UNIVERSITY OF WARWICK

Supporting disabled Ukrainians in the UK and Ukraine

Policy Brief

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Executive Summary

Initial research in Ukraine, in early 2022, showed that disability was associated with higher post-traumatic distress[1], while displaced Ukrainians across Europe with visual or mobility difficulties reported greater anxiety and poorer sleep.[2] Since that time the number of disabled people in Ukraine has increased significantly, with many facing poverty, unemployment, poor housing, and severe disruption to social care and rehabilitation.[3] As of the year ending March 2026, the UK had issued more than 260,000 visas under the Ukraine Schemes.[4] While no official public statistics exist on the disability status of these visa holders, best estimates suggest that Ukrainians with physical disabilities represent approximately 4% of the displaced Ukrainian population in the UK.[5]

Our work aims to improve support for Ukrainians with physical disabilities affected by the war. In the UK, we focus on improving service delivery under the current Ukraine Schemes and developing longer-term pathways to stability and settlement. Physically disabled war refugees from Ukraine have benefited greatly from the protection offered by the UK Government, as well as from the support of local communities, hosts, public services and voluntary organisations. However, our evidence shows that existing support systems do not always account for the combined effects of disability, language barriers, trauma and temporary immigration status.

In parallel work conducted in Ukraine we focus on emergency protection during the war, and on identifying ways to support inclusive recovery and reconstruction for disabled people.

This briefing draws on in-depth interviews, focus groups and questionnaire completed by physically disabled Ukrainians living in the UK, as well as recent parallel interviews and focus groups with a similar group of Ukrainians in Ukraine. Analyses in both countries explored access to healthcare, welfare, employment, housing, transport, education, social support and mental health.

The findings of our work (described below) suggest some key recommendations in both the UK and Ukraine:

Recommendations in the UK

1a. Arrival: Provide comprehensive key information on arrival for displaced Ukrainians with physical disabilities.

1b. Fund a fast-track Ukrainian community interpreter scheme for NHS trusts and local councils, covering training, certification costs, supervised practice and paid placements, so Ukrainian refugees with relevant language skills can support public services.

2. Welfare: Provide translation and application support for benefit claims.

3a. Housing: Carry out a disability housing assessment before placing displaced Ukrainians with physical disabilities. Where possible, avoid placing these migrants in isolated areas.

3b. Introduce a mandatory disability question in Ukraine Scheme application forms to identify those Ukrainians with physical disabilities who may require adapted housing.

4. Employment: Refer displaced Ukrainians with physical disabilities to disability-trained Job Centre staff.

5. Mental health: Fund local councils to commission Ukrainian-led mental health services.

6a. Visas: Displaced Ukrainians with physical disabilities should not be required to return to Ukraine to obtain documents where territories are occupied or infrastructure has been destroyed.

6b. Long-term right to remain in the UK needs to consider the specific circumstances of displaced Ukrainians with physical disabilities who depend on UK-based treatment, rehabilitation, and adapted housing or who are otherwise unable to safely return.

Recommendations in Ukraine

1. Key equipment: Provide greater access to electric wheelchairs, hearing and visual aids.

2. Shelter access: Pilot schemes in high-need areas of Ukraine, to include portable ramps, evacuation chairs, handrails, appropriate seating, adapted toilets, grab rails, with clear signage to ensure shelters become physically accessible for disabled people.

3. Safety equipment: Provide personal emergency signalling items, such as whistles, small torches, reflective markers and emergency contact cards or bracelets, so that if a person is trapped after a strike or unable to move during an emergency, they have simple ways to alert rescuers or neighbours.

4. Connectivity: Provide work-from-home blackout kits, including portable power stations, power banks, 4G/5G routers, mobile data vouchers and charging cables.

5. Transportation: Fund accessible transport to essential services, including social taxi vouchers. Make railway discounts for disabled people available all year round, rather than only during restricted periods.

6. Mental health: Partner with the All-Ukrainian Mental Health Programme “How Are You?”, linking Ukrainian disability organisations with psychologists, resilience centres and peer-support networks.

7. Self-help: Fund disability-led peer support groups so physically disabled people, in particular those recently disabled as a result of the war, can learn practical coping skills, including planning for blackouts, adapting daily tasks, and staying connected with their communities.

8. Resilience for all: People with disabilities experience significantly greater difficulties as a result of war. However, there are positive examples of resilience and adaptation from the Ukrainian disabled community that can be shared with all Ukrainians who are struggling to cope with this conflict.

Our Research: Interviews in the UK

Forty-five physically disabled Ukrainians participated in in-depth interviews and focus groups. Most participants (38) spoke about their own disabilities, while 7 were parents speaking on behalf of disabled children. Participants were living across England, Wales and Scotland. Questions and research methodology were devised with the assistance of the disability charity Scope, plus discussions with two major local authorities and AUGB.

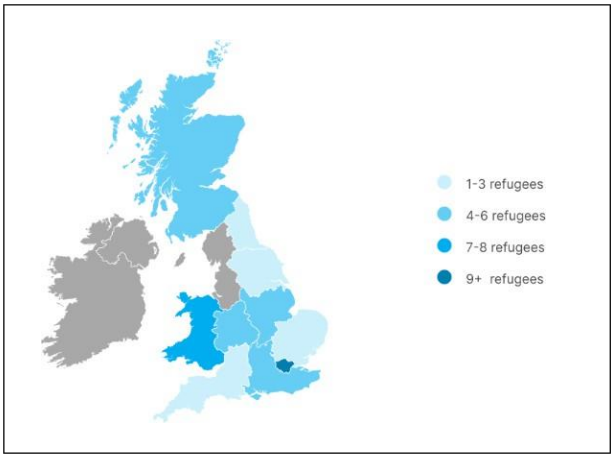


Figure 1. Current UK residence of our interview sample

The most common places of origin in our sample were Kyiv/Kyiv region, Kherson and Odesa. The sample included people with mobility, visual or hearing impairments. The research identified five primary areas of concern for improvement.

Arrival:
Participants described their overall experiences with UK healthcare and welfare services as generally positive, emphasising that staff were often welcoming and willing to help.

"…well, doctors, it's like heaven and earth… it's [UK] a completely different planet…" (Sofia, mobility difficulties)

However, a consistent "information vacuum" was described during their first months/year in the UK. Many struggled to understand how to access disability-related benefits, NHS entitlements (including rehabilitation and medication), GP services, and mobility schemes.

Language barriers and unfamiliarity with the British welfare and healthcare systems, which differ significantly from the Ukrainian system, led to uncompleted benefit applications, delays in accessing healthcare, poor advice from professionals, and in some cases incorrect benefit decisions due to errors in staff assessment. These resulted in refusals and delays of up to a year before being corrected.

There is clear demand for Ukrainian-language support in the UK labour market, including interpreter roles in healthcare, local government and community services. However, many posts require extensive prior experience, formal qualifications or higher education credentials, which can be difficult for displaced Ukrainians to obtain quickly, especially given the short-term visa uncertainties.

Welfare:
Particular challenges with PIP assessments were identified. These assessments require detailed medical evidence (e.g. specialist reports, formal diagnoses, supporting letters from healthcare professionals). Many Ukrainians with physical disabilities

fled without complete medical records or hold documentation that is not translated into English. As a result, they are often unable to provide the level of evidence typically expected in UK assessments. This creates a significant barrier to accessing disability-related benefits, even where eligibility criteria are met.

Language barriers further complicate the process. PIP forms and official communications use complex administrative and medical terminology, which can be difficult to understand even for fluent English speakers. When claims are delayed or refused, applicants are often required to make follow-up phone calls, request mandatory reconsiderations, or respond to further queries. For individuals with limited English, hearing impairments, or communication difficulties, managing these phone-based interactions can be particularly challenging. This increases the risk of incomplete applications, unchallenged refusals.

"…because I don't know English well, it was difficult to find someone who knew and could call to submit a PIP application…"
(Victoria, vision impairment)

Housing:
Several participants were placed in accommodation that did not meet their physical needs, including multi-storey buildings without lifts, upper-floor flats unsuitable for people with mobility impairments, whilst a family with a wheelchair-using child was placed on a ship. These placements directly restricted access to rehabilitation, medical appointments, Job Centre training, interviews, and community support. Many participants were placed in rural or poorly connected areas, limiting their ability to access healthcare, employment, and social networks.

"It was really problematic to find the accommodation for us because we are immigrants and are two disabled [people] and [they] will charge you, extra. … And so we just failed to find accessible accommodation"
(Hanna, spinal muscular atrophy)

Transport barriers further increased isolation. Participants reported long distances to bus stops, unreliable services, taxi costs of £25-30 per trip, and limited awareness or access to mobility schemes. For some, reaching public transport took significantly longer due to mobility impairments. These barriers reduced work-readiness, affected mental health, and disrupted healthcare continuity.

"Nothing even goes here except taxis... it's a lot of money... if I need to go to the neurologist I need the bus... a healthy person can get there in 5-6 minutes.."
(Olga, MS)

Employment:
Participants consistently expressed a strong motivation to work. However, many encountered inappropriate job referrals that did not reflect their functional limitations. For example, a visually impaired participant was advised to apply for a bus driver role, and a person with hearing loss was scheduled for a phone-based appointment despite stating this was not manageable.

These examples indicate a lack of individualised assessment and insufficient understanding of disability-related needs within employment services.

Mental health:
Many participants described depression, anxiety, trauma, and social isolation that directly affected their ability to work and integrate. NHS/GP mental health services were often experienced as difficult to access due to language barriers with limited availability of culturally appropriate support.

Services were frequently perceived as focused on short-term or low-intensity interventions, which were not sufficient for individuals experiencing persisting war-related traumas or complex health needs. Our participants reported that when GP referrals did not result in appropriate psychological support, they sought help informally from Ukrainian psychiatrists. Participants consistently emphasised the importance of speaking to psychologists who speak Ukrainian and understand their cultural and war-related experiences.

Despite this need, Ukrainian psychologists in the UK often do not pursue full UK qualification because the process takes 3-4 years while visa status remains uncertain. As a result, there is a significant unused professional capacity within the Ukrainian community.

Those Ukrainian psychologists who have already obtained UK recognition report limited funding and are unable to meet demand. At present, support is partly provided by Ukrainian-led organisations. For example, the UK-registered charity OPORA delivers online drop-in counselling, face-to-face group therapy, and peer support spaces. While these services are valued, they are not systematically funded and remain geographically uneven.

Local councils operate mental health schemes, but access varies significantly by area. Volunteer organisations such as Samaritans and Barnardo's offer volunteer support, but provision is case based rather than coordinated within a structured, culturally sensitive pathway.

"I still have depression... this is one of the reasons why I can't find a job now. I just pass out for a few days..."
(Mykola, connective tissue dysplasia)

UK Survey

This survey built on the above interview research. Questions were largely structured but also included some open-ended items on the impact of visas on the use of key services and mental health. 237 people have (so far) returned our questionnaire; of these 204 had a long-term health condition (physical or sensory) that lasted 12 months and affected their day-to-day activities.

Most respondents were reporting on behalf of themselves (73%), while others completed the survey on behalf of a child (7%) or an adult they cared for (20%).

Just over half our respondents were on the Ukraine Permission Extension scheme (55%). Respondents had an average age of 47, and 57% were female. The most commonly reported impairments affected mobility, breathing or stamina, use of hands or arms, vision and hearing. Most respondents had been living in the UK for at least two years.

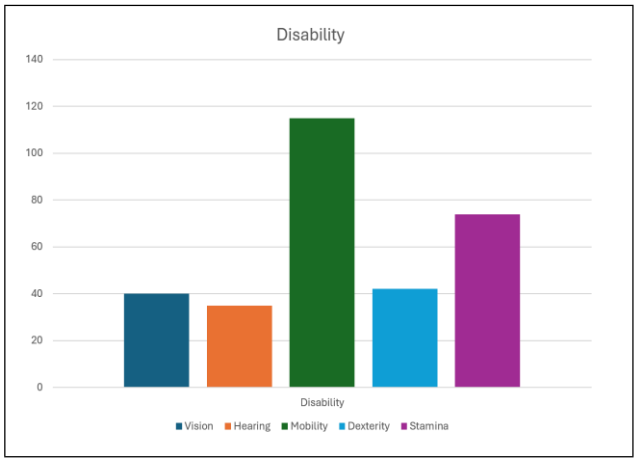


Figure 2. Reported physical disability type

Participants came from across Ukraine, with the largest groups from Kyiv/Kyiv oblast and from Kharkiv. In the UK, respondents were living across different nations and regions, including Scotland, South-West England, London/Greater London and Wales. Just over half (53%) had children with them in the UK; among these, 55% had children enrolled in a UK school.

In the open-ended responses, Ukrainians expressed gratitude for the support already received from the UK Government, local authorities, local communities, hosts, neighbours and services. Many recognised and valued the protection and help they had received.

Employment:

Only 16% of respondents worked full-time and 9% part-time, **while 48% were unable to work because of their disability**. Disability created practical barriers to employment, including travelling to work (34%), attending interviews (32%), and performing certain types of work (reported by 75%).

Visa status added further uncertainty. 30% said it had affected their employment opportunities, and 32% were unsure. Among those affected, visa status made it harder to be accepted for a job (50%), led to a cancelled or rejected job offer (28%), or resulted in a training place being refused (24%).

Language also limited access to work: 46% had no English or only beginner-level English, and 41% described language as a major employment barrier. However, 44% had volunteered in the UK**,** showing willingness to contribute where roles are accessible and supported.

"Despite having Access to Work, I face a double barrier: being Deaf and having temporary visa status. Employers are hesitant to hire me because they see adjustments as a short-term investment."

Welfare:
Most respondents (78%) had applied for some form of disability payment. The most commonly applied for were PIP (51%), Disability Living Allowance (14%), Attendance Allowance (10%). The main barriers were practical and procedural: 50% reported language barriers, 49% lack of guidance. Only 17% reported no difficulties. This points to the need for clearer guidance, Ukrainian-language support, and better recognition of disrupted or untranslated medical evidence.

"Because the decision on the UPE visa had not yet been made, disability payments were suspended for 5 months… I was forced to live on a small payment from Universal Credit with my children."

Housing:
A third of respondents (34%) lived in long-term private tenancies and 27% in social housing. However, suitability remained a significant issue: only 44% said their accommodation was fully suitable for their disability, while 38% said it was only partially suitable and 19% said it was unsuitable. This suggests that many physically disabled Ukrainians are not housed in accommodation that supports independence, mobility, care needs or access to services. More than a quarter (28%) said their visa status was affecting their ability to rent accessible housing.

"My son has Crouzon syndrome and sleep apnoea. We needed suitable housing near a hospital and school, but landlords refused us because our visa was expiring in five months"

Healthcare:
Many of our respondents were currently receiving treatment (33%) or waiting for treatment (12%) in the UK.

Some respondents described positive experiences of healthcare in the UK. In one case, a respondent said her husband, who has high myopia (visual impairment), was receiving all the medical support needed, including eye checks and treatment, which helped his daily life and adaptation in the UK.

While visa status was not reported as the main barrier to receiving treatment, it created uncertainty for some, especially around specialist care, continuing treatment and rehabilitation. Language barriers, however, did affect access to healthcare and rehabilitation for around two thirds of respondents.

"It is not possible to plan rehabilitation, operations, because this is done at least 3-5 years in advance, and the visa is only for 1.5-2 years, so we do nothing and our health deteriorates."

For physically disabled Ukrainians unable to access healthcare in the UK due to visa precarity, travelling to Ukraine may become necessary despite safety risks. These journeys can be difficult because of mobility needs, in particular inaccessible transport and long waits at the border, associated costs, and uncertainty about accessing healthcare once there.

Mental health:

We assessed mental health using the new 9-item Ukrainian version of the Continuous Traumatic Stress Response scale (CTSR).[6] Respondents reported elevated levels of continuous traumatic stress; the average score on the scale in our sample was 12.9 out of 27, compared with the 7.7 average in a previous general population sample within Ukraine (conducted in 2023). More than half of respondents (58%) scored above the warning threshold for symptoms that may precede more severe mental health conditions such as depression or anxiety. The highest score was for the helplessness subscale – respondents feel that they simply cannot control their future.

Poorer mental health was significantly associated with visa-related uncertainties across several areas of life, including housing, healthcare, rehabilitation, benefits and education. This suggests that visa precarity is not only an immigration concern. For physically disabled displaced Ukrainians, uncertainty over status can intensify stress across the systems they rely on for safety, treatment, independence and future planning.

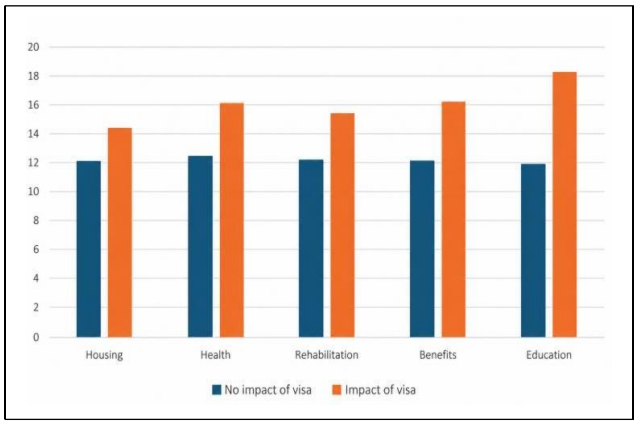


Figure 3. Concerns about visa impact on mental health

"Visa restrictions affect my access to social services, my Blue Badge, and my psychological state. I constantly worry I will be sent back to Ukraine, where I have nothing"

Further stay in the UK:

Only 11% of respondents said they would return to Ukraine if their current visa ended, with a further 41% unsure. Only 9% were confident they could fully receive the disability support they needed if they returned, while 19% thought they would receive only partial support and 16% were unsure.

Research in Ukraine

Fifty-one physically disabled people were interviewed in Ukraine, including 30 civilian adults, 17 veterans, and 4 parents speaking on behalf of physically disabled children. Participants came from across Ukraine, with the largest groups from Lviv/Lviv oblast, Dnipropetrovsk oblast, and Kyiv/Kyiv oblast. Key questions were devised in consultation with the Ministry of Veterans and the Council of Europe (Kyiv office).

The most common disabilities in our sample were mobility-related impairments, including wheelchair use, spinal injuries, limb loss, musculoskeletal conditions and mobility restrictions. The sample also included people with visual impairments, hearing impairments, chronic health conditions. One civilian participant had acquired a war-related injury as a result of a missile strike on their flat.

Direct impact of war (air raids, accessing shelters, blackouts):

Official guidance from the State Emergency Service of Ukraine notes that, in the case of a ballistic threat, the time between an alert and impact can be extremely short (2-5 minutes), meaning that people are advised to react immediately and move to shelter as soon as an alert is issued.[7] In 2026, a joint report by the Ombudsman's Office and the Council of Europe identified accessibility for people with disabilities and low mobility as the most critical problem in Ukrainian shelters.[8]

Respondents explained that when an alarm starts, they need time to get dressed, transfer into a wheelchair, put on braces/prosthetics, go downstairs, or wait for support. Some prefer to stay in corridors, private homes, or those rooms they consider the safest available. Others describe being dependent on relatives or strangers to carry them or help them move during danger. Because of this, many people stay at home and use the "two walls" rule instead of going to a shelter. Some participants with hearing impairments said they may not hear sirens, especially at night. People with visual impairments described difficulty moving during blackouts, using apps, navigating unfamiliar places, or reaching shelters without support.

Some do not know where accessible shelters are; in villages or small towns, shelters may be far away or do not exist at all. Many shelters are located downstairs or are not adapted for wheelchair users.

"You cannot get ready in five minutes as a disabled person."

There was a repeated feeling of resignation. People know that staying at home is not fully safe, but going to a shelter can feel impossible or even more dangerous. Some participants described this as waiting and hoping nothing happens. The problem is especially severe for wheelchair users, people with mobility impairments, people with visual impairments, and those living in multi-storey buildings without lifts or accessible exits.

"If it hits, it hits."

"During air raids I continued to stay closer to the window, so that if there was an explosion, there would be no chance for me to suffer" (wheelchair user)

"Shelters are not adapted for disabled people… many are just ordinary basements with no ramp."



Figure 4. Shelter in Kyiv region, 2022 (Wikimedia Commons)

Blackouts:

The OHCHR reported that after emergency outages during winter 2025-26, most regions in Ukraine faced scheduled rolling cuts lasting up to 16 hours per day.[9] Winter conditions added further risk: in some parts of Ukraine, temperatures below −20°C lasted around 8-10 days longer than usual. In summer 2025, some areas also experienced heat of up to +38°C.[10] These seasonal extremes are especially significant because Ukraine's Ministry for Development of Communities and Territories has stated that a large share of the country's housing stock consists of Soviet-era buildings that were not originally designed as disability accessible. [11] Our participants reported that blackouts turn existing housing barriers into safety risks. When electricity is cut, lifts stop, corridors become dark, phones and assistive devices cannot be charged, and electric wheelchairs may lose power. In winter, this can leave people trapped in cold flats without heating, lighting or communication; in summer, it can increase risks of overheating, especially for those who rely on ventilation, refrigerated medicines or powered assistive devices.

"When the electricity is cut, it is extremely difficult because batteries and power banks are not provided. For a person with visual impairment, having light and being able to charge a phone or another communication device is critical. For me, this is very frightening."



Figure 5: Soviet-era apartment block in Kyiv, 2024 (Wikimedia Commons)

Data from the 2025 Ministry for Development of Communities and Territories` monitoring also shows that 53.2% of healthcare facilities are not accessible, 72.6% of buildings providing social services and social protection

are not accessible, 65.6% of streets leading to healthcare facilities are not accessible, and 72.2% of public transport infrastructure is not accessible. In Kyiv Underground, only 3.3% is accessible. Levels of infrastructure inaccessibility were especially high in several regions represented in our participant sample, including Kyiv oblast (94.4%), Kharkiv oblast (79.4%), Donetsk oblast (92.2%), Kherson oblast (63.1%) and Zaporizhzhia oblast (99.1%).[12] Several participants could not leave home without help, especially in older apartment blocks without lifts or ramps. They described barriers almost everywhere, including pavements, kerbs, stairs, ramps, shops, hospitals, public offices, housing blocks and transport.

"People think that if you are in a wheelchair, you should just stay at home and not be seen anywhere. Pharmacies, shops and ramps are not adapted. Even with a prosthesis, movement is difficult because you can stumble or fall, and there are no assistive devices to help a disabled person get downstairs or move around"

Access to services:

Veterans often describe better access to surgery, prosthetics or military-related medical support, although bureaucracy remains difficult. Civilians more often described low disability payments, lack of rehabilitation, and having to pay privately for medical care - if they have the funds.

Pensions and social payments do not cover basic living costs. Civilian participants mentioned disability-related payments of around 2,000–3,700 UAH per month (£30–£60), while also needing to pay for food, utilities, medicines, hygiene products, treatment, transport and assistive devices.[13]

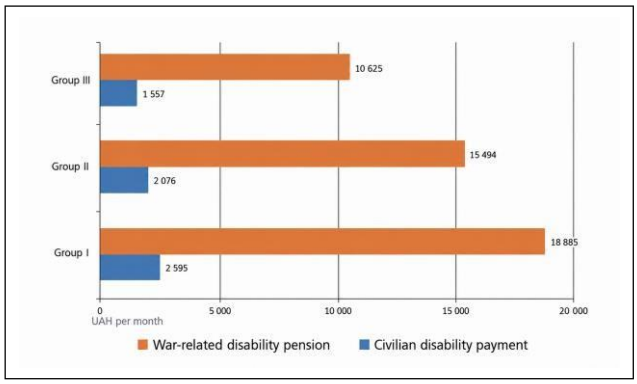


Figure 6. Monthly Disability Payments in Ukraine

Having physical disability means having constant access to physiotherapy, rehabilitation, medication, assistive devices, specialist consultations, eye care, hearing support, prosthetics or pain management and many cannot access this due to damaged or destroyed infrastructure, or inability to travel there due to inaccessibility or expense.

"Martial law means no rehabilitation. We had a sanatorium in Sloviansk [Donetsk oblast], where I underwent it. In the first year of the war, it was bombed."

Many participants rely heavily on spouses, parents, children, neighbours, volunteers or NGO community support. Some participants are internally displaced from Donetsk, Luhansk or occupied and frontline areas, which means people already lost familiar support networks, accessible routines, doctors, documents, housing, transport and community.

The interviews suggest that veteran status can open some doors, especially with surgery, prosthetics, military-related healthcare, compensation and adapted housing programmes, but it does not remove wider

disability barriers. Civilians with long-term or childhood disabilities often appear less visible in wartime support systems. Also, in wartime, obtaining or updating disability documents may be difficult, unsafe or impossible for some.

Employment:
Physically disabled people face major barriers to employment because of inaccessible workplaces, employer attitudes, lack of transport, and limited opportunities due war disruption.

Several participants explained that they cannot survive on pensions or social payments alone, so they have to work even when their health makes this difficult. The war disrupted jobs, closed companies, reduced workloads, or forced people to change jobs. Some participants became unemployed after the full-scale invasion. Others described being discouraged from studying or working because of disability. Even when jobs are available, respondents noted inaccessible transport, lack of low-floor buses, and inaccessible offices.

Remote work and training and/or education can reduce transport barriers and allow people to manage health needs. However, power cuts, internet problems and war conditions make online work and learning unstable.

"Now the possibilities for online learning have expanded a lot. But there is such an obstacle as blackouts, jamming the Internet [when drones or missiles are being shot down]"

Mental health
The war has intensified fear, anxiety, depression and emotional exhaustion for physically disabled people, while access to suitable psychological support remains limited, expensive or not adapted to their needs. Participants described living with ongoing fear: fear of air raids, fear for children and relatives, fear of being alone, fear of not being able to evacuate, and fear of the future. Several people said life feels suspended and difficult to plan. Participants explained that during attacks they are afraid not only of the missile or drone itself, but also of being unable to escape, hide, move, or get help. This creates a sense of helplessness, panic attacks and depression.

"War adds stress... and when you also have a disability, it's even more difficult."

Parents noted that older children may understand the danger more clearly and become more anxious during air raid alerts. Many participants said psychological support is unaffordable or not adapted. Some did not know where to go. Deaf people described being excluded because most psychologists do not know sign language.

There were also positive examples. Some participants received therapy, medication, charity-funded support or regular supervision and found this helpful.

Building resilience:
We also asked respondents whether living with disability had helped them develop skills, habits or ways of thinking that supported them during the war, and whether these experiences could offer lessons for others

about coping with uncertainty and difficult times.

Living with disability had already taught many participants how to plan ahead, adapt, manage uncertainty and solve problems creatively. These skills helped them cope with the war, although this resilience should not be used to excuse the lack of appropriate support.

Participants described developing backup plans, adapting everyday objects, inventing tools, and finding new ways to cook, move, wash, carry things, or manage without water and electricity.

"I learned how to melt snow, how to collect twigs"

Some said that work, volunteering, social activism, supporting veterans, running disability organisations and helping others kept them going. Veterans also described learning to live with fear by controlling it rather than allowing it to become panic.

"To be able to calm and control your fears. Fear is exactly what leads to bad decisions."

Although many participants showed strength, the interviews also often demonstrate exhaustion. People adapt because they have to, not because systems are working well. Nevertheless, participants also stressed that Ukraine has changed since the Soviet period and the early years of independence. Progress is slow, but it exists. For several participants, the most important change lies with younger generations: children and young people were described as more tolerant and central to building a more inclusive future for Ukraine.

Conclusion

The research reported in this report shows that physically disabled Ukrainians displaced by war face overlapping barriers linked to their disability, displacement, trauma, language, inaccessible systems and visa uncertainty. While many in the UK have benefited from safety and support, these war migrants still require clearer information, accessible housing, welfare guidance, language support, mental health services and a more secure route to stability.

In Ukraine, physically disabled people continue to face major challenges, with many of these exacerbated by the conflict. Bomb shelters are often inaccessible, accommodation ill-suited for rapid evacuation, suitable transport unobtainable, and blackouts particularly difficult for those for whom online connections can be an essential lifeline. Despite clear examples of adaptation and resilience, many disabled people in Ukraine urgently require mental health support to help tackle the fear, anxiety, depression and emotional exhaustion that has resulted from this long and traumatic war.

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Appendix

War Damage in Ukraine, and its impact on disabled people.

The Rapid Damage and Needs Assessments 4 and 5 (RDNA4 (2022-2024), RDNA5 (2022-2025)), produced by the World Bank, the Government of Ukraine, the European Commission, and the United Nations, assess damage and needs resulting from the war in Ukraine over the period from February 2022 to December 2025.[3] They show that infrastructure damage remains severe after nearly four years of war. As of December 2025, total direct damage was estimated at US$ 195.1 billion, with housing, energy, and transport among the most heavily affected sectors. For disabled people, this damage is not only a matter of general reconstruction but radically affects their daily life. RDNA5 identifies disabled people as one of the groups most affected by the war and notes that both the prevalence and severity of disability are increasing.

General overview

Housing

Housing remains one of the most damaged sectors. RDNA5 estimates that 14% of Ukraine's housing stock has been damaged or destroyed, affecting more than 3 million households. Earlier RDNA analysis shows that damage has affected multifamily apartment buildings, single-family houses, and dormitories, with particularly high concentrations in Donetska, Kharkivska, Luhanska, and Kyiv regions. This analysis also highlights wider losses linked to demolition and debris removal, emergency and temporary housing support, and rental pressures created by displacement. RDNA4 and RNDA5 also note that suitable housing remains difficult to find for disabled people.

Energy

Attacks have caused extensive damage across the integrated energy system, including power generation, transmission, and distribution infrastructure, as well as district heating (RDNA4). These attacks have left available generation capacity below peak winter demand and have disrupted heating, water supply and sanitation, telecommunications, transport, and health services. RDNA5 further notes that vulnerable groups, including disabled people, were disproportionately affected by disruptions to electricity, heating, and water supply. RDNA4 also notes that residents of high-rise buildings, especially people with low mobility, older people, and families with small children, have been particularly affected by cuts in elevator service.

Transport

Transport damage limits movement, evacuation, and access to services. Damage remains especially concentrated in Donetska, Kharkivska, Zaporizka, and Khersonska oblasts. RDNA4 also notes continuing strain on both local and national networks, including repeated attacks on railway infrastructure. For disabled people, transport damage affects far more than travel in the narrow sense. It can also make it harder or impossible to reach hospitals, pharmacies, rehabilitation, administrative services, safe housing, or shelters in emergencies.

Water and sanitation

RDNA4 shows that this sector has struggled to maintain services under attack, with infrastructure damage concentrated particularly in wastewater treatment plants, wastewater networks, and drinking water

networks. It also notes that millions of people face intermittent or unsafe water services, while absent or inadequate wastewater treatment creates wider health and environmental risks. Power outages and disruption to electricity and gas supply have further undermined service delivery. RDNA5 notes that disabled people were particularly affected by disruptions to electricity, heating, and water supply. For disabled people, this has direct consequences for hygiene, infection prevention, continence management, home care, and independent living.

Health and support services

RDNA4 reports that, of 9,925 pre-war public healthcare facilities, 1,603 had been partially or fully damaged by the end of 2024, alongside damage to pharmacies and ambulances. It also notes growing pressure on service delivery, rising needs for mental health and trauma care, shortages of health workers in heavily affected oblasts, and wider risks from unmet care and reduced preventive services. For disabled people, the issue extends beyond hospitals alone. It includes access to medication, rehabilitation, outpatient care, assistive support, community-based services, home-based care, and continuity of treatment. RDNA4 also notes that disabled people continue to face barriers in accessing services and that inaccessible social services and care remain a major problem in Ukraine. According to the Ministry of Social Policy of Ukraine, in 2024 around 3,000 people were re-institutionalised following displacement because of inadequate social service capacity, while more than 18,600 disabled or older people requiring care were identified as in urgent need of evacuation and relocation. In our study, many participants depended on regular treatment, medication, or specialist support, meaning that damage to facilities, service disruption, or staff displacement may directly interrupt essential care.

Explosive hazards management

Explosive hazards should also be treated as a major accessibility and return issue. RDNA5 shows that, by December 2025, an estimated 132,076 km² of land and 14,000 km² of water remained affected or at risk from mines and other explosive remnants of war, despite measurable progress in land release. It reports 472 people killed and 1,188 injured in mine- and ERW (Explosive Remnants of War)-related incidents between February 2022 and December 2025, and identifies major impacts in Kharkivska, Donetska, Luhanska, Khersonska, Zaporizka, Chernihivska, and Mykolaivska oblasts. RDNA4 further notes that explosive incidents often cause severe physical impairments and lifelong disabilities, while fear of contamination restricts movement, access to farmland, use of infrastructure, and access to services. For disabled people, explosive hazards are not only a source of new injury but a barrier to safe mobility, return, reconstruction, and daily independence. Contamination of housing areas, transport corridors, community infrastructure, and public spaces may make environments unsafe or unusable even where buildings remain standing.