Ukraine, temporary shelters are often not a part of official housing stock, meaning “the rights of residents can be unprotected, and they risk being left homeless if the building – for instance, a dormitory – is needed again by the institution to which it belongs”.⁷⁹

In 2022, Minister for Reintegration Iryna Vereshchuk said that any displaced person being forced to leave a shelter in a school ahead of the new school year should be offered alternative accommodation.⁸⁰ In Amnesty International's December 2022 report, *“I Used To Have A Home”: Older People's Experience of War, Displacement, and Access to Housing in Ukraine*, some older people said they had not been provided alternative accommodation after being evicted from schools in July and August 2022,⁸¹ though Amnesty International did not encounter any such cases in 2023.

INCONSISTENT DATA COLLECTION

UN agencies have said that older people are more likely to live in temporary shelters than other groups.⁸² In visits to temporary shelters, particularly in regions closer to the frontlines, Amnesty International often found this to be true. However, when attempting to collect more detailed information on the number of older people and people with disabilities in temporary shelters, Amnesty International found that this data was not always collected and often was not disaggregated by age, gender or disability.

77 Interview in person with Hanna Gesirovska, Mykolaiv, Ukraine 2 September 2023.

78 Interviews in person, May-June 2023.

79 Cedos, *Housing and war: housing policy in the first year of the full-scale war*, 22 March 2023, <https://cedos.org.ua/en/researches/housing-and-war-annual-review/>

80 Ministry of Reintegration of Temporarily Occupied Territories of Ukraine, “Не можна виселяти ВПО із закладів освіти без надання альтернативного прихистку”, 11 July 2022, <https://minre.gov.ua/2022/07/11/ne-mozhna-vyselyaty-vpo-iz-zakladiv-osvity-bez-nadannya-alternatyvnogo-pryhystku/?fbclid=IwAR2rGVpoZmqTCNsiXnNYkTxDP15fDoszKViUFpR1K-ApMu3sVC11-gnKrvG>

81 Amnesty International, *“I Used To Have A Home”: Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited), pp. 33-37.

82 United Nations High Commissioner for Refugees (UNHCR), “Acute needs of older Ukrainian refugees and those with disabilities must not be overlooked,” 27 April 2023, <https://www.unhcr.org/news/acute-needs-older-ukrainian-refugees-and-those-disabilities-must-not-be-overlooked>; and interview by video call with representatives from a UN agency, 3 August 2023.

One series of phone calls appears to be indicative of the wider situation. On 11 September 2023, Amnesty International called three temporary shelters in Kharkiv region with populations of varying size, asking how many residents were over 60 years old and how many had a disability. One shelter director said that out of 308 residents, 107 (35%) were over 60; 25 (8%) had a disability. Another shelter director said that out of 47 residents, 23 (49%) were over 60, but did not know the number of residents who had a disability. Finally, a third shelter director where 765 residents were living said he did not collect information about age and disability, and did not have the time to do so.⁸³ Similarly, when Amnesty International visited shelters in-person, sometimes shelter directors did collect data on the number of residents over 60 or who had a disability, but equally often they did not, or gave Amnesty International a list of all residents and their date of birth for delegates to analyse that data themselves.

These gaps stem from the lack of clear and consistent reporting standards on shelters in Ukraine. Some regions made a clear effort to collect certain age- and disability-related data: for example, information that the Lviv Oblast Department of Social Protection provided to Amnesty International about all temporary shelters included a column on the number of persons with disabilities in each. However, this data did not include age, nor did it include the type of disability a person had. Reporting by Humanity and Inclusion, an international humanitarian organization focusing on people with disabilities, as well as interviews with aid workers in Ukraine, indicate that the lack of inclusive data collection and analysis is widespread across Ukraine.⁸⁴

Amnesty International also found that reports of disability were typically based on official disability status as defined by Ukrainian law. As this report will explore below (see Chapter 5.2), many people with disabilities in Ukraine, and particularly older people with disabilities, do not register for disability status because they face barriers in the registration process. As one employee of a UN agency said: “When we count persons with disabilities only as people who have a [disability status] card, we end up with a big underrepresentation.”⁸⁵

Data that is disaggregated by age (including specific age brackets such as 60-69, 70-79, etc.), specific type of disability, and gender is key to ensuring that donors and humanitarian actors can respond adequately to the situation in Ukraine. The IASC Guidelines identify disaggregating data as one of “four essential actions” to ensure inclusion and meaningful participation of people with disabilities in the humanitarian response.⁸⁶ Such data collection is just as needed to understand the specific risks older people face during the war in Ukraine generally, and in accessing housing specifically.

83 Amnesty International interviews with three directors of temporary shelters in Kharkiv region (anonymous), 11 September 2023.

84 Humanity & Inclusion, *Ukraine, where sirens sound day and night: A focus on persons with disabilities and provision of emergency health services*, October 2022, https://www.hi.org/sn_uploads/document/Factsheet-Ukraine-Advocacy-EN-final-14102022.pdf

85 Interview by video call with a humanitarian agency staff member, 25 August 2023.

86 UN Inter-Agency Standing Committee (IASC), *Guidelines: Inclusion of Persons with Disabilities in Humanitarian Action* (previously cited), pp. 19-21.

4.3 PRIVATE RENTAL MARKET: PROHIBITIVE COSTS

The vast majority of displaced people in Ukraine do not live in temporary shelters: as of early 2023, 60% were living in rental accommodations, while 21% lived with family or friends.⁸⁷ However, alternative, affordable housing options are few and far between, particularly as rising costs have made it increasingly difficult for many people to afford rent.

Overall inflation was 24.9% in Ukraine in the first year of the full-scale invasion.⁸⁸ Price increases have been particularly notable in the rental housing market, as millions fled their homes for safer parts of Ukraine, particularly in the west of the country. Overall, renting a one-bedroom apartment went from costing an average of 4,372 hryvnia (US\$119) in January 2022 to 6,230 hryvnia (US\$170) in June 2023, an increase of 42%.⁸⁹ The increases have been much greater in regions further from the front, whereas they have been less steep in regions in the south and east that are more regularly subject to attack. According to the World Bank, the war has pushed more than 7.1 million people in Ukraine into poverty, increasing overall poverty levels from 5.5 to 24.1% in 2022 alone.⁹⁰

This huge increase in the cost of paying rent falls primarily on displaced people: 91% of non-displaced people in Ukraine live in their own homes, whereas 60% of displaced people live in rental accommodations.⁹¹ In a survey by the IOM, 42% of displaced people said they would use any cash assistance they received to pay for rent, relative to just 3% of the non-displaced population.⁹²

Rising prices have a particularly devastating impact on older people, most of whom live on a fixed income from a pension. While Ukraine provides pensions to all people above a certain age,⁹³ before the war 80% of older people were receiving pensions that put them below the real subsistence minimum of 4,666 hryvnia (US\$127) per month.⁹⁴ Since Russia's full-scale invasion, with pensions only partially indexed to offset inflation,⁹⁵ the majority of older people are still receiving pensions well below the poverty line: as of

87 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)* (previously cited), p. 12.

88 State Statistics Service of Ukraine, *Consumer price indices for goods and services in 2023 (to corresponding month of previous year)*, <https://ukrstat.gov.ua/> (accessed 2 August 2023).

89 State Statistics Service of Ukraine, *Average consumer prices for goods (services) in Ukraine in 2023* (previously cited).

90 The World Bank, *Macro Poverty Outlook (MPO): Ukraine*, April 2023, <https://thedocs.worldbank.org/en/doc/d5f32ef28464d01f195827b7e020a3e8-0500022021/related/mpo-ukr.pdf>

91 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)* (cited previously), p. 9.

92 IOM, *Ukraine – Internal Displacement Report – General Population Survey Round 12 (16 - 23 January 2023)* (cited previously), p. 11.

93 As of January 2022, those eligible for old-age pensions included: people over 60 who had worked in the formal economy for 30 years or more; people over 63 who worked for 20 to 30 years; and those over 65 who have worked for less than 20 years. Those who have worked in the informal economy still receive pensions, though are likely to receive lower pensions if they have worked fewer years in the formal economy. For more information, see Ukrinform, “Вихід на пенсію за віком: правила у 2022 році”, 1 January 2022, <https://www.ukrinform.ua/rubric-society/3378902-vihid-na-pensiu-za-vikom-pravila-u-2022-roci.html>

94 Ministry of Social Policy of Ukraine, “Фактичний розмір прожиткового мінімуму у 2015-2022 роках”, 18 January 2023, <https://www.msp.gov.ua/news/12286.html> (accessed 3 August 2023).

95 In February 2023, the Ukrainian government announced it would index pensions, but at 19.7%, i.e., less than inflation. For more information, see Ministry of Social Policy of Ukraine, “Уряд розширив індексацію: Українці з найменшими пенсіями отримують збільшення походів майже на 20%”, <https://www.msp.gov.ua/news/22627.html> (accessed 2 August 2023).

July 2023, 51% of pensioners earned less than 4,000 hryvnia (US\$109) per month, and only 33.6% of pensioners received more than 5,000 hryvnia (US\$136) per month.⁹⁶

The vast majority of older people interviewed by Amnesty International repeatedly said they could not afford to pay for rent with their pensions, which were far below rental costs.⁹⁷ While older people who are registered as internally displaced, including those who are receiving a pension, can apply for additional monthly assistance from the government – 2,000 hryvnia (US\$55) for all adults and 3,000 hryvnia (US\$82) for those who have disabilities⁹⁸ – almost all older people told Amnesty International that these payments were insufficient to meet the gap they needed to pay for housing.

INCREASE IN RENTAL COSTS IN DIFFERENT REGIONS OF UKRAINE, JAN. 2022 – JUNE 2023

REGION	COST OF ONE-BEDROOM APT., JAN. 22	COST OF ONE-BEDROOM APT., DEC. 22	COST OF ONE-BEDROOM APT., JUNE 23	INCREASE IN %, JAN 2022 – JUNE 2023
Western Ukraine				
Zakarpattia	4,398 UAH	8,705 UAH	12,866 UAH	190%
Ivano-Frankivsk	2,618 UAH	4,794 UAH	5,441 UAH	108%
Lviv	5,449 UAH	10,976 UAH	12,001 UAH	120%
Conflict-affected regions				
Mykolaiv	3,302 UAH	3,372 UAH	3,500 UAH	6%
Kharkiv	4,965 UAH	3,430 UAH	3,530 UAH	-29%
Kyiv region	3,885 UAH	4,066 UAH	4,239 UAH	9%
Ukraine	4,372 UAH	5,699 UAH	6,230 UAH	42%

96 Pension Fund of Ukraine, Середній розмір призначеної пенсійної виплати та питома вага пенсіонерів за розмірами призначених місячних пенсій у загальній їх чисельності станом на 01.07.2023, 12 July 2023, <https://www.pfu.gov.ua/2159343-dani-pro-serednij-rozmir-pensiyi-standom-na-01-07-2023/>

97 Interviews in person, May-June 2023.

98 Ukraine, Cabinet of Ministers Decree No. 332, “Деякі питання виплати допомоги на проживання внутрішньо переміщеним особам”, 20 March 2022, <https://zakon.rada.gov.ua/laws/show/332-2022-%D0%BF?find=1&text=%D1%83+%D1%80%D0%BE%D0%B7%D0%BC%D1%96%D1%80#Text>

Tetiana Bureyko, 66, who was living in a kindergarten in Poltava, said there was no way she could rebuild her life independently after her home in Kharkiv region was destroyed. Bureyko, who received a monthly pension of 4,000 hryvnia (US\$108), had spent the recent years of her official retirement working abroad as a caretaker for older people. She told Amnesty International:

I earned enough money to renovate my apartment, I bought everything I needed and made it my own... My pension is not enough for anything. Everything I had burned. I am homeless, with nothing and nowhere.⁹⁹

Older people can also apply to international organizations for financial support, and the UN for example offers multipurpose cash assistance of 2,200 hryvnia (US\$59) per month to older people for up to three months.¹⁰⁰ However, humanitarian actors said these payments ultimately proved insufficient for older people, who due to low pensions needed longer-term support if they were to afford moving out of temporary shelters and into rental accommodation. One humanitarian worker said:

[Temporary shelters] are transforming into de facto [older age] institutions because the people of working age move out... For older people, cash can be provided, but it's very time-bound assistance of three or four months. So older people themselves ask, 'Okay, what is next? How am I going to afford [rent]? If I move out of the [shelters] now using your nice offer, what happens next?'¹⁰¹

As a result, and as Amnesty International documented in a December 2022 report, older people in Ukraine have often had no viable option but to stay in or return to their homes even if they had damaged windows or roofs that could not shelter them from rain or snow, or did not have heating or electricity.¹⁰² They have also been more likely to be forced to remain in or return to areas of active hostilities, posing further risks to their health and safety.¹⁰³

99 Interview in person with Tetiana Bureyko, Poltava, Ukraine, 10 September 2023.

100 UNHCR, "Multi-purpose cash assistance for conflict-affected population", undated, <https://help.unhcr.org/ukraine/multi-purpose-cash-assistance-programme-for-idps/>

101 Interview by video call with representatives from a UN agency, 3 August 2023.

102 Amnesty International, *"I Used To Have A Home": Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited), pp. 71-78.

103 Amnesty International, *"I Used To Have A Home": Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited), pp. 66-70.

RIGHT TO ADEQUATE STANDARD OF LIVING AND RIGHT TO HOUSING

Ukraine and Russia are both parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR).¹⁰⁴ Article 11 of the ICESCR recognizes the right of everyone to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions.¹⁰⁵ Article 9 of the ICESCR recognizes the right to social security.¹⁰⁶ This right includes the right to access and maintain benefits to secure protection from a range of adverse circumstances, including a lack of work-related income, unaffordable access to health care and insufficient family support.¹⁰⁷

The Committee on Economic, Social and Cultural Rights (CESCR), which is charged with providing an authoritative interpretation of the rights contained in the Covenant and monitors the ICESCR's

implementation, has said that state parties should provide pensions to all older persons of prescribed retirement age, including those who have not completed a qualifying period of contribution.¹⁰⁸ For older people, the right to work and the right to social security are integral to realizing the right to an adequate standard of living. According to the CESCR, cash or other benefits “must be adequate in amount and duration in order that everyone may realize his or her rights to family protection and assistance, an adequate standard of living and adequate access to health care”.¹⁰⁹ The European Social Charter (ESC), which Ukraine ratified in 2006, guarantees the rights of older people to social protection.¹¹⁰

Ukraine provides universal pensions to all people of retirement age. But as detailed above, pensions generally fall significantly below the real subsistence minimum in the country, resulting in many older people living in poverty. While some older people receive family support that helps provide for a more liveable situation, that should never be assumed; many older people interviewed by Amnesty International did not have such support. Russia's invasion of Ukraine and its recurrent indiscriminate attacks, which have killed civilians, destroyed homes and other infrastructure, and forcibly displaced millions, have significantly worsened this pre-existing poverty among many older people.

104 International Covenant on Economic, Social and Cultural Rights (ICESCR), Articles 6 and 11.

105 ICESCR, Article 11.

106 ICESCR, Article 9.

107 UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 19: The right to social security (Art. 9), 4 February 2008, UN Doc. E/C.12/GC/19, para. 2.

108 CESCR General Comment 6: The Economic, Social, and Cultural Rights of Older Persons, 8 December 1995, UN Doc. E/1996/22, para. 30.

109 UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 19: The right to social security (Art. 9) (previously cited), para. 22.

110 European Social Charter (Revised), Article 23.

According to the CESCR, adequate housing is defined as housing that provides residents with, among other things, “facilities essential for health, security, comfort and nutrition” including safe drinking water, energy, heating, and lighting, as well as protection from cold, damp, heat, rain, wind and other threats to health.¹¹¹ It should also be affordable, meaning that “tenants should be protected by appropriate means against unreasonable rent levels or rent increases”.¹¹² The CESCR has said that key to the definition of “adequate housing” is security of tenure, meaning that “all persons should possess a degree of security of tenure which guarantees legal protection against forced eviction, harassment and other threats”.¹¹³ Where residents are not afforded such rights, states should “take immediate measures aimed at conferring legal security of tenure upon those... lacking such protection, in genuine consultation with affected persons and groups”.¹¹⁴

Finally, people who were in their 50s and early 60s, many of whom were not yet receiving a pension, described facing particular economic precarity. People over 45 years old in Ukraine are more likely to report discrimination when seeking employment generally.¹¹⁵ Of the older people interviewed by Amnesty International, many who had been employed before the war said they had lost their jobs and been unable to find new ones.¹¹⁶

For example, Nadiya, a 60-year-old woman from Bakhmut, worked in an egg-sorting factory before she was displaced by the war in May 2022. She then moved to a temporary shelter in a school in Pidhorodne, Dnipro region. Because she did not yet receive a pension, she worked as a day labourer picking vegetables, earning 400 hryvnia (US\$10) for every kilo she picked. But in October 2022, she slipped and broke her leg; when interviewed eight months later, she was still in pain and used a crutch to walk, and could no longer work as a result. Because she did not have disability status, her only income was the 2,000 hryvnia (US\$55) monthly payments that she received from the Ukrainian government as a displaced person. When asked what she would do if forced to leave the school where she was living, Nadiya said:

I don't have a backup option, so far this is the best one. I'm totally lost, I have a brother in Crimea and my other relatives are in Russia. I feel like my life is hanging in the air.¹¹⁷

111 CESCR General Comment 4, The Right to Adequate Housing (Article 11), 13 December 1991, UN Doc: E/1992/23, para. 8.

112 CESCR General Comment 4 (previously cited), para. 8.

113 CESCR General Comment 4 (previously cited), para. 8a.

114 CESCR General Comment 4 (previously cited), para. 8a.

115 Balakireva O.M., Lokteva I.I., “Неформальна зайнятість, дискримінація при працевлаштуванні та виміри людського капіталу”, 2018, Ukrainian Society, Volume 4, Issue 67, https://ukr-socium.org.ua/wp-content/uploads/2019/03/35-52_No467_2018_ukr.pdf, p. 45.

116 Interviews in person, May-September 2023.

117 Interview in person with Nadiya (last name anonymized), 1 June 2023, Pidhorodne, Ukraine.

4.4 HOUSING COMPENSATION: RISKS OF EXCLUSION

In February 2023, Ukraine's parliament passed a law that outlines the provision of compensation for those with damaged or destroyed housing.¹¹⁸

The process is slightly different, depending on whether a person's housing was partially damaged or completely destroyed. Those with partially damaged housing can already apply through the online application *Diya*, or in-person at a Centre for the Provision of Administrative Services (TSNAP in Ukrainian), to receive compensation of up to 200,000 hryvnia (US\$5,400).¹¹⁹ The money can then be distributed into a specially-created bank account, which can only be spent either directly on building materials or on payments to an officially-registered construction company.¹²⁰ As of 17 May 2023, the Ministry for Communities, Territories and Infrastructure Development (Ministry of Infrastructure), which is responsible for the programme, said 10,000 people had already applied for compensation for damaged housing and had received some 4.4 billion hryvnia (US\$119 million).¹²¹

The process is different for those whose houses have been completely destroyed. Those who lived in standalone homes can receive compensation in the form of cash, which they can spend on building materials. But people who lived in apartment buildings that are now destroyed can only receive compensation in the form of a "certificate," allowing them to buy an apartment or home for an equivalent cost elsewhere.¹²² The government has not started implementing compensation for this category. In all cases, people must apply within one year of martial law ending in the areas of Ukraine where they live.¹²³

Ukraine's effort to provide compensation to those who have lost their homes during Russia's full-scale invasion is commendable, particularly in the midst of an ongoing war. However, civil society groups have named several flaws with the law, including the lack of clear financing for compensation and the apparent exclusion of those who are from areas now occupied by Russian forces.¹²⁴ For the purposes of this report, however, the issue of greatest concern is that the law risks excluding older people and people with disabilities.

118 Ukraine, Law No. 2923-IX, "Про компенсацію за пошкодження та знищення окремих категорій об'єктів нерухомого майна внаслідок бойових дій, терористичних актів, диверсій, спричинених збройною агресією Російської Федерації проти України, та Державний реєстр майна, пошкодженого та знищеного внаслідок бойових дій, терористичних актів, диверсій, спричинених збройною агресією Російської Федерації проти України", 23 February 2023, <https://zakon.rada.gov.ua/laws/show/2923-20#Text>

119 ERecovery, "Програма допомоги від держави: для власників житла – пошкодженого або зруйнованого через бойові дії", <https://erecovery.dii.gov.ua/> (accessed 3 August 2023).

120 ERecovery, "Програма допомоги від держави: для власників житла – пошкодженого або зруйнованого через бойові дії" (previously cited).

121 Ministry of Communities and Territories Development of Ukraine, Facebook post, 17 May 2023, <https://www.facebook.com/Ministry.for.restoration/posts/pfbid02L8WRWiHr3LPmzLXzSh4GhikgBuS6Vdce21aNFNU5dzgEXEMZmTfbzTnAPftqLM2RI/>, "The government has allocated 4.4 billion hryvnia to the eRecovery program from the Fund for the Liquidation of Consequences of Russian Military Aggression" (translation from the Ukrainian by Amnesty International).

122 Ukraine, Law No. 2923-IX, "Про компенсацію..." (cited previously), Article 8.

123 Ukraine, Law No. 2923-IX, "Про компенсацію..." (cited previously), Article 4.

124 Transparency International Ukraine, "Compensation for Damaged and Destroyed Property: Analysis of Draft Law 7198", 12 January 2023, <https://ti-ukraine.org/en/news/compensation-for-damaged-and-destroyed-property-analysis-of-draft-law-7198/>. See also: ERecovery, "Програма допомоги від держави: для власників житла – пошкодженого або зруйнованого через бойові дії" (previously cited).

The law lists several priority groups for compensation, among them soldiers and veterans, families with children, and people with first and second group disability.¹²⁵ What prioritization means in practice is not clear. In addition, older people are not among the priority groups.¹²⁶ And perhaps even more importantly, many older people told Amnesty International that they either did not know about the law or found the mechanisms and rules for applying too complex, raising concerns about equal access.

Nina Kovalenko, 67, lives with her husband who has a disability in a modular housing community in Kyiv region. She said she was not aware of the new law and had not applied for compensation for her home:

We are two pensioners, we have nowhere to live, we are afraid they won't give us enough [compensation]... Nobody has explained anything to us, we thought that because our home is totally destroyed we will receive a home... But I don't know who to appeal to, where to go.¹²⁷

In order to apply, people must provide proof of identity, proof of property ownership, and where possible, video or photo evidence of damage or destruction to property, amongst other documentation.¹²⁸ Amnesty International found that many older people struggled to apply for compensation because their property was not registered under their names, a particularly widespread problem in rural areas. Nina Ovcharenko, a 70-year-old woman from Volnovakha in Donetsk region, who was living in displacement in a modular home, said:

I don't know if I will get any compensation. My mother lived [in our home in Volnovakha] until she was 95, and on 17 February [2022] she died. The house was in her name, I have no documents. I don't know where to turn, what to live on. I have no future. It's easier for younger people, but when you are 70 years old, where do you start?¹²⁹

Some older people said they had to pay out of pocket to agencies that could help register their property. For example, Maryna Kasyanova, 63, who lived in a village in Mykolaiv region, said she had received 15,000 hryvnia (US\$406) from a charity organization to help rebuild her destroyed home, but that she had not applied for government compensation because the agency that would help register her property under her name, known as a Bureau of Technical Inventory, would cost her up to 6,000 hryvnia (US\$162). Her monthly pension was only 4,500 hryvnia (US\$122).¹³⁰

Many older people in Ukraine do not have smartphones or regularly use the internet. According to a HelpAge International survey of 400 older people in Ukraine, 56% said they used the internet at least once

125 Ukraine, Law No. 2923-IX, "Про компенсацію..." (cited previously), Article 9.1.

126 According to the CESCRC Committee, older people should be among the groups given "some degree of priority consideration in the housing sphere". For more information see: CESCRC General Comment 4 (previously cited), para. 8a.

127 Interview in person with Nina Kovalenko, Irpin, Kyiv region, Ukraine, 20 May 2023.

128 Ukraine, Law No. 2923-IX, "Про компенсацію..." (cited previously), Article 4.

129 Interview in person with Nina Ovcharenko, Bucha, Kyiv region, Ukraine, 21 May 2023.

130 Interview in person with Maryna Kasyanova, Lyubomirivka, Mykolaiv region, Ukraine, 1 September 2023.

a week, compared to 83% of the overall population.¹³¹ Seventeen percent of older people reported having the skills to use the internet but no access to it, and 20% said they did not have the skills to use the internet. Nearly a third of respondents said they preferred to get news and other information through television.¹³²

The Ukrainian government and humanitarian partners should make significant efforts to ensure information about compensation reaches older people, including older people with disabilities, in line with CRPD obligations.¹³³ This means publishing information in accessible formats, as well as ensuring that information about compensation reaches non-digital media outlets that are more frequently consumed by older people, such as television and radio, as well as distributed directly to displaced older people and people with disabilities, particularly those living in temporary shelters or institutions.

True accessibility also entails providing support services for those who need to visit government agencies or who require help navigating the steps of the application process. In Poltava, for example, two residents of a temporary shelter in a dormitory said they were contacted by an NGO that had informed them about how to apply for compensation.¹³⁴ But this was not the case elsewhere, and given the number of older people and people with disabilities who had not heard about compensation or did not know how to apply, it is clear that such support should be more widespread.

These same practices should be used when rolling out any reconstruction plans, to ensure that older people and people with disabilities are well-informed with regards to the process. In 2021, Ukraine's Cabinet of Ministers approved a "National Plan for the Creation of a Barrier-Free Society", which called for local, regional and central authorities to make physical, digital, informational, educational and other infrastructure fully accessible to all by 2030.¹³⁵ The plan stated that most infrastructure in Ukraine, including buildings and online information, were not accessible to people with disabilities. In May 2023, Ukraine's Cabinet of Ministers issued a decree approving detailed steps for implementation in 2023-2024, which included calls for educational and other facilities to adapt their physical infrastructure to the needs of people with disabilities.¹³⁶ First Lady of Ukraine Olena Zelenska, a champion of the "Barrier-Free Plan", has said that post-war reconstruction of the country should be based on the principles of accessibility.¹³⁷

131 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 22.

132 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 22

133 CRPD, Article 9.

134 Interview in person with Anastasiia Strelnikova, Poltava, Ukraine, 25 May 2023; interview in person with Liubov Sapelnik, Poltava, Ukraine, 25 May 2023.

135 Ukraine, Cabinet of Ministers Decree 366, "Про схвалення Національної стратегії із створення безбар'єрного простору в Україні на період до 2030 року", 14 May 2021, <https://zakon.rada.gov.ua/laws/show/366-2021-%D1%80#Text>

136 Ukraine, Cabinet of Ministers Decree 372, "Про затвердження плану заходів на 2023–2024 роки з реалізації Національної стратегії із створення безбар'єрного простору в Україні на період до 2030 року", 25 May 2023, <https://www.kmu.gov.ua/npras/pro-zatverdzhennia-planu-zakhodiv-na-20232024-roky-z-realizatsii-natsionalnoi-strategii-iz-stvorennia-bezbaryernoho-prostoru-v-ukraini-na-period-do-2030-roku-i250423-372>

137 President of Ukraine, "During the war, the implementation of a barrier-free environment became even more important – Olena Zelenska", 28 December 2022, <https://www.president.gov.ua/en/news/pid-chas-vijni-vprovadzhennya-bezbaryernosti-nabulo-she-bils-80101#:~:text=In%202020%2C%20President%20Volodymyr%20Zelensky,Cabinet%20of%20Ministers%20was%20established>

5 ACCESS TO SUPPORT SERVICES AND HEALTHCARE

“Kherson is a bellwether: with the liberation of [Russian-occupied areas], we will encounter the same problem: insufficient personnel to provide care [to older people with disabilities].”

Anton Yefanov, Deputy Director of the Kherson City Military Administration¹³⁸

“My doctor told me, ‘Your pension won’t be any bigger, so why do you need disability [status]?’”

Tamila Zadoina, 81, who is partially blind and lives in a school for displaced people in Mykolaiv¹³⁹

For people with disabilities, including older people with disabilities, community-based support and home care – which can include a wide range of activities from delivering groceries to bathing and changing – are often key to retaining one’s autonomy and independence. Russia’s invasion has placed immense strain on Ukraine’s ability to provide such support, particularly in those regions hardest hit by the conflict. Many older people have been forced to flee their homes, not just because of the attacks but also because of a de facto care crisis in Ukraine. Others have stayed behind despite the lack of adequate care in their home communities, and as a result face greater risk of death, disability and poor health.

Even near frontline areas, Ukraine’s social workers have heroically continued providing life-supporting services to many older people at home. But, as detailed in the sections below, social workers and local officials described a system under strain: younger people, many of whom had previously provided care for older relatives, had fled abroad or enlisted in the military, leaving many older people without care.

138 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

139 Interview in person with Tamila Zadoina, Mykolaiv, Ukraine, 2 September 2023.



↑ Liudmyla Strybak, a social worker in Krasnopillia in Ukraine, supports Yevhenia Sidova, 91, to eat a meal.
© Olga Ivashchenko / Amnesty International

In addition to increased caseloads, social workers said they were forced to navigate transportation cutbacks and early curfews, particularly in rural areas and in areas close to the frontline. Almost all social workers did not have cars, and so they reached their clients on foot, by bike, or by bus, often taking great personal risk in doing so amidst the hostilities. While some social service providers had owned vehicles before the war, in several cases these were stolen by Russian forces or destroyed in the fighting. Local authorities described feeling largely alone to shoulder the increasing care needs and transportation hurdles.

Older people have also struggled to access disability-related and healthcare services during the war. This is despite the fact that many older people are now living with a disability as a result of war-related injuries. Transportation cutbacks, medical personnel shortages and pharmacy closures, particularly in rural areas, have created significant barriers to accessing care.

But many barriers predated Russia's invasion. For example, the process of applying for disability status in Ukraine still largely follows a medical model, whereby diagnoses or health conditions are used to determine disability.¹⁴⁰ This model, in which people with disabilities are treated as people who need to be “fixed” or “cured”, is contrary to the social model of disability, which is defined by the barriers people with disabilities face when interacting with their environments.¹⁴¹ While Ukraine's Health Ministry has pledged to reform this system, the application process remains bureaucratic and complex, preventing many older people from applying for disability status and therefore from accessing support.

Healthcare, particularly secondary care, has long been unaffordable to many older people in Ukraine, who according to the World Health Organization (WHO) made up more than half of those experiencing catastrophic health spending – spending greater than 40% of their capacity on healthcare – before the war.¹⁴²

Donors must step up to help Ukraine fulfil its obligations under the CRPD, which guarantees the rights of people with disabilities, including older people with disabilities, to independent living and participation in their communities, which includes the right to necessary support and healthcare services.¹⁴³

140 Ministry of Health of Ukraine, “Уряд затвердив план заходів щодо реформування МСЕК в Україні”, 26 May 2023, <https://moz.gov.ua/article/news/urjad-zatverdiv-plan-zahodiv-schodo-reformuvannja-msek-v-ukraini>

141 CRPD, Article 1. <https://www.ungeneva.org/sites/default/files/2021-01/Disability-Inclusive-Language-Guidelines.pdf>. <https://www.unhcr.org/media/handout-2-models-disability>

142 World Health Organization (WHO), *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023*, 15 June 2023, <https://www.who.int/europe/publications/i/item/9789289060165>, pp. 44-46.

143 CRPD, Article 19.

5.1 SUPPORT SERVICES DURING THE WAR

OVERWHELMING NUMBERS, LIMITED STAFF

In Ukraine, local governments are responsible for funding and organizing community-based services to at-risk populations, including home care for older people and people with disabilities.¹⁴⁴ For this report, Amnesty International interviewed 15 social workers who provided care to older people and people with disabilities, or who oversaw this work. These workers described a care system that, particularly in frontline areas, has come under extreme strain since Russia's full-scale invasion, putting their ability to provide adequate services at risk.¹⁴⁵ Social workers described increasing caseloads, as the younger population, including relatives who had supported older people as well as some social workers themselves, often fled frontline areas and many older people requiring support stayed behind.

Unsurprisingly, the situation has been most acute in areas under regular Russian attack. In Ukraine's southern Kherson region, which is partly occupied by Russian forces, there were 120 social workers as of July 2023, compared to 682 before the Russian invasion.¹⁴⁶ In the Korabelny district of Kherson city, for example, which stretches along the banks of the Dnipro River, officials said that only 26 out of 53 social workers were still providing care.¹⁴⁷ City officials said they were struggling to retain staff given the extreme dangers of the work, which required delivering services – very often on foot – to clients in unsafe areas. According to the officials, at least one social worker died from shrapnel injuries she received while on her way to deliver care.¹⁴⁸

The drop in personnel in Kherson was exacerbated by a huge increase in the number of older people with disabilities who needed care. In Korabelny neighbourhood alone, 147 of 298 clients had been added to the rolls since the full-scale invasion.¹⁴⁹ According to Anton Yefanov, the Deputy Director of the Kherson City Military Administration, this was only a drop in the bucket of total need:

These figures are those critical [cases]. These are people who without outside support will in fact die... However, in addition to these figures there are [older] people who have remained in the city, they have limited mobility and their relatives left during the occupation. These people may not die, but they will have very serious problems, because there is nobody to go to them, nobody to bring them [food or medication], they don't have the ability to

144 The Ministry of Social Policy of Ukraine, "Територіальні центри соціального обслуговування" (cited previously).

145 Interviews in person, May-June 2022.

146 Letter from Kherson Oblast Department of Social Development to Amnesty International, 13 July 2023, on file with Amnesty International.

147 Interview in person with Inna Ivanova, director of Kherson Oblast Department of Social Protection; Olena Ruzgis, Director of Social Politics Division of Kherson City Council; and Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

148 Interview in person with Inna Ivanova, director of Kherson Oblast Department of Social Protection; Olena Ruzgis, Director of Social Politics Division of Kherson City Council; and Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

149 Interview in person with Inna Ivanova, director of Kherson Oblast Department of Social Protection; Olena Ruzgis, Director of Social Politics Division of Kherson City Council; and Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

get to humanitarian aid [distribution] centres... By our calculations, there are some 6-7,000 such people requiring additional help at this time.¹⁵⁰

Even in areas where Russian attacks had become much less frequent, many younger people who previously supported older relatives have not returned. Natalia Myshchenko, who oversees the social workers in Kosovshchina, a small town near Sumy, from where Russian troops withdrew in April 2022,¹⁵¹ said: “There has been a significant increase in demand. Many children have left [for] abroad and many older people are left alone. People left during the active phase of the war [in Sumy], and many of them have stayed abroad.”¹⁵²

For example, Kateryna Demchenko, 73, who lived in Kosovshchina, never needed support from a social worker before the war because her 28-year-old grandson lived nearby. During the war, however, her grandson fled abroad with his family.¹⁵³ Demchenko, who has limited mobility, said:

He brought me groceries and medicine, he worked my garden and took me to the hospital... I don't have enough money to pay for a carer, that would cost 10-15,000 hryvnia (US\$272-408) if I wanted somebody to come every day... Everyone in my life has gone away, I am the only one left.¹⁵⁴

Ukrainian law sets out normative standards for how many clients social workers should be expected to take on: 10 clients per social worker for cities, and six clients per social worker for villages where minimal transport and long distances make the work more challenging.¹⁵⁵ However, since the war, social workers in many places – including Kosovshchina, where Demchenko lives – have found themselves overwhelmed by this new demographic shift.

Myshchenko, the director of the social service centre, said she hired an additional social worker to keep up with demand in June 2022, but a subsequent freeze of the local budget meant she could not hire any more. Her social workers had already gone from six – the norm in rural areas – to 11 clients each. Myshchenko said that workload made it difficult to continue providing quality care: “The more people we have, the less time we have with them”.¹⁵⁶

150 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

151 Newsweek, “Russia ‘Actively Withdrawing’ From Ukraine’s Sumy Region, Official Says”, 4 April 2022, <https://www.newsweek.com/russia-withdrawing-ukraine-sumy-region-invasion-1694614>

152 Interview in person with Natalia Myshchenko, Kosovshchina, Sumy region, 29 May 2023.

153 While most men between the ages of 18 and 60 cannot leave Ukraine because of mass mobilization, there are some exceptions to this rule. Men can leave the country if they have disabilities that make them ineligible for military service, if they are single parents, or if they are fathers of three or more children. For more information, see Ukrainian State Border Control, Перетинання державного кордону під час правового режиму воєнного стану, питання-відповідь, <https://dpsu.gov.ua/ua/peretynannya-derzhavnogo-kordonu-pid-chas-pravovogo-rezhimu-vonnogo-stanu-pitannya-vidpovid/> (accessed 29 September 2023).

154 Interview in person with Kateryna Demchenko, Kosovshchina, Sumy region, 29 May 2023.

155 Ministry of Social Policy, Decree No. 753, “Про затвердження Типового штатного нормативу чисельності працівників територіального центру соціального обслуговування (надання соціальних послуг)”, 12 July 2016, <https://zakon.rada.gov.ua/laws/show/z1078-16>

156 Interview in person with Nataliya Myshchenko, Kosovshchina, Sumy region, 29 May 2023.



↑ Social workers in Krasnopillia, a town less than 10 kilometres away from the Russia-Ukrainian border, prepare to bike to remote villages with groceries and medications for their clients. © Olga Ivashchenko / Amnesty International



↑ Natalia Sahno, a social worker in Krasnopillia, Ukraine, gets water from the well for an older person with a disability in her care © Olga Ivashchenko / Amnesty International



↑ Valentyna Panova, a social worker in Kosyvvshchyna, Ukraine, helps clean the house of Vira Hodun, who has limited mobility.
© Olga Ivashchenko / Amnesty International



↑ Valentyna Panova, a social worker in Kosyvvshchyna, Ukraine, supports Vira Hodun, who has limited mobility, to wash herself.
© Olga Ivashchenko / Amnesty International

In Kharkiv region, for example, the regional administration wrote in a letter to Amnesty International that there were 1,594 social workers providing home care in 2022, down from 2,052 in 2021.¹⁵⁷ Local governments had been slowly hiring back workers but had only reached 1,800 workers as of August 2023.¹⁵⁸ Because service provision and hiring in Ukraine are entirely local, the deficit was invariably largest in areas that were most heavily hit by the conflict.

For example, Tetiana Fateeva, a social worker in North Saltivka, the neighbourhood of Kharkiv that Russia pummeled with attacks in the early months of the war, was one of the few social workers in her area who did not leave at that time. Well into 2023, she said her caseload was still excessively high, as many social workers who had fled at the peak of the hostilities had not returned.¹⁵⁹ Before the war, Fateeva's caseload was 11 people, about the norm under Ukrainian law. As of September 2023, she was supporting 21 people, almost all of them older people with disabilities.¹⁶⁰ She described the impact this heavy workload had on the quality of care she could provide:

It was already difficult with six or seven [clients] each day... Now it's much more difficult to provide certain services. I don't have time to help people clean. And it's particularly difficult when a [client] wants to go to a doctor's appointment. One woman asked me to take her to the eye doctor, and I will go with her. But I need to organize my day so that by 2pm I've done all my other work because I need half a day to accompany her.¹⁶¹

Fateeva said that in Kharkiv, volunteers who had helped deliver groceries and other supplies to older people had largely stopped providing these services after the early months of the war.

Even when social workers had not taken on additional clients, Amnesty International often found that the type of care they were expected to provide had increased with the departure of younger relatives, neighbours and private care workers, many of whom previously supplemented their work. In Krasnopillia, a town less than 10 kilometres from the Russian border in Sumy region, a social worker said she was seeing one of her clients, a 94-year-old woman who had dementia and limited mobility, five times a week when previously it had been twice per week:

Her son lives in Moscow. [Before the full-scale invasion] he paid 8,000 hryvnia (US\$218) per month so that a private carer looked after his mother four days a week, and then I visited her two days a week. During the war, payments from Russian banks could not reach her, and the [private] carer left our village. Now I go to see [the

157 Letter from Kharkiv Oblast Department of Social Protection to Amnesty International, 3 August 2023, on file with Amnesty International.

158 Letter from Kharkiv Oblast Department of Social Protection to Amnesty International, 3 August 2023, on file with Amnesty International.

159 Ministry of Social Policy, Decree No. 753, "Про затвердження Типового штатного нормативу чисельності працівників територіального центру соціального обслуговування (надання соціальних послуг)" (previously cited).

160 Interview in person with Tetiana Fateeva, Kharkiv, Ukraine, 31 May 2023.

161 Interview in person with Tetiana Fateeva, Kharkiv, Ukraine, 31 May 2023.

woman] five days per week – there is a neighbour who helps out on the weekends. Because she has dementia, I need to spend at least two hours with her every time.¹⁶²

As Ukraine battles to regain territory, the collapse of the care sector is something the country will continue to face in liberated areas. Anton Yefanov, the city official from Kherson, said:

Kherson is a bellwether. With the liberation of the Right Bank [of the Dnipro River, currently under Russian occupation], with cities like Melitopol and Mariupol, we will encounter the exact same problem: an insufficient number of personnel who can provide this kind of care [to older people and people with disabilities].¹⁶³

TRANSPORTATION

All social workers Amnesty International interviewed either walked, biked or used public transportation to reach their clients. The distances they covered were considerable: one social worker with a smartwatch said she walked 13-15 kilometres each day for work.¹⁶⁴ In one rural part of Sumy region, a social worker biked seven kilometres one-way to deliver groceries and medications to one older woman in an isolated village.¹⁶⁵

Since Russia's full-scale invasion, the difficulties social workers already faced with transportation have become untenable, particularly in areas regularly affected by the hostilities and in rural areas. Interviewees said transportation providers had dramatically scaled back capacity in many of these areas. This, combined with early curfew hours in areas closer to the frontline, made it even more difficult for many social workers to reach older people in need of support.

In Kherson, for example, city officials said that only some city buses were working, and that frequently-used *marshrutki*, or shared minibuses, had all but stopped working in the city, given that 80% were run by private companies. Anton Yefanov, the Kherson city official said: "Some [*marshrutki*] have been destroyed, some [drivers] have left to work in safer parts of Ukraine, because nobody can guarantee them compensation if their vehicle is destroyed."¹⁶⁶

Tetiana Pereverzeva, a 58-year-old social worker in Kherson, said her caseload of 14 people had become extremely challenging in those conditions, particularly as the curfew in Kherson began at 6pm:

Before I could do everything more quickly. There are many fewer bus and *marshrutki* lines. Now many of the shops don't work, the central market doesn't work. There is one major grocery store, and it doesn't always

162 Interview in person with a social worker (anonymous), Krasnopillia, Sumy region, 29 May 2023.

163 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

164 Interview in person with a social worker (anonymous), Krasnopillia, Sumy region, 29 May 2023.

165 Interview in person with Natalia Myshchenko, Kosovshchina, Sumy region, 29 May 2023.

166 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

have everything you need... After 3pm there is very little transport, you have to be home by 4pm or you won't get home at all.¹⁶⁷

In many rural areas, *marshrutki* run by private operators were the only form of transportation available before the war. Residents told Amnesty International that *marshrutki* operators had significantly cut back services in many areas, even where there had been no active hostilities for months. Natalia Myshchenko, the director of the centre for social services in Sumy region, said: "Since June 2022 [some] transportation has been working, but still fewer times per day, and the *marshrutki* have not been renewed at all. Now it is only possible to get to some villages twice per week, and there are a few for example where there is only a bus once per week."¹⁶⁸

In some areas that had been under Russian occupation, local officials said Russian forces stole Ukrainian government-owned vehicles that social workers used to serve their clients. For example, in Balakliia, Kharkiv region, the local centre for social services had owned two vehicles before the war, including one that was accessible to wheelchair users, which it used to transport people with disabilities to the doctor, to get haircuts, or for other necessary services. During the Russian occupation, the centre's director said, Russian forces stole and subsequently fled with both those vehicles.¹⁶⁹

Because of this decrease in transport, social workers spent much more time getting to and from their clients. They were also more exposed to Russian attacks. In Krasnopillia, near the Russian border, the centre for social services was struggling to provide services in one village, where there were new requests for support but where no social workers deemed it safe enough to go, particularly without a car.¹⁷⁰

Multiple local officials and social service providers said they had applied for funding for transportation, including cars and electric bicycles, that could be used to deliver social services.¹⁷¹ In one case, city officials said that negotiations over funding for transportation had been under way with several international donors for over six months, but with limited progress because the support was seen as falling outside the typical remit of UN and other humanitarian agencies.¹⁷²

In the meantime, social workers in conflict-affected areas of Ukraine continue to do their work on foot, by bike, and by bus, with little protection. One social worker in Krasnopillia said:

I'm afraid to go on foot to my clients when there is shelling. I worry about my kids.¹⁷³

167 Interview in person with Tetiana Pereverzeva, Kherson, Ukraine, 4 September 2023.

168 Interview in person with Natalia Myshchenko, Kosovshchina, Sumy region, 29 May 2023.

169 Interview in person with Raisa Kholodna, Director of the Territorial Centre of Balakliia, Kharkiv region, Ukraine, 8 September 2023.

170 Interview in person with employees of the Krasnopillia Centre for Provision of Social Services, Krasnopillia, Sumy region, Ukraine, 29 May 2023.

171 Interviews in person with Raisa Kholodna, Director of the Territorial Centre of Balakliia, Kharkiv region, Ukraine, 8 September 2023; with Natalia Myshchenko, Kosovshchina, Sumy region, 29 May 2023; and with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

172 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

173 Interview in person with a social worker (anonymous), Krasnopillia, Sumy region, 29 May 2023.

SHORT AND LONG-TERM CHALLENGES FOR THE CARE SECTOR IN UKRAINE

According to the CRPD Committee, individualized at-home support services for people with disabilities are a right, not a form of medical, social or charity care.¹⁷⁴ These services are vital to prevent the segregation and isolation of people with disabilities, including older people with disabilities, in institutionalized settings. As will be demonstrated further in this report (see Chapter 6), the Russian invasion and resulting collapse of the social care network have forced thousands of older people with disabilities to live in such institutions.

The national and international response to Ukraine's care crisis has been insufficient. By contrast, Amnesty International interviewed doctors who, even in heavily conflict-affected areas, said that Ukraine's Ministry of Health and international organizations had stepped in to fill staffing gaps by rotating in personnel or providing equipment where necessary.¹⁷⁵ No such centralized government or humanitarian support appeared to exist in the social care sector, and local officials largely told Amnesty International that they were left to cope with staffing gaps and transportation issues on their own.

In some cases, officials said that bureaucratic inflexibility meant they could not even fill these gaps on a temporary basis. In Kherson's Korabelny District, for example, where only 26 out of 53 social workers were still working in September 2023, city officials said they could not hire new people because they were obliged to preserve jobs for those social workers who had fled to other regions or who were living abroad, and they did not have additional funds to make emergency or short-term hires.¹⁷⁶

The vast majority of humanitarian aid agencies and NGOs similarly did not provide support to the social care sector, despite – as noted above – often prolonged attempts by local officials to secure funding for transportation or other equipment. HelpAge International was one of the few NGOs providing social support services in the form of about 400 volunteer “social workers” across five regions of Ukraine, though they largely provide informational and psycho-social support rather than home care.¹⁷⁷ The international charity organization Caritas also provides home care to older people in some areas.¹⁷⁸ Without greater support, both from the central government and international donors, it will be impossible to halt the flow of older people with disabilities into institutions, many of which are already at capacity, as documented further in this report.

However, social workers, local officials, and disability rights advocates said that even before the war, there were not enough support services available to people with disabilities and older people at the community

174 CRPD General Comment on Article 19, the right to live independently and be included in the community, 27 October 2017, UN Doc. CRPD/C/GC/5, para. 28.

175 Interview in person with Leonid Remyga, Head Doctor of Tropinykh Hospital, Kherson, Ukraine, 4 September 2023.

176 Interview in person with Anton Yefanov, Deputy Director of the Kherson City Military Administration, Kherson, Ukraine, 4 September 2023.

177 Interview in person with Iryna Andrieieva, HelpAge International, Lviv, Ukraine, 13 September 2023.

178 Caritas Ukraine, “Our Work: Homecare and Healthcare”, undated, <https://caritas.ua/our-work/homecare-and-healthcare/> (accessed 29 September 2023).

level.¹⁷⁹ Under Ukrainian law, social workers can provide a wide range of home services, from bathing and changing incontinence pads to cooking meals and delivering groceries,¹⁸⁰ and can provide support services to individuals up to five times per week.¹⁸¹

In reality, Amnesty International found that even before Russia's full-scale invasion, budgetary and staffing limitations meant this was rarely the case. The vast majority of social workers provided a very limited range of services: primarily delivery of groceries and medication, help with pension-related and other paperwork, and in some cases light housework and cooking. A small handful, typically those who had previous careers in the healthcare sector, took on more specialized tasks like changing incontinence pads, bathing or dressing an older person. For many older people and social workers alike, it was assumed that those in need of a higher level of care would either rely on relatives for support or pay for private care. If neither of those options was possible, they were likely to be sent to an institution.¹⁸² Inna Ivanova, Director of the Kherson Oblast Social Department, said:

If a person has no relatives and needs help changing their incontinence pads and getting dressed every day, a social worker twice a week simply cannot do that work. It was like that before the war too. That person has no choice but to go to an institution.¹⁸³

Disability rights advocates say the under-funding of support services at the community level continues to be a major barrier preventing people with disabilities from being able to live independently in the community rather than in institutions. Funding for at-home services falls on local budgets, which are limited.¹⁸⁴ Amnesty International visited some rural areas, for example in Mykolaiv region, where there were no social workers, despite the fact that there were clearly older people with disabilities there who needed support.¹⁸⁵

Tetiana Krut, the Deputy Director of the Lviv Department for Social Protection, said: “[These services] are very shaky. They are not widespread because there is very little pay, and communities are not interested in creating [such services] themselves, because it is a burden on the [local] budget.”¹⁸⁶

179 Interviews in person, May-September 2023.

180 Додаток 3 до Державного стандарту догляду вдома (пункт 8.1), Основні Заходи, що становлять зміст соціальної послуги догляду вдома осіб похилого віку та осіб з інвалідністю, орієнтований час для їх виконання, <https://zakon.rada.gov.ua/laws/show/z1990-13#Text>

181 Наказ, Про затвердження Державного стандарту догляду вдома, Article 6.3, <https://zakon.rada.gov.ua/laws/show/z1990-13#Text>

182 Interviews in person, May-September 2023.

183 Interview in person with Inna Ivanova, Director of the Kherson Oblast Social Department, Kherson, Ukraine, 4 September 2023.

184 In part, whether or not an older person receives free social care depends on their income – typically from their pension – and how high above the poverty level it is. However, given most older people in Ukraine live in poverty, Amnesty International did not interview any older people who were paying for the social services they received. For more information, see Ukraine Law No. 2671-VIII, “Про соціальні послуги” (previously cited), Articles 21 & 28. See also Ukraine, Cabinet of Ministers Decree No. 479, “Типове положення про районний, міський, районний у місті, селищний, сільський центр соціальних служб” (cited previously), Article 16.

185 Interviews in person with Anatoly Pishchenko, Novokivka, Mykolaivska oblast, Ukraine, 1 September 2023; and with Iryna Tarnavska, Tsentralne, Mykolaiv region, Ukraine, 1 September 2023.

186 Interview in person with Tetiana Krut, Deputy Director for Social Protection in Lviv Oblast, Lviv, Ukraine, 13 September 2023.

Lopsided funding has helped maintain the practice of institutionalization, according to Daria Sidorenko, director of the disability rights organization League of the Strong:

We need to provide services on the ground. The problem is that services are funded by the local budget, the central and oblast don't provide any money [for at-home services]. Whereas institutions are provided for by the central and oblast level budgets.¹⁸⁷

Finally, a consistent problem raised by social workers and directors of social centres was low wages. The vast majority of social workers interviewed by Amnesty International received Ukraine's minimum wage, or 6,700 hryvnia (US\$181) per month before tax.¹⁸⁸ All social workers interviewed by Amnesty International were women, and the vast majority of them were in their 50s or early 60s. Many said they were working to supplement their pensions, which they said were too low to live on.

Natalia Blyuznukova, a 62-year-old social worker serving 15 older people with disabilities in the rural area of Kitseвка in Kharkiv region, was a typical case: "I worked for 45 years as a nurse, now I'm 62 years old. But my pension is only 2,700 hryvnia (US\$73 per month), my husband's is 3,500 (US\$95 per month). It's too hard for us to live on that."¹⁸⁹

5.2 HEALTH AND DISABILITY-RELATED SERVICES

DISABILITY AND ACCESS TO SUPPORTS

The war has had a devastating impact on the health of many older people, sometimes resulting in permanent disabilities. Amnesty International interviewed several older people who had lost mobility as a direct result of the war and lack of timely access to healthcare, including three older men whose legs were amputated after being injured or getting gangrene; one man whose leg was broken while running to safety in a bomb shelter; and many older people who described a general decline in mobility as a result of not being able to leave their homes for long periods of time during the war.¹⁹⁰

For Oleksandr Babich, a 67-year-old from a village near Izium in Kharkiv region, tragedy began in January 2022, when his wife passed away. When Russia's full-scale invasion began, he "was in basements all the time", he said.¹⁹¹ At some point, he saw that a small wound on his pinky toe was starting to go blue. He said:

187 Interview in person with a social worker (anonymous), Krasnopillia, Sumy region, 29 May 2023.

188 Liga Zakon, "Мінімальна зарплата та прожитковий мінімум 2023", 30 October 2023, https://biz.ligazakon.net/aktualno/12818_mnmalna-zarplata-ta-prozhitkoviy-mnmum-2023-yak-zmnyatsya-podatki-ta-shtrafi-dlya-pdprintsv

189 Interview in person with Nataliya Blyuznukova, Kitseвка, Kharkiv oblast, Ukraine, 27 May 2023.

190 Interviews in person with Oleksandr Babich, Zmiiv, Kharkiv region, Ukraine, 8 September 2023; with Oleksandr Sorokin, Lviv, Ukraine, 13 September 2023; and with Volodymyr Malykhin, Truskavets, Lviv region, Ukraine, 14 September 2023.

191 Interview in person with Oleksandr Babich, Zmiiv, Kharkiv region, Ukraine, 8 September 2023.

Then I slipped on the stairs [to the basement], my heel was totally twisted inwards. I forced it back into place. But I couldn't walk, it was very painful. [Russian] soldiers sent me to the hospital in Kupiansk. They said I had gangrene and they had to amputate.¹⁹²

A month later, when Ukrainian forces liberated Kupiansk from Russian control, they evacuated Babich to a hospital in Kharkiv, and from there he was placed in an institution for people with disabilities in Kharkiv region.

Several older people described having partially lost their hearing or vision, or experiencing intense headaches after explosions in or near their property. For example, Nina Melnychenko, 85, lived in a rural area of Mykolaiv region that came under Russian occupation at the start of the invasion. During the spring of 2022, she was standing in the courtyard of her home when something exploded nearby. Nina, who still had scarring on her arm and face from the incident, said:

Shrapnel flew into my yard. I lost consciousness, I don't know how long I was lying there. I was bleeding from my face. Somehow I dragged myself to my neighbour's house. [The local medic] called a car to come and take me to the local prison hospital... They sewed up my wound... I have started having really bad headaches and I can't see from my left eye anymore... Before the accident I walked with only one cane, now I need two.¹⁹³

The limited medical data available confirms the severe impact the war has had on older people's health. For example, hospitalization rates for strokes and heart attacks, both incidents more likely to affect older people, have increased dramatically: according to a 2023 report by the think tank Ukrainian Healthcare Centre, the incidence of stroke increased from 344 hospitalizations per 100,000 population in 2021 to 416 per 100,000 population in 2022.¹⁹⁴ As the authors note, these statistics are likely an undercount, given the lack of access to data from occupied or conflict-affected regions.

Despite the significant number of older people who have disabilities, including those now living with disabilities as a result of the war, when Amnesty International asked older people whether or not they had a disability, the most frequent answer was No. This was the case even when the older person being interviewed had significantly limited mobility, difficulty seeing or hearing, or clear signs of memory loss. This is because in Ukraine, people tend to associate disability not with actual impairments, but with officially-registered disability status, which many older people do not apply for.¹⁹⁵ The exact undercount of older people with disabilities is not clear, but a recent HelpAge International survey of 400 older people found that almost half of those with disabilities had not registered for disability status with the government.¹⁹⁶

192 Interview in person with Oleksandr Babich, Zmiiv, Kharkiv region, Ukraine, 8 September 2023.

193 Interview in person with Nina Melnychenko, Vavyliv, Mykolaiv region, 1 September 2023.

194 Ukrainian Healthcare Centre (UHC), *Healthcare at war: the impact of Russia's full-scale invasion on the healthcare in Ukraine* (previously cited).

195 Interview by video call with a humanitarian agency staff member, 25 August 2023; interview in person with Daria Sidorenko, director of League of the Strong, 12 September 2023.

196 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 23.



☞ ↑ Oleksandr Babich, a 67-year-old from Izium in Ukraine, has his leg amputated due to a gangrenous wound he got while living in bomb shelters. He was then moved to a state institution for people with disabilities. © Olga Ivashchenko / Amnesty International



☞ → Nina Melnychenko, 85, showing a fragment of shrapnel that flew into her yard in Mykolaiv region. The injury caused blindness in one eye, severe headaches, and limited mobility. © Amnesty International

There are several causes for this gap. First, older people were often misinformed about the benefits applying for disability status could provide. Many older people said they felt discouraged from applying because they believed their pension would not increase, and they were rarely informed that disability status came with other benefits, including rehabilitative care and assistive devices such as wheelchairs, walkers and hearing aids.¹⁹⁷ Tamila Zadoina, an 81-year-old woman living in a school in Mykolaiv after being displaced, was a typical example:

I started going blind during the period of the war. I have cataracts now... I haven't registered for disability [status]. My doctor told me, 'Your pension won't be any bigger, so why do you need disability [status]?'¹⁹⁸

Second, the application process proved bureaucratic and complex for many people with disabilities, particularly older people with disabilities. In order to register for disability status, a person has to undergo examination by a group of medical professionals called the Medico-Social Expert Commission (MSEC).¹⁹⁹ Since Russia's full-scale invasion, the Ukrainian government has allowed people to extend their disability status without appearing in-person to the MSEC.²⁰⁰ Technically, this decree also extends to people applying for a disability for the first time when that person "cannot come to an examination by the MSEC".²⁰¹ However, the several older people interviewed by Amnesty International who had applied for disability status after February 2022 said they had nonetheless had to go to the MSEC in person.

Older people described being passed around several doctors' offices before even being approved for the MSEC examination. For example, Viktor Nevmyra, 68, who went blind nine years ago due to severe glaucoma, fled his home in Lysychansk, Luhansk region in March 2022. He decided to apply for disability status in 2023 only after realizing he would qualify for receipt of a specialized smartphone for visually impaired people if he registered. He said:

We first reached out to the MSEC in January [2023], and only got approved in May [2023]... We went through six doctors, including an ear, nose, and throat doctor, a urologist, a family doctor, a surgeon, a traumatologist, a neurologist and then the MSEC itself... [You] go through everyone, and they check everything, from your bloodwork to your nose and ears.²⁰²

197 Interviews in person, May-September 2023. HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 23.

The Ministry of Social Policy of Ukraine, *Особам з інвалідністю* (cited previously).

198 Interview in person with Tamila Zadoina, Mykolaiv, Ukraine, 2 September 2023.

199 Ukraine, Cabinet of Ministers Decree No. 1317, "Питання медико-соціальної експертизи", 3 December 2009, <https://zakon.rada.gov.ua/laws/show/1317-2009-%D0%BF#Text>, Article 27.

200 Ukraine, Cabinet of Ministers Decree No. 225, "Деякі питання порядку проведення медико-соціальної експертизи на період дії воєнного стану на території України", 8 March 2022, <https://www.kmu.gov.ua/npas/deyaki-pitannya-poryadku-provedennya-mediko-socialnoyi-ekspertizi-na-period-diyi-voennogo-stanu-na-teritoriyi-ukrayini-225>

201 Ukraine, Cabinet of Ministers Decree No. 225, "Деякі питання порядку проведення медико-соціальної експертизи на період дії воєнного стану на території України" (cited previously).

202 Interview in person with Viktor Nevmyra, Lviv, Ukraine, 13 September 2023..

Nevmyra said that he would not have managed to navigate this process without his wife, who accompanied him to every appointment and filled out paperwork for him. In some cases, disability rights activists said, buildings where the MSEC takes place are not even physically accessible to people with disabilities, in some cases taking place on top floors of hospitals that do not have a lift.²⁰³ Without significant physical and logistical support, many people with disabilities, but particularly older people with disabilities, struggle to navigate this process. According to the HelpAge International survey of 400 older people, 35% of those older people who had disabilities said they had not registered for disability status because the process was too time-consuming and bureaucratic, and required visits to different agencies.²⁰⁴

Finally, a major barrier older people face in the disability application process is that in Ukraine, disability is still primarily defined according to medical diagnosis, rather than a person's ability to perform certain functions. Many older people who have degenerative conditions, for example declining vision or mobility, may never reach out for medical assistance and therefore may not receive a relevant medical diagnosis that would qualify them for disability under Ukrainian law. Oleh Holovanov, a physical therapist working with HelpAge International, described the problem:

It's a very medical approach [to disability]... All disability is determined by doctors.²⁰⁵

The physical and logistical barriers imposed by the disability registration process, in addition to the highly medical approach to disability in Ukraine, undermine the rights that people with disabilities have under the CRPD, including the right to assistive devices and technologies that promote personal mobility and the right to health and habilitation.²⁰⁶ Older people with disabilities, who often face additional barriers to accessing information, are particularly at risk of exclusion. According to Daria Sidorenko, director of the disability rights organization League of the Strong:

Current official disability numbers do not show the real picture. There are huge numbers of people, especially older people, who cannot receive services because they don't have disability status.²⁰⁷

In May 2023, the Ukraine's Health Ministry announced that it was launching a reform of the MSEC that would take place by the end of 2025, with a key change being the move from the International Classification of Diseases approach to using the International Classification of Functioning.²⁰⁸ This reform

203 Interview in person with Daria Sidorenko, Director of League of the Strong, Kyiv, Ukraine, 12 September 2023. See also: Commons, "Нездоровий квест: Як люди з інвалідністю воюють з бюрократією та корупцією," 12 July 2023, <https://commons.com.ua/en/oformlennya-statusu-invalidnosti-yak-pracyuyut-msek/>

204 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response* (previously cited), p. 23.

205 Interview in person with Oleh Holovanov, physical therapist working with HelpAge International, Lviv, Ukraine, 13 September 2023.

206 CRPD, Articles 20, 24 & 26.

207 Interview in person with Daria Sidorenko, Director, League of the Strong, Kyiv, Ukraine, 12 September 2023.

208 Ministry of Health of Ukraine, "Уряд затвердив план заходів щодо реформування МСЕК в Україні", 26 May 2023, <https://moz.gov.ua/article/news/urjad-zatverdiv-plan-zahodiv-schodo-reformuvannya-msek-v-ukraini> See also WHO, "International Classification of Functioning, Disability and Health (ICF)", <https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health> (accessed 30 September 2023).

is a necessary step toward ensuring that people with disabilities can exercise their rights, including their right to access support and to maintain a dignified life in the community. It should be continued in close consultation with groups that represent people with disabilities and older people, to ensure their perspectives are fully taken into account.

BARRIERS TO ACCESSING HEALTHCARE

According to a 2023 report by the think tank Ukrainian Healthcare Centre, despite hundreds of Russian attacks on medical facilities, the healthcare system in Ukraine has recovered significantly since the first months of the war. Hospitals are now able to provide the vast majority of specialized and in-patient services needed to meet demand.²⁰⁹

Many older people have nonetheless faced barriers to accessing healthcare. This has particularly been the case for older people with limited mobility: one social worker in Kherson said that because there were significantly fewer primary care doctors working in that region since the invasion, they were no longer able to conduct home visits, as a result of which her clients with limited mobility often went without care.²¹⁰

Older people with limited mobility faced this challenge even in urgent situations. In December 2022, Oleksei Olkhovenko, an 82-year-old who has dementia and limited mobility, had a stroke in his tenth-floor apartment in Kherson. Due to hostilities, the lifts in his building were not working for seven months. Kateryna Daniliuk, his 65-year-old stepdaughter and primary caretaker, said:

We called an ambulance and it came, but the [healthcare workers were] two young women. We understood it would be impossible for them to carry him down 10 flights of stairs. So we decided to do everything at home, and we just gave him injections they recommended.²¹¹

One challenge that some older people have faced during the war is accessing medicines, particularly if they live in remote rural areas where local pharmacies have closed and transportation has been reduced.

Iryna Tarnavska, a social worker in the village of Tsentralne in Mykolaiv region, which came under Russian occupation in early 2022, said there used to be a pharmacy there. Now the village was back under Ukrainian control, but only about half of the 2,000 total residents had returned, and the pharmacy had not reopened. She said the nearest alternative was a two-hour drive away:

209 Ukrainian Healthcare Centre (UHC), *Healthcare at war: the impact of Russia's full-scale invasion on the healthcare in Ukraine* (previously cited).

210 Interviews in person with Tetiana Pereverzeva, Kherson, Ukraine, 4 September 2023; with director of a social service centre in Kherson (anonymous), Kherson, Ukraine, 4 September 2023; and with Leonid Remyga, Head Doctor of Tropynykh Hospital, Kherson, Ukraine, 4 September 2023.

211 Interview in person with Kateryna Daniliuk, Kherson, Ukraine, 4 September 2023.

The pharmacist left during the war. Now the nearest place to go to a pharmacy is Mykolaiv; there is a bus that goes four times per week, but it costs 120 hryvnia (US\$3.25) in one direction. For many pensioners that is impossible to pay.²¹²

However, many of the barriers older people have faced accessing healthcare predated the war. Older people, as perhaps the largest single group in Ukraine living below the poverty line – as well those most likely to regularly use healthcare services – frequently could not afford medication or healthcare services.²¹³ This included knee and hip replacements or cataract operations, the postponement of which meant they lived with prolonged disabilities that made it more difficult to live independently.

For example, Tetiana Anisimova, 65, who had a congenital hip displacement and could only walk short distances with two crutches, was unable to leave her apartment near Sumy without support. Anisimova, whose only income is her pension, said:

I need a hip replacement but it's very expensive. Before the war it cost 60,000 hryvnia (US\$1,625), now it's about 100,000 hryvnia (US\$2,710). I can't afford to pay that by myself. I signed up for a free operation but I have been on the waiting list for about eight years.²¹⁴

A 67-year-old woman in Kherson, who preferred to remain anonymous because she had relatives in Russian-occupied territory, said she had struggled to pay for a much-needed cataract operation in March 2023:

Before the war I worked as a street cleaner. Since my operation I am not able to work. [Paying for the cataract] operation cost 30,000 hryvnia (US\$812)... My pension is 4,000 hryvnia (US\$108) per month... I ate only oatmeal [to save money], I was very thin.²¹⁵

These experiences are not unique. The Ukrainian constitution guarantees the rights of all citizens to healthcare, specifically guaranteeing that state institutions “provide medical care free of charge”,²¹⁶ and has also ratified the ICESCR which guarantees the right to health for all.²¹⁷ However, according to the WHO, Ukraine has struggled to make this a reality, “as a result [of which] access to health care was implicitly rationed and largely depended on whether people were able to pay out of pocket”.²¹⁸ The WHO said that in 2021, 96% of households paid for some healthcare out of pocket,²¹⁹ with the most significant expenses going toward medications, inpatient care, dental care, and diagnostic tests.²²⁰

212 Interview in person with Iryna Tarnavska, Tsentralne, Mykolaiv region, Ukraine, 1 September 2023.

213 Interviews in person, May-September 2023.

214 Interview in person with Tetiana Anisimova, Kosovshchina, Sumy region, Ukraine, 29 May 2023.

215 Interview in person with a 67-year-old woman in Kherson (anonymous), Ukraine, 3 September 2023.

216 Constitution of Ukraine, <https://rm.coe.int/constitution-of-ukraine/168071f58b>, Article 49.

217 ICESCR, Article 12.

218 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), p. 10.

219 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), p. 27.

220 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), p. 29.

The issue of affordability is particularly critical for older people, given many of them live in poverty. In the same 2021 report, WHO found that 17% of families experienced “catastrophic health spending” in 2021, and 11% experienced “impoverishing health spending”.²²¹ More than half of those experiencing catastrophic health spending were over 60 years old, and the rate of catastrophic health spending for pensioners and unemployed people was almost four times higher than it was for employed people.²²²

To address this issue, the Ukrainian government began reforms of the healthcare sector in 2017. It established the Affordable Medicines Program to expand free or affordable access to outpatient medicines. It also created a Program of Medical Guarantees, meant to make healthcare services more affordable, which originally covered only primary care services but was then expanded to cover emergency and some specialist care.²²³ Where older people were aware of these programmes, and where doctors took effort to explain how these services worked, they benefited significantly from them and were often able to access care for free or close to free: in its reporting, the WHO found that levels of informal payments had decreased in primary care since the introduction of reforms in 2018.²²⁴ But particularly at the secondary care level, patients were still often expected to bear the cost of implants, equipment, or medications out of pocket. Olena Blashchuk, a family care doctor in Odesa, told Amnesty International:

The first level [primary care reform] works well. The problem is that at the secondary [care] level, not all providers have signed agreements with the government to provide care at the given rate, because in some cases they say this is not high enough.²²⁵

In the first year after Russia’s full-scale invasion, the costs of medicines rose 21.3%, while out-patient medical services rose 18%.²²⁶ Inflation deepens the risk that older people will be unable to afford necessary care.

Ukraine is far from the only country where older people face such barriers: according to a 2015 WHO global report, more than 60% of older people in low-income countries did not access health care because of the cost of the visit, because they did not have transportation or because they could not pay for transportation.²²⁷

221 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), pp. 40-42. Catastrophic health spending is defined in WHO reporting on Ukraine as “the share of households with out-of-pocket payments that are greater than 40% of household capacity to pay for health care”; impoverishing health spending is defined as “the share of households further impoverished, impoverished and at risk of impoverishment after out-of-pocket payments”; specifically, a household is impoverished if its “total consumption falls below the basic needs line” (e.g. poverty line) after out-of-pocket payments.

222 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), pp. 44-46.

223 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), pp. 12-14.

224 Interviews, May-September 2023. See also: WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), p. 36.

225 Interview in person with Olena Blashchuk, family care doctor, Odesa, Ukraine, 30 August 2023.

226 State Statistics Service of Ukraine, *Average consumer prices for goods (services) in Ukraine in 2023*, https://ukrstat.gov.ua/operativ/operativ2018/ct/sctp/Arch_sctp_u.htm (accessed 3 August 2023).

227 WHO, *World report on Ageing and Health*, 2015, https://iris.who.int/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1, p. 91.

The ICESCR calls on states to recognize the right of all to “the highest attainable standard of physical and mental health”.²²⁸ In its general comment on the right to health, the Committee on Economic, Social and Cultural Rights stated that healthcare must be accessible, meaning that it must be distributed on a non-discriminatory basis, physically accessible, and affordable to all. Specifically, the Committee wrote: “payment for health-care services... has to be based on the principle of equity, ensuring that these services... are affordable for all, including socially disadvantaged groups”.²²⁹ The Committee makes specific reference to older persons, including their right to access “physical as well as psychological rehabilitative measures aimed at maintaining [their] functionality and autonomy”.²³⁰

228 ICESCR, Article 12.

229 CESCR General Comment 14: The Right to the Highest Attainable Standard of Health (Art. 12), 11 August 2000, UN Doc. E/C.12/2000/4, para. 12b.

230 CESCR General Comment 14: The Right to the Highest Attainable Standard of Health (previously cited), para 25.

6 SEGREGATION AND ISOLATION

“Unfortunately, some of [these people] might remain here forever... They need support. They won’t get that in [shelters in] schools or dormitories.”

Leonid Remyga, director of a hospital in Kherson that is housing 44 displaced older people with disabilities²³¹

“Life lying down is impossible. The hardest thing is you have no social interactions... This year I didn’t have a summer.”

Halyna Dmitriieva, 52, who has cerebral palsy, on not being put in a wheelchair for several months in an institution²³²

With few temporary shelters adapted to the needs of people with disabilities, and private accommodation unaffordable, older people have often been forced to live in institutional or medical settings, separated from family members who are able to live in shelters for the general population. Amnesty International interviewed some older people with disabilities who had lived in hospitals for more than a year and had no alternative options to live in the community. People with dementia appeared particularly at risk of losing ties to family members during their displacement, and Amnesty International interviewed some people with dementia who had lost and were unable to re-establish contact with younger family members after being displaced.

Before Russia’s full-scale invasion, an estimated 41,000 adults in Ukraine lived in 282 state institutions for older people and people with disabilities.²³³ An additional 9,000 are estimated to live in institutions run by local authorities.²³⁴ While the Ukrainian government said that at least 4,000 older people were placed

231 Interview in person with Leonid Remyga, Head Doctor of Tropinykh Hospital, Kherson, Ukraine, 4 September 2023.

232 Interview in person with Halyna Dmitriieva, Nadlak, Kirovohrad oblast, 29 August 2023.

233 OHCHR Briefing Note: *The Human Rights Situation of Persons with Intellectual and Psychosocial Disabilities in Ukraine* (previously cited).

234 Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022* (previously cited), p. 156.



Halyna Dmitriieva, 52, who has cerebral palsy, was evacuated from Donetsk region to an institution in Donetsk, where she was not put in her wheelchair for three months. © Anton Pechatnov / Amnesty International

in institutions from February to July 2022 alone,²³⁵ it is unclear how many have entered or left institutions since. This chapter explores the lack of consistent and transparent data reporting on adults in institutions, and looks at how this data gap has only grown during the war, as many older people and people with disabilities are living in de facto institutions that are not registered as such, like hospitals.

Separating people with disabilities into institutional settings – which can include long-term stays in hospitals or other medical facilities – is a form of segregation, according to the CRPD Committee.²³⁶ According to the Committee, “social exclusion [of people with disabilities] engenders stigma, segregation and discrimination, which can lead to violence, exploitation and abuse”.²³⁷ A detailed monitoring of institutional facilities was beyond the scope of this report. However, independent monitors in Ukraine regularly report human rights abuses in these facilities, including inadequate medical care, no support for people with limited mobility, personnel shortages, and limited freedom of movement and access to information for residents.²³⁸

235 Ministry of Social Policy of Ukraine, “Уряд за пропозиціями Мінсоцполітики розширив можливості працевлаштування переміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО (previously cited).

236 CRPD, Article 19; CRPD Committee, *Guidelines on deinstitutionalization, including in emergencies* (previously cited), paras. 14-15.

237 CRPD Committee, General Comment 5 on Article 19 - the right to live independently and be included in the community, 27 October 2017, UN Doc. CRPD/C/GC/5), para. 5.

238 Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022*, undated (previously cited), p. 51.

Russia's invasion of Ukraine has caused a massive displacement crisis, and the Ukrainian government's goal when placing older people with disabilities in these facilities has been to provide them with urgently needed shelter, food, clothing and support. While it is vital that Ukraine create non-segregated housing options for older people and people with disabilities who have been displaced, Ukraine's international partners can and should provide far greater funding and logistical support to ensure that Ukraine can live up to its international legal obligations on this front.

6.1 SEGREGATION

Amnesty International visited five institutions for people with disabilities and older people where large numbers of displaced older people were living. Amnesty International also visited and interviewed directors of several medical facilities where older people with disabilities were living long-term, in some cases for more than a year. In many cases, older people living there said they were unable to live in shelters for the general population because they were not physically or otherwise accessible, and were separated from their relatives as a result (see Chapter 4.1).

For example, Olha Tsibinyova, 73, who cannot walk, was forced to part ways with her two sisters Tetiana and Natalia, who do not have disabilities, when they fled their homes in March 2022.²³⁹ While their village in Kharkiv region, Mala Komyshevukha, was liberated by Ukrainian forces in September 2022, most of the buildings, including their homes, are largely destroyed. Tetiana, 66, and Natalia, 62, found shelter in a kindergarten, but it was physically inaccessible for Tsibinyova and they were forced to leave her in a hospital, from which she was later transferred to an institution for people with disabilities. Before, Tsibinyova's sisters took turns supporting her: they helped her move around the bed where she slept, worked her garden and brought her food in a thermos so it would stay hot all day. At the institution, Tsibinyova was not moved from her bed, given a wheelchair or taken outside.²⁴⁰ Natalia, her sister, said:

I tell [Olha] on the phone, for now we must live like this. If only I had somewhere to put her. We love her and we haven't forgotten her, but for now there is no other way... Now we have all been scattered. We are left by ourselves with our problems.²⁴¹

Maria Potsilyuko, 71, who was displaced from a village in Kherson region, said she could not live with her daughter, who was also displaced and was living in a one-bedroom apartment with her two children. The apartment was physically inaccessible, and Potsilyuko had limited mobility and vision caused by diabetes. As a result, she was living in an institution for older people in Mykolaiv. "My home is my home," she said. "I cry every day here, I never thought I would end up in a nursing home."²⁴²

239 Interview in person with Olha Tsibinyova, Zmiiv, Kharkiv region, Ukraine, 8 September 2023; interview in person with Tetiana Bureyko, Poltava, Ukraine, 10 September 2023; interview by voice call with Nataliia Skripnik, 15 September 2023.

240 Interview in person with Olha Tsibinyova, Zmiiv, Kharkiv region, Ukraine, 8 September 2023.

241 Interview by voice call with Natalia Skripnik, 15 September 2023.

242 Interview in person with Maria Potsilyuko, 5 September 2023.

Sometimes, older people were unable to live in their homes simply because the costs of repairing conflict-related damage were too high. Yevhen Kryvosheya, 85, said his apartment in Izium, Kharkiv region, would cost 272,000 hryvnia (US\$7,484) to repair, which he could not afford.²⁴³ His son and granddaughter, who used to live nearby, had moved abroad. Before, Kryvosheya, who walked with a slight limp and used a cane, lived independently, with some help cooking and cleaning from a social worker. Now, he lived in a locally-run residential institution, just half a kilometre from his home:

I had everything. Clothes and furniture. I had just done renovations. And suddenly I am left alone, with no money, no wife, and a destroyed apartment. How should I live now? Who will help me?... I have neither the strength nor the funds to repair it.²⁴⁴

Some older people with disabilities have been living in medical facilities, which have had no choice but to serve as long-term shelter for those with nowhere else to go. Leonid Remyga, the chief doctor at a district hospital in Kherson, said that 180 people, many of them with disabilities, had been evacuated to shelter in the hospital after the Kakhovka dam explosion in June 2023.²⁴⁵ As of September 2023, 44 were still living there full time, Remyga said:

Those who are left are mostly older people, most of them on their own, who need particular kinds of support bringing them food, cleaning up after them, showering them. [This is in] addition to our [medical] work... Unfortunately some of them might remain here forever. There is nobody to take them. Those evacuated [here], their homes are destroyed... These people need support. They won't get that in [shelters in] schools or dormitories.²⁴⁶

The director of one hospital in Lviv region said that more than a year after being displaced in April 2022, 20 people from Donetsk and Luhansk were living full-time in the hospital. All but three were over 60 years old, and all of them had disabilities, including extremely limited mobility. The director said he had struggled with supporting them in part because eight of them needed personnel to change their incontinence pads, and only one out of 10 hospital aides had agreed to do it.²⁴⁷

In another hospital in Lviv region, the director was still caring for five out of about 30 older people with disabilities who were sent to them from hospitals in conflict-affected areas.²⁴⁸ He had attempted to send them to residential institutions, but many were full. The hospital director said:

243 Interview in person with Yevhen Kryvosheya, Izium, Ukraine, 30 May 2023.

244 Interview in person with Yevhen Kryvosheya, Izium, Ukraine, 30 May 2023.

245 Reuters, "Evidence grows of explosion at collapsed Ukraine dam", 9 June 2023, <https://www.reuters.com/world/europe/ukraine-security-service-says-it-intercepted-call-proving-russia-destroyed-2023-06-09/>

246 Interview in person with Leonid Remyga, Head Doctor of Tropinykh Hospital, Kherson, Ukraine, 4 September 2023.

247 Interview by voice call with Yuri Kinakh, director of a hospital in Sosnivka, Lviv region, Ukraine, 28 September 2023.

248 The remaining 30 people were primarily sent to live in state institutions for older people and people with disabilities: interview by voice call with director of a hospital (anonymous) in Lviv region, Ukraine, 28 September 2023.

These people don't need medical care, they just need support. They can't cook for themselves, can't shop for food, not all of them are able to dress themselves. We are doing this extra work, so far we haven't had much support from the [social services]... Right now there is clearly an emphasis on helping veterans who have become disabled, and this population [of older people with disabilities] has been put on the backburner, but they haven't gone anywhere.²⁴⁹

Other types of health institutions, such as government-owned “sanitoriums”, have been converted into shelters exclusively for older people and people with disabilities. In Lviv region, for example, the Batkivshchyna sanatorium, which previously treated people with gastroenterological, urological and metabolic conditions, was converted by government decree into a shelter for older people and people with disabilities.²⁵⁰ As of September 2023, 350 displaced people with disabilities – at least 300 of them over 60 years old – were living there, turning it into a de facto institution. Andriy Yurkiv, the director of the institution, said:

If we are to call a spade a spade, this is a nursing home for displaced people.²⁵¹

In most cases, older people living in the sanatorium had relatives, and sometimes their relatives lived nearby. One woman, 71, who had been in a wheelchair since a car accident 30 years ago, was not able to live with her daughter in a modular housing community near Lviv, because “they aren't equipped for people with disabilities”.²⁵²

People with dementia appeared particularly at risk of being placed in institutions or medical facilities long-term, with little prospect of being reunited with their families. For example, an 83-year-old woman with dementia said she lived near her son and nephew in Sviatohirsk, Donetsk region, before she was displaced in the spring of 2022. A friend of the woman's son described to Amnesty International receiving a call in July 2022: “[She] apparently had my phone number written down somewhere in her suitcase... The volunteer [who called] told me she had been drifting from shelter to shelter until they found my phone number.”²⁵³ The man organized her transfer to Odesa region, where he lived, and took her into his home. But he said she had started fainting repeatedly, and he worried that his family was unable to provide the support she needed. He brought her to an institution in Odesa, where she was living as of September 2023. The woman said:

I have nowhere else to go. I think my son is in Russia now, and Russia is big. I don't know how to look for him. There is no way to telephone him... Nobody needs me anymore.²⁵⁴

249 Interview by voice call with director of a hospital (anonymous) in Lviv region, Ukraine, 28 September 2023.

250 Cabinet of Ministers of Ukraine, Decree No. 248, “Деякі питання реалізації експериментального проекту з надання в закладах охорони здоров'я, які належать до сфери управління Міністерства соціальної політики, окремих соціальних послуг деяким категоріям осіб, які перебувають у складних життєвих обставинах”, 21 March 2023, <https://zakon.rada.gov.ua/laws/show/248-2023-%D0%BF#Text>

251 Interview by voice call with director of a hospital (anonymous) in Lviv region, Ukraine, 28 September 2023.

252 Interview in person with Liudmyla Kozhushko, Truskavets, Ukraine, 14 September 2023.

253 Interview by voice call, 31 August 2023.

254 Interview in person with woman (anonymous), Odesa, Ukraine, 31 August 2023.

In Mykolaiv, Amnesty International visited a hospital where three older people were still living many months after being displaced. One 81-year-old with advanced dementia had been living there since May 2022, when her house was destroyed. Staff told Amnesty International that her only daughter lived abroad. Her granddaughter, who lived in Mykolaiv, had four children and could not take her in.²⁵⁵ When asked if she knew why she was living in the hospital, the woman said: “There is no one to take care of me.”²⁵⁶

A comprehensive investigation into the conditions of institutions in Ukraine is beyond the scope of this report. In some cases, Amnesty International found that staff in institutions showed immense respect for residents and went above and beyond to support their autonomy and freedom of movement, even when they were short on capacity. As in Amnesty International’s previous reporting from Ukraine,²⁵⁷ however, it was clear that many institutions lacked sufficient staff or the proper training to support older people with disabilities in exercising their fundamental rights, particularly if they had limited mobility or intellectual or psychosocial disabilities.

For example, Halyna Dmitriieva, a 52-year-old wheelchair user who has cerebral palsy, was moved to an institution in Nadlak, Kirovohrad region, with her 86-year-old aunt. Before living in the institution, Dmitriieva, who was from Kramatorsk in Donetsk region, paid a neighbour a small amount to lift her into her wheelchair every day. Since she moved to the institution, staff had stopped putting her in her wheelchair, leaving her to spend her days staring at the ceiling or the wall. She described:

Life lying down is unbearable. The hardest thing is you have no social interactions. I was never a ‘bedridden’ person, I was always able to use my wheelchair... I socialized, went for walks, watched the TV. Now I can’t even call people on my cellphone, because it’s not possible when I’m lying down – I used to have a table [on my wheelchair], and I could press the buttons... This year I didn’t have a summer.²⁵⁸

The director of the institution said there was not enough staff to provide care to people like Dmitriieva, by which she meant anyone who needed assistance getting dressed, changed, in and out of a wheelchair, or going to the toilet. The institution was meant for 19 people, but since Russia’s full-scale invasion they took in many displaced people, and as of September 2023 there were 31 people living there. Staffing rates had not changed, with only one caretaker on duty during a given 24-hour shift.²⁵⁹

Dmitriieva and her aunt told Amnesty International that when they raised concerns about Dmitriieva not being put in her wheelchair and about the administration’s desire to control their bank cards, institution staff retaliated against them. The two were temporarily separated into different wards; Dmitriieva’s aunt

255 Interview in person with Valentyna Lositska, director of Mykolaiv Rehabilitation Hospital, Mykolaiv, Ukraine, 5 September 2023.

256 Interview in person with an older woman (anonymous), Mykolaiv, Ukraine, 5 September 2023.

257 Amnesty International, *“I Used To Have A Home”: Older People’s Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited).

258 Interview in person with Halyna Dmitriieva, Nadlak, Kirovohrad oblast, 29 August 2023.

259 Staff at an institution in Nadlak, Kirovohrad oblast, 29 August 2023.

said she was forbidden from leaving the institution grounds to go shopping at the market or to run other errands; and they were verbally abused, as staff threatened to prevent their family from visiting and told them that – as people from Ukraine’s eastern Donetsk region – they were responsible for the war.²⁶⁰ Dmitriieva said:

The director said, ‘You’re ours now.’ I told her that when it will be necessary, they [our relatives] will come [to help us]. She said no, nobody will ever take you out of here.’²⁶¹

While on the premises, staff prevented Amnesty International from speaking with other residents. After Amnesty International’s visit, Dmitriieva said that the threats against her and her aunt escalated, as staff told them that they would be responsible for attracting attention to the facility and even that she would be responsible for attacks on or near the facility. Amnesty International, fearing for her safety, facilitated her and her aunt’s relocation from the institution.

In 2006, Ukraine ratified the Optional Protocol to the Convention against Torture (OPCAT), and under its aegis established a National Preventive Mechanism (NPM) in 2012,²⁶² which is empowered to visit places of deprivation of liberty, with the purpose of protecting people in them from torture and other cruel, inhuman or degrading punishment.²⁶³ Places of deprivation of liberty include police stations, prisons, institutions for people with disabilities, and psychiatric hospitals. In 2022, the NPM in Ukraine visited 144 institutions for older people and people with disabilities, and found that the most common abuses were: non-provision of specialized medical care; inadequate care of people with limited mobility; shortage of personnel to ensure adequate care needs; failure to respect the right to walk outdoors; no accessible infrastructure (including ramps, rails, lifts, etc.); and no access to information about complaint mechanisms to which residents could appeal in case of violation of their rights.²⁶⁴ In a 2020 report, the NPM found that “99% of [residents in institutions who have] limited mobility and residents who are bedbound are denied the opportunity to take walks outside”.²⁶⁵ The NPM has also reported cases of physical abuse and other ill-treatment in institutions, including prolonged isolation without appropriate access to water or sanitation as well as the use of physical restraints to control residents.²⁶⁶

As documented repeatedly by human rights organizations, including Human Rights Watch and Amnesty International, institutions foster numerous human rights violations, including physical abuse, neglect, the

260 Interviews in person with Halyna Dmitriieva and Valentyna Kumachenko, Nadlak, Kirovohrad oblast, 29 August 2023.

261 Interview in person with Halyna Dmitriieva, Nadlak, Kirovohrad oblast, 29 August 2023.

262 National Preventive Mechanism of Ukraine, “Про нас”, <https://monitor-info.com.ua/about-us/nacionalnyy-preventyvnyy-mekhanizm-i4308> (accessed 29 September 2023).

263 Optional Protocol to the Convention against Torture (OPCAT), Article 19(a).

264 Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022*, undated (previously cited), p. 51.

265 National Preventive Mechanism of Ukraine, “Спеціальна доповідь Уповноваженого Верховної Ради України з Прав Людини: Стан Реалізації Національного Превентивного Механізму у 2020 Році” (previously cited), p. 84.

266 National Preventive Mechanism of Ukraine, “Спеціальна доповідь Уповноваженого Верховної Ради України з Прав Людини: Стан Реалізації Національного Превентивного Механізму у 2020 Році” (previously cited), 79-80.

use of psychotropic medications to control behaviour, and, particularly during the Covid-19 pandemic, violations of residents' right to health.²⁶⁷ In a previous report from December 2022, Amnesty International also documented incidents of abuse, neglect and restrictions on movement in institutions in Ukraine.²⁶⁸

The CRPD obliges governments to respect the inherent dignity and individual autonomy of people with disabilities, including by protecting their freedom to make their own choices and their independence.²⁶⁹ One of the touchstone principles of the CRPD is that people with disabilities must be guaranteed full inclusion and participation in their communities, including by protecting their right to choose their place of residence on an equal basis with others, and preventing their segregation in an isolated setting, such as institutions.²⁷⁰ The right to live independently in the community applies to all people with disabilities, regardless of age or economic or property status.²⁷¹ The UN Independent Expert on the enjoyment of all human rights by older persons, in a report on access to housing, said that "forcibly placing older persons, especially those with disabilities and dementia, in institutions is a form of discrimination and a form of spatial segregation that results in human rights violations, including the right to adequate housing".²⁷² According to the report, "spatial segregation can contribute to a feeling of insecurity, inadequate housing conditions and social exclusion".²⁷³

Russia's invasion of Ukraine and its relentless indiscriminate attacks, many of which amount to war crimes, have displaced millions of civilians from their homes, forcing many Ukrainians to live in temporary communal or other settings. However, even during an emergency, people with disabilities, including older people with disabilities, retain their rights to autonomy, dignity, and independence. According to the CRPD Committee, no one should be forced to live in institutional settings, which foster "stigma, segregation, and discrimination, which can lead to violence, exploitation and abuse in addition to negative stereotypes that feed into a cycle of marginalization of persons with disabilities".²⁷⁴

267 Human Rights Watch, *Abandoned by the State : Violence, Neglect, and Isolation for Children with Disabilities in Russian Orphanages*, 15 September 2014, <https://www.hrw.org/report/2014/09/15/abandoned-state/violence-neglect-and-isolation-children-disabilities-russian>; Human Rights Watch, *Kazakhstan: Children in Institutions Isolated, Abused*, 17 July 2019, <https://www.hrw.org/news/2019/07/17/kazakhstan-children-institutions-isolated-abused>; Human Rights Watch, *"They Stay until They Die": A Lifetime of Isolation and Neglect in Institutions for People with Disabilities in Brazil*, 23 May 2018, <https://www.hrw.org/report/2018/05/23/they-stay-until-they-die/lifetime-isolation-and-neglect-institutions-people>; Amnesty International, *As if expendable: The UK government's failure to protect older people in care homes during the COVID-19 pandemic* (Index: EUR 45/3152/2020), 4 October 2020, <https://www.amnesty.org/en/documents/EUR45/3152/2020/en/>; Amnesty International, *Abbandonati: Violazione del diritto alla vita, alla salute e alla non discriminazione delle persone anziane nelle strutture socio-sanitarie e socio-assistenziali durante la pandemia in Italia*, 17 December 2020 (Index : EUR 30/5503/2020), <https://www.amnesty.org/en/documents/eur30/5503/2020/it/>.

268 Amnesty International, *"I Used To Have A Home": Older People's Experience of War, Displacement, and Access to Housing in Ukraine* (previously cited), pp. 61-63.

269 CRPD, Article 3.

270 CRPD, Article 19.

271 CRPD Committee, General Comment 5 (previously cited) para. 8.

272 UN Independent Expert on the enjoyment of all human rights by older persons, Report: *Older persons and the right to adequate housing*, 19 July 2022, UN Doc. A/77/239, para. 33.

273 UN Independent Expert on the enjoyment of all human rights by older persons, Report: *Older persons and the right to adequate housing* (previously cited), para. 49.

274 CRPD Committee, General Comment 5 (previously cited), para. 5.

According to the CRPD Committee's *Guidelines on deinstitutionalization, including in emergencies*, which were issued in September 2022, states should “continue and accelerate efforts to close institutions” and undertake “immediate efforts... to identify people with disabilities in institutions, and internally displaced persons with disabilities... and refugees with disabilities, to prevent institutionalization”.²⁷⁵ According to the Committee, state parties “should provide adequate financial and human resources to ensure that persons with disabilities are not left behind in response and recovery processes”.²⁷⁶ In a 2022 report specifically on Ukraine, the CRPD Committee similarly stated that Ukrainian authorities should “expedite deinstitutionalization of all persons with disabilities” and urged “all concerned parties to ensure that international funds” are directed away from residential care institutions and “towards the development of independent living provisions”.²⁷⁷

So far, the primary response to the care crisis in Ukraine has been to propose building more institutions. In a July 2022 draft document created ahead of the Ukraine Recovery Conference, the Ukrainian government said it planned to build “a network of boarding houses for the elderly” in hospitals that were no longer in use.²⁷⁸ Similarly, presentations by Ukrainian officials at the Ukraine Recovery Conference in 2023 mention supporting “small residential facilities” for older adults.²⁷⁹ An updated Rapid Damage and Needs Assessment conducted by the World Bank included an estimated US\$127.5 million in recovery and reconstruction needs for residential care facilities for older people and people with disabilities between 2023 and 2026, and another US\$146.2 million to be spent on sanatoriums.²⁸⁰ This compared to just US\$51.2 million on social service delivery centres.²⁸¹

In August 2023, a coalition of Ukrainian disability rights groups criticized the reconstruction of institutions, stating that such funding by international donors “mistakenly [strengthens] an abusive system of segregation and isolation... instead of directing funds to ensure inclusion in the community, accessible housing and support for an adequate standard of living”.²⁸² The groups called on the international community to refrain from such investments, including for small institutions. Undoubtedly, the challenge of

275 CRPD Committee, *Guidelines on deinstitutionalization, including in emergencies*, 9 September 2022, UN Doc. CRPD/C/5, para. 52, para. 107.

276 CRPD Committee, *Guidelines on deinstitutionalization, including in emergencies* (previously cited), para. 113.

277 CRPD Committee, *Chapter on the situation of persons with disabilities in Ukraine and in countries where they have fled after 24 February 2022, as a result of the aggression against Ukraine by the Russian Federation-to be included in 27th Session Report, 9 September 2022*.

278 Cabinet of Ministers of Ukraine, *Draft Ukraine Recovery Plan: Materials of the “Healthcare System” working group*, July 2022, <https://www.kmu.gov.ua/storage/app/sites/1/recoveryrada/eng/health-care-eng.pdf>, p. 44.

279 Ministry of Social Policy of Ukraine, Presentation by Minister Oksana Zholnovych, “Building Capacity Instead of Dependence”, https://uploads-ssl.webflow.com/621f88db25fbf24758792dd8/64b78d8bc55885e48f607d_MSP%20URC%20Investment%20in%20Human%20Capital%20Recovery.pdf

280 The World Bank, *Ukraine Rapid Damage and Needs Assessment: February 2022 – February 2023*, March 2023, <https://documents1.worldbank.org/curated/en/099184503212328877/pdf/P1801740d1177f03c0ab180057556615497.pdf>

281 The World Bank, *Ukraine Rapid Damage and Needs Assessment: February 2022 – February 2023* (previously cited).

282 Fight for Right, “Ukraine Recovery: Humanitarian Donors’ Obligations Should Ensure Inclusion, Not Institutions for Persons with Disabilities”, 21 August 2023, <https://ffr.org.ua/en/ukraine-recovery-humanitarian-donors-obligations-should-ensure-inclusion-not-institutions-for-persons-with-disabilities/>

creating true alternatives to institutional care cannot be Ukraine's alone: the international community can provide logistics and support so that Ukraine can provide non-segregated housing to displaced people and sufficient community-based support, and thus ensure that older people and people with disabilities are not forced to leave their homes to live in institutions, which is contrary to the CRPD.²⁸³

RATES OF INSTITUTIONALIZATION

After February 2022, the Ukrainian government simplified the procedure for older people and people with disabilities to be admitted to state institutions: while the conflict is ongoing, older people and people with disabilities can enter an institution without supplying any medical or identification documents.²⁸⁴ This was a response to mass displacement and an effort, according to the Ministry of Social Policy, to give people “a roof over their heads, food, medication, care, even sometimes in cases where they did not have any [identifying] documents on them”.²⁸⁵ At least 4,000 older people were placed in institutional care between February and July 2022.²⁸⁶

However, almost two years after the full-scale invasion, placing older people with disabilities in institutions still appeared to be the default recourse in many situations. Time and again, local officials in conflict-affected areas told Amnesty International that the lack of physically accessible shelters and care workers meant they had no option but to send older people into institutions. In Izium, Kharkiv region, which came under heavy attacks and Russian occupation for six months,²⁸⁷ local officials said the population had halved to 22,000 people by May 2023. More than 9,500 of those who had stayed behind – or 42% – were over 70 years old.²⁸⁸ Care providers were struggling to cope with demand, as Larysa Kalyzina, director of the local social services center, described:

There is no decrease in the flow of people who need care. We have already sent 89 to institutions, and we are preparing another three to go there. These are people who have disabilities, they have nowhere to live, they have no families.²⁸⁹

This sentiment was echoed again and again by social workers across conflict-affected regions. In Kherson, the director of one center that provided at-home services to 223 older people and people with disabilities, said:

283 CRPD, Article 32; ICESCR Article 2(1).

284 Ukraine, Cabinet of Ministers Decree No. 294, “Про внесення змін до порядків, затверджених постановами Кабінету Міністрів України від 26 червня 2019 р. No. 576 і від 1 червня 2020 р. No. 587”, 16 March 2022, <https://zakon.rada.gov.ua/laws/show/294-2022-%D0%BF#Text>

285 Ministry of Social Policy of Ukraine, “Уряд за пропозиціями Мінсоцполітики розширив можливості працевлаштування переміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО (previously cited).

286 Ministry of Social Policy of Ukraine, “Уряд за пропозиціями Мінсоцполітики розширив можливості працевлаштування переміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО (previously cited).

287 Human Rights Watch, “Ukraine: Russian Forces Tortured Izium Detainees”, 19 October 2022, <https://www.hrw.org/news/2022/10/19/ukraine-russian-forces-tortured-izium-detainees>

288 Interview in person with Nadiya Petrova, Izium, Kharkiv region, 30 May 2023.

289 Interview in person with Larysa Kalyazina, Izium, Kharkiv region, 30 May 2023.

We have evacuated 114 people [who were receiving social services before February 2022] to other parts of Ukraine... Some have gone to [live with] relatives, 60 have gone into institutions. That's much more than usual, usually we send 7-10 [to institutions] per year at most. Most of these people just need a social worker [to bring them food], but particularly with the flood [after the Kakhovka dam bombing], we had no way to care for so many people at once.²⁹⁰

“In the past year we have sent 16 people to institutions,” said Natalia Myshchenko, director of a social service centre in Sumy region. “That’s a very large number for our community, usually we send one or two people per year.”²⁹¹

However, it is almost impossible to gauge the exact rates of institutionalization, particularly when disaggregating for adults and those over 60 years old in particular, because the Ukrainian authorities do not regularly publish this information. In 2020, the NPM said in its annual report that 45,574 people were registered as living in institutions run by the Ministry of Social Policy (MSP); however, this included some institutions for children – exactly how many is unclear.²⁹² In 2022, the NPM said that 43,000 people were registered as living in MSP-controlled institutions – again, it was unclear how many were children – and an additional 9,000 lived in institutions run by local authorities.²⁹³

But as described above, there are many people with disabilities, including older people with disabilities, who live in institutions that do not fall under the remit of the Ministry of Social Policy. Even before the invasion, there were 61 psychiatric hospitals where many people with psychosocial disabilities lived full-time, according to the NPM.²⁹⁴ With mass displacement caused by Russia’s invasion, the evidence above indicates that many more older people and people with disabilities are now living full-time in institutional settings such as hospitals and sanatoriums. And yet directors of these medical facilities told Amnesty International that there was no clear and consistent mechanism for reporting the presence of displaced people who were living there, leaving these people effectively invisible to the Ministry of Health. One hospital director in Lviv said:

De jure we are not a shelter, it just happened that with the full-scale invasion... we started receiving people who were evacuated from [hospitals] near the frontline... As far as the Ministry of Health is concerned, these people aren’t patients here.²⁹⁵

290 Interview in person with director of a Territorial Centre, Kherson, Ukraine, 4 September 2023.

291 Interview in person with Natalia Myshchenko, Kosovshchina, Sumy region, 29 May 2023.

292 National Preventive Mechanism of Ukraine, “Спеціальна доповідь Уповноваженого Верховної Ради України з Прав Людини: Стан Реалізації Національного Превентивного Механізму у 2020 Році”, 2021, <https://ombudsman.gov.ua/storage/app/media/uploaded-files/spetsialna-dopovid-preventywniy-mehanizm-2020%20.pdf>, p. 80.

293 Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022*, undated (previously cited), p. 156.

294 National Preventive Mechanism of Ukraine, “Спеціальна доповідь Уповноваженого Верховної Ради України з Прав Людини: Стан Реалізації Національного Превентивного Механізму у 2020 Році” (previously cited), p. 91.

295 Interview by voice call with director of a hospital (anonymous) in Lviv region, Ukraine, 28 September 2023.

Another problem with understanding the scale of the care crisis in Ukraine is that there is very little transparency in private institutions. There are no publicly available statistics on the number of such facilities or how many residents live there. The minimal data that Amnesty International was able to obtain, however, indicated an increase in such facilities during the conflict. The Kharkiv Oblast Department of Social Protection said in a letter to Amnesty International that there were 17 private service providers operating in the region as of August 2023, and nine of them had applied for registration in 2023.²⁹⁶ In Lviv, the regional Department for Social Protection said in a letter that in 2022-2023, four private institutions had registered with the government and were now providing temporary or long-term residential care to 522 older people, people with disabilities, and other at-risk groups.²⁹⁷

Most regions said they lacked any information about private institutions being registered since the full-scale invasion. However, this is partly because many private institutions do not register with the state at all. According to a 2020 report commissioned by the Council of Europe, most of these enterprises do not register as licensed private social service providers, but rather “operate on the basis of artificially fragmented private contracts (accommodation, medical care, care services)”, as a result of which they do not fall under government control and are subject to virtually no regulation or oversight.²⁹⁸ While the NPM has a right to visit private institutions, the state has no requirements to monitor or report on them.²⁹⁹ Amnesty International attempted to access private care institutions, but was granted permission to visit only one, and interviews with displaced residents there were so highly controlled by management that Amnesty International was forced to terminate the visit.

In an effort to understand the dynamics of institutionalization in greater detail, Amnesty International sent letters to the Departments of Social Protection of all 24 regions of Ukraine, excluding the Autonomous Republic of Crimea and the City of Sevastopol, which were illegally annexed by Russia in 2014. In these letters, Amnesty International requested information regarding the number of adults in institutional facilities in February 2022 compared to July 2023, as well as information regarding rates of admissions.

As of November 2023, Amnesty International had received responses from 20 regions, 19 of which are included in the below table.³⁰⁰

296 Letter from Tetiana Pechura, Acting Director of the Kharkiv Oblast Department of Social Protection, 4 August 2023, on file with Amnesty International.

297 Letter from Roman Andres, Acting Director of the Lviv Oblast Department of Social Protection, 11 August 2023, on file with Amnesty International.

298 Council of Europe, *Assessment of Ukraine's policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter*, October 2020, <https://rm.coe.int/old-people-eng-soft/1680a242de>, p. 46.

299 Council of Europe, *Assessment of Ukraine's policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter*, October 2020, <https://rm.coe.int/old-people-eng-soft/1680a242de>, p. 46.

300 All letters are on file with Amnesty International. Regional officials in Kherson oblast also responded to Amnesty International. However, Amnesty International has not included those responses in this chart, for the reason that all but one institution in Kherson are located in areas under Russian occupation and therefore the administration was unable to provide information about them. Where regions were partially occupied or had evacuated most of their institutions, Amnesty International has included the relevant information in the table.

RATES OF ADMISSIONS TO STATE INSTITUTIONS FOR PEOPLE WITH DISABILITIES BY REGION, 2021-2023

REGION	ADMISSIONS, FEB. 2021-2022	ADMISSIONS, FEB. 2022-2023	INCREASE IN ADMISSIONS, %	POPULATION, FEB. 2022	POPULATION, JULY 2023
Cherkasy	235	538	128%	2,001	2,299
Chernihiv	332	265	-20%	1,664	1,665
Chernivtsi	–	76	–	893	1,051
Donetsk ³⁰¹	–	–	–	1,693	0
Dnipro	263	449	70%	3,158	2,958
Ivano-Frankivsk	–	–	–	–	–
Kharkiv	288	950	230%	2,575	1,814
Kherson	–	–	–	–	–
Khmelnyskyi	139	1018	632%	1,887	2,378
Kirovohrad	–	645	–	1,505	1,687
Kyiv	–	–	–	–	–
Luhansk	–	–	–	–	–
Lviv	–	451	–	1,736	2,057
Mykolaiv	78	297	–	1,257	1,340
Odesa	14	33	136%	1,696	1,565
Poltava	–	334	–	1,888	1,912
Rivne	–	695	–	1,034	1,483
Sumy	203	345	70%	1,529	1,541
Ternopil	–	308	–	777	959
Vinnysia	–	375	–	1,335	1,596
Volyn	103	307	198%	728	895
Zakarpattia	87	235	170%	756	893
Zaporizhzhia ³⁰²	156	334	114%	1,333	772
Zhytomyr	550	906	65%	2,022	2,217
TOTAL	–	8561	–	31,467	31,082

301 In its response to Amnesty International, the Donetsk Department of Social Protection said there were no older people and people with disabilities living in institutions in the region as of September 2023, compared to 2,200 people before the full-scale invasion. See Letter from Olena Tokareva, Director of the Donetsk Department of Social Protection, in a letter to Amnesty International, sent 3 October 2023, on file with Amnesty International. In a letter sent from the Donetsk Department of Social Protection in 2022, Tokareva wrote that of those residents who were evacuated from the region, 415 had been evacuated to countries abroad. See Letter from Olena Tokareva, Director of the Donetsk Department of Social Protection, July 2022, on file with Amnesty International. Further, Amnesty International documented in a report on forcible transfers and deportations published in December 2022 that an additional 92 residents of a Mariupol nursing home were forcibly transferred to Russian-occupied Donetsk. See: Amnesty International, “*Like a Prison Convoy*”: Russia’s Unlawful Transfer and Abuse of Civilians in Ukraine During ‘Filtration’ (previously cited). In order to accurately reflect fluctuations in the institutionalized population of Ukraine, and not to include those who are still institutionalized but living abroad or in Russian-occupied areas, we have subtracted those two figures (415 and 92, respectively, from 2,200) to reach an estimated institutionalized population of 1,693 for the purposes of comparison.

302 According to the Zaporizhzhia Department of Social Protection, four institutions are currently in Russian-controlled areas, where the Ukrainian authorities have little access to information about residents. Therefore, Amnesty International is reflecting data about residents from 2022 and 2023 from only those institutions that are still in government-controlled areas.

As this data shows, there has been a modest increase in the number of older people and people with disabilities living in institutions in the regions that gave responses. However, as shown above, this data likely misses many older people and people with disabilities who are living in other forms of institutional care, such as hospitals, sanatoriums or small institutions run by local authorities.³⁰³

Amnesty International noted a discrepancy between rates of new admissions to institutions, where all but a few regions showed an increasing rate of admissions, and the overall numbers of institutionalized people, which in some regions declined. Some of this is explained by evacuations of institutions from some conflict-affected regions to others. However, upon further investigation Amnesty International found that the decreases could also be because of high mortality rates in institutions. For example, data shared with Amnesty International from Kharkiv region showed that registrations of new residents in institutions went from 288 from February 2021 to February 2022, to 950 from February 2022 to February 2023, an increase of 230%.³⁰⁴ However, the overall population in institutions decreased. Further information from the Kharkiv regional information showed that while 540 people were evacuated from institutions to other institutions in safer parts in Ukraine, 730 people died in institutions from 2022 to 2023, or nearly 30% of the total population in institutions at the start of the full-scale invasion.³⁰⁵ These high death rates were reflected in conversations with Amnesty International at specific institutions: at an institution in Mykolaiv, for example, of the 92 displaced older people who were registered there since the full-scale invasion, 28, or nearly one-third, had died.³⁰⁶

6.2 ISOLATION

The Russian invasion has driven apart many families, and older people are no exception. Amnesty International found that many older people expressed feelings of greater isolation, having been separated from younger relatives who had fled abroad or moved to other parts of the country. Sometimes, as noted above, older people lived near other relatives who had been displaced, but were unable to live in the same settings as them because most temporary shelters were not physically accessible.

Anastasia Strelnikova, a 72-year-old from Kramatorsk, Donetsk region, said her daughter, son-in-law, and grandchildren had fled abroad, leaving her on her own in a dormitory in Poltava. She had tried to move another displaced older relative in with her, but the dormitory is a five-story building without a lift, and her relative had limited mobility. He was instead moved to an institution, where he soon died. Strelnikova said, crying, about her relatives who had fled abroad:

303 As noted above, the NPM said in its 2022 report that there were 9,000 people living in institutions run by local authorities as of the end of 2022. See Ombudsman of Ukraine, *Report on the Observance and Protection of Human and Civil Rights and Freedoms in Ukraine in 2022*, undated (previously cited), p. 156.

304 Letter from Kharkiv Oblast Department of Social Protection to Amnesty International, 3 August 2023, on file with Amnesty International.

305 Information shared by Kharkiv Oblast Department of Social Protection via Whatsapp with Amnesty International, 2 October 2023, on file with Amnesty International.

306 Interview in person with director of an institution, Mykolaiv, Ukraine, 5 September 2023.



👁️ ↑ Tetiana Hrebenyuk-Huzenko, 72, looks out of the boarded-up windows of her home in Izium, Ukraine.

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👁️ → Boarded-up windows in the home of an older woman in Izium, Ukraine. © Amnesty International



👁️ ↑ Yevhen Kryvosheya, 84, examines the ruins of his destroyed apartment in Izium, Ukraine. He cannot afford to restore it, and so lives in an institution for older people nearby. © Olga Ivashchenko / Amnesty International

I don't want to leave [Ukraine]. I don't know any languages... I want to socialize with others. I miss [my family], I cry all the time because my family has fallen apart.³⁰⁷

Particularly in conflict-affected areas, older people described feeling more isolated because they were unable to regularly leave their homes due to attacks, lifts not working, and the absence of neighbours who had previously provided support. For example, 65-year-old Kateryna Daniliuk described the difficulties of caring for her 82-year-old stepfather, Oleksei, in their tenth-floor apartment in Kherson, where the lifts were not working for seven months. Before, they had lived in their small country home, where Daniliuk could go out and leave her stepfather on his own, knowing he would be looked after by neighbours:

This life is 100% different [from my life before the war]. Here we live in a box, we are closed in all the time. I used to be able to leave him all day and go fishing, which is my favourite hobby. He could wander around and the neighbours knew him so they would bring him back.³⁰⁸

For some older people, particularly during active hostilities, social workers provided one of their few regular interactions. For example, Tetiana Hrebeniuk, a 73-year-old poet who remained in the city of Izium through six months of Russian occupation and brutal attacks, said:

[The social worker] is my first helper. Even when I'm totally alone I know that at least somebody cares about me, that's very important. I knew even during the war that she wouldn't forget me under the ruins.³⁰⁹

Because older people were often less able to afford repairs, they sometimes lived in apartments that were partially damaged, including where the windows were still covered with plyboard or plastic film. This exacerbated feelings of isolation and loneliness for some. Tetiana Fateeva, a social worker in Kharkiv's North Saltivka neighbourhood, said:

Many of my clients live in damaged homes, they can't fix their windows or doors because they can't afford it, so they place wooden planks over the windows. They live in the dark.³¹⁰

307 Interview in person with Anastasiia Strelnikova, Poltava, Ukraine, 25 May 2023.

308 Interview in person with Kateryna Daniliuk, Kherson, Ukraine, 4 September 2023.

309 Interview in person with Tetiana Hrebeniuk, Izium, Kharkiv region, Ukraine, 7 September 2023.

310 Interview in person with Tetiana Fateeva, Kharkiv, Ukraine, 31 May 2023.

7 OLDER PEOPLE: LEGAL PROTECTIONS AND GAPS

Compared to other at-risk groups in situations of armed conflict and humanitarian crisis, older people's experiences and perspectives have been historically absent from reporting, including human rights reporting. In humanitarian responses, donors and aid organizations have likewise neglected older people, including in undertaking needs assessments and allocating resources.³¹¹

A key reason for the lack of attention to older persons' rights has been the absence of an international treaty dedicated to this group. While international humanitarian law³¹² as well as existing human rights treaties offer some protections to older persons – including the CRPD for older people with disabilities and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) for older women – ultimately, the UN High Commissioner on Human Rights concluded in a 2022 report, “the fragmentation of existing norms and procedures and their conceptual and operational limitations have resulted in an overall failure to provide adequate recognition and protection of the human rights of older persons at the international level”.³¹³

The evidence gathered in this report underscores this point: in Ukraine, older people face discrimination based on their age that is distinct from the discrimination they face as members of other groups. In some cases, this is manifested in law and policy, and the way these laws and policies are implemented. For example, the laws that regulate institutional care in Ukraine allow for people to be admitted to residential care if they are over the age of 18, have a registered disability, and “require outside care, social services, medical care, and a complex of rehabilitation measures”.³¹⁴ The exception to this rule is older people:

311 For more on under-resourcing, see HelpAge International, *End the neglect: a study of humanitarian financing for older people*, 2016.

312 See Fourth Geneva Convention, Articles 17, 27, 85 and 119; International Committee for the Red Cross, Customary International Humanitarian Law, Vol. 1: Rules, (ICRC, Customary IHL) Rule 138. The Elderly, Disabled and Infirm, https://ihl-databases.icrc.org/customary-ihl/eng/docs/v1_rul_rule138

313 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons* (previously cited), para. 54.

314 Ukraine, Cabinet of Ministers Decree No. 772 (cited previously), Article 13.

anyone who is within 1.5 years of pension age³¹⁵ can be admitted to an institution even if they do not have a disability.³¹⁶ Particularly in the context of the current conflict, and the barriers older people face when attempting to access disability-related services as documented in this report, such policies mean that institutionalization can easily become the default response to the situation of older people, as opposed to providing them with home-based care that enables their independent living in their communities. In all but one of 15 regions that provided such data to Amnesty International,³¹⁷ over half of all adults who were institutionalized in those regions in 2022 were over 60 years old. In some regions, such as Kharkiv region for example, the number was much higher: 935 out of 1,157 newly institutionalized people – or 80% – of newly institutionalized people in 2022 were 60 years old or above.

The institutionalization of older adults is normalized not just in Ukraine but across many countries. Many societies share the assumption that older people will sooner or later lose their right to live independently in the community, and care policies frequently target different age groups separately, rather than taking a “life-course” approach to ensure that care is available at all stages of life.³¹⁸ Unlike the institutionalization of children and young adults, which has been on the decline in Europe and Central Asia for at least a decade,³¹⁹ according to a 2017 report, the number of care homes for older people increased over the preceding 10 years in every European Union country for which there was data.³²⁰

Even where older people with disabilities should be privy to the same rights as all other people with disabilities, in Ukraine, like in many places, they are often prevented from exercising those rights. This report demonstrates how many older people are excluded from what is the standard definition of disability under Ukrainian law, and how some medical professionals – who are still largely responsible for the determination of disability status in Ukraine – reinforce this practice by discouraging older people to apply or by not informing them of the non-financial benefits that accompany disability status. It is common for older persons with disabilities not to be perceived or to perceive themselves as persons with disabilities, given these disabilities are easily dismissed as the ‘natural’ products of ageing or are treated differently because they are degenerative in nature. These assumptions are discriminatory, and lead to older people with disabilities being unable to access habilitation, rehabilitation and community-based support on an equal basis with others, as is their right under the CRPD.³²¹ The CRPD Committee, in its guidelines on

315 As of January 2022, those eligible for old-age pensions included: people over 60 who had worked in the formal economy for 30 years or more; people over 63 who worked for 20 to 30 years; and those over 65 who have worked for less than 20 years. Those who have worked in the informal economy still receive pensions, though are likely to receive lower pensions if they have worked fewer years in the formal economy. For more information, see Ukrinform, “Вихід на пенсію за віком: правила у 2022 році”, 1 January 2022, <https://www.ukrinform.ua/rubric-society/3378902-vihid-na-pensiu-za-vikom-pravila-u-2022-roci.html>

316 Ukraine, Cabinet of Ministers Decree No. 772 (cited previously), Article 13.

317 This included Chernihiv, Kharkiv, Khmelnytskyi, Kirovohrad, Lviv, Odesa, Poltava, Rivne, Sumy, Ternopil, Vinnytsia, Volynskaya, Zakarpattia, Zaporizhzhia; the exception was Zhytomyr. All letters are on file with Amnesty International.

318 https://www.age-platform.eu/sites/default/files/Policy%20Brief%20on%20care_with%20layout_FINAL%20DRAFT.pdf

319 UNICEF, Europe and Central Asia, *15 years of De-Institutionalization Reforms in Europe and Central Asia. Key results achieved for children and remaining challenges*, 2017, https://www.unicef.org/eca/sites/unicef.org/eca/files/2018-11/Key%20Results%20in%20Deinstitutionalization%20in%20Europe%20and%20Central%20Asia_0.pdf

320 Eurofound, *Care homes for older Europeans: Public, for-profit and non-profit providers*, 28 November 2017, https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef1723en.pdf

321 CRPD, Articles 5, 19 and 26.

deinstitutionalization, has called on state parties to “prevent discrimination against older persons with disabilities in terms of access to support and services in the community and their own homes”.³²²

Another reason that older people remain unable to exercise their rights in Ukraine, as elsewhere, is poverty. Perhaps the largest single group living in poverty in Ukraine is older people, 80% of whom receive pensions below the country’s real subsistence minimum, as calculated by the Ministry of Social Policy.³²³ Many older people who built their careers during the Soviet Union were left with almost nothing when it collapsed in the 1990s: hyperinflation, the collapse of the centralized Soviet banking system and policy choices to suspend payments to those with savings accounts wiped out the social safety net virtually overnight.³²⁴ For many older people in Ukraine who are now in their 70s or 80s, who were in their 40s or 50s in the 1990s, it has been almost impossible to rebuild their wealth.

Poverty threatens the human rights of older people in Ukraine, particularly their right to adequate housing and their right to health. Before Russia’s invasion, the only valuable asset owned by many older people in Ukraine was their homes (the Ukrainian government allowed people to privatize their property free of charge during the 1990s).³²⁵ As presented in this report, without additional intervention, the vast majority of displaced older people in Ukraine simply cannot afford paying for rental accommodations. According to a report by the UN Independent Expert on the enjoyment of all human rights by older persons, poverty is one of the main barriers some older people face in exercising their right to adequate housing.³²⁶ According to the Independent Expert, “older persons have an equal right with others to decide where to live and with whom, and not to be forced into particular living arrangement. This right includes having the necessary means and support enabling them to make decisions and live their lives in accordance with their wills and preferences.”³²⁷ The CESCR has said that state parties must establish “subsidies for those unable to afford housing”, and that tenants “should be protected by appropriate means against unreasonable rent levels or rent increases”.³²⁸

322 CRPD Committee, *Guidelines on deinstitutionalization, including in emergencies* (previously cited), para. 52.

323 Ministry of Social Policy of Ukraine, Фактичний розмір прожиткового мінімуму у 2015-2022 роках, 18 February 2022, <https://www.msp.gov.ua/news/12286.html>. According to the Law No. 38 “On the Subsistence Minimum”, the monthly subsistence minimum is determined by the Cabinet of Ministers, on the basis of a consumer basket of food-stuffs and other essential goods. This minimum is the standard used to set minimum pensions, a minimum wage, etc. However, amendments to the law in 2012 called on the Ministry of Social Policy to calculate the “real subsistence minimum” as a means of observing real-world changes in consumer prices. The subsistence minimum as set by the Cabinet of Ministers consistently falls below the Ministry of Social Policy’s real subsistence minimum. In 2022, for example, it was 2,589 hryvnia, versus the 4,666 hryvnia as calculated by the MSP. See MinFin. ua, Прожитковий Мінімум в Україні 2022, <https://index.minfin.com.ua/ua/labour/wagemin/>

324 In the 1990s, reeling from the collapse of the centralized Soviet banking system, the Ukrainian government suspended savings accounts that many people held in the country’s national bank. While some mechanisms have been put in place to compensate people for the loss of those savings accounts, due to the devaluation of the currency and hyperinflation, these funds are much smaller in contemporary terms than they were at the time of the collapse of the Soviet Union, leaving older people with very little savings. For more information, see EPravda, “Борги Ощадбанку СРСР: Не з тої кишені”, 1 November 2013, <https://www.epravda.com.ua/publications/2013/11/1/401277/>; Ukrainsky Tizhden, “Де Шукати Гроші Українців-вкладників Сбербанка СРСР”, <https://tyzhden.ua/de-shukaty-hroshi-ukraintsiv-vkladnykiv-sberbanka-srsr/>

325 Ukraine, Law No. 36, “Про приватизацію державного житлового фонду”, 19 June 1992, <https://zakon.rada.gov.ua/laws/show/2482-12#Text>

326 UN Independent Expert on the enjoyment of all human rights by older persons, Report: *Older persons and the right to adequate housing*, 19 July 2022, UN Doc. A/77/239, para. 36.

327 UN Independent Expert on the enjoyment of all human rights by older persons, Report: *Older persons and the right to adequate housing* (previously cited), para. 67.

328 CESCR General Comment 4 (previously cited), para. 8c.

Poverty also prevents older people in Ukraine from accessing healthcare on an equal basis with others. Like in many countries, healthcare remains unaffordable for many older people in Ukraine, particularly when it comes to specialized care and medications. As demonstrated in this report, many older people in Ukraine live for many years with disabilities that could be prevented or ameliorated with medical intervention, such as knee or hip replacements or cataract operations. However, as a result of poverty, many older people forego these vital healthcare procedures altogether or further impoverish themselves to access them. As noted above, the WHO has found that people over 60 years old make up more than half of those experiencing catastrophic health spending in Ukraine.³²⁹

The ICESCR enshrines the right to adequate standard of living, including adequate food, clothing and housing, and the right to social security.³³⁰ Ukraine has also ratified the Revised European Social Charter (ESC), which guarantees “[t]he rights of elderly persons to social protection” and calls on states to “enable elderly persons to remain full members of society as long as possible, by means of adequate resources enabling them to lead a decent life and play an active part in public, social, and cultural life”.³³¹ Despite this, an October 2020 assessment of Ukraine commissioned by the Council of Europe found that “under Article 23, the right to adequate resources, which primarily encompasses the amount of pensions and other benefits, has been the object of criticism by the ESCR [European Committee of Social Rights] since the accession of Ukraine to the ESC”.³³²

There are UN treaties that enshrine protections of the rights of children, women, racial minorities, persons with disabilities and migrant workers. Older people are arguably the single largest group that does not have a convention dedicated to their rights. The examples given in this report, including the treatment of older people with disabilities as somehow “different” in a way that means they do not always enjoy the same rights as other people with disabilities, systematic poverty due to inadequate pensions, and the lack of equal access to healthcare and housing due to widespread poverty, highlight how existing legal mechanisms do not and cannot do enough to protect the rights of older persons. The 2021 report from OHCHR stated clearly that existing international law fails to protect the rights of older people in many situations, noting that older people “are rarely mentioned in United Nations human rights treaties, and there is generally no explicit reference to older age as an impermissible basis of discrimination”.³³³

In 2010, the UN General Assembly established the Open-Ended Working Group on Ageing (OEWGA), which meets annually with the mandate to present a proposal containing the main elements that should be included in an international legal instrument to promote and protect the rights and dignity of older persons,

329 WHO, *Can people afford to pay for health care?: New evidence on financial protection in Ukraine 2023* (previously cited), pp. 44-46.

330 ICESCR, Articles 6 & 11.

331 European Social Charter (Revised), Article 23.

332 Council of Europe, *Assessment of Ukraine's policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter* (cited previously), p. 36.

333 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons* (previously cited), para. 21.

which are not currently addressed sufficiently by existing mechanisms and therefore require further international protection.³³⁴ There has been no significant increase in the focus of existing human rights mechanisms on older persons since the OEWGA was established.³³⁵

As the UN High Commissioner for Human Rights said in the 2022 report, “current [human rights] mechanisms face practical limitations in their ability to advance the human rights of older persons, including their mandates, workloads, expectations and expertise”.³³⁶ The report went on to recommend the drafting of a specialized treaty dedicated to older person’s rights, urging member states of the UN to “move expeditiously towards developing and adopting a coherent, comprehensive and integrated human rights framework that reflects an up-to-date and nuanced understanding of the social construction of ageing, the nature and extent of ageism and age discrimination, and the experiences of diverse groups of older persons”.³³⁷ Without a convention on their rights, older persons will remain largely invisible and their human rights ignored, in armed conflicts and elsewhere.

334 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons*, 28 January 2022, UN Doc. A/HRC/49/70, para. 12.

335 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons* (previously cited), para. 30

336 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons* (previously cited), para. 52.

337 UN High Commissioner for Human Rights, Report: *Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons* (previously cited), para. 59.

8 CONCLUSIONS AND RECOMMENDATIONS

Almost two years since Russia's full-scale invasion began, the lives of many people in Ukraine have changed beyond recognition. Millions have fled their homes, many of them unsure if they will ever be able to return. Tens of thousands of civilians have been injured or killed. The fastest way to protect the rights of all civilians, including older people and people with disabilities, is for Russia to end its invasion of Ukraine.

But this report endeavours to serve as a roadmap as to how Ukraine, with the support of its international partners, can build a society that is truly inclusive for all, during the conflict and beyond. By ensuring that temporary shelters that are in schools and universities are physically accessible to displaced people with disabilities now, the Ukrainian government will also make accessible education a reality for thousands of children and young people with disabilities in the future. By making support services and healthcare more widely available and affordable to older people and people with disabilities now, it will also guarantee that veterans and civilians returning home from the front with injuries and disabilities will be able to live independently and with dignity for many years to come. By ensuring that older people and people with disabilities are not segregated into institutional housing now, Ukraine can also make good on its international human rights obligations and take a step toward meeting criteria that are part and parcel of its efforts to join the European Union, which includes pursuing a process of deinstitutionalization and transitioning towards community-based care for people with disabilities.³³⁸

Ukraine cannot do this alone, particularly in the midst of a full-fledged war. International partners and organizations should support Ukraine to ensure that older people and people with disabilities can live as full and equal members of society, including by ensuring that there is dedicated funding for community-based support services and that any and all reconstruction of housing or infrastructure ensures physical accessibility for all. Finally, the international community should move forward on drafting and ratifying a UN convention that would enshrine protections for older persons, and thus ensure that people around the world are not forced to live in the shadows merely because of their age.

338 European Commission, *Commission Opinion on Ukraine's application for membership of the European Union*, 17 June 2022 <https://neighbourhood-enlargement.ec.europa.eu/system/files/2022-06/Ukraine%20Opinion%20and%20Annex.pdf#>

RECOMMENDATIONS

TO THE RUSSIAN FEDERATION:

- End the war in Ukraine, which is an act of aggression under international law;
- End all direct attacks on civilians and civilian objects, indiscriminate attacks and other serious violations of international humanitarian law;
- Given that older people are more likely to remain in conflict-affected areas, ensure particular attention is paid to the risks they face and to their protection;
- In areas under Russian control, allow and facilitate rapid and unimpeded passage of humanitarian relief, particularly the delivery of medication and other healthcare supplies;
- Provide access to effective remedy, including reparation, in accordance with international law and standards, to all those who have suffered violations of their human rights, including older people;
- Create contact tracing mechanisms to help connect older people, particularly those living with cognitive disabilities such as dementia, and their relatives, who may have lost touch during the war when one or both parties have been displaced or are living in Russia or Russian-occupied territories; ensure that these mechanisms contain adequate safeguards to protect the right to privacy of those involved. Ensure that local authorities, including social service providers, are aware of these mechanisms and that they make older people, including those with dementia, aware of these mechanisms.

TO UKRAINE'S MINISTRY OF REINTEGRATION OF TEMPORARILY OCCUPIED TERRITORIES AND THE MINISTRY OF MINISTRY OF DEVELOPMENT OF COMMUNITIES, TERRITORIES AND INFRASTRUCTURE:

- Ensure systematic data collection standards across all shelters for displaced persons, including Collective Centres and modular housing; ensure that such data is disaggregated by age (including more detailed age brackets, e.g., 50-59, 60-69, etc.), gender, and disability (as assessed by the Washington Set of Questions);
- Together with the relevant authorities, adopt legislation and/or regulations in line with international human rights standards to define minimum requirements for accessibility of temporary shelters and modular housing; ensure that local authorities running shelters are aware of these requirements, and have access to financial resources to implement them;
- Together with the relevant authorities, amend Law No. 7198 on compensation for damaged or destroyed housing to include older people amongst those groups prioritized for compensation;

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- Monitor the rate at which older people and people with disabilities are applying for housing compensation; ensure that support, including legal and physical support, is available when needed to navigate the application process;
 - Conduct a review of the implementation of Law No. 7198 to assess barriers that individuals from at-risk groups, including older people and people with disabilities, face in applying for compensation, with particular attention to ensuring that the requirements – including registering property and submitting documents that have been destroyed or lost during the conflict – do not impede the ability of older people and people with disabilities to receive compensation on an equal basis with others;
 - Ensure that older people and people with disabilities have access to information about compensation schemes and reconstruction plans, and ensure that this information is delivered in accessible formats;
 - During future reconstruction, ensure that newly built infrastructure and housing is accessible to people with disabilities; include older people and people with disabilities among those who will be prioritized for access to newly built housing, including by implementing concrete quotas for these groups;
 - Moving forward, meaningfully consult organizations representing people with disabilities and older people in discussions about reconstruction, compensation, housing, and any other issues directly affecting their rights.

TO UKRAINE'S MINISTRY OF SOCIAL POLICY:

- Consider measures that would allow local authorities in the most conflict-affected areas to respond more flexibly to demand on the social care system, particularly with regards to hiring; consider a system whereby local authorities can apply to central authorities for temporary support in delivering services in these areas, or support volunteer and humanitarian organizations to do so;
- Provide local authorities with transportation, such as accessible vehicles and electric bikes, that can be used to ensure continued delivery of services to older people and people with disabilities in conflict-affected areas;
- Create and enforce consistent data collection standards for all people living in state and private institutions for older people and people with disabilities; this information should be made publicly available and be disaggregated by age, gender, disability, and displaced person status, and should include all types of institutional or institution-like living, including oblast- and local-level facilities, as well as long-term hospital residents;
- In consultation with organizations representing older people and people with disabilities, establish a time-bound plan to close and limit admission to institutions for adults, on par with Ukraine's deinstitutionalization plan for children; to this end, replace Cabinet of Ministers Decree No. 294 from

16 March 2022, which simplifies and expedites the process for placing an older person or a person with a disability in an institution, with policies that provide for non-institutional long-term housing for displaced older people and people with disabilities;

- In consultation with organizations representing older people and people with disabilities, consider reform of the current social care model in Ukraine, to ensure that community-based services are accessible and affordable to all people with disabilities, reducing the risk of their placement in institutions;
- Together with the Ministry of Health and in consultation with organizations representing older people and people with disabilities, continue reform of the Medico-Social Expert Commission (see below).

TO UKRAINE'S MINISTRY OF HEALTH:

- Ensure that older people have access to healthcare on an equal basis with others, including by furthering reform efforts to make secondary healthcare more affordable and reducing the burden of payments borne by the patient;
- Ensure that healthcare facilities are physically accessible to people with disabilities, including people with limited mobility, limited eyesight, limited hearing or intellectual disabilities;
- Streamline the requirements needed for registering for disability status so as to make the process more easily accessible to all people with disabilities, including older people with disabilities who may have less access to information or transportation;
- Continue reform of the Medico-Social Expert Commission process, moving away from a medical approach to defining disability; ensure that organizations representing people with disabilities and older people are meaningfully consulted in this process;
- Consider facilitating trainings for medical staff to sensitize them to the rights and needs of older people and people with disabilities.

TO UKRAINE'S MINISTRY OF FOREIGN AFFAIRS:

- Ensure that all statements at UN bodies, including the Human Rights Council and the Security Council, include older people specifically when referencing at-risk groups;
- Ensure through diplomatic channels that the rights of older people are mainstreamed in all discussions with Ukraine's international partners, including donors, in all relevant bilateral and multilateral fora;
- Engage in the UN Open-Ended Working Group on Ageing session in 2024 and beyond with statements that support a UN convention on the rights of older persons.

TO THE HUMAN RIGHTS OMBUDSMAN OF UKRAINE:

- Facilitate contact tracing mechanisms to help connect older people, particularly those living with cognitive disabilities such as dementia, and their relatives in cases where they have lost touch during the war; ensure that these mechanisms contain adequate safeguards to protect the right to privacy of those involved. Ensure that local authorities, including social service providers, are aware of these mechanisms and that they make older people, including those with dementia, aware of these mechanisms. Work with the Ministry of Foreign Affairs in cases where the older person or their relatives are currently living in Russia or Russian-occupied territories.

TO FOREIGN GOVERNMENTS AND DONORS:

- Allocate discrete funding to support the rights of older people and people with disabilities to live in the community, including by supporting:
 - Dedicated funding for renovations to temporary shelters, including schools, universities and modular homes, to make them physically accessible to displaced people with disabilities;
 - Dedicated funding to guarantee the continuity of social care delivery in those regions where the care crisis is most acute; this can include funding for transportation for delivery of social services, such as accessible vehicles and electric bikes;
 - Dedicated funding for the longer-term reform of the Ukrainian social care system, including the drafting and implementation of deinstitutionalization plans for adults;
- Ensure that modular housing and any other temporary housing for displaced persons in Ukraine is accessible to people with disabilities, or that housing that has already been constructed by foreign donors is modified to be accessible to people with disabilities;
- In supporting the development of long-term reconstruction plans for displaced persons, consider requirements that a certain percentage of said housing be physically accessible to and offered on a first-priority basis to older people and people with disabilities.

TO THE EUROPEAN UNION AND ITS MEMBER STATES:

- Ensure that Ukraine's EU accession process, and any technical and financial support foreseen in that context, are used to promote and protect the rights of older people and people with disabilities. In line with the objectives outlined in the European Commission's opinion on Ukraine's EU accession, this should, in particular, include assisting the authorities in implementing a process of deinstitutionalization and transitioning towards community-based care;
- Use all public and private engagement with the Ukrainian authorities to address the rights of older people and people with disabilities, including their rights to adequate housing, care and healthcare.

These issues should regularly be raised in bilateral meetings with the authorities, including EU-Ukraine summits, Association Councils and human rights dialogues, as well as in any statements and resolutions regarding the situation in Ukraine at the UN Security Council and the UN Human Rights Council;

- Cooperate with the Ukrainian authorities to ensure that all relief, recovery and reconstruction efforts are tailored to meet the specific needs of older people and people with disabilities affected by the war and ensure that the EU's financial and technical assistance supports Ukraine in achieving these objectives;
- Facilitate the creation of robust family tracing and reunification procedures for civilians, including children, older people and people with disabilities, transferred to Russia or Russian-occupied area. This includes by cooperating and offering financial, legal, administrative, and practical assistance to reliable organizations and networks of Ukrainian human rights defenders and civil society organizations involved in facilitating family reunification;
- Engage in the UN Open-Ended Working Group on Ageing session in 2024 and beyond, including through statements in support of a UN convention on the rights of older persons.

TO THE UNITED NATIONS:

- The General Assembly and the Human Rights Council to advance discussions, including with concrete timelines and proposals for a draft, on a global treaty on the rights of older people, in close consultation with the UN Open-Ended Working Group on Ageing;
- The Security Council to increase monitoring and detailed reporting on the situation of older people in armed conflict and request periodic reports on the situation of older people in armed conflict from field offices;
- The General Assembly, the Security Council, and the Human Rights Council to ensure that any resolution or statement on the situation in Ukraine highlights the situation of older people;
- Make recommendations to states undergoing their Universal Periodic Review to protect the rights of older persons in conflict, including by advancing discussions on a global treaty on the rights of older people, in close consultation with the UN Open-Ended Working Group on Ageing.

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“THEY LIVE IN THE DARK”

OLDER PEOPLE’S ISOLATION AND INADEQUATE ACCESS TO HOUSING AMID RUSSIA’S INVASION OF UKRAINE

Over 27,000 civilians in Ukraine have been killed or injured since Russia’s full-scale invasion in February 2022. Millions have been forced to flee their homes. This report documents the unique risks faced by older people, who make up one-fourth of Ukraine’s population.

This report is based on 159 interviews, including with older people, temporary shelter staff, social and healthcare workers, and local officials. It examines how many older people struggle to access housing in displacement, as most shelters are not physically accessible to those with disabilities. It shows how many older people have been forced to flee their homes because of a de facto care crisis in their communities, or they stay behind and go without essential support. Many displaced older people are placed in state institutions or medical facilities, where they are at higher risk of neglect and abuse.

The fastest way to protect the rights of all civilians in Ukraine is for Russia to end its invasion. But this report serves as a roadmap as to how Ukraine – with support from international partners – can build a society that is age- and disability-inclusive during the conflict and beyond.

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