

**WHEN PEACE COMES:
THE COST AND
ARCHITECTURE OF
VETERANS POLICY
IN UKRAINE**

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EXECUTIVE SUMMARY

As of 2026, Ukraine faces an unprecedented challenge in veterans policy: the system designed to support people after they leave military service was not built to accommodate the current scale of need and must also prepare for possible mass demobilisation. The state guarantees veterans a wide range of benefits, payments and services, yet many of these guarantees are supported by neither adequate funding nor sufficient service-provider capacity. This study analyses whether Ukraine's veterans policy is **fiscally balanced** under various scenarios of continuation or end of the war, taking into account veterans' actual needs, the actual uptake of programmes and unmet demand for support.

Overall, there is a systemic gap between veterans' stated needs and their actual access to support. According to the study's estimates, as of 2026 the estimated number of demobilised combatants (CPs) and persons with war-related disabilities (PWDs-W) was approximately **495,000**, while the total number of people in these categories was approximately **1.8 million**. According to the KSE Institute survey and surveys conducted by other organisations, the most common needs of demobilised veterans are medical treatment (**36%**), utility bill benefits (**33%**), financial support (**27%**), dental care (**24%**), housing (**22%**), obtaining official status and accessing benefits (**21%**), psychological support (**19%**) and employment (**17%**). Yet for most of these needs, coverage through state programmes remains low. When resources do not match guarantees, **implicit rationing** occurs: the right to a service formally exists, but it is received primarily by better-informed veterans or by those who apply first. This undermines trust in the system and makes it impossible to prioritise assistance for those who need it most.

The current system of guarantees took shape in several stages, each of which has left its mark.

The Soviet legacy established a logic of support based on status categories and norms – housing, hospitals, sanatoriums, benefits – rather than on individual needs. Practical access depended on regional resources and on decisions by local executive committees, while employment was not regarded as a separate area of veterans policy at all.

Early independence (1991–2014) entrenched this model in Law No. 3551, which remains the foundation of the system to this day. The state guaranteed a wide range of rights but did not create sufficient financial and institutional mechanisms: a significant part of the burden fell on local budgets, and the policy was not backed by the necessary finances. For example, in 2004 more than **18 thousand** discharged service members were on the housing waiting list, of whom around **70%** had been waiting for housing for over 10 years.

The ATO/JFO period (2014–2021) widened the circle of recipients and brought new mechanisms – the establishment of the **Ministry of Veterans Affairs** (2018), the shift from housing queues to cash compensation and loans, the monetisation of benefits, and programme-based funding. However, the expansion of guarantees once again outpaced resources: the compensation-based housing mechanism covered only **5–20%** of need. Moreover, adaptation programmes had no performance indicators.

Since the start of **the full-scale invasion in 2022**, Ukraine has undergone its most rapid period of institutional expansion in veterans policy: new programmes for rehabilitation, psychological support, dental care and long-term care, housing instruments – 'eOselia', 'eVidnovlennia'), rent compensation,

a housing voucher worth **EUR 39,606¹ (UAH 2 million)** –, grants for veteran businesses, and the digital services ‘Diia’ and ‘Veteran PRO’. At the same time, some guarantees introduced in earlier periods – the provision of vehicles to PWDs-W and sanatorium treatment – remain formally in force but are in practice suspended.

As a result, current policy combines elements of three historical models and often guarantees **a procedure rather than coverage of need**. Responsibility is fragmented: housing instruments are administered by the Ministry of Development, medical programmes by the MoH and the NHSU, benefits and payments by the Pension Fund, and employment by the Ministry of Economy and the State Employment Service, while the Ministry of Veterans Affairs combines coordination with the direct administration of certain areas. With limited funding, the **‘first come, first served’** logic creates inequality of access that depends not on need but on awareness and the timing of the application.

Comparing needs, guarantees and actual uptake makes it possible to identify two contrasting groups of programmes.

- **High need but low coverage by relevant services.** In 2025, around **10,000** people received psychological support under the state programme with a budget of **EUR 0.4 million (UAH 19 million)**, whereas the estimated need is around **83,700** people. Of all patients hospitalised in 2024 with traumatic foot amputation, **85.5%** received no rehabilitation at all. Around **64,000** veterans are looking for work, but in the first quarter of 2026 only about **7,000** approached the SES, and about **1,000** found work. State programmes met only 3% of the estimated demand for vocational training and 3% of the estimated demand for business grants.
- **Broad coverage of certain programmes not based on need.** In 2025, around **82,000** people used the sports assistance (**EUR 9.8 million (UAH 493 million)**, with **EUR 11.9 million (UAH 600 million)** planned for 2026), and a wide range of veterans receive car insurance compensation regardless of need (**EUR 1 million (UAH 51 million)** in 2025). By comparison, compensation for vehicle adaptation, which can substantially improve veterans’ well-being, will be available in 2026 to only **0.6%** of PWDs-W.

There is a mismatch between veterans’ needs and the state’s support instruments, as well as between the state’s commitments and the funds available. **Housing support** is particularly telling. According to KSE Institute research, around **10%** of veterans live in unstable housing conditions and a further **1%** in crisis conditions, yet state policy does not prioritise them, and ‘eOselia’ is available primarily to those who can afford the down payment. At the same time, this mechanism is rather expensive – according to KSE Institute estimates, mortgage interest compensation for loans already issued to serving military personnel and demobilised persons may amount to around **EUR 51.5 million (UAH 2.6 billion)** per year.

There are also **gender differences in needs**: women veterans more often need training services (**19%** of women veterans versus **5%** of men veterans) and are more often unable to obtain such services (**12%** versus **3%**), as well as the services of career advisers (**9%** versus **1%**).

Gaps in the state system are partly filled by other actors, but not on equal terms.

- **International partners** – the United States, Germany, Denmark, Poland, Lithuania, Canada, Japan, the EU and NATO – fund hotlines, rehabilitation centres, prosthetics, employment programmes

¹ Unless otherwise stated, the official NBU exchange rate of UAH 50.4977 per EUR 1, applicable on 19 October 2026, is used throughout.

and digital services. However, their support is project-based and time-limited, and is concentrated mainly on **rehabilitation and mental health**.

- **Civil society** – veteran spaces, foundations, rehabilitation centres, human rights organisations – provides personalised assistance where state mechanisms are slow; for example, the UNBROKEN centre has helped more than **20,000** wounded people. However, most organisations depend on donor and private funding, and **employment and housing** remain underfunded regardless of who provides the support.

The legal framework for demobilisation follows a **two-tier model**. Under martial law, discharge is possible only on an exhaustive list of individual grounds, whereas mass demobilisation will be a strategic decision of the President of Ukraine, to be approved by the Verkhovna Rada. Such a decision will trigger not only the discharge from service but also **the simultaneous transition of a large number of people into the veterans policy system** – with all the fiscal and organisational consequences that entails.

To assess these consequences, the study for the first time calculates the full cost of veterans policy using a **dynamic cohort model** over 36 months, covering **46 programmes** in six areas and **six scenarios** – two war-trajectory scenarios (continuation or end of the war) and three scope-of-guarantees scenarios:

- **The Baseline scenario** reproduces current guarantees and actual levels of their uptake as of spring 2026, with a further increase in the number of demobilised persons.
- **The Code scenario** is based on the draft Code of Laws on Defenders and is the **cheapest** – but only because many existing guarantees are not mentioned in the draft.
- **The KSE scenario** substantially increases coverage of priority services (psychological support, rehabilitation, housing for vulnerable groups, employment) and abolishes low-priority benefits; it is the **most expensive**, which shows that reallocating funds is not enough and that additional resources are also needed.

The cost of the guarantees included in the model ranges from **EUR 15 billion (UAH 758.6 billion)** to **EUR 22 billion (UAH 1.1 trillion)** over 36 months, or **EUR 5–7.3 billion (UAH 252.9–370.5 billion)** per year – **5.3–7.8%** of total state budget expenditure in 2026. The largest share consists of **transitional defence expenditure** – discharge payments and disability pensions (**EUR 14.1–16.4 billion (UAH 711.8–826.6 billion)** over 36 months). In the war-continuation scenario, around **half** of this is accounted for by disability pensions; in the war-end scenario, demobilisation covers around **940,000** people over three years, and the share of compensation for unused leave and discharge allowances for mobilised personnel increases. These estimates are conservative: the model does not account for expenditure beyond 36 months, local budgets, donor funds or administrative costs.

These figures represent only a few possible courses of events, since none of the scenarios answers the question of what veterans' guarantees in Ukraine should be. The scenarios show how much different approaches would cost and what trade-offs lie behind them. Choosing between them is above all a political decision, which should be taken with the involvement of the widest possible range of stakeholders.

The international experience of **Croatia, Israel and the United States** confirms the risks. The technical act of demobilisation always happens much faster than the institutional response to it takes shape, and the decisions of the first years set the policy trajectory for decades. A generous system does not guarantee fairness: in Israel, the maximum payment to a person with a war-related disability reached

more than **434%** of the average wage, compared with around **115%** for a civilian with the same needs, while the formally neutral GI Bill in the United States created a lasting gap between Black and White veterans. Compensation without reintegration support risks reinforcing passivity rather than supporting veterans' return to civilian life – after the Vietnam War, only **13%** of veterans who approached employment services found work.

Ultimately, the main problem of Ukraine's veterans policy is not a lack of individual programmes but **the absence of transparent prioritisation**. The state expands guarantees without determining which services it can actually provide, to whom, and at what level of coverage. None of the modelled scenarios fits within current resources, so prioritisation is not a choice but the only lever entirely in the state's hands. The building blocks for such a policy already exist – the Veterans Policy Strategy until 2030, digital services, and a network of service providers and partners; they need to be turned into a predictable system focused on needs and results.

For veterans policy to become realistic and effective, **the Cabinet of Ministers of Ukraine and the Ministry of Veterans Affairs are recommended to:**

- introduce **transparent prioritisation of guarantees** instead of implicit rationing: define a list of priority services and target coverage levels for them, applying the analytical framework of 'needs – guarantees – uptake – effective coverage';
- **calculate the potential cost of demobilisation** based on the actual number of service members and scenarios for the transition to peacetime, regularly updating the calculations in line with changes in personnel numbers and the security situation;
- **finalise the draft Code** so that it either consolidates all veterans' guarantees or clearly specifies how guarantees not included in it will be treated, and is accompanied by a cost assessment;
- **review broad benefits** with an uncertain impact on well-being – sports assistance, car insurance compensation for all, the one-off Independence Day payment, additional primary healthcare services – after assessing their impact, and redirect the released funds to priority services; for guarantees established by law, this should be done together with the Verkhovna Rada of Ukraine;
- introduce **systematic recording** of the number of recipients, cost per person, unmet demand and performance of each programme.

For guarantees to become accessible to those who need them most, **the institutions administering programmes (the MoH and the NHSU, the Ministry of Economy and the SES, the Ministry of Development, the UVF) are recommended to:**

- substantially **increase coverage of psychological support, rehabilitation and prosthetics**, while simultaneously building up the network of providers and specialists;
- expand **assistance with employment, training and workplace adaptation for people with disabilities**, in particular taking into account the higher unmet demand among women veterans;
- **refocus housing support** on veterans in unstable and crisis housing conditions, PWDs-W and IDP veterans, primarily through rent compensation.

For donor assistance to strengthen the system rather than merely fill individual gaps, **international partners are recommended to:**

- direct more support to **underfunded areas** – employment, housing and social integration in communities;
- align programmes with **the state's priorities** and facilitate the integration of successful pilot approaches into state programmes.

The next step for the state and its partners is to turn the sprawling set of guarantees into a predictable system that is financially realistic for the budget and indeed helps veterans return to civilian life. Since prioritisation always requires difficult decisions, the discussion and development of options for future policy should involve all parties – the state, veterans, serving military personnel, civil society and international partners.

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LIST OF ABBREVIATIONS

AFU	– Armed Forces of Ukraine
ASC	– Administrative Service Centre
ATO	– Anti-Terrorist Operation in eastern Ukraine
CEA	– central executive authority
CMU	– Cabinet of Ministers of Ukraine
CP	– combat participant
EKOPFO	– expert team for the assessment of a person’s daily functioning
EU	– European Union
GDP	– gross domestic product
ICD	– International Classification of Diseases
IDPs	– internally displaced persons
IOM	– International Organization for Migration
JFO	– Joint Forces Operation
MAC	– medical advisory commission
MFA	– Ministry of Foreign Affairs of Ukraine
Minregion	– Ministry for Communities, Territories and Internally Displaced Persons of Ukraine
MMC	– military medical commission
MoD	– Ministry of Defence of Ukraine
MoE	– Ministry of Economy of Ukraine
MoH	– Ministry of Health of Ukraine
MoSP	– Ministry of Social Policy of Ukraine
MoVA	– Ministry of Veterans Affairs of Ukraine
MSEC	– medical and social expert commission
MTPL	– compulsory motor third-party liability insurance
NATO	– North Atlantic Treaty Organization
NGO	– non-governmental organisation
NGU	– National Guard of Ukraine
NHSU	– National Health Service of Ukraine
PIT	– personal income tax
PMG	– Programme of Medical Guarantees
PTSD	– post-traumatic stress disorder

PWD-W – person with a war-related disability

SBU – Security Service of Ukraine

SES – State Employment Service of Ukraine

TOT – temporarily occupied territory

UN – United Nations

UNDP – United Nations Development Programme

USSR – Union of Soviet Socialist Republics

USVA – Ukrainian Union of Veterans of Afghanistan (Internationalist Soldiers)

UVF – Ukrainian Veterans Fund

WHO – World Health Organization

THE EVOLUTION OF STATE POLICY ON SUPPORT FOR VETERANS IN UKRAINE

- **From a status-based model to more comprehensive support.** Ukraine's veterans policy has evolved through the layering of three models: the Soviet system of statuses and benefits, programme-based mechanisms expanded after 2014, and reintegration instruments introduced after 2022. Despite the broadening range of services and guarantees, the underlying logic of providing support according to defined categories and statuses has largely persisted.
- **Expanding guarantees has not ensured full coverage of needs.** Throughout all periods, the legal establishment of rights outpaced the financial and institutional capacity to deliver them. Housing provision is a telling example: in 2017–2019, certain categories of veterans and families of fallen defenders received compensation, yet as of November 2020 more than 4,000 people had still not exercised their right to it. In 2020–2021, the coverage of housing need under individual compensation programmes was only 5–20%.
- **Since 2022, the areas and instruments of support have expanded substantially.** The state has developed programmes for medical and psychological rehabilitation, prosthetics, housing support, education, employment and veteran entrepreneurship. Specialised mechanisms have emerged for specific needs, including long-term care and adaptation after loss of sight. Digital services and registers are intended to simplify access to programmes, while new employment and entrepreneurship instruments are meant to support economic reintegration.
- **The system remains institutionally fragmented.** Housing, medical, rehabilitation and social programmes, as well as employment support instruments, are administered by different public authorities and institutions. The Ministry of Veterans Affairs coordinates the development of veterans policy and administers certain support instruments, but the alignment of programmes, information sharing and the allocation of responsibility for results require further improvement. The priority should be not to create a parallel system of services but to establish effective cooperation between existing institutions, align their functions and ensure continuous case management for veterans while they receive support.
- **Access to support depends on more than a veteran's needs.** Differing eligibility conditions, budget limits, incompatibility between programmes, queuing and the capacity of public authorities and communities create risks of unequal access. With funding limited, access effectively operates on a 'first come, first served' basis, creating inequalities that depend not on the severity of veterans' needs but on their awareness of available support and when they apply.
- **The key direction for further development is the transition to a coherent system of support for veterans at different stages of life.** This requires combining medical treatment and rehabilitation with subsequent provision of housing, education, employment and economic independence; aligning existing programmes, strengthening coordination between institutions and linking budget resources to actual needs and support outcomes.

The period before 1991 (the Soviet legacy)

The Soviet state did not regard support for veterans as a set of individual budgetary obligations to a specific person. Policy in this area was built through a system of centralised resolutions and planned targets that operated with aggregate indicators – volumes of housing commissioned, the reservation of part of the housing stock, the number of hospital beds, places in sanatoriums and residential care homes, and funding norms for food and medicines – and was implemented through the departmental and territorial chain of command.

The addressees of Soviet veterans policy were legally established status groups, defined by participation in the war, disability or loss of a breadwinner, rather than by individual needs. The basic categories were participants in the Great Patriotic War from among service members and partisans, invalids of the Patriotic War (divided into disability groups I–III), families of fallen (deceased) service members, and persons equated with them in accordance with the established procedure. In a later period, internationalist service members were classified as a separate category, in particular combat participants in the Republic of Afghanistan, who were granted certain benefits under special government decisions.

These categories and levels of support were shaped by centralised Party and state decisions and implemented through the departmental and territorial network of executive bodies. Within the Soviet model, veterans policy comprised a broad but category-based set of forms of support:

- Housing provision, regarded as a key form of material compensation to veterans for their service and its consequences: interest-free loans for individual construction; priority and out-of-turn allocation of housing to war invalids and families of the fallen; reservation of part of the housing stock in new buildings (in particular, in the mid-1980s a requirement was established at republic level to transfer at least 10% of residential floor space in new buildings to the executive committees exclusively for housing priority veteran categories); construction of specialised residential buildings and care homes; major repairs and adaptation of housing to veterans' physical limitations.
- Medical care and institutional rehabilitation, with an emphasis on regular medical check-ups (dispensarisation), priority inpatient treatment, expansion of the hospital network, sanatorium treatment, and residential care. Support was built around hospital beds and facilities rather than individual recovery programmes.
- Communal, domestic and social services, including the establishment of territorial social service centres and home-care units, the installation of telephone lines in veterans' homes and the development of related infrastructure.
- Social payments and benefits, including personal pensions for certain categories of veterans and their family members, supplements for children of fallen service members, and free travel on public transport.

At the same time, employment was not singled out as a separate area of veterans policy. The legislation of the Ukrainian SSR provided for no special programmes, quotas or separate employment-support mechanisms. Veterans' return to work was treated as part of the general labour system rather than as a distinct social or rehabilitation task. Accordingly, the economic integration of veterans was addressed within the general labour regime, without specially adapted support instruments.

Support was thus provided on the basis of formal categories and disability status, without consideration of differences in the nature of injuries, the age structure of veterans, their social situation, or their needs for comprehensive recovery and return to civilian life.

Veterans policy was formulated at the level of the central party and state bodies – the Central Committee of the Communist Party of Ukraine and the Council of Ministers of the Ukrainian SSR – through resolutions setting out the priorities, scope and timelines for implementing measures.

Practical implementation of decisions rested with the departmental and territorial network: the executive committees of local Councils of People's Deputies, regional and city executive committees, and the relevant ministries (social security, health, housing and utilities, construction, communications). Trade unions, enterprises and organisations, which were involved in fulfilling planned targets locally, also played a significant role.

Academic research² shows that this institutional architecture led to uneven implementation even of benefits provided for by law: practical access to housing, medical treatment or material assistance depended largely on the resources of a particular region, the decisions of executive committees and the initiative of individual officials. In a number of cases, civic initiatives and veterans' associations played an important compensatory role, effectively filling gaps in state policy. In particular, the Ukrainian Union of Veterans of Afghanistan (Internationalist Soldiers) (USVA) was founded in 1990 and became one of the first institutional representatives of Afghan war veterans. It carried out activities aimed at supporting veterans, organising events and representing their interests, which partly compensated for the limited capacity of the state provision system.

Veterans policy in the Ukrainian SSR provided veterans with a broad range of benefits and guarantees, but it was not oriented towards individual needs or active social integration. It was precisely this logic – the priority of norms, institutions and categories over the needs of the individual – that formed the structural foundation of veterans policy, which persisted by inertia after the collapse of the USSR and largely shaped the problems Ukraine faced in the period of independence.

The 1991–2014 period (early independence)

After gaining independence, Ukraine largely reproduced the Soviet logic of supporting veterans – through statuses, benefits and non-monetary forms of support – and enshrined it in legislation. The cornerstone act was the Law of Ukraine 'On the Status of War Veterans and Guarantees of Their Social Protection'³ (hereinafter Law No. 3551), adopted in 1993 and still in force (with more than a hundred amendments), which institutionalised a system of statuses (combat participants, war invalids – now 'persons with war-related disabilities' (PWDs-W), families of fallen defenders, persons with special merits to the Motherland) and enshrined a broad range of rights in the areas of housing, housing and utility services, transport, social payments, healthcare, rehabilitation, employment and education. At the same time, the state did not create sufficient financial and institutional mechanisms to deliver these guarantees – much of the burden fell on local budgets, which created inequality in access and opened a gap between declared rights and actual access to support.

² See «Соціальне забезпечення воїнів-„афганців« і сімей загиблих військовослужбовців в Україні у 1980-х рр.» [Social Security for 'Afghan' Veterans and Families of Fallen Service Members in Ukraine in the 1980s], Ostrovyk D. // Eminak. 2020. No. 3 (31). pp. 165–174 [ua]

³ See «Про статус ветеранів війни, гарантії їх соціального захисту» [On the Status of War Veterans and Guarantees of Their Social Protection], Law of Ukraine No. 3551-XII of 22 October 1993 [ua]

Housing provision remained the most problematic area: Law No. 3551 provided for priority or out-of-turn allocation of housing, priority repairs, land plots and preferential construction loans, with indicative delivery periods (1–2 years). Practical implementation was to be carried out by the **Programme for Providing Housing to Service Members Discharged into the Reserve or Retired** (CMU Resolution No. 114⁴), which provided for a single housing waiting list and subventions from the state budget, but already at the implementation stage revealed a gap between plans and capabilities: as of 2004, more than 18,000 discharged service members were on the housing waiting list, of whom about 70% had been waiting for over 10 years, while the funding planned for 2005–2014 (over EUR 71.3 million (UAH 3.6 billion) for more than 24,000 flats) relied in part on sources which, as the Programme itself acknowledged, lacked a legal basis for being drawn on. Coordination and oversight were exercised by the State Committee of Ukraine for Veterans Affairs, while the housing waiting lists and allocation of housing were handled directly by local state administrations and local self-government bodies.

Benefits for housing and utility payments were among the most widespread and financially burdensome elements of the state guarantees. They were granted according to a person's status – regardless of the form of ownership of the dwelling or the beneficiary's status (owner or tenant) – taking into account family members, and covered payments for housing, basic utilities (water, heating, gas and electricity supply, waste collection) and certain communication services. Discounts amounted to 50–100% of the cost of services within social consumption norms. The benefits were financed from local budgets by reimbursing costs to service providers, which made the scale and timeliness of compensation dependent on the financial capacity of communities and led to the accumulation of arrears.

A separate category of state guarantees was **social provision**: transport benefits, consumer services, out-of-turn social services, regular and one-off cash payments and pension supplements, differentiated by a person's status. All categories were guaranteed free travel on urban transport, road transport in rural areas, suburban rail and water transport, and suburban and intercity buses; for long-distance travel, benefits ranged from free travel once a year or once every two years to a 50% discount, depending on status and disability group. Persons with group I disabilities were entitled to discounted travel for an accompanying person, and certain categories to a 50% seasonal discount (1 October – 15 May, with no limit on the number of trips). All categories defined by Law No. 3551 were entitled to priority or out-of-turn service at consumer service establishments, catering outlets, medical facilities and pharmacies, and persons with disabilities to access to goods of an improved range through specialised sections and shops – a norm inherited from the Soviet system of distributing scarce goods, which had already lost its practical significance by the early 1990s. Out-of-turn home-based social services for persons requiring outside care were regulated separately, with cash compensation for care costs where such services could not be provided, awarded by the social protection authorities. The procedure for granting these benefits and the mechanism for financing them from local budgets were set out in CMU Resolution No. 94⁵, which remains in force, as amended and supplemented.

4 See «Про затвердження Програми забезпечення житлом військовослужбовців, звільнених у запас або відставку» [On Approving the Programme for Providing Housing to Service Members Discharged into the Reserve or Retired], CMU Resolution No. 114 of 29 January 1999 (repealed on 7 July 2011) [ua]

5 See «Про порядок надання пільг, передбачених Законом України „Про статус ветеранів війни, гарантії їх соціального захисту“» [On the Procedure for Granting the Benefits Provided for by the Law of Ukraine 'On the Status of War Veterans and Guarantees of Their Social Protection'], CMU Resolution No. 94 of 16 February 1994 [ua]

The system of cash payments and pension supplements combined regular payments (pensions, supplements, increases) and one-off cash allowances set as a percentage or multiple of the subsistence minimum or military pay. Pension provision was governed by the Law of Ukraine ‘On Pension Provision for Persons Discharged from Military Service and Certain Other Persons’⁶, which provided for **long-service pensions, disability pensions and survivors’ pensions** (differentiated by status and disability group), while the practical calculation was detailed in CMU Resolution No. 393⁷ (the procedure for calculating length of service and the components of military pay for the purpose of awarding pensions). An additional mechanism was the monthly state targeted pension supplement under CMU Resolution No. 656⁸ – a top-up to an established minimum threshold. The Law also provided for **a one-off cash allowance** on discharge from military service (as a percentage or multiple of monthly military pay, depending on the grounds for discharge and length of service) and annual one-off payments before 5 May under Law No. 3551, differentiated by status and disability group.

Additional monetary guarantees in connection with discharge from military service, the onset of disability or the death of a serviceman were enshrined in the Law of Ukraine ‘On Social and Legal Protection of Service Members and Members of Their Families’⁹: a one-off allowance on discharge set as a percentage of monthly military pay for each year of service, as well as one-off payments in the event of disability or death set as a multiple of military pay depending on the circumstances and disability group. The award mechanism was detailed in CMU Resolution No. 975¹⁰: **500** times the subsistence minimum in the event of death (now **750** times for death during service) – in equal shares to the family, parents and dependants; **250, 200** or **150** times depending on a service-related disability of group I, II or III (now **400, 300** and **250** times); **120, 90** or **70** times for a disability that arose during service; for partial loss of working capacity without disability – **70** or **50** times the subsistence minimum, depending on the category.

Funeral payments for service members killed during service were established by CMU Resolution No. 829¹¹ – initially a fixed EUR 100¹² (UAH 500) (from 16 May 2000), and from 2016 five times the subsistence minimum as at the date of death.

6 See «Про пенсійне забезпечення осіб, звільнених з військової служби, та деяких інших осіб» [On Pension Provision for Persons Discharged from Military Service and Certain Other Persons], Law of Ukraine No. 2262-XII of 9 April 1992 [ua]

7 See «Про порядок обчислення вислуги років, призначення та виплати пенсій і грошової допомоги особам, які мають право на пенсію відповідно до Закону України „Про пенсійне забезпечення осіб, звільнених з військової служби, та деяких інших осіб“, крім військовослужбовців строкової служби і членів їх сімей та прирівняних до них осіб» [On the Procedure for Calculating Length of Service and Awarding and Paying Pensions and Cash Assistance to Persons Entitled to a Pension under the Law of Ukraine ‘On Pension Provision for Persons Discharged from Military Service and Certain Other Persons’, Except for Conscript Service Members, Members of Their Families and Persons Equated to Them], CMU Resolution No. 393 of 17 July 1992 [ua]

8 See «Про встановлення щомісячної державної адресної допомоги до пенсії особам з інвалідністю внаслідок війни та учасникам бойових дій» [On Establishing a Monthly Targeted State Pension Supplement for Persons with War-Related Disabilities and Combat Participants], CMU Resolution No. 656 of 28 July 2010 [ua]

9 See «Про соціальний і правовий захист військовослужбовців та членів їх сімей» [On the Social and Legal Protection of Service Members and Members of Their Families], Law of Ukraine No. 2011-XII of 20 December 1991 [ua]

10 See «Про затвердження Порядку призначення і виплати одноразової грошової допомоги у разі загибелі (смерті), інвалідності або часткової втрати працездатності без встановлення інвалідності військовослужбовців, військовозобов’язаних та резервістів, призваних на навчальні (або перевірочні) та спеціальні збори чи для проходження служби у військовому резерві» [On Approving the Procedure for Awarding and Paying One-off Cash Assistance in the Event of Death, Disability or Partial Loss of Working Capacity without Established Disability of Service Members, Persons Liable for Military Service and Reservists Called Up for Training (or Verification) and Special Musters or for Service in the Military Reserve], CMU Resolution No. 975 of 25 December 2013 [ua]

11 See «Про грошове забезпечення військовослужбовців» [On Military Pay for Service Members], CMU Resolution No. 829 of 22 May 2000 [ua]

12 An approximate EUR/UAH exchange rate for 2000

A separate area was **transport provision for persons with disabilities**. CMU Resolution No. 999¹³ introduced the provision of passenger vehicles free of charge or with partial payment, depending on the category and disability group, for use for up to 10 years, without the right of disposal, according to an established queue (out of turn or as a priority for war veterans) and with the possibility of replacing the car. The general procedure for converting vehicles was set out in CMU Resolution No. 607¹⁴ – approval of design changes through an authorised organisation, confirmation of road safety and re-registration with the Ministry of Internal Affairs authorities.

Financial benefits also included **tax instruments**. The Tax Code of Ukraine¹⁵ provided for the application of the social tax credit to salary income, reducing the tax base for personal income tax (PIT); for combat participants and persons covered by Law No. 3551, at **150% of the basic credit**, and for combat participants with group I or II disabilities, at **200%**, subject to the established income thresholds; as well as full exemption from land tax for one plot of each type of use within the established limits.

The Law of Ukraine ‘On Free Legal Aid’¹⁶ guaranteed veterans the right to free **secondary legal aid** in full (primary legal aid was available to everyone), and from 2018 limited this right to six requests per year.

Medical care and rehabilitation were guaranteed for all the main categories of veterans: free prescription medicines, free priority dental prosthetics (excluding precious metals), annual medical check-ups and regular monitoring, priority service at medical facilities and pharmacies and priority hospitalisation, as well as continued attachment to outpatient clinics and hospitals after retirement or a change of job. For **persons with disabilities, the guarantees** were broader: free provision of all types of prostheses and prosthetic and orthopaedic products, out-of-turn sanatorium treatment with reimbursement of travel costs, and 100% sick pay regardless of insurance record – the latter guarantee also applied to combat participants and war participants.

Sanatorium treatment was regulated separately. CMU Resolution No. 236¹⁷ introduced cash compensation in lieu of a voucher (on medical grounds, where no free voucher had been received for two years): 100% of the average cost for war invalids of groups I–II, 75% for group III, and for other categories within the actual cost of treatment but not exceeding the average cost of a voucher. It was replaced by CMU Resolution No. 785¹⁸ – once every two years, with the right to choose compensation under a single law where there were several grounds; financing came from the state budget, and compensation for self-arranged treatment also from subventions to local budgets. CMU Resolution No. 187¹⁹ set out the provision of vouchers through the social protection authorities and the executive

¹³ See «Деякі питання соціального захисту осіб з інвалідністю» [Certain Issues of the Social Protection of Persons with Disabilities], CMU Resolution No. 999 of 19 July 2006 [ua]

¹⁴ See «Про затвердження Порядку переобладнання транспортних засобів» [On Approving the Procedure for the Conversion of Vehicles], CMU Resolution No. 607 of 21 July 2010 [ua]

¹⁵ See «Податковий кодекс України» [Tax Code of Ukraine], No. 2755-VI [ua]

¹⁶ See «Про безоплатну правничу допомогу» [On Free Legal Aid], Law of Ukraine No. 3460-VI of 2 June 2011 [ua]

¹⁷ See «Про Порядок надання і розміри грошових компенсацій вартості санаторно-курортного лікування деяким категоріям громадян» [On the Procedure for Granting and the Amounts of Cash Compensation for the Cost of Sanatorium Treatment for Certain Categories of Citizens], CMU Resolution No. 236 of 3 April 1995 (repealed on 17 June 2004) [ua]

¹⁸ See «Про затвердження Порядку виплати грошової компенсації вартості санаторно-курортного лікування деяким категоріям громадян» [On Approving the Procedure for Paying Cash Compensation for the Cost of Sanatorium Treatment to Certain Categories of Citizens], CMU Resolution No. 785 of 17 June 2004 [ua]

¹⁹ See «Про затвердження Порядку забезпечення санаторно-курортними путівками деяких категорій громадян та виплати їм компенсації вартості самостійного санаторно-курортного лікування структурними підрозділами з питань соціального захисту населення районних, районних у м. Києві держадміністрацій, виконавчими органами міських, районних у містах (у разі їх утворення (крім м. Києва) рад» [On Approving the Procedure for Providing Sanatorium Vouchers to Certain Categories of Citizens and Paying Them Compensation for the Cost of Self-Arranged Sanatorium Treatment by the

bodies of city councils according to a queue: war invalids – out of turn every year, combat participants – no more than once a year, other categories – once every two years. CMU Resolution No. 446²⁰ established a departmental mechanism of sanatorium provision through the security and special agencies (the Ministry of Defence, Ministry of Internal Affairs, SBU, State Border Guard Service, State Special Communications Service, State Protection Department and Foreign Intelligence Service) within their budgets, no more than once a year, free of charge for designated categories and with partial payment of 25% or 50% for others (surcharges for upgraded conditions or extended treatment were not reimbursed).

Medical devices and assistive products. CMU Resolution No. 1301²¹ introduced a mechanism for free provision of medical devices (hearing aids, catheters, colostomy and urostomy bags, pacemakers, dental and ocular prostheses, etc.) to persons with disabilities and children with disabilities, with the need determined by the MSECs or MACs, records kept by the health authorities and items dispensed through healthcare facilities. In 2012, CMU Resolution No. 321²² expanded the range of recipients and established record-keeping through a centralised database administered by the labour and social protection authorities, with funding through the Ministry of Social Policy and regulation of warranty repairs and early replacement. Later, eligibility was extended to service members and those affected by the armed aggression, and administration was transferred to the Fund for Social Protection of Persons with Disabilities.

During this period, **education and employment** served as instruments of social integration. Legislation enshrined labour guarantees: the right to take leave at a convenient time, additional unpaid leave, a preferential right to be retained in employment in the event of staff layoffs or to be offered alternative employment when an enterprise was liquidated; and for persons with disabilities, out-of-turn employment in their speciality, taking medical opinions into account. However, in a market economy, unlike a planned one, the state had no levers to compel private employers to honour these guarantees, so their effectiveness outside the public sector remained questionable. Educational benefits provided simplified access to vocational and higher education for certain categories, primarily in connection with service outside Ukraine or the death of a breadwinner, and expanded opportunities, including free education, for persons with special merits.

CMU Resolution No. 207²³ introduced training vouchers: on a one-off basis for persons aged 45 or over with at least 15 years of insurance record who had not yet reached pensionable age, held a vocational or higher education qualification and had not undergone training funded by the Compulsory State

Social Protection Units of District State Administrations and District State Administrations in Kyiv, and by the Executive Bodies of City Councils and District Councils in Cities (Where Established, Except Kyiv)], [CMU Resolution No. 187 of 22 February 2006](#) [ua]

²⁰ See «Про затвердження Порядку забезпечення санаторно-курортними путівками до санаторно-курортних закладів військовослужбовців, ветеранів війни, ветеранів військової служби, органів внутрішніх справ та деяких інших категорій осіб і членів їх сімей» [On Approving the Procedure for Providing Vouchers to Sanatorium Facilities for Service Members, War Veterans, Veterans of Military Service and of the Internal Affairs Bodies, and Certain Other Categories of Persons and Members of Their Families], [CMU Resolution No. 446 of 27 April 2011](#) [ua]

²¹ See «Про затвердження Порядку забезпечення осіб з інвалідністю, дітей з інвалідністю, інших окремих категорій населення медичними виробами та іншими засобами» [On Approving the Procedure for Providing Persons with Disabilities, Children with Disabilities and Certain Other Categories of the Population with Medical Devices and Other Aids], [CMU Resolution No. 1301 of 3 December 2009](#) [ua]

²² See «Про затвердження Порядку забезпечення допоміжними засобами реабілітації (технічними та іншими засобами реабілітації) осіб з інвалідністю, дітей з інвалідністю та інших окремих категорій населення і виплати грошової компенсації вартості за самостійно придбані такі засоби, їх переліку» [On Approving the Procedure for Providing Assistive Rehabilitation Devices (Technical and Other Rehabilitation Aids) to Persons with Disabilities, Children with Disabilities and Certain Other Categories of the Population and Paying Cash Compensation for the Cost of Such Devices Purchased Independently, and the List Thereof], [CMU Resolution No. 321 of 5 April 2012](#) [ua]

²³ See «Про затвердження Порядку видачі ваучерів для підтримання конкурентоспроможності деяких категорій громадян на ринку праці» [On Approving the Procedure for Issuing Vouchers to Maintain the Competitiveness of Certain Categories of Citizens on the Labour Market], [CMU Resolution No. 207 of 20 March 2013](#) [ua]

Social Unemployment Insurance Fund in the previous five (from 2015, three) years; value – up to ten times the subsistence minimum, with the option of paying the difference; payment – from the Fund's resources.

Studies of the veterans' movement²⁴ record the active involvement of those demobilised in the 1990s in civic associations (mutual support, advocacy), one of which was the USVA mentioned above. Academic publications²⁵ also note high unemployment, especially in the west of the country, a search for temporary and informal earnings, including abroad, limited opportunities for self-realisation in rural areas, and the emergence of economic self-organisation through the business structures of veterans' associations, particularly in the security sector.

Thus, in 1991–2014 a comprehensive regulatory framework for veterans policy was established: transport and consumer benefits, social services, tax instruments, pension payments and one-off compensation, differentiated by status and disability group. The key mechanisms – pension provision, payments on discharge and death, procedures for granting benefits – were laid down in this period and, with modernisation, remain in force today. Institutionally, the policy was implemented through central bodies (social policy, health, housing policy, education and employment), which set the rules; coordination was carried out by the State Committee of Ukraine for Veterans Affairs (2007–2012, and subsequently by the Ministry of Social Policy), while practical implementation – housing waiting lists, allocation of resources, provision of services and benefits – was ensured by local state administrations and local self-government bodies.

Compared with the Soviet period, the previously established gap between entitlement and access persisted – dependence on regional capacity, administration through waiting lists, departmental mechanisms, fragmented responsibility – a gap that in the USSR had been offset by the planned economy and in independent Ukraine was widened by underfunding. At the same time, elements emerged that had been absent from the Soviet model: legal certainty of statuses, secondary-legislation procedures for granting benefits, and employment and training instruments for certain groups – although these changes were largely instrumental in nature, lacking a stable financial and institutional basis for fulfilling the state's broad commitments.

The 2014–2021 period (ATO/JFO)

After the start of **Russia's armed aggression against Ukraine in 2014**, the state faced the emergence of new categories of people who had taken part in defending the country and needed social protection after completing their service. The veterans policy system gradually came to include **participants in the Anti-Terrorist Operation (ATO)**, later **participants in the Joint Forces Operation (JFO)**, as well as **persons who took part in combat operations as members of volunteer formations**, who were subsequently granted the right to state guarantees in accordance with the law.

In 2014–2018, veterans policy was coordinated by **the State Service of Ukraine for War Veterans and ATO Participants** (established in August 2014 and subordinate to the Minister of Social Policy), which was responsible for rehabilitation, sanatorium treatment, housing, educational services and the

²⁴ See «Створення та основні напрями діяльності Української спілки ветеранів Афганістану (1985–2000 рр.)» [The Establishment and Main Areas of Activity of the Ukrainian Union of Veterans of Afghanistan (1985–2000)], [K. I. Levchuk, Doctor of Historical Sciences, Professor, Head of the Department of History of Ukraine and Philosophy, Vinnytsia National Agrarian University. – Vinnytsia \[ua\]](#)

²⁵ See «Український феномен „афганського« руху» [The Ukrainian Phenomenon of the 'Afghan' Movement], [Chervonopyskyi S. // Politychnyi menedzhment \[Political Management\]. – 2006. – No. 1. \[ua\]](#)

registration of statuses, while other powers remained with the Ministry of Social Policy, the Ministry of Defence, the Ministry of Health and local self-government bodies. In November 2018 the Service was abolished and replaced by **the Ministry of Veterans Affairs of Ukraine (MoVA)**; in 2019–2020 it was temporarily merged with the Ministry for Temporarily Occupied Territories and IDPs, after which it regained its name.

Housing support retained the basic provisions of Law No. 3551 – the only change was the expansion of the range of recipients. In 2014–2015 the state continued the traditional mechanism (housing waiting lists, construction/purchase of housing by the authorities). CMU Resolution No. 348²⁶ was the first to adapt the policy to the new categories – **a subvention from the state budget to local budgets** for the construction/purchase of housing for families of fallen ATO participants and persons with group I–II disabilities (budget manager – the Ministry of Social Policy; implementation – regional and Kyiv City state administrations; allocation – in proportion to the waiting list). No compensation was paid to recipients: housing was purchased on the market at the lowest price and transferred free of charge to communities; co-financing from local budgets or personal funds was permitted.

CMU Resolution No. 719²⁷ replaced CMU Resolution No. 348 (with regard to persons with group I–II disabilities and families of fallen ATO participants), initiating the transition to **cash compensation** for housing and extending eligibility to ATO/JFO participants. This model was subsequently **expanded and detailed in three separate acts**:

- CMU Resolution No. 214²⁸ – for **persons who took part in combat operations on the territory of other states, and members of their families**;
- CMU Resolution No. 280²⁹ – for **internally displaced persons from among combat participants, persons with group III war-related disabilities, and members of their families**;
- CMU Resolution No. 206³⁰ – for **persons who took part in the Revolution of Dignity, and members of their families** (with additional verification requirements).

All four resolutions share a common model: registration, commissions under the social protection authorities, a dedicated account, a usage period of, as a rule, one year (for CMU Resolution No. 719 – six months from February 2026), and the return of unused funds. The amount of compensation is not fixed – it is calculated individually for each recipient using a formula (floor area, family composition, existing housing, cost per square metre, regional coefficients). **The Ministry of Social Policy acted as**

²⁶ See «Про затвердження Порядку та умов надання субвенції з державного бюджету місцевим бюджетам на будівництво (придбання) житла для сімей загиблих військовослужбовців, які брали безпосередню участь в антитерористичній операції, а також для інвалідів I-II групи з числа військовослужбовців, які брали участь у зазначеній операції, та потребують поліпшення житлових умов» [On Approving the Procedure and Conditions for Providing a Subvention from the State Budget to Local Budgets for the Construction (Purchase) of Housing for Families of Fallen Service Members Who Took Direct Part in the Anti-Terrorist Operation, and for Group I–II Disabled Service Members Who Took Part in That Operation and Need Improved Housing Conditions], CMU Resolution No. 348 of 20 May 2015 (repealed on 21 October 2016) [ua]

²⁷ See «Питання забезпечення житлом деяких категорій осіб, які захищали незалежність, суверенітет та територіальну цілісність України, а також членів їх сімей» [Issues of Providing Housing to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine, and to Members of Their Families], CMU Resolution No. 719 of 19 October 2016 [ua]

²⁸ See «Питання забезпечення житлом деяких категорій осіб, які брали участь у бойових діях на території інших держав, а також членів їх сімей» [Issues of Providing Housing to Certain Categories of Persons Who Took Part in War on the Territory of Other States, and to Members of Their Families], CMU Resolution No. 214 of 28 March 2018 [ua]

²⁹ See «Питання забезпечення житлом внутрішньо переміщених осіб, які захищали незалежність, суверенітет та територіальну цілісність України» [Issues of Providing Housing to Internally Displaced Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], CMU Resolution No. 280 of 18 April 2018 [ua]

³⁰ See «Питання забезпечення житлом деяких категорій осіб, які брали участь в Революції Гідності, а також членів їх сімей» [Issues of Providing Housing to Certain Categories of Persons Who Took Part in the Revolution of Dignity, and to Members of Their Families], CMU Resolution No. 206 of 20 February 2019 [ua]

the chief budget manager and implementation coordinator, later succeeded by **the MoVA** (allocation of subventions; compensation awarded at the level of local commissions under the social protection authorities). Decision No. 30-2 of the Accounting Chamber of 10 November 2020³¹ states that, thanks to funds allocated over **2017–2019** – around EUR 39.6 million (UAH 2 billion) – housing was obtained by **1,632** ATO participants, **369** participants in military operations abroad and **22** victims of the Revolution of Dignity. In addition, the audit revealed chronic underfunding: as of November 2020, more than 4,000 people had not exercised their right to compensation. According to MoVA reports for 2020³² and 2021³³, coverage did not increase significantly: in 2020 – **267** persons with group I–II disabilities/families of the fallen (need: 1,285), **227** persons with group III disabilities/IDPs (need: 3,193), **48** participants in military operations abroad (need: 866), **8** Revolution of Dignity participants (need: 134); in 2021 – **240**, **355**, **46** and **11** respectively. Only 5–20% of the need was covered, which confirms the Accounting Chamber’s conclusions on the limited capacity of the compensation mechanism to ensure a systematic reduction in the housing waiting list.

An alternative was introduced by CMU Resolution No. 980³⁴ – **a preferential long-term state loan** for the purchase of housing by IDPs and designated categories of ATO/JFO participants and persons with war-related disabilities, secured by a mortgage (budget holder – the Minregion); implementation – the State Fund for Youth Housing Construction and an agent bank; terms – up to 20 years at 3% per annum, 21 m² per person + 10.5 m² per family, own contribution from 6%. According to reporting by the Ministry of Development³⁵, in 2019–2021 a total of **237** preferential loans were granted under this programme (**198** in 2019, **13** in 2020 and **26** in 2021) totalling approximately **EUR 4.6 million (UAH 232.2 million)**. Thus, despite socially attractive lending terms, this instrument provided limited, ad hoc support and became neither a systemic alternative to the cash compensation mechanism nor an effective tool for reducing the queue of people in need of better housing conditions.

Benefits for housing and utility services, fuel, gas and telecommunications remained unchanged in substance and were based on the provisions of Articles 12–16 of Law No. 3551 (discounts of 50–100%) – only the range of recipients was expanded (ATO/JFO participants, volunteers, a wider circle of families of fallen defenders). CMU Resolution No. 389³⁶ introduced the principle of targeting for certain groups of beneficiaries – notably ‘war participants’ and persons with special merit to the Motherland – under

³¹ See «Про розгляд Звіту про результати аудиту ефективності використання субвенцій з державного бюджету місцевим бюджетам на виплату грошової компенсації за належні для отримання жилі приміщення для деяких категорій осіб» [On the Consideration of the Report on the Results of the Performance Audit of the Use of Subventions from the State Budget to Local Budgets for Paying Cash Compensation for Housing Due to Certain Categories of Persons], Decision of the Accounting Chamber No. 30-2 of 10 November 2020, Kyiv, 2020 [ua]

³² See Ministry of Veterans Affairs of Ukraine, Інформація про досягнення запланованої мети, завдань та результативних показників бюджетних програм, а також цілей державної політики за результатами 2020 року [Information on the Achievement of the Planned Goal, Objectives and Performance Indicators of Budget Programmes and State Policy Goals for 2020] Annex No. 1 to the letter of the Ministry of Finance of Ukraine No. 04140-15-2/2577 of 28 January 2021. Kyiv, 2021

³³ See Ministry of Veterans Affairs of Ukraine, Інформація про досягнення запланованої мети, завдань та результативних показників бюджетних програм, а також цілей державної політики за результатами 2021 року [Information on the Achievement of the Planned Goal, Objectives and Performance Indicators of Budget Programmes and State Policy Goals for 2021] Letter of the MoVA No. 4123/01/17.1-22 of 28 June 2022. Kyiv, 2022

³⁴ See «Про затвердження Порядку надання пільг окремим категоріям громадян з урахуванням середньомісячного сукупного доходу сім’ї» [On Approving the Procedure for Granting Benefits to Certain Categories of Citizens Taking into Account Average Monthly Aggregate Household Income], CMU Resolution No. 980 of 27 November 2019 [ua]

³⁵ See Ministry for Development of Communities and Territories of Ukraine, Звіт про огляд витрат державного бюджету [State Budget Spending Review Report] Kyiv, 2025

³⁶ See «Про затвердження Порядку надання пільг окремим категоріям громадян з урахуванням середньомісячного сукупного доходу сім’ї» [On Approving the Procedure for Granting Benefits to Certain Categories of Citizens Taking into Account Average Monthly Aggregate Household Income], CMU Resolution No. 389 of 4 June 2015 [ua]

which part of the benefits is granted with regard to the family's average monthly aggregate income. This meant that the actual delivery of benefits for certain categories came to depend not only on status but also on income – in other words, an additional targeting criterion emerged within the status-based model. From 2019, CMU Resolution No. 373³⁷ introduced monetisation – the provision of benefits in monetary form (non-cash, through transfers to service providers, or in cash) – thereby improving administration (record-keeping, non-cash settlements), but the fixed-discount model remained unchanged and covered actual costs poorly as tariffs rose.

From 2018, **military pay** became the calculation base for the salaries of serving military personnel, as well as for pensions, allowances and compensation for veterans – as detailed in CMU Resolution No. 704³⁸. Before that, military pay was regulated by a number of separate resolutions, which were fragmentary in nature and did not form a single, stable calculation base for veterans' payments.

CMU Resolution No. 460³⁹ introduced a **one-off discharge allowance for service members called up during mobilisation or in a special period**, amounting to 4% of monthly military pay for each full calendar month of service, but not less than 25% of monthly military pay (excluding bonuses). The payment served a transitional function between service and the acquisition of full veteran status. The resolution specified how the guarantee provided for in Article 15 of the Law of Ukraine 'On Social and Legal Protection of Service Members and Members of Their Families' was to be implemented for mobilised service members.

CMU Resolution No. 1045⁴⁰ established **social scholarships** for students/cadets who are CPs, PWDs-W or children of fallen defenders. The basic amounts were **EUR 30⁴¹ (UAH 750)** for students in professional pre-higher education and **EUR 40 (UAH 1,000)** for students in higher education, while for orphans the amount was set at an increased level – 150% of the subsistence minimum.

The annual one-off payment before 5 May increased, amounting from **EUR 5 (UAH 145)** to **EUR 170 (UAH 4,421)** depending on disability groups or other statuses.

The core laws governing **pension provision** and one-off payments upon discharge retained the logic established in the previous period – the state scaled up the existing system rather than building a new one.

Medical care and rehabilitation under Law No. 3551 did not change conceptually but, for the first time, acquired practical budgetary mechanisms. Alongside the existing Resolutions No. 187 and No. 446, a separate programme of **sanatorium treatment** was introduced for ATO/JFO participants, participants in the Revolution of Dignity and families of fallen defenders – CMU Resolution No. 200⁴² (budget holder

³⁷ See «Деякі питання надання житлових субсидій та пільг на оплату житлово-комунальних послуг, придбання твердого палива і скрапленого газу у грошовій формі» [Certain Issues of Providing Housing Subsidies and Benefits for Paying for Housing and Utility Services and Purchasing Solid Fuel and Liquefied Gas in Cash], CMU Resolution No. 373 of 17 April 2019 [ua]

³⁸ See «Про грошове забезпечення військовослужбовців, осіб рядового і начальницького складу та деяких інших осіб» [On the Pay of Service Members, Rank-and-File and Commanding Personnel and Certain Other Persons], CMU Resolution No. 704 of 30 August 2017 [ua]

³⁹ See «Про затвердження Порядку та умов виплати деяким категоріям військовослужбовців одноразової грошової допомоги у разі звільнення з військової служби» [On Approving the Procedure and Conditions for Paying One-off Cash Assistance to Certain Categories of Service Members upon Discharge from Military Service], CMU Resolution No. 460 of 17 September 2014 [ua]

⁴⁰ See «Деякі питання виплати соціальних стипендій студентам (курсантам) закладів фахової передвищої та вищої освіти» [Certain Issues of Paying Social Scholarships to Students (Cadets) of Professional Pre-Higher and Higher Education Institutions], CMU Resolution No. 1045 of 28 December 2016 [ua]

⁴¹ In this and following paragraphs the approximate EUR/UAH exchange rate of UAH 26.22 per EUR 1 for 2016 is used

⁴² See «Про затвердження Порядку використання коштів, передбачених у державному бюджеті на забезпечення постраждалих учасників Революції Гідності, учасників антитерористичної операції та осіб, які здійснювали заходи із

– the Ministry of Social Policy, later the Ministry of Veterans Affairs; frequency – once a year or once every two years; duration – 21–35 days; non-cash reimbursement of the treatment voucher).

CMU Resolution No. 221⁴³ introduced budget funding for **psychological rehabilitation** of ATO participants, persons with war-related disabilities and war participants – the funds covered rehabilitation activities and, where necessary, accommodation and meals while undergoing them; the number of people was allocated by region in proportion to the number of ATO participants registered in the Unified Register. In 2017, CMU Resolution No. 497⁴⁴ replaced it, expanding the range of recipients (victims of the Revolution of Dignity, JFO participants, family members) and introducing the Register of Service Providers and tripartite contracts with payment only for services actually provided.

In addition to the general mechanism for providing technical and other **rehabilitation aids** established by CMU Resolution No. 321, in 2014 CMU Resolution No. 518⁴⁵ supplemented this mechanism with a special procedure for ATO/JFO participants – advanced-functionality prosthetics, including abroad, with expert selection and funding for post-warranty servicing.

After 2014, the sphere of **education, vocational adaptation and social integration** of veterans underwent a substantial regulatory expansion. Targeted educational support was introduced for combat participants, persons with disabilities and their children (up to the age of 23) – CMU Resolution No. 975⁴⁶ (tuition fees, transfer to state-funded places, a scholarship, textbooks, dormitory accommodation).

CMU Resolution No. 179⁴⁷ introduced a budget mechanism for **social and vocational adaptation** (ATO/JFO participants, the Revolution of Dignity and other categories under Law No. 3551) – paying only for services actually provided through tripartite contracts, with an explicit ban on funding

забезпечення національної безпеки і оборони, відсічі і стримування збройної агресії Російської Федерації у Донецькій та Луганській областях, членів сімей загиблих (померлих) таких осіб санаторно-курортним лікуванням» [On Approving the Procedure for Using State Budget Funds to Provide Sanatorium Treatment to Injured Participants in the Revolution of Dignity, Participants in the Anti-Terrorist Operation and Persons Who Carried Out Measures to Ensure National Security and Defence and to Repel and Deter the Armed Aggression of the Russian Federation in Donetsk and Luhansk Oblasts, and to Family Members of Such Persons Who Were Killed (Died)], CMU Resolution No. 200 of 31 March 2015 [ua]

⁴³ See «Про затвердження Порядку використання коштів, передбачених у державному бюджеті для здійснення заходів щодо психологічної реабілітації учасників антитерористичної операції» [On Approving the Procedure for Using State Budget Funds for the Psychological Rehabilitation of Participants in the Anti-Terrorist Operation], CMU Resolution No. 221 of 31 March 2015 (repealed on 15 July 2017) [ua]

⁴⁴ See «Про затвердження Порядку використання коштів, передбачених у державному бюджеті для здійснення заходів із психологічної допомоги ветеранам війни, особам, які мають особливі заслуги перед Батьківщиною, членам сімей таких осіб, постраждалим учасникам Революції Гідності, членам сімей загиблих (померлих) ветеранів війни, членам сімей загиблих (померлих) Захисників та Захисниць України» [On Approving the Procedure for Using State Budget Funds for Psychological Support to War Veterans, Persons with Special Merit to the Motherland, Members of Their Families, Injured Participants in the Revolution of Dignity, Family Members of Deceased War Veterans and Family Members of Fallen Defenders of Ukraine], CMU Resolution No. 497 of 12 July 2017 (repealed on 22 March 2024) [ua]

⁴⁵ See «Деякі питання протезування та ортезування виробами підвищеної функціональності за новітніми технологіями та технологіями виготовлення, які відсутні в Україні, та/або спеціальними виробами для занять спортом окремих категорій осіб, які втратили функціональні можливості кінцівки або кінцівок» [Certain Issues of Prosthetics and Orthotics Using High-Functionality Devices Based on the Latest Technologies and Manufacturing Technologies Not Available in Ukraine and/or Special Sports Devices for Certain Categories of Persons Who Have Lost the Function of a Limb or Limbs], CMU Resolution No. 518 of 1 October 2014 [ua]

⁴⁶ See «Про надання державної цільової підтримки деяким категоріям громадян для здобуття професійної, фахової передвищої та вищої освіти» [On Providing Targeted State Support to Certain Categories of Citizens for Obtaining Vocational, Professional Pre-Higher and Higher Education], CMU Resolution No. 975 of 23 November 2016 [ua]

⁴⁷ See «Про затвердження Порядку використання коштів, передбачених у державному бюджеті для здійснення заходів із соціальної, професійної адаптації ветеранів війни, осіб, які мають особливі заслуги перед Батьківщиною, членів сімей таких осіб, членів сімей загиблих (померлих) ветеранів війни, членів сімей загиблих (померлих) Захисників та Захисниць України та постраждалих учасників Революції Гідності» [On Approving the Procedure for Using State Budget Funds for the Social and Vocational Adaptation of War Veterans, Persons with Special Merit to the Motherland, Members of Their Families, Family Members of Deceased War Veterans, Family Members of Fallen Defenders of Ukraine and Injured Participants in the Revolution of Dignity], CMU Resolution No. 179 of 31 March 2025 [ua]

intermediary or profit-making activities. CMU Resolution No. 432⁴⁸ distinguished social adaptation (counselling, social skills, restoring family ties) from vocational adaptation (career guidance, training up to 12 months at budget expense, and for persons with disabilities – taking into account the individual rehabilitation programme), establishing the right to use both types of support simultaneously. However, the system did not introduce performance indicators or any link to subsequent employment.

After 2014, veterans policy moved from the status-based model of early independence – with broad, often declaratory guarantees and dependence on local capacity – to forced scaling-up and partial institutionalisation in response to new categories of veterans (ATO/JFO participants, volunteers, victims of the Revolution of Dignity, a wider circle of families of fallen defenders). What changed was not so much the underlying rights as the mechanisms for exercising them – secondary legislation, budget programmes, registers and a gradual centralisation of coordination (from fragmented powers to the creation of the Ministry of Veterans Affairs). The toolkit changed sector by sector: in housing – from queues to compensation and loans; in housing and utility services – from reimbursing providers to monetisation; in psychological rehabilitation – from a declared right to programme-based funding; in education and adaptation – from general rules to targeted support. Yet in every sector, regulatory expansion outpaced resourcing: housing guarantees became a tool not for solving the problem but for partially mitigating it – the state guaranteed the mechanism but did not provide the resources to actually reduce the queue; education and adaptation focused on access to services without performance indicators or a link to employment; access to medical guarantees depended not only on status but also on the specific programme. The system often guaranteed a procedure rather than the meeting of needs or a measurable reintegration outcome.

The period after 2022 (full-scale war)

After Russia's full-scale invasion in 2022, Ukraine's veterans policy shifted from the institutional inclusion of new categories to a large-scale restructuring of the very architecture of support – the state was simultaneously responding to mass mobilisation, injuries, the destruction of housing, and the need for long-term rehabilitation and economic reintegration, while integrating veterans policy with broader wartime sectoral policies (housing, health, financial, digital and recovery).

Several new institutions were established under the authority of the Ministry of Veterans Affairs: **the Ukrainian Veterans Fund (UVF)** (registered on 2 February 2022) – competitive funding of reintegration, entrepreneurship and employment projects; **the National Military Memorial Cemetery** (registered on 30 November 2022) – commemorating the fallen; **the 'Borodianka' Research, Training and Expert Centre** – psychosocial rehabilitation, research and training of specialists; **the State Veteran Space** (registered on 8 January 2026) – a network of service access points in communities. Electronic veteran certificates and automated granting of CP status via Diia were introduced, as well as the Veteran PRO digital service for navigating state programmes.

⁴⁸ See «Про затвердження Порядку та умов забезпечення соціальної та професійної адаптації осіб, які звільняються або звільнені з військової служби, з числа ветеранів війни, осіб, які мають особливі заслуги перед Батьківщиною, членів сімей таких осіб, членів сімей загиблих (померлих) ветеранів війни, членів сімей загиблих (померлих) Захисників та Захисниць України» [On Approving the Procedure and Conditions for Ensuring the Social and Vocational Adaptation of Persons Being Discharged or Discharged from Military Service from among War Veterans, Persons with Special Merit to the Motherland, Members of Their Families, Family Members of Deceased War Veterans and Family Members of Fallen Defenders of Ukraine], CMU Resolution No. 432 of 21 June 2017 [ua]

Housing policy underwent the most profound transformation – it combined several wartime challenges at once: mass internal displacement, the destruction of the housing stock and a growing number of potential recipients of compensation.

The four existing compensation resolutions (No. 719, No. 214, No. 280, No. 206) were not revised conceptually but were adapted procedurally to the war: verification of property status was integrated with the **State Register of Damaged and Destroyed Property** (Ministry of Development), which made it possible to retain the right to compensation when housing is destroyed and to separate formal ownership of housing from its actual habitability. Budget holder – the Ministry of Veterans Affairs. No expenditure for implementing CMU Resolutions No. 214, No. 280 and No. 206 is provided for in the State Budget of Ukraine for 2026.

Preferential long-term lending (Resolution No. 980) was adapted to the needs of IDPs: the floor-space standard was replaced with a single one – 52.5 m² for a family of 1–2 people plus 21 m² for each additional member; wartime safeguards were added – debt restructuring and suspension of payments if the property is destroyed, and a ban on buying housing in a combat zone or under occupation. Budget holder – the Ministry of Development.

In 2022, the state affordable mortgage programme **eOselia** (CMU Resolution No. 856⁴⁹) was launched – a nationwide programme whose eligible recipients include veterans, CPs, PWDs-W and their families. Loans are granted for up to 20 years; for military personnel and veterans, the state subsidises the rate down to 3% and 6% respectively (instead of the standard 7% and 10%); the down payment starts at 10% (for people under 25) or 20%.

In 2023, the **eVidnovlennia compensation mechanism for damaged housing** was launched (CMU Resolution No. 381⁵⁰) – a general programme for all owners of damaged or destroyed housing, in which veterans, CPs, PWDs-W and families of fallen defenders have priority in the queue for consideration of applications. Compensation for damage ranges from EUR 3,961 (UAH 200,000) to EUR 9,901 (UAH 500,000) depending on the type of housing and the extent of damage; for destroyed housing – a certificate or financing of construction, with no ceiling, calculated by formula. The Ministry of Development maintains the register and coordinates the programme, while decisions are taken by local self-government bodies. In 2025, by Resolution No. 252⁵¹, the Cabinet of Ministers of Ukraine introduced **monthly rental compensation for defenders**, which meets the needs of those who cannot live in their own homes or are undergoing outpatient rehabilitation in another city: up to 6 months of payments of 1–2 subsistence minimums depending on the city. Budget holder – the Ministry of Veterans Affairs; payment – through local authorities.

⁴⁹ See «Деякі питання забезпечення приватним акціонерним товариством „Українська фінансова житлова компанія« доступного іпотечного кредитування громадян України» [Certain Issues of the Provision of Affordable Mortgage Lending to Citizens of Ukraine by the Private Joint-Stock Company 'Ukrainian Financial Housing Company'], [CMU Resolution No. 856 of 2 August 2022](#) [ua]

⁵⁰ See «Про затвердження Порядку надання компенсації для відновлення окремих категорій об'єктів нерухомого майна, пошкоджених внаслідок бойових дій, терористичних актів, диверсій, спричинених збройною агресією Російської Федерації, з використанням електронної публічної послуги „eВідновлення“» [On Approving the Procedure for Providing Compensation for the Restoration of Certain Categories of Real Estate Damaged as a Result of War, Terrorist Acts and Sabotage Caused by the Armed Aggression of the Russian Federation, Using the eVidnovlennia Electronic Public Service], [CMU Resolution No. 381 of 21 April 2023](#) [ua]

⁵¹ See «Деякі питання виплати грошової компенсації особам, які захищали незалежність, суверенітет та територіальну цілісність України, за найм (оренду) ними житлових приміщень» [Certain Issues of Paying Cash Compensation to Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine for Their Hire (Rental) of Residential Premises], [CMU Resolution No. 252 of 7 March 2025](#) [ua]

At the end of 2025, for IDPs from the TOT who are CPs or PWDs-W, a **housing voucher** was introduced (CMU Resolution No. 1176⁵²) – one-off assistance of EUR 39,606 (UAH 2 million) in the form of an electronic voucher for buying housing, construction or a mortgage down payment. In the area of **housing and utility services**, from December 2022 the granting and payment of benefits were transferred from social protection bodies to the **Pension Fund of Ukraine**, and since January 2023 benefits have been provided exclusively in cash to the recipient's account or by postal transfer (instead of transfers to service providers) – this simplified access through electronic channels and ASCs. The size of the benefit under Law No. 3551 has not changed: a 75% discount for CPs, 100% for PWDs-W and 50% for families of fallen defenders on housing and utility charges. CMU Resolution No. 1395⁵³ additionally introduced the submission of a single integrated application instead of several procedures, which simplifies access to benefits and reduces the administrative burden for veterans and their families.

In the area of **social security, cash payments and benefits**, after 2022 the state by and large retained the basic model shaped in previous periods:

- transport and household benefits;
- service pensions (50–70% of military pay depending on length of service), disability pensions (40–100% depending on the disability group) and survivors' pensions;
- annual and one-off cash payments, including: annual financial assistance and a health-improvement allowance (up to one month's military pay each); a one-off allowance for wounds, contusions or injuries resulting in disability; a funeral allowance; 100% sick pay for CPs, PWDs-W and families of fallen defenders; the one-off discharge allowance and compensation for unused leave (plus 14 days for CPs); a one-off allowance upon discharge for mobilised service members and special-period reservists (4% for each month of service, but not less than 25%);
- free legal aid;
- tax benefits (the 150%/200% social tax benefit, exemption from land tax), extended by exempting allowances from PIT, the military levy, court and tourist fees, and taxes for mobilised individual entrepreneurs;
- social scholarships for children of CPs, PWDs-W and of those killed or missing in action;
- provision of vehicles to persons with war-related disabilities is formally in force but effectively suspended – no budget expenditure is planned for 2025–2026.

⁵² See «Про затвердження Порядку надання допомоги для вирішення житлового питання окремим категоріям внутрішньо переміщених осіб, що проживали на тимчасово окупованій території, та внесення змін до Порядку ведення Державного реєстру майна, пошкодженого та знищеного внаслідок бойових дій, терористичних актів, диверсій, спричинених збройною агресією Російської Федерації проти України» [On Approving the Procedure for Providing Assistance in Resolving the Housing Issue to Certain Categories of Internally Displaced Persons Who Lived in the Temporarily Occupied Territory, and Amending the Procedure for Maintaining the State Register of Property Damaged and Destroyed as a Result of War, Terrorist Acts and Sabotage Caused by the Armed Aggression of the Russian Federation against Ukraine], CMU Resolution No. 1176 of 22 September 2025 [ua]

⁵³ See «Про реалізацію експериментального проекту з удосконалення порядку взяття на облік ветеранів війни і надання їм пільг на оплату житлово-комунальних послуг, придбання твердого палива і скрапленого газу» [On Implementing a Pilot Project to Improve the Procedure for Registering War Veterans and Granting Them Benefits for Paying for Housing and Utility Services and Purchasing Solid Fuel and Liquefied Gas], CMU Resolution No. 1395 of 27 December 2023 [ua]

The military pay system was substantially reinforced by new instruments. CMU Resolution No. 168⁵⁴ guaranteed **the retention of military pay throughout treatment after being wounded** (up to 12 months), **an additional payment of EUR 1,980 (UAH 100,000)** to the wounded and increased **assistance to families of fallen defenders – EUR 297,043 (UAH 15 million)** paid in instalments.

A distinct element of financial reinforcement after 2022 was the introduction of **a monthly state payment for special merit to the Motherland**. The payment was established by the Law of Ukraine ‘On Monthly Cash Payments to Certain Categories of Citizens’⁵⁵ and detailed in CMU Resolution No. 79⁵⁶. From 2023, the annual payment before 5 May was replaced by **the Independence Day payment** (CMU Resolution No. 1396⁵⁷), differentiated by status.

Financial guarantees related to vehicles have also expanded. CMU Resolution No. 1091⁵⁸ regulates **compensation to CPs and PWDs-W of the full cost of the insurance premium actually paid for a compulsory motor third-party liability (MTPL) insurance policy** for one vehicle owned by the recipient (subject to technical restrictions and the vehicle not being used for business activity). CMU Resolution No. 1442⁵⁹ introduced a pilot project for **compensating the cost of adapting a vehicle for driving by PWDs-W** – a one-off reimbursement of documented costs of up to EUR 1,386 (UAH 70,000) (subject to completing driver training and not receiving other similar payments).

In parallel, the state expanded **social and psychosocial areas of support: resilience centres** provide access to psychological support, crisis counselling and group sessions; the institution of **veteran support specialists** provides individual assistance in obtaining statuses, payments, rehabilitation and services; in addition, services are available in the areas of **information, advocacy, mediation, home care and residential care**.

Medical care and rehabilitation underwent the most intensive expansion: the basic guarantees of Law No. 3551 did not change conceptually but acquired a programme structure with clear tariffs and service providers. **High-cost prosthetics** (including bionic prostheses) was scaled up together with post-warranty servicing. **Rehabilitation abroad** (CMU Resolution No. 411⁶⁰) meets the need when the

⁵⁴ See «Питання деяких виплат військовослужбовцям, особам рядового і начальницького складу, поліцейським та їх сім'ям під час дії воєнного стану» [Issues of Certain Payments to Service Members, Rank-and-File and Commanding Personnel, Police Officers and Their Families under Martial Law], CMU Resolution No. 168 of 28 February 2022 [ua]

⁵⁵ See «Про щомісячну грошову виплату деяким категоріям громадян» [On a Monthly Cash Payment to Certain Categories of Citizens], Law of Ukraine No. 2454-IX of 27 July 2022 [ua]

⁵⁶ See «Деякі питання призначення і виплати щомісячної грошової виплати деяким категоріям громадян з числа осіб, які мають особливі заслуги перед Батьківщиною і брали безпосередню участь у захисті суверенітету та територіальної цілісності України, та членам сімей загиблих (померлих) громадян з числа осіб, які мають особливі заслуги перед Батьківщиною» [Certain Issues of Awarding and Paying a Monthly Cash Payment to Certain Categories of Citizens with Special Merit to the Motherland Who Took Direct Part in Defending the Sovereignty and Territorial Integrity of Ukraine, and to Family Members of Deceased Citizens with Special Merit to the Motherland], CMU Resolution No. 79 of 20 January 2023 [ua]

⁵⁷ See «Деякі питання соціального захисту осіб, які мають особливі та особливі трудові заслуги перед Батьківщиною, ветеранів війни та осіб, що працюють в спеціальних умовах» [Certain Issues of the Social Protection of Persons with Special Merit and Special Labour Merit to the Motherland, War Veterans and Persons Working in Special Conditions], CMU Resolution No. 1396 of 27 December 2023 [ua]

⁵⁸ See «Про затвердження Порядку компенсації витрат учасників бойових дій та осіб з інвалідністю внаслідок війни із сплати страхової премії за договорами обов'язкового страхування цивільно-правової відповідальності власників наземних транспортних засобів» [On Approving the Procedure for Reimbursing Combat Participants and Persons with War-Related Disabilities for Insurance Premiums Paid under Compulsory Motor Third-Party Liability Insurance Contracts], CMU Resolution No. 1091 of 22 August 2025 [ua]

⁵⁹ See «Деякі питання реалізації експериментального проекту щодо призначення і виплати грошової компенсації за переобладнання (приспосовування) транспортних засобів для керування особами з інвалідністю внаслідок війни» [Certain Issues of Implementing a Pilot Project on Awarding and Paying Cash Compensation for the Conversion (Adaptation) of Vehicles for Driving by Persons with War-Related Disabilities], CMU Resolution No. 1442 of 7 November 2025 [ua]

⁶⁰ See «Про забезпечення організації направлення осіб із складових сил оборони та сил безпеки, постраждалих у зв'язку з військовою агресією Російської Федерації проти України, на лікування за кордон» [On Organising the Referral for Treatment Abroad of Members of the Defence and Security Forces Injured as a Result of the Military Aggression of the Russian Federation against Ukraine], CMU Resolution No. 411 of 5 April 2022 [ua]

necessary technologies or clinical capacity are unavailable in Ukraine (complex combat injuries, multiple amputations, severe burns). **Free psychological support** (CMU Resolution No. 1338⁶¹) is implemented as a three-tier model – from counselling to psychotherapy – through the Register of Service Providers. **Rehabilitation of persons released from captivity** (CMU Resolution No. 296⁶²) covers comprehensive medical examination, treatment and psychological support, including for family members.

Encouraging physical activity became a separate rehabilitation instrument: pilot CMU Resolution No. 2⁶³ introduced **an allowance for physical exercise and sport** – EUR 30 (UAH 1,500) per quarter (i.e. EUR 119 per year (UAH 6,000), paid into a special account, regardless of the intensity of activity. Separately, within the general system of funding for physical culture and sport, the state funds veterans' participation in official **competitions and training camps** (travel, accommodation, equipment).

Support groups operating in veteran spaces, municipal institutions and civil society organisations offer free group meetings with psychological, social, legal and information support, reducing isolation and helping veterans and their families to restore social ties and adapt.

Cryopreservation of reproductive cells (CMU Resolution No. 78⁶⁴) preserves the possibility of parenthood where there is a risk of losing reproductive function during service. Expanded primary health care (CMU Resolution No. 140⁶⁵) adds screening for PTSD and chronic conditions and an individual monitoring plan. Free dental care (CMU Resolution No. 156⁶⁶; from 2026 – together with funding for cryopreservation within a single budget programme) covers two blocks – dental prosthetics and routine dental treatment – at a base rate of **EUR 55 (UAH 2,765)** with adjustment coefficients depending on the service; the maximum cost per patient is capped at **EUR 692 (UAH 34,966)** for dental prosthetics and **EUR 494 (UAH 24,953)** for routine treatment, with the NHSU paying facilities directly for services actually provided.

⁶¹ See «Деякі питання надання психологічної допомоги ветеранам війни, членам їх сімей та деяким іншим категоріям осіб» [Certain Issues of Providing Psychological Support to War Veterans, Members of Their Families and Certain Other Categories of Persons], [CMU Resolution No. 1338 of 29 November 2022](#) [ua]

⁶² See «Про затвердження Порядку проведення відновлювальних (постізоляційних, реінтеграційних) заходів, заходів з адаптації, підтримки (супроводу) осіб, стосовно яких встановлено факт позбавлення особистої свободи внаслідок збройної агресії проти України, після їх звільнення» [On Approving the Procedure for Conducting Recovery (Post-Isolation, Reintegration), Adaptation and Support Measures for Persons Who Have Been Established to Have Been Deprived of Personal Liberty as a Result of the Armed Aggression against Ukraine, after Their Release], [CMU Resolution No. 296 of 15 March 2024](#) [ua]

⁶³ See «Про реалізацію експериментального проекту щодо надання учасникам бойових дій та особам з інвалідністю внаслідок війни допомоги для занять фізичною культурою та спортом» [On Implementing a Pilot Project on Providing Combat Participants and Persons with War-Related Disabilities with Assistance for Physical Activity and Sport], [CMU Resolution No. 2 of 3 January 2025](#) [ua]

⁶⁴ See «Про затвердження Порядку здійснення забору, кріоконсервації та зберігання репродуктивних клітин військовослужбовців та інших осіб на випадок втрати репродуктивної функції під час виконання обов'язків із оборони держави, захисту Вітчизни та інших покладених на них обов'язків відповідно до законодавства» [On Approving the Procedure for the Collection, Cryopreservation and Storage of Reproductive Cells of Service Members and Other Persons in Case of Loss of Reproductive Function While Performing Duties of State Defence, Defence of the Homeland and Other Duties Assigned to Them by Law], [CMU Resolution No. 78 of 25 January 2025](#) [ua]

⁶⁵ See «Деякі питання реалізації експериментального проекту щодо надання розширених послуг з первинної медичної допомоги окремим категоріям осіб, які захищали незалежність, суверенітет та територіальну цілісність України» [Certain Issues of Implementing a Pilot Project on Providing Extended Primary Healthcare Services to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], [CMU Resolution No. 140 of 4 February 2025](#) [ua]

⁶⁶ See «Деякі питання використання коштів, передбачених у державному бюджеті для надання окремих медичних послуг деяким категоріям громадян» [Certain Issues of Using State Budget Funds to Provide Certain Medical Services to Certain Categories of Citizens], [CMU Resolution No. 156 of 11 February 2025](#) [ua]

A number of new pilot programmes address highly specialised needs. **Adaptation after loss of sight** (CMU Resolution No. 1060⁶⁷) provides for a three-tier system: basic orientation skills during inpatient treatment, comprehensive adaptation at specialised institutions (Braille, assistive technologies) and support in the community; the maximum reimbursement paid by the Ministry of Veterans Affairs to the service provider (the provider of adaptation services) ranges from **EUR 758 (UAH 38,280)** to **EUR 3,274 (UAH 165,344)** depending on the level and duration of the course. **Long-term medical care** (CMU Resolution No. 1365⁶⁸) – daily nursing care for veterans with severe persistent impairments (a score of 30 or less on the Barthel scale): health monitoring, pain relief, pressure ulcer care, nutrition, maintenance rehabilitation and psychological support, as well as training family members in home-care skills; free of charge for the recipient, at a tariff of **EUR 69–108 (UAH 3,484–5,452)** per day depending on the degree of dependency. **Capacity building for persons with war-related functional limitations** (CMU Resolution No. 1476⁶⁹) – for people after amputations, spinal injuries, traumatic brain injuries or PTSD with functional limitations; the maximum reimbursement to the service provider ranges from **EUR 675 (UAH 34,094)** to **EUR 1,616 (UAH 81,594)** depending on the form of provision. **Correction of skin scarring** (CMU Resolution No. 1610⁷⁰) – laser therapy after injuries and burns; the cost of a course is **EUR 709–884 (UAH 35,827–44,619)** depending on the type of procedure. **Medical and psychological support for psychoactive substance dependence** (CMU Resolution No. 195⁷¹) – a rehabilitation programme for veterans with diagnosed addictions, aimed at building motivation for a healthy lifestyle and preventing relapse: a 30-day inpatient course (individual and group psychotherapy, social support, physical activity), a 30-day outpatient stage (weekly group and individual sessions) and a 280-day maintenance stage (mutual support groups based on the ‘12 steps’ principle); the maximum reimbursement to a facility per group of 10 people ranges from **EUR 730 (UAH 36,882)** to **EUR 18,045 (UAH 911,249)** depending on the stage.

A separate crisis support instrument is **the UVF’s 24/7 hotline** – free psychological and legal consultations by phone and online, crisis psychological support and referral to other programmes; this provides low-threshold access without having to approach health care or social protection institutions, which is critical in an acute crisis. By contrast, traditional **sanatorium treatment** has effectively been suspended due to budget constraints in 2023–2026 – resources have been reallocated

⁶⁷ See «Деякі питання реалізації експериментального проекту щодо надання послуг з адаптації окремим категоріям осіб, які захищали незалежність, суверенітет та територіальну цілісність України та повністю або частково втратили зір» [Certain Issues of Implementing a Pilot Project on Providing Adaptation Services to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine and Have Fully or Partially Lost Their Sight], [CMU Resolution No. 1060 of 22 August 2025](#) [ua]

⁶⁸ See «Деякі питання реалізації експериментального проекту щодо надання послуг з довготривалого медичного догляду окремим категоріям осіб, які захищали незалежність, суверенітет та територіальну цілісність України» [Certain Issues of Implementing a Pilot Project on Providing Long-Term Medical Care Services to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], [CMU Resolution No. 1365 of 23 October 2025](#) [ua]

⁶⁹ See «Деякі питання реалізації експериментального проекту щодо надання послуг з посилення спроможностей окремим категоріям осіб із обмеженнями життєдіяльності, які захищали незалежність, суверенітет та територіальну цілісність України» [Certain Issues of Implementing a Pilot Project on Providing Capacity-Building Services to Certain Categories of Persons with Activity Limitations Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], [CMU Resolution No. 1476 of 7 November 2025](#) [ua]

⁷⁰ See «Деякі питання реалізації експериментального проекту щодо надання послуг з корекції рубцевих змін шкіри після травм, опіків окремим категоріям осіб, які захищали незалежність, суверенітет та територіальну цілісність України» [Certain Issues of Implementing a Pilot Project on Providing Services for the Correction of Scarring after Injuries and Burns to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], [CMU Resolution No. 1610 of 26 November 2025](#) [ua]

⁷¹ See «Деякі питання реалізації експериментального проекту щодо надання послуг із медико-психологічного супроводу окремим категоріям осіб, які захищали незалежність, суверенітет та територіальну цілісність України і мають розлади, що виникли внаслідок вживання психоактивних речовин, включаючи алкоголь» [Certain Issues of Implementing a Pilot Project on Providing Medical and Psychological Support Services to Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine and Have Disorders Resulting from the Use of Psychoactive Substances, Including Alcohol], [CMU Resolution No. 195 of 11 February 2026](#) [ua]

to higher-priority wartime needs, although local self-government bodies may continue to fund it under local targeted programmes.

In **education and employment**, the state retained the basic instruments – targeted support for obtaining education, vocational adaptation, training vouchers – and supplemented them with the digital platform **‘Education for Veterans’**⁷² (part of the Skills4Recovery initiative) for navigating educational offers.

Educational support was complemented by two pilot projects. CMU Resolution No. 318⁷³ introduced a **one-off targeted payment** that fully covers the cost of fee-paying study (up to 140% of the programme cost) at professional pre-higher and higher education institutions for children (under 23) of fallen defenders, CPs, PWDs-W, missing or captured veterans and injured participants in the Revolution of Dignity. CMU Resolution No. 984⁷⁴ opened up specialised vocational training exclusively for CPs/PWDs-W at vocational (vocational-technical) education institutions of the State Employment Service – **initial training or upskilling for up to 6 months**, taking into account the rehabilitation needs of PWDs-W; it is funded by the Unemployment Social Insurance Fund and also covers accommodation (up to 5 subsistence minimums) and travel.

Employment centres remain the core channel for veterans’ employment (unemployment registration, career guidance, job matching, referral to training and administration of payments). Within this system, **job fairs** provide direct contact between veterans and employers, while **career advisers** offer individual support: they draw up a personal employment plan and monitor its implementation. **Unemployment benefits** serve only a stabilising function and are effective when combined with training. These instruments are not veteran-specific – they operate within the general employment and social insurance system, and veterans have access to them on general terms.

Financial incentives for employers and entrepreneurship development instruments have become a separate tier of employment support. CMU Resolution No. 124⁷⁵ introduced a mechanism of **partial compensation to employers for the wage costs of employed CPs**: as a baseline, 50% of costs (capped at the minimum wage, three payments over 6 months), and for the duration of the war up to 100% (capped at 1.5 times the minimum wage); CPs are singled out as a separate category with enhanced support within the wider pool of registered unemployed persons. CMU Resolution No. 893⁷⁶ (a nationwide programme compensating the arrangement of workplaces, whose recipients also include PWDs-W) **compensates the arrangement of a workplace for an employee with a Group I or II disability** – up to 10 or 15 minimum wages respectively – or of the own place of business of a veteran entrepreneur with a disability.

⁷² See «Освіта для ветеранів» [Education for Veterans] [ua]

⁷³ See «Про реалізацію експериментального проекту щодо надання державної допомоги на навчання дітям деяких категорій осіб, які захищали незалежність, суверенітет та територіальну цілісність України» [On Implementing a Pilot Project on Providing State Education Assistance to Children of Certain Categories of Persons Who Defended the Independence, Sovereignty and Territorial Integrity of Ukraine], CMU Resolution No. 318 of 14 March 2025 [ua]

⁷⁴ See «Про реалізацію експериментального проекту з організації професійного навчання учасників бойових дій та осіб з інвалідністю внаслідок війни в закладах професійної (професійно-технічної) освіти Державної служби зайнятості» [On Implementing a Pilot Project on Organising Vocational Training for Combat Participants and Persons with War-Related Disabilities at Vocational (Vocational and Technical) Education Institutions of the State Employment Service], CMU Resolution No. 984 of 15 September 2023 [ua]

⁷⁵ See «Про затвердження Порядку надання роботодавцям компенсацій за працевлаштування зареєстрованих безробітних» [On Approving the Procedure for Granting Compensation to Employers for Hiring Registered Unemployed Persons], CMU Resolution No. 124 of 10 February 2023 [ua]

⁷⁶ See «Деякі питання надання компенсації фактичних витрат за облаштування робочих місць/місць провадження господарської діяльності/незалежної професійної діяльності для осіб з інвалідністю» [Certain Issues of Providing Compensation for Actual Costs of Setting Up Workplaces/Places of Business Activity/Independent Professional Activity for Persons with Disabilities], CMU Resolution No. 893 of 22 August 2023 [ua]

After 2022, a separate set of grant and microfinance instruments for entrepreneurship and self-employment emerged – in contrast to the earlier emphasis on job placement through employment centres. **The UVF's Varto grants** fund veterans' business, social or reintegration initiatives on a competitive basis – **EUR 9,901–31,685 (UAH 500 thousand–1.6 million)** per project. **'Own Business' grants** are non-repayable assistance for starting or expanding a business on condition that jobs are created: up to **EUR 4,951 (UAH 250,000)** for one job, up to **EUR 9,901 (UAH 500,000)** for two and **up to EUR 19,803 (UAH 1 million)** for four (for amounts above **UAH 500 thousand** – 70/30 co-financing). **The '20,000' microfinance scheme** reimburses expenses already incurred on goods and equipment for a business – up to **EUR 396 (UAH 20,000)**, with a low entry threshold.

The digital support ecosystem has been complemented by the **'Veteran's Career'** platform (job search, competency profiling, translation of military experience into civilian skills), the **'Made by Defenders'** label for reputational support of veteran businesses, as well as **veteran business communities, mentoring programmes** and the **Map of Veteran Businesses** for networking and promotion.

Another systemic step in veterans' employment was the approval by CMU Order No. 154-r of the State Targeted Programme **'Veteran. Work'** for 2026–2027⁷⁷ – a comprehensive policy for the economic integration of veterans through systematic interaction between the state and employers. The programme covers engaging employers in hiring veterans, developing vocational adaptation that takes gender into account, expanding access to formal and non-formal education, digital job-search tools, and promoting employment in the civil service and local self-government bodies. The indicative funding is EUR 5.5 million (UAH 276.5 million): EUR 3.8 million (UAH 194.2 million) in 2026 and EUR 1.6 million (UAH 82.3 million) in 2027.

After 2022, veterans policy moved from adapting the existing system to restructuring it on a large scale: the state introduced a number of fundamentally new areas of support, including through pilot projects. In housing, CPs, PWDs-W and their family members gained access to general-purpose instruments – mortgage, compensation and voucher programmes designed for a wider range of people affected by the war rather than only for status-based categories. In housing and utility services, the changes were purely managerial: centralised administration and the switch to cash benefits simplified procedures without changing the basic design of the system. Social provision went beyond cash payments, adding psychosocial support, navigation assistance and long-term care. In healthcare, the expansion covered highly specialised needs that had previously not been met by any dedicated mechanism.

At the same time, the state built an extensive digital access infrastructure – platforms, registers and services intended to raise awareness and simplify access to services. However, a cross-cutting problem of the period remains the gap between declared guarantees and their actual funding: the growing number of disparate instruments, channels and platforms with different access logics, limits and incompatibility conditions makes the system difficult to navigate, while the system itself, built largely on a 'first come, first served' logic, creates – given the limited funding of individual programmes – unequal access that depends not on the recipient's need but on their awareness, the administrative capacity of their region and the timing of their application.

⁷⁷ See «Про затвердження Державної цільової програми „Ветеран. Робота» на 2026-2027 роки» [On Approval of the State Targeted Programme 'Veteran. Work' for 2026–2027], [CMU Order No. 154-r of 11 February 2026](#) [ua]

VETERANS POLICY: NEEDS, SUPPORT AND ALIGNMENT WITH PRINCIPLES

- **Veterans' needs span both basic social guarantees and services for recovery and return to civilian life.** According to the KSE Institute survey, the most common needs include medical treatment (36%), utility bill benefits (33%), financial support (27%), dental care (24%), housing (22%), processing of statuses and benefits (21%), psychological support (19%) and employment (17%). Overall, these trends are confirmed by other studies as well.
- **There is a significant gap between declared need and actual coverage by state services.** In particular, in 2025 around 1,900 people received vocational training through the State Employment Service, roughly 3% of the need estimated from the survey. A similar gap is observed in support for veteran entrepreneurship and in workplace arrangements for people with disabilities.
- **Housing support needs to take into account not only the formal entitlement to assistance but also the urgency of the housing need.** 11% of veterans live in unstable or crisis housing conditions. It is this group that requires particular attention when setting priorities for state housing support.
- **Needs and access to certain services differ between men and women veterans.** Women veterans use training services more often, but at the same time more often report being unable to obtain such services or to use the help of career advisers. This points to the need to assess not only overall coverage but also how well services match the needs of different groups.
- **International partners and the civil society sector complement the state support system.** Their programmes cover psychological support, medical rehabilitation, employment, entrepreneurship development, legal support and community reintegration. At the same time, this support depends heavily on donor funding, and the scale of individual initiatives does not allow them to fully offset the system-wide shortage of services.
- **The key task is to align state guarantees, actual coverage and veterans' needs.** This requires prioritising assistance according to the urgency of needs, building the capacity of service providers, taking account of differences between groups, and coordinating state, international and civil society initiatives.

The previous section described how state support for veterans has evolved and which programmes are in place today. This section looks at the same policy from the veterans' perspective: first, to what extent state guarantees meet their needs; next, what part of the gap is closed by international partners and civil society; and finally, the extent to which the current policy is consistent with the principles declared by the state. The section's findings explain the logic of the KSE scenario used to model the cost of veterans policy.

To what extent state guarantees match veterans' needs

About half of veterans consider the existing state support sufficient to meet their needs; this share is slightly higher among women. The rest either consider the support insufficient or were unable to answer. To understand where exactly support falls short of needs, we compare, area by area, the needs that veterans identify in the KSE Institute survey with the actual use of state guarantees. The KSE Institute survey was conducted in April 2026 with a sample of 525 respondents (458 men and 67 women). Respondents were recruited through an online panel, which allows the data to be analysed at the level of general trends but not as strictly representative indicators for the general population.

According to the survey data, the main needs of demobilised veterans are medical treatment (36%), utility bill benefits (33%), financial support (27%), dental care (24%), housing (22%), processing of statuses and benefits (21%), psychological support (19%) and employment (17%) (Figure 1). The high prevalence of needs for financial support, medical and psychological assistance, as well as for meeting housing needs, is confirmed by other studies too (in particular, the Portrait of a Veteran 2025 study).

Veterans' needs according to other surveys

An analysis of numerous surveys of veterans – including the International Organization for Migration (IOM) survey ‘Social Reintegration of Veterans in Ukraine’⁷⁸, the UVF’s ‘Needs of Veterans’⁷⁹, the UVF’s ‘Portrait of a Veteran 2025’⁸⁰, the ‘National Survey of Combat Participants, PWDs-W and Their Family Members’, and the UVF survey ‘Current Needs and Vision of Opportunities for Career and Professional Growth of Veterans 2024’⁸¹ – confirms the findings of the survey conducted by KSE Institute:

- Improving their financial situation is one of the priority needs of veterans according to all of the studies mentioned. It is worth noting that in surveys of the general population of Ukraine on the need for state support, improving one’s material situation is also the most common answer.
- According to the IOM survey, 69% of veterans consider housing an important factor for integration into the community. The ‘Portrait of a Veteran 2025’ survey also confirms high demand for housing assistance – 25% of veterans named it as one of their main needs. The ‘Current Needs and Vision of Opportunities for Career and Professional Growth of Veterans 2024’ survey corroborates these data: 27% of veterans cited improving their housing conditions as an important need, and 29% cited buying a home.
- Medical care was identified as a priority need by 43% of veterans according to the ‘Portrait of a Veteran 2025’ survey. In the ‘Current Needs and Vision of Opportunities for Career and Professional Growth of Veterans 2024’ survey, 52% of respondents mentioned improving their health.
- Psychological support is a pressing need for 28% of veterans according to the ‘Portrait of a Veteran 2025’ survey. In the ‘Current Needs and Vision of Opportunities for Career and Professional Growth of Veterans 2024’ survey, 23% of veterans named psychological support as an important need.

Survey data are an important source for understanding needs and forecasting demand for services. In this section, we give examples of how data from the survey conducted by KSE Institute were used to model costs, in particular in the KSE scenario, for medical care, housing support and employment

⁷⁸ «Соціальна реінтеграція ветеранів в Україні з акцентом на інклюзивність ветеранів як вразливої категорії населення і роль, яку ветеранські організації можуть відігравати у забезпеченні інклюзивності» [Social Reintegration of Veterans in Ukraine with a Focus on the Inclusion of Veterans as a Vulnerable Population Group and the Role Veterans' Organisations Can Play in Ensuring Inclusion], International Organization for Migration, 2023 https://ukraine.iom.int/sites/g/files/tmzbd11861/files/documents/2024-01/veterans-social_reintegration_ukr.pdf

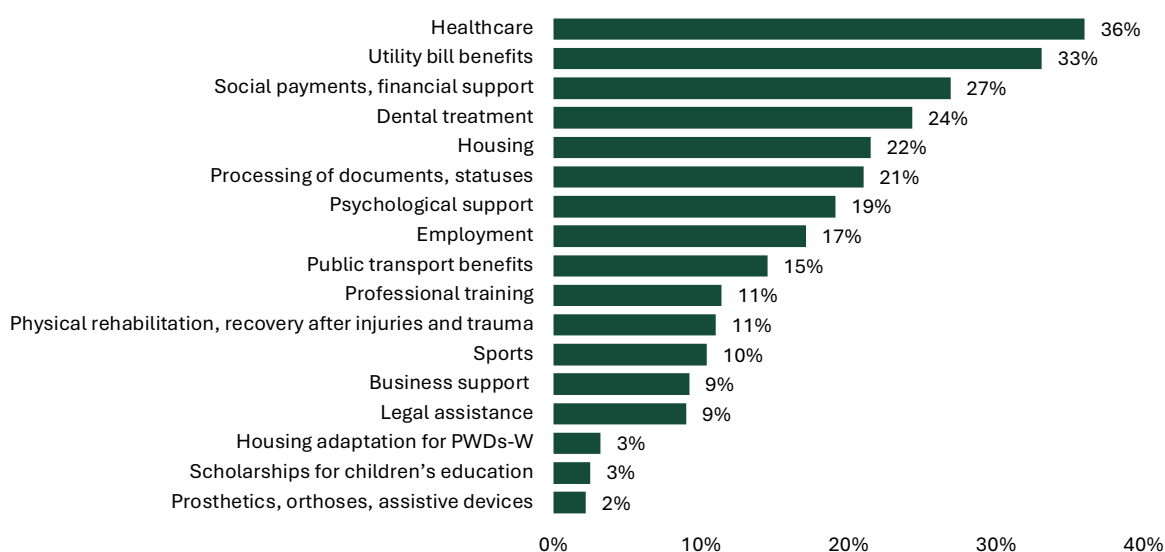
⁷⁹ <https://veteranfund.com.ua/wp-content/uploads/2024/11/Opytuvannia-veteraniv-zhovten-2024.pdf>

⁸⁰ <https://veteranfund.com.ua/wp-content/uploads/2025/12/Portret-veterana-2025.pdf>

⁸¹ Актуальні потреби та бачення можливостей для кар’єрного і професійного зростання ветеранів [Current Needs and Perceived Opportunities for Veterans' Career and Professional Growth], 2024, UVF <https://veteranfund.com.ua/wp-content/uploads/2024/02/pracevlashtuvanna.pdf>

support. Given the limitations of this survey, a repeat survey that is representative of Ukraine's veteran community will be needed for future budget planning and programme prioritisation.

FIGURE 1. NEEDS OF DEMOBILISED VETERANS



Source: KSE Institute survey

Medical care

As mentioned above, **dental care** is one of the main needs among veterans. In 2025, 26,969⁸² veterans used dental prosthetics services and 103,537⁸³ veterans used dental treatment services (including both serving military personnel and CPs and PWDs-W discharged from the military), corresponding to coverage of 1.5% and 5.6% respectively. According to the KSE Institute survey, coverage in line with needs would amount to around 4% for dental prosthetics and 18% for dental treatment per year. These figures were used for the KSE scenario.

The **psychological support** service is an example of a need for which sufficient infrastructure has not yet been developed: in 2025, these services were provided by 92 legal entities employing 202 psychologists and 24 psychiatrists⁸⁴.

Veterans also speak of the need for psychological assistance in the context of job search: according to the KSE Institute survey, 16.9% of veterans consider it necessary support not only for psychological recovery after service but also as a precondition for finding or changing a job. With a need of 16.9%, coverage should amount to around 83.7 thousand people (based on the estimated number of demobilised CPs and PWDs-W, 495,000 people as of 2026). By our estimates, programme coverage in 2025 was around 0.6% of veterans. The 16.9% need for psychological assistance is used in the modelling for the KSE scenario, and the actual coverage of 0.6% in the Baseline scenario.

As regards **rehabilitation**, the KSE Institute survey does not record significant unmet need for these services (1% of respondents were unable to use the services when they needed them). However, when

⁸² According to NHSU data provided at the request of KSE Institute

⁸³ According to NHSU data provided at the request of KSE Institute

⁸⁴ According to information provided by MoVA at the request of KSE Institute

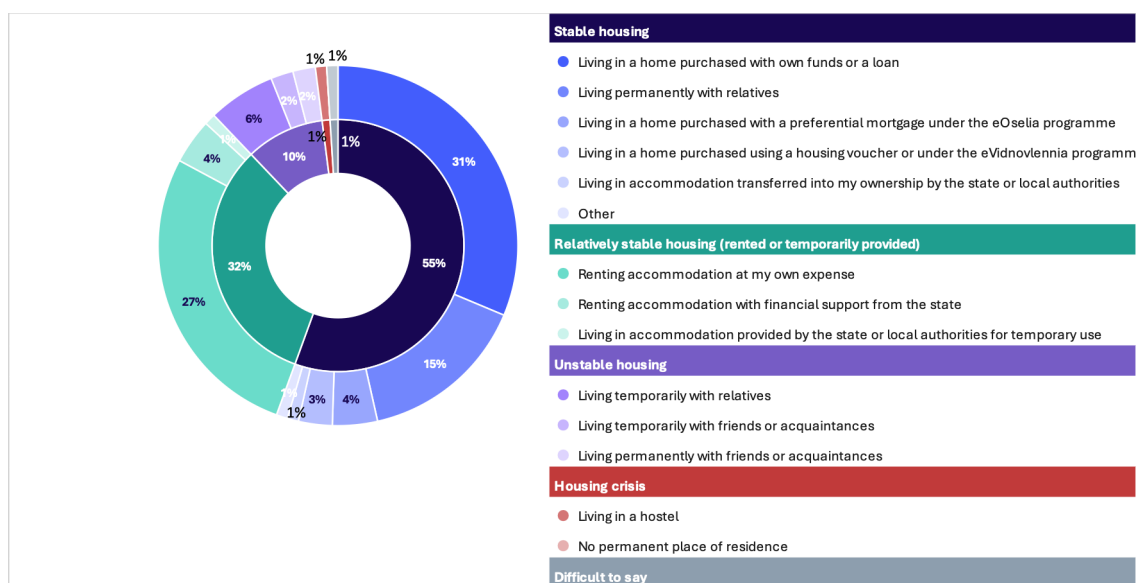
planning changes to veterans policy, administrative data available in the healthcare system should be taken into account. In particular, a detailed analysis of medical records of services provided under the Programme of Medical Guarantees, carried out by the WHO⁸⁵ in 2025, shows that a very small share of patients with diagnoses that may be related to war trauma receive rehabilitation after discharge from hospital. For example, of all people hospitalised for traumatic amputation at the ankle or foot level (ICD-10 code S98) in 2024, only 14% received inpatient rehabilitation and only 0.5% received outpatient rehabilitation, meaning that 85.5%⁸⁶ received no rehabilitation at all. Rehabilitation uptake is somewhat higher among patients hospitalised for traumatic amputation of the lower leg (S88): 29% received inpatient rehabilitation and 1.5% received outpatient rehabilitation.

Housing

To analyse veterans' housing conditions, we propose an approach that takes into account the priority and urgency of housing support (Figure 2). Under this approach, housing conditions are divided into four categories:

- Stable housing conditions – own home or permanent residence with relatives.
- Relatively stable housing conditions – rented housing paid for out of one's own funds or with state compensation, as well as living in accommodation provided for temporary use.
- Unstable housing conditions – temporarily staying with relatives, friends or acquaintances.
- Crisis situation – no permanent place of residence.

FIGURE 2. HOUSING CONDITIONS OF VETERANS



Source: KSE Institute survey

⁸⁵ Financing rehabilitation services in Ukraine: a situation assessment and policy options. Copenhagen: WHO Regional Office for Europe; 2025. Licence: CC BY-NC-SA 3.0 IGO. <https://www.who.int/europe/publications/i/item/WHO-EURO-2025-12703-52477-81012>

⁸⁶ Both treatment and rehabilitation may be provided outside the Programme of Medical Guarantees (PMG) in medical facilities subordinate to the defence system. Actual coverage of rehabilitation services may therefore be higher (if people who received treatment under the Programme of Medical Guarantees are later referred to military hospitals for rehabilitation) or even lower (if the number of patients with the listed diagnoses is even greater and not all of them received treatment under the Programme of Medical Guarantees).

Under this approach, 55% of veterans live in stable housing conditions and 32% in relatively stable housing conditions. Urgent housing support is needed by veterans in unstable housing conditions, who account for 10% of veterans. 1% of veterans are in a housing crisis – they live in hostels or have no permanent place of residence. It is precisely veterans in unstable and crisis housing conditions who should be the priority for state housing support.

At present, veterans policy at the state level does not provide for prioritising recipients of assistance according to their situation or the severity of their housing conditions. For example, the eOselia programme (state preferential mortgage programme), on the contrary, provides access to housing on preferential terms for those who can afford the down payment.

In 2026, around 8,300 people may receive rent compensation, whereas in 2025 only 42 people received it⁸⁷. Meanwhile, around 11% of veterans – an estimated 54,500 people – live in unstable or crisis housing conditions.

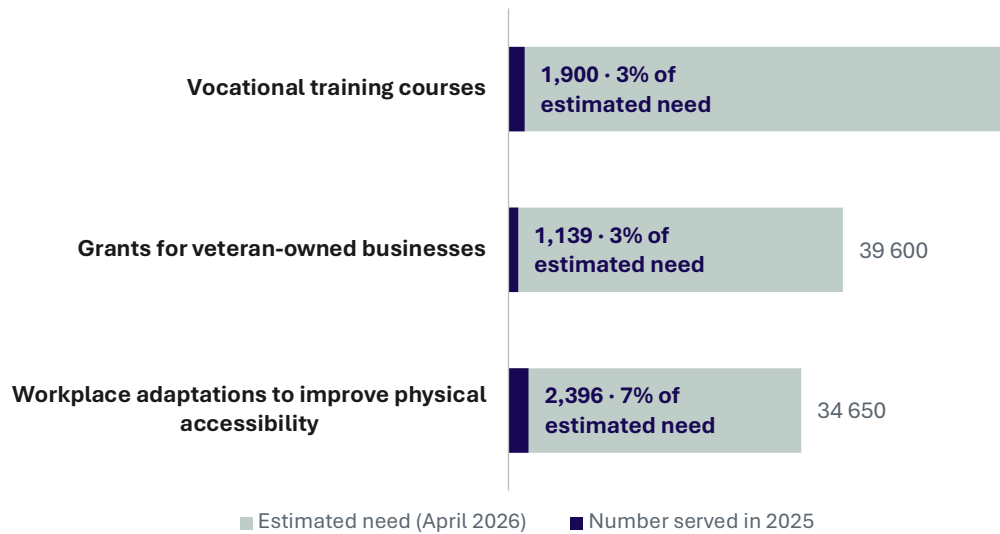
Employment

As for veterans' employment, according to the survey, 21% of veterans were looking for work, which, applied to the total estimated number of demobilised persons, may amount to around 103,000 people. Comparing these data with the volume of assistance actually provided to veterans by the State Employment Service (SES), we can speak of a need to increase coverage substantially. For example, 12% of veterans (an estimated 59,400 people among all demobilised persons) cite vocational courses and training as a need for finding employment, whereas actual SES coverage of such services in 2025 was only 1,900 people. In other words, the state was able to meet only 3% of the need for these services.

A similar situation is observed with grants to support veteran businesses (Figure 3): 8% of veterans, an estimated 39,600 people, reported this need, whereas the number of grants actually awarded under the Varto programme and by the SES in 2025 was 1,139, around 3% of the declared need. Low coverage is also observed for adapting workplaces for physical accessibility: 7% of veterans, an estimated 34,650 people, reported this need, whereas in 2025 grants for arranging physical accessibility for the employment of persons with disabilities (among all citizens of Ukraine, not only veterans) were awarded to 2,396 enterprises.

⁸⁷ Бюджетна декларація на 2027–2029 роки [Budget Declaration for 2027–2029], approved by CMU Resolution No. 793 of 17 June 2026, Annex 1 (indicators of the Ministry of Veterans Affairs) [ua]

FIGURE 3. ESTIMATED NEED FOR SERVICES AND ACTUAL COVERAGE OF EMPLOYMENT/BUSINESS DEVELOPMENT SERVICES



Source: KSE Institute survey

Do the needs of men and women veterans differ?

According to the survey, men and women veterans differ somewhat in how often they request support and in their level of uptake.

Educational services are in greater demand among women veterans: 19% of them used these services, compared with 5% of men veterans. Women also show higher unmet demand for these services: in addition to the 19% who used them, 12% of women veterans were unable to obtain such services (compared with 3% of men veterans). These differences should also be viewed in the wider context of the gender sensitivity of state support systems. Studies of provision for servicewomen in the AFU show that military provision was long shaped mainly around men's needs, and that uniforms, equipment and other conditions of service were adapted to women's needs only gradually⁸⁸. Similar barriers persist at the stage of returning to civilian life: a DCAF study⁸⁹ on the reintegration of veterans in Ukraine points out that the specific needs of women veterans may remain insufficiently visible in the support system. The results of the KSE Institute survey, notably the higher unmet demand among women veterans for training and career counselling, bring to the fore the question not only of the formal accessibility of services but also of how well they match the needs of different groups of veterans.

⁸⁸ See «(Не)рівність у строю: дослідження рівня забезпечення військовослужбовиць ЗСУ 2024» [(In)equality in the Ranks: A Study of Provision for Women Service Members of the AFU, 2024], <https://statewatch.org.ua/>

⁸⁹ See «Розбудова різноманітних та інклюзивних політик і практик реінтеграції ветеранок та ветеранів в Україні» [Building Diverse and Inclusive Policies and Practices for the Reintegration of Veterans in Ukraine], <https://www.dcaf.ch/>

Ecosystem of non-state support for veterans in Ukraine

The data presented above on the coverage of veterans' needs show that expanding the list of state services does not always ensure a match between need and actual access to support. In this context, an important role is played by international partners and civil society and charitable organisations, which provide additional services, develop specialised programmes and respond to the needs of particular groups of veterans.

The review of programmes (Table 1) shows that they are most widely represented in mental health and medical rehabilitation. In the areas with the largest gap between need and coverage – employment, training and housing – non-state support is patchy or absent.

TABLE 1. NON-STATE SUPPORT FOR VETERANS BY AREA AND UNMET NEED

Area	International partners	Civil society sector	What remains unmet
Mental health and psychosocial support	US (IREX), Germany (GIZ), Denmark (UNDP, DIGNITY), Poland and the EU (PRO_Mental Health_UA), FGIP	Veteran Hub, 'Vilnyi Vybir', 'Vesta', 'AZOV.Suprovid', 'Pislia Sluzhby'	The largest of the programmes described (PRO_Mental Health_UA) has supported more than 11,000 people since its launch, against an estimated need of ≈83,700 veterans
Medical rehabilitation and prosthetics	NATO (CAP), Germany (GIZ), France, US (Rehab4U), Lithuania	UNBROKEN, Superhumans, RECOVERY, HAB, 'Neopalymi'	Infrastructure is well developed but entirely dependent on donor and charitable funding
Social reintegration in communities	DRC, Denmark, the Netherlands and the EU (via UNDP)	'ReStart', VETERANKA, 'Veteranskyi Korpus', 'Khartiia'	Projects are limited to individual communities and by the duration of funding
Employment, training, entrepreneurship	Denmark, Canada, Japan (via UNDP), EU (via IOM)	'Veteranskyi Korpus', 'Pislia Sluzhby', Veteran Hub	Hundreds of grants (e.g. 118 under 'Traiektorii', 52 from IOM) against an estimated need for grants of ≈39,600 veterans
Legal aid	UVF hotline	'Yurydychna Sotnia' (Legal Hundred), 'Pryntsyp', Veteran Hub	–
Digital services	Sweden (via UNDP), EU (DT4UA)	–	–
Housing	none in the programmes reviewed	none in the programmes reviewed	Entirely dependent on the state: ≈8,300 rent compensations against ≈54,500 veterans in unstable or crisis conditions

Source: review of the programmes of international partners and civil society organisations presented in this section; need – surveys by KSE Institute and other organisations

International donors and veteran support programmes

Mental health and psychosocial support is the most widely represented area in the portfolio of international assistance to veterans, reflecting both the scale of the psychological consequences of the war and donors' recognition that psychological reintegration is a precondition for successful reintegration overall.

The United States funds several parallel programmes in this area. Since March 2022, the **Ukraine Rapid Response Fund (URRF)** has been operating, implemented by the **International Research & Exchanges Board (IREX)** with funding from the US Department of State. In the field of mental health, the

programme has established a national 24/7 crisis support hotline for veterans and their family members, as well as for the families of fallen defenders, prisoners of war and missing persons⁹⁰. Since 2019, IREX, with the support of the US Department of State, has also been implementing the **Veteran Reintegration Program**, which initially focused on ATO veterans from Donetsk and Luhansk oblasts and substantially expanded its reach after the full-scale invasion of 2022. In mental health, the programme has trained about 300 social workers to address veterans' psychological needs, published a guide on psychosocial support for professionals, translated and disseminated 140 international protocols on veterans' mental and physical health, reached 13.2 million people through a national awareness campaign and provided psychological support to 26,000 people⁹¹.

Germany supports psychosocial assistance for veterans through the Federal Ministry for Economic Cooperation and Development (BMZ). Since 2023, the **Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)** has been implementing a programme **providing psychological support to veterans, their families and vulnerable population groups in Ukraine** (MHPSS for vulnerable groups in Ukraine) in partnership with the MoVA and Ukrainian NGOs. The programme trains social workers, psychologists and other social service professionals to work with people traumatised by the war, developing specialised modules on war trauma jointly with the National University of Kyiv-Mohyla Academy. In cooperation with International Medical Corps, the programme also improves the quality of psychosocial support services for vulnerable groups and implements psychosocial programmes with a focus on women and children to facilitate their reintegration into communities⁹².

The Government of Denmark invests systematically in psychosocial support for veterans, acting mainly through its partnership with the **United Nations Development Programme (UNDP)**. In May 2025, the Government of Denmark and UNDP supported an initiative of the Zlatopil City Council to establish the 'Neskoreni' veteran centre in Kharkiv region – a space offering psychosocial support, reintegration counselling and legal aid for veterans and their families⁹³. In March 2026, Denmark and UNDP supported the creation of three Social Adaptation Spaces in Mykolaiv region, worth a total of more than USD 100,000, which provide psycho-emotional support and social inclusion services for veterans, IDPs and persons with disabilities. By 2028, UNDP plans to expand the network of such spaces to at least 10 more communities⁹⁴.

The Danish Institute Against Torture, DIGNITY, supports psychosocial assistance for veterans in Ukraine through its partner organisation **Forpost**, which provides services in Dnipro, Kyiv and Lviv. Its target groups include IDPs, veterans, children and survivors of violence. A separate strand of work is the development of specialised programmes for veterans – to overcome PTSD, adapt to civilian life and restore family relationships⁹⁵.

Poland implements the **PRO_Mental Health_UA** programme through **Solidarity Fund PL** with funding from the Polish MFA, the EU and the US State Department. The programme is built on a model of a decentralised psychosocial support system – a network of district centres in small towns and rural

⁹⁰ See "[Ukraine Rapid Response Fund](#)"

⁹¹ See "Ukraine Veteran Reintegration"

⁹² See «Надання психологічної підтримки ветеранам, членам їх родин та вразливим групам населення в Україні» [Provision of Psychological Support to Veterans, Their Family Members and Vulnerable Population Groups in Ukraine] [ua]

⁹³ See «Данія та ПРООН підтримали створення ветеранського центру на Харківщині» [Denmark and UNDP support the establishment of a veteran centre in Kharkiv Oblast] [ua]

⁹⁴ See «Данія та ПРООН відкрили три нові простори соціальної адаптації для посилення системи соціальних послуг Миколаївщини» [Denmark and UNDP open three new social adaptation spaces to strengthen the social services system in Mykolaiv Oblast] [ua]

⁹⁵ See "Healing Amidst Conflict: Ukrainian Psychologists on the Frontlines of Mental Health"

areas that provide comprehensive psychological, psychiatric, social, legal and rehabilitation assistance. Its beneficiaries include veterans (15.4%), families of military personnel and of the fallen (23.4%), IDPs and the civilian population. From the start of implementation in Rivne and Zhytomyr regions to mid-2025, the programme supported more than 11,000 people. In 2025–2026, the programme is expanding to Dnipropetrovsk and Odesa regions, where four more centres will open in each. The programme has been officially endorsed by the MoVA as part of the social sector reform and recognised as a component of the ‘Human Capital’ pillar of the Ukraine Plan under the EU Ukraine Facility, and its long-term goal is to scale the model up to the whole territory of Ukraine by 2030⁹⁶.

NATO supports a 24/7 crisis psychological and legal assistance hotline for veterans and their family members, run by the Ukrainian Veterans Fund under **the Comprehensive Assistance Package (CAP)** for Ukraine⁹⁷. The hotline team consists of 14 psychologists who have received special training to NATO standards, including in suicide prevention. The hotline’s chief psychologist is a veteran, which allows a ‘peer-to-peer’ approach to be applied.

The Federation Global Initiative on Psychiatry (FGIP) – a Dutch organisation that has been working in Ukraine since the early 1990s – has had a local office, **GIP Ukraine**, since 2022 and an annual budget of around EUR 2 million for Ukrainian projects. The organisation is developing the online psychological support platform Samopomich (with GIP-Tbilisi and the Czech National Institute of Mental Health), is extending the services of the Vilnius Crisis Centre to Ukrainian military personnel undergoing rehabilitation in Lithuania, and in January 2024, together with Taras Shevchenko National University of Kyiv and King’s College London, founded the Veterans Mental Health Centre of Excellence (VMHCE) in Kyiv.

Medical rehabilitation and prosthetics are one of the key areas of international support for veterans in Ukraine. The scale of combat injuries – amputations, spinal cord injuries, blast injuries – has generated substantial demand for specialised rehabilitation services, which the existing healthcare system was not prepared to provide on a sufficient scale. Donors are responding to this challenge at two levels: by restoring and modernising rehabilitation infrastructure, and through systemic reforms of standards and workforce capacity.

NATO supports the development of the medical rehabilitation system in Ukraine through the People-Centred Approach Programme under **the Comprehensive Assistance Package (CAP)**, which covers medical evacuation, psychological and medical rehabilitation, human resources management in the armed forces and the reintegration of veterans. Its key instrument is the **‘Renovator’** project: a network of five medical rehabilitation facilities across Ukraine, one of which will become a Centre of Excellence in this field. Other areas of the programme include psychological rehabilitation and resilience-building among military personnel, training psychologists in the EMDR method, supporting the MoVA and the Ukrainian Veterans Fund by engaging specialist experts, and the participation of Ukraine’s national team in the Invictus Games⁹⁸.

Through **BMZ**, Germany funds the **Special Assistance Programme** (Support for Social Cohesion, Resilience and Stability), implemented by **GIZ** in partnership with the Ministry of Restoration, Infrastructure and Transport of Ukraine. The programme covers the communities most affected by

⁹⁶ See "Psychosocial Rehabilitation and Reintegration of People Affected by the War in Ukraine"

⁹⁷ See «Гаряча лінія Українського ветеранського фонду: цілодобова психологічна та юридична підтримка для ветеранів і їхніх родин» [Ukrainian Veterans Fund hotline: round-the-clock psychological and legal support for veterans and their families] [ua]

⁹⁸ See «Комплексний пакет допомоги (КПД) Україні» [Comprehensive Assistance Package (CAP) for Ukraine] [ua]

the war, and its target groups include veterans, the wounded and internally displaced persons. In the field of rehabilitation, the programme supports the creation of production centres for prosthetics and orthotics, as well as the training of medical, social and administrative staff. In addition, communities receive essential equipment – generators, medical devices, IT systems – and support in restoring social and medical infrastructure⁹⁹.

Through the '**Fonds Ukraine**' initiative, France supports the development of rehabilitation infrastructure in Ukraine: the MoH, the Government of France and **Résilience Orthopédies SAS** are implementing the project '**Improving Care for Amputees through Establishing a Network of Micro-Clinics and Centers**' with a budget of more than EUR 4 million. The project aims to create a network of prosthetic micro-clinics and a centralised production centre in Lviv, based at Danylo Halytsky Lviv National Medical University and equipped with 20 3D printers with a capacity of up to 600 prostheses per month. The project targets both military and civilian amputee patients, but it is an important element of rehabilitation infrastructure specifically for wounded veterans^{100, 101}.

Rehab4U (funded by the US government, 2024–2029) is a five-year initiative to build a sustainable, person-centred rehabilitation system in Ukraine that integrates services at all levels of care within the healthcare system. The project is led by **Momentum Wheels for Humanity** in partnership with Results for Development (R4D), Deloitte, the National Assembly of People with Disabilities of Ukraine and Project HOPE. R4D supports the MoH of Ukraine and the National Health Service of Ukraine (NHSU) in improving the efficiency and strategic purchasing of rehabilitation services amid a sharp rise in demand driven by the growing number of spinal cord injuries, amputations and complex limb injuries caused by the war; the MoH estimates the annual need for rehabilitation care at more than 250,000 people¹⁰².

Lithuania is implementing the '**Rehabilitation and Reintegration of Wounded and War Victims in Ukraine**' programme, with a total budget of EUR 15 million (of which EUR 5 million comes from the Lithuanian Ministry of National Defence) and a duration of 36 months. The programme is implemented by the Central Project Management Agency of Lithuania (CPVA); its aim is to strengthen the system of medical, psychosocial and reintegration services and to develop a network of rehabilitation facilities with the involvement of Lithuanian, international and Ukrainian specialists¹⁰³. The programme comprises four projects: three infrastructure projects – rehabilitation centres in Dnipro (50 beds), Briukhovychi near Lviv ('Neskoreni', up to 120 patients) and Zhytomyr (15 wards) – and a fourth, 'soft expertise' project covering five areas, ranging from assessing rehabilitation progress to analytics and research. The programme provides for a two-way exchange of experience between Lithuanian and Ukrainian specialists¹⁰⁴.

Social reintegration at community level remains one of the most difficult challenges – and at the same time one of the most underfunded areas. International partners increasingly recognise that successful reintegration depends not only on individual support for a veteran, but also on the community's

⁹⁹ See «Підтримка соціальної згуртованості, стійкості та стабільності» [Supporting social cohesion, resilience and stability] [ua]

¹⁰⁰ See «В Україні створюють протезні мікроклініки для реабілітації після ампутацій» [Prosthetic micro-clinics for post-amputation rehabilitation are being set up in Ukraine] [ua]

¹⁰¹ See «Протезування та реабілітація: у Полтаві запрацювала сучасна мікроклініка» [Prosthetics and rehabilitation: a modern micro-clinic opens in Poltava] [ua]

¹⁰² See "Supporting the government of Ukraine to strengthen physical rehabilitation"

¹⁰³ See "Rehabilitation and Reintegration of Wounded and War Victims in Ukraine Programme"

¹⁰⁴ See "'Once a hero, always a hero' – Lithuania's rehabilitation programme for Ukrainian veterans"

readiness to accept them, on the availability of accessible services at local level and on the social cohesion of a society returning to peaceful life.

With the support of the **Danish Refugee Council (DRC)**, the social services centre in Borzna, Chernihiv region, has expanded its capacity by adding specialised premises and targeted assistance for veterans, demobilised persons and families of the missing. Together with previously established services, these form an integrated system in which a single visit provides access to legal advice, social assistance, psychosocial support and safe community spaces¹⁰⁵.

In March 2026, the Netherlands announced a new partnership with **UNDP** worth EUR 6 million for 2026–2027 under UNDP's multisectoral approach to regional recovery, covering 11 regions of Ukraine. The partnership aims to expand access to social services, modernise administrative services, improve access to justice, strengthen primary healthcare and support the reintegration of veterans in communities¹⁰⁶. In May 2026, the EU, together with UNDP, officially launched the second phase of the **EU4Recovery** partnership with a budget of EUR 50 million for 2026–2028, aimed at strengthening decentralised social and medical services, economic recovery and social cohesion, with a particular focus on veterans, young people and people returning to their homes¹⁰⁷.

Education, employment and entrepreneurship provide economic stability, give structure to everyday life and help rebuild identity beyond military service. International donors are investing ever more actively in this area, recognising that veterans are not only a group in need of support but also significant human capital for Ukraine's reconstruction – people with leadership qualities, discipline and unique experience.

Denmark actively supports veterans' employment through partnership with the labour market. In Mykolaiv, the project 'Ukraine – Denmark: Partnership for Veteran Employment' brings together employers, trade unions and veteran organisations. On the Danish side, the employers' organisation DI (Danish Industry), the Danish Trade Union Development Agency and the 3F trade union are involved in the project, acting as advisers on labour market issues and on adapting Danish practices to the Ukrainian context. The project is implemented at the Mykolaiv City Veteran Support Centre. Notably, the Danish side regards the cooperation as a two-way exchange of experience: according to Jakob Hansen, head of the Danish Embassy office in Ukraine, veterans are a resource needed for the country's reconstruction, and their unique experience is also of value to Denmark itself¹⁰⁸.

Through the '**Rokada**' charitable foundation, in partnership with the Danish humanitarian organisation **Bevar Ukraine**, Denmark is implementing the project '**Reintegration of Veterans through Employment, Capacity Building and Advocacy**'. The project was launched in March 2026 in Ivano-Frankivsk region and comprises five strands: individual support in finding employment and starting a business; advising employers on inclusive employment; psychosocial support for veterans and their families; capacity building for veteran organisations; and developing advocacy in the field of

¹⁰⁵ See "Ukraine: A new space offering support to veterans and families of the missing"

¹⁰⁶ See «Нідерланди та ПРООН оголосили про нове партнерство на 6 млн євро для підтримки українських громад, що зазнали впливу війни» [The Netherlands and UNDP announce a new EUR 6 million partnership to support war-affected Ukrainian communities] [ua]

¹⁰⁷ See «ЄС і ПРООН розпочинають новий етап партнерства EU4Recovery на 50 млн євро для підтримки України» [The EU and UNDP launch a new EUR 50 million phase of the EU4Recovery partnership to support Ukraine] [ua]

¹⁰⁸ See "A meeting was held in Mykolaiv with Danish partners regarding employment opportunities for veterans"

veterans policy. The project is implemented in cooperation with the regional employment centre and the Veteran PRO veteran space¹⁰⁹.

Through **Global Affairs Canada**, Canada is funding the five-year **‘Women Veteran Reintegration in Ukraine Project’ (WVRUP)** with a budget of USD 2 million. It is implemented by Saskatchewan Polytechnic in partnership with the Women’s Information Consultative Center of Ukraine, the MoVA and the State Employment Service of Ukraine. The project helps women veterans transition to civilian life through employment programmes, entrepreneurship training and psychosocial support. It covers Kyiv, Dnipro and Vinnytsia and, by 2028, is expected to reach 30,000 women veterans, support 6,000 of their family members, train more than 60 master trainers and introduce six new or improved training programmes¹¹⁰.

Japan, together with **UNDP**, supports veterans’ entrepreneurship in Ukraine through the educational and grant programme **‘Traiektoriia’ (Trajectory)**, implemented by the Diia.Business network of entrepreneur support centres with the support of the Ministry of Digital Transformation and the Entrepreneurship and Export Promotion Office. The programme aims to help veterans, military personnel and their family members start or develop their own businesses. Over two seasons, more than 1,470 veterans and their family members have completed training, and 118 participants have received grants totalling EUR 495,072 (UAH 25 million). Following the second season, 65 participants registered as new entrepreneurs, 106 new jobs were created and 68 winners received mentoring support to implement their business ideas¹¹¹.

Through **UNDP**, Japan also supports the modernisation of vocational education institutions in Ukraine. In December 2025, UNDP completed the technical re-equipment of two training centres in Kyiv and Vinnytsia regions which, alongside basic training for students, will offer short-term courses for veterans and IDPs. Overall, within this strand (courses lasting from one to six months in 40 in-demand occupations), around 1,600 people have already completed training, of whom more than 1,100 have successfully found employment¹¹².

The EU is funding a EUR 6 million project to support veterans’ employment and social cohesion in communities in Ukraine, implemented by **the International Organization for Migration (IOM)** in partnership with the MoVA in 10 regions: Chernihiv, Dnipropetrovsk, Ivano-Frankivsk, Kharkiv, Khmelnytskyi, Kyiv, Lviv, Odesa, Vinnytsia and Zaporizhzhia. The project includes vocational training for around 170 veterans and their family members, grants and technical support for up to 50 veteran businesses, job fairs, community-level psychosocial support and training for local mental health professionals. IOM is also supporting 20 communities in strengthening social cohesion, and the MoVA in digitalising data on veterans¹¹³. As of September 2025, more than 100 veterans and their family members in Kyiv, Lviv and Vinnytsia regions had completed business training, and 52 veteran enterprises had received grants of up to EUR 6,545 (UAH 317,000) under a programme that combined in-person training with online mentoring from business experts and veteran entrepreneurs¹¹⁴.

¹⁰⁹ See «В Івано-Франківській обласній державній адміністрації відбулося засідання „круглого столу“, під час якого презентували важливий проєкт підтримки ветеранів» [A round table held at the Ivano-Frankivsk Regional State Administration presented an important veteran support project] [ua]

¹¹⁰ See "Saskatchewan Polytechnic launches \$2M reintegration project for women veterans in Ukraine"

¹¹¹ See «20 мільйонів гривень для ветеранського бізнесу: у Києві відбувся фінал освітньо-грантової програми „Траєкторія 2“» [UAH 20 million for veteran businesses: the final of the ‘Traiektoriia 2’ educational and grant programme held in Kyiv] [ua]

¹¹² See «ПРООН та Японія модернізували навчальні центри для підготовки фахівців енергетичної галузі на Київщині та у Вінниці» [UNDP and Japan modernise training centres for energy sector specialists in Kyiv Oblast and Vinnytsia] [ua]

¹¹³ See "EU and IOM Support Veterans’ Employment and Community Resilience in Ukraine"

¹¹⁴ See "EU-funded Mentorship and Grants Boost Over 100 Veteran Businesses in Ukraine"

Digital transformation of service delivery for veterans is a relatively new but rapidly growing area of international support. Access to services without queues, paper bureaucracy or the need for in-person visits to institutions is particularly important for veterans with disabilities, as well as for those living in remote areas or in de-occupied territories.

Sweden funds the digitalisation of public services for veterans in Ukraine through the '**Diia Support Project**', implemented by **UNDP** in Ukraine. The services are developed by the Ministry of Digital Transformation together with the Ministry of Veterans Affairs of Ukraine, with expert support from the DT4UA project, funded by the European Union and implemented by the e-Governance Academy. In June 2024, an electronic veteran's certificate was launched in the Diia app, which veterans, persons with war-related disabilities and families of fallen defenders can use to obtain benefits and compensation without having to present the paper equivalent¹¹⁵. In March 2025, two new services were launched on the Diia portal: obtaining the status of a person with a war-related disability and the status of a family member of a fallen veteran – online, within minutes, without queues or visits to state institutions¹¹⁶. In July 2025, the MoVA and the Ministry of Digital Transformation, with the support of UNDP and Sweden, launched the Veteran PRO digital space in the Diia app – a single section where veterans and their families have access to all key services: finding a support specialist, sports funding, the eOselia preferential mortgage, eVidnovlennia assistance, subsidies and confirmation of disability status¹¹⁷.

International partners do not replace the state in providing services to veterans; rather, they complement it by funding innovation, pilot approaches and targeted support. The scale of needs in veterans policy substantially exceeds the state's fiscal capacity, so a fully fledged veteran support system cannot currently be implemented without international support. Donor assistance is most concentrated in rehabilitation, mental health and employment – precisely the areas where the largest gap between need and actual coverage is recorded. Yet even with an active donor presence in these areas, the scale of support remains orders of magnitude smaller than the need, and the project-based, time-limited nature of donor funding does not allow this gap to be closed on a permanent basis.

Civil society and charitable organisations in veteran support

Veteran Hub is a non-governmental organisation in the field of veteran support, founded in 2018, which works with a wide range of institutional donors and partners that fund its activities¹¹⁸. The organisation provides free services to service members and veterans, their family members, and the families of the fallen, the missing and prisoners of war. The services cover five areas: legal advice (undergoing MMCs and MSECs, obtaining statuses and payments), psychological support, information and personal case management with an individual action plan, support groups and career counselling. Access to the services is organised through three channels: spaces in Kyiv and Vinnytsia, a Mobile Office and a Support Line for consultations by phone and via messaging apps. In addition to providing services, Veteran Hub is developing its own analytical centre, which has been conducting research since 2020. The centre works on the principle of inseparably combining three components: services, analytics and solutions – that is, knowledge from day-to-day work with clients directly shapes the

¹¹⁵ See «Посвідчення ветерана запустили в мобільному застосунку Дія» [Veteran's ID launched in the Diia mobile app] [ua]

¹¹⁶ See «На порталі Дія запустили дві нові послуги для ветеранів та їхніх родин» [Two new services for veterans and their families launched on the Diia portal] [ua]

¹¹⁷ See «Ветеран PRO: презентували цифровий простір для ветеранів і ветеранок у Дії» [Veteran PRO: a digital space for veterans presented in Diia] [ua]

¹¹⁸ See «Офіційна сторінка „VeteranHub“» [Official page of Veteran Hub] [ua]

research agenda, and vice versa. The organisation's foundational studies are 'The Path of Veterans' and 'The Path of a Warrior's Beloved', Suggest: "which explore the experience of both service members and their loved ones in returning to civilian life.

Among the thematic foundations focused on supporting veterans in their transition to civilian life, **the 'Pislia Sluzhby' (After Service) Charitable Foundation**, founded in 2022, deserves particular mention: it promotes the successful adaptation of veterans and the reduction of suicides among military personnel, bringing together professional organisations, businesses, foundations and state institutions. The organisation operates as a partnership between a US non-profit entity and a humanitarian organisation registered in Ukraine, which ensures financial reporting to the standards of both countries and access to the experience of the most effective US veteran organisations, in particular in preventing suicide among veterans¹¹⁹. Its programme activities cover six areas: case management through the 'Ukrainian Veterans Network', physical and psychological rehabilitation, education and employment, legal support (obtaining CP status, benefits), leisure and social support to overcome isolation, and the 'On the Front Line' programme – weekly meetings of veterans in communities with the participation of business leaders.

The 'Come Back Alive' Initiatives Centre is an NGO established in 2018 as the next stage in the development of the 'Come Back Alive' foundation, focusing on, focusing on research into the veteran and security environments and on advocating solutions in public policy. The organisation has two divisions: an analytical department and a veteran department, which works on the systematic recovery of veterans through adaptive sport – in particular the projects 'Resilience through Movement' and 'Recovery on the Front Line', the 'Nashi Tut' (Ours Are Here) platform with a map of adaptive sport and rehabilitation locations, and the 'HART' series of camps and competitions, including the All-Ukrainian Wheelchair Basketball and Wheelchair Rugby Competitions¹²⁰.

A separate important segment consists of **rehabilitation centres** that provide comprehensive medical, physical and psychological support to wounded military personnel and veterans outside the state healthcare system.

The UNBROKEN National Rehabilitation Centre ('Nezlamni'), operating on the premises of the First Medical Association of Lviv, is the largest medical facility of its kind in Ukraine. Defenders and civilians, adults and children undergo a full cycle of treatment here – from emergency care to reconstructive surgery, prosthetics and psychological rehabilitation; all services are free of charge. During recovery, patients can live with their relatives in social housing adapted to the needs of the severely wounded. Since the start of the full-scale invasion, more than 20,000 wounded Ukrainians have received care here. Over time, UNBROKEN has developed into a broader ecosystem: in addition to the main centre, there is the UNBROKEN Kids paediatric rehabilitation unit, the UNBROKEN Games adaptive sport programme and UNBROKEN University – an innovative educational project aimed at training specialists who will help Ukrainians overcome the consequences of war trauma¹²¹. The operation and development of the UNBROKEN ecosystem are supported by **the UNBROKEN Charitable Foundation**, founded by two young veterans – Serhii Kostiuchenko and Yehor Oliinyk – who were themselves wounded and underwent rehabilitation at the centre. The foundation's mission is to attract and allocate resources for the sustainable development of the ecosystem in a transparent

¹¹⁹ See «Ветеранський Фонд „Після Служби“. Про Фонд» ['Pislia Sluzhby' (After Service) Veterans Fund. About the Fund] [ua]

¹²⁰ See «Центр ініціатив ПЖ. Про відділ» [Come Back Alive Initiatives Centre. About the department] [ua]

¹²¹ See «Реабілітаційний центр» [Rehabilitation centre] [ua]

and efficient manner, so that wounded Ukrainians can receive high-quality medical care in their own country and return to a full life. In addition to funding medical and rehabilitation activities, the foundation organises educational and cultural events and involves veterans in art therapy and charity marathons¹²².

Superhumans Center – a national war trauma centre which, since 2022, has specialised in prosthetics, reconstructive surgery, rehabilitation and psychological support for adults and children affected by the war. The centre's mission is to help Ukrainian military personnel and civilians affected by the war to restore their health, physical activity and psychological well-being through prosthetics, rehabilitation, reconstructive surgery of face and limbs, hearing restoration and psychological support¹²³. Alongside its clinical work, Superhumans is developing an educational strand – the Superhumans Education platform for multidisciplinary teams and healthcare professionals. The platform combines the practical experience of the centre's team with international practice and provides access to training, lectures and resources from leading experts in physical and rehabilitation medicine, prosthetics, surgery, psychological support and social reintegration¹²⁴. Superhumans is also developing a research strand – studies that originate directly in the clinic, at the intersection of trauma, pain and rehabilitation. The main areas include pain after injuries and amputations, functional recovery, biomechanics and prosthetics, and the psycho-emotional factors of pain¹²⁵.

RECOVERY – the largest national network of rehabilitation centres for wounded military personnel. The network comprises 20 centres in 13 regions – in Vinnytsia, Dnipropetrovsk region (three facilities), Kyiv and Kyiv region (four facilities), Lutsk, Lviv, Odesa (two facilities), Poltava, Rivne, Ternopil, Khmelnytskyi, Cherkasy, Chernihiv and Chernivtsi. Its key areas of work are building a national network of rehabilitation centres and world-class educational programmes for multidisciplinary rehabilitation teams. The centres' facilities are equipped to international standards of inclusiveness and technology, including virtual reality equipment¹²⁶.

HAB (Lviv Habilitation Center) – Ukraine's first habilitation centre for veterans and civilians who have sustained injuries and wounds as a result of the war. Located in Lviv, the centre is a barrier-free space following treatment and physical and mental rehabilitation – the next step before returning to ordinary life. The habilitation programme is based on the 'Therapeutic Community' methodology and lasts 21 days. Residents acquire self-reliance and independent living skills both within the inclusive space and beyond it. The programme covers four areas: improving psychological well-being (motivation, emotional control, group psychotherapy); improving everyday self-organisation (hygiene, cooking, time management); developing assertive communication (self-presentation, business and legal literacy); and gaining experience of gradual socialisation (prevention of addictive behaviour, taking on social roles). Residents may include veterans, military personnel, members of their families and civilians affected by the war, provided they are capable of independent self-care. All services are free of charge. The centre offers more than 40 types of services and activities and cooperates with 5 inclusive sports clubs¹²⁷.

¹²² See «Благодійний фонд UNBROKEN» [UNBROKEN Charitable Foundation] [ua]

¹²³ See «Повертаємо українцям супер можливості» [Giving Ukrainians back super abilities] [ua]

¹²⁴ See "SUPERHUMANS EDUCATION ДЛЯ КОЖНОГО" [SUPERHUMANS EDUCATION FOR EVERYONE] [ua]

¹²⁵ See «Наука в Superhumans Center» [Science at Superhumans Center] [ua]

¹²⁶ See «Про проєкт Recovery» [About the Recovery project] [ua]

¹²⁷ See «Допомагаємо безпечно пережити досвід війни, щоб рухатися далі» [We help people come through the experience of war safely so they can move on] [ua]

‘Neopalymi’ – a national programme of free aesthetic rehabilitation and treatment of deformities, post-combat injuries, burns and scars for people affected by the war. The programme covers three areas: restoring appearance and treating aesthetic damage (scars, burns, gunpowder residue); restoring limb function, including treatment of deformities in the joints, neck and back; and treatment of military personnel and civilians after torture. As of 2026, the programme covers 18 regions of Ukraine and has 26 partner clinics and more than 400 patients who have received or are receiving care. The equipment used in its unique treatment protocol is worth more than EUR 3 million¹²⁸.

A distinct and important area within the civil society sector is **the legal protection and legal education** of veterans and military personnel, represented by specialised organisations.

‘Pryntsyp’ Human Rights Centre for Service Members – an NGO founded in 2023 that works on legal protection, advocacy and analysis in the military and veterans fields. The organisation’s analytical work covers two areas: strengthening human capital in military service and building an effective system of support for veterans after service¹²⁹.

‘Yurydychna Sotnia’ (Legal Hundred) – an NGO which, since 2014, has brought together lawyers to protect human rights in the context of military service and to create legal mechanisms for the reintegration of veterans, and which also carries out analytical work. Over the course of its activity, more than 110,000 veterans have received assistance from the organisation¹³⁰. Its key activity is a free legal aid hotline for participants in the Russian-Ukrainian war, veterans and their families – over the organisation’s existence it has provided more than 167 thousand consultations, and since the start of the full-scale invasion more than 3.5 thousand citizens have received help from its lawyers every month.

‘Prostir mozhlyvosti’ (Space of Opportunities; now ‘ReStart. Human Capital Recovery Platform’) – an organisation that develops and implements tools for the reintegration, adaptation and rehabilitation of veterans and members of their families, and for preparing communities for the return of defenders. Its activities include coordinating the Coalition of Veteran Spaces, training centres in Kyiv, Zhytomyr and Khmelnytskyi, mobile teams working with veterans, and supporting communities in building reintegration systems. The organisation is also a partner in establishing the institution of the veteran support specialist – it developed the professional standard and the training course and trained the specialists themselves – and is a co-author of the Concept of State Policy on Veterans and Their Families, together with Veteran Hub, ‘Pryntsyp’ and ‘Yurydychna Sotnia’¹³¹.

The return to civilian life is one of the most difficult stages for veterans – and, at the same time, a decisive one for their long-term well-being and participation in the country’s reconstruction. In addition to state mechanisms, this process is supported by a number of NGOs working at the intersection of psychological support, employment, legal literacy and social integration.

The NGO ‘Psychological Support and Rehabilitation “Vilnyi Vybir” (Free Choice)’ has, since 2015, provided free psychological support to defenders and their families using evidence-based psychotherapy methods. The organisation provides free individual and group psychological support to veterans, members of their families, families of fallen defenders and families of prisoners of war.

¹²⁸ See «ВОГОНЬ ЗАПЕКЛИХ НЕ ПЕЧЕ Національна програма зовнішньої реабілітації» [FIRE DOES NOT BURN THE HARDENED. National external rehabilitation programme] [ua]

¹²⁹ See «„Принцип“. Про Принцип» [‘Pryntsyp’ (Principle). About Pryntsyp] [ua]

¹³⁰ See «Юридична сотня. Про нас» [‘Yurydychna Sotnia’ (Legal Hundred). About us] [ua]

¹³¹ See "РеСтарт Платформа відновлення людського капіталу" [ua]

Its goals include building a professional community of specialists in veterans affairs and providing psychoeducation to society through lectures and training for organisations of various types. In addition to direct work with clients, the organisation develops its own products – in particular the ‘BAZA’ psychological support mobile app, manuals for specialists and clinical guidelines¹³².

The VETERANKA movement (NGO ‘Women’s Veterans Movement’) – the first and only community in Ukraine of women with combat experience, registered in 2019 on the initiative of women veteran activists from the ‘Invisible Battalion’ campaign. The organisation works to expand the rights of women in the security and defence sector and promotes qualitative changes in services for veterans that will meet their needs in returning to civilian life. Its areas of work include: advocacy and protection of the rights of women in the security and defence sector; participation in shaping veterans policies that take women’s needs into account; provision for servicewomen in the army; accompaniment and mentoring support for women at all stages of military service and afterwards; and developing women’s leadership and increasing the visibility of women in the army¹³³.

The ‘Vesta’ Charitable Foundation – an organisation supporting military personnel, veterans, members of their families, and the families of the fallen and missing. Its mission is to support defenders and to prepare society and the state for the return of veterans to civilian life. Its activities cover three areas: psychological and legal support, including assistance to families of the fallen and missing; information and education – explaining rights, benefits, and laws in an accessible form; and direct charitable assistance to Ukrainian military personnel. A separate tool is its mobile teams, which travel to communities in Kyiv region to provide support to those with limited access to social institutions, as well as lectures and training for businesses and NGOs on preparing society for the return of defenders¹³⁴.

The NGO ‘All-Ukrainian Association “Veteranskyi Korpus” (Veterans Corps) – a civic platform that brings together veterans from all units and prepares them for the challenges of the country’s reconstruction. Its mission is to help comrades-in-arms take their first step into civilian life: find a job, start their own business or join the civil society sector. The organisation positions veterans as people with unique management experience – the backbone of the country and a driver of change, whose experience should be integrated into the management systems of reconstruction¹³⁵. One of its key tools is the ‘Veteran Card’ – a physical card with a QR code that gives access to discounts, preferential terms of service and special offers from partner businesses in various regions of Ukraine¹³⁶.

The NGO ‘AZOV.Suprovid’ – the patronage service of the 12th Special Purpose Brigade ‘Azov’ of the National Guard of Ukraine, established in September 2024 as required by the Regulation on Servicemember Support Services of the Ministry of Internal Affairs of Ukraine. Its first mission was to assist military personnel released from captivity on 24 August 2024. The NGO’s aim is to support the Support Service as a unit of the brigade’s medical service and to disseminate effective practices to other units of the Defence Forces. The organisation’s activities cover four areas. Medical accompaniment is a continuous process of shaping the wounded person’s path from the casualty collection point to full recovery, in which all treatment decisions are taken by a single team relying

¹³² See ‘Vilnyi Vybir’ (Free Choice) «Про нас» [About us] [ua]

¹³³ See VETERANKA Movement «Про нас» [About us] [ua]

¹³⁴ See Vesta Charitable Foundation «Про організацію» [About the organisation] [ua]

¹³⁵ See «ВЕТЕРАНСЬКИЙ КОРПУС – ПЕРШИЙ КРОК У ЦИВІЛЬНЕ ЖИТТЯ» [VETERAN CORPS – THE FIRST STEP INTO CIVILIAN LIFE] [ua]

¹³⁶ See «Картка Ветерана» [Veteran’s Card] [ua]

exclusively on evidence-based methods. Psychological support includes individual and group counselling for military personnel, veterans and their families, as well as training for families and support before returning to duty. Socialisation and readaptation cover sports programmes, cultural leisure, help with documents and specialist consultations to ensure a comfortable transition between military and civilian environments. Professional development and career guidance help people acquire new skills and find work – for serving military personnel through preparation for a new role in the army, and for veterans through career counselling¹³⁷.

The 13th Operational Brigade of the NGU ‘Khartiia’ is developing two complementary strands of support for military personnel and veterans. **The brigade’s patronage service** accompanies soldiers and their families on the path from injury to rehabilitation – providing what is needed, helping with documents and advising at every stage so that the soldier can focus on recovery¹³⁸. A separate project of the brigade is **Khartiia Hub** – an educational space where military personnel and civilians come together. Its key functions are educational activities and support for veterans and the families of military personnel in cooperation with other veteran communities and NGOs¹³⁹.

The civil society sector complements state and donor programmes where formal mechanisms are slow or fail to address specific needs: organisations provide personalised psychological, legal and medical support, develop standards and respond quickly to the requests of particular groups – women veterans, families of the fallen and missing, and veterans of specific units. Some of these initiatives are building their own ecosystems and are gradually becoming institutionalised, cooperating with the state in policy development. At the same time, most organisations remain dependent on donor and private funding, which likewise limits the sustainability and scalability of their support in the long term.

Together, international partners and the civil society sector form a significant part of the veteran support system, but they do not remove its main limitation: both segments are concentrated in the same areas – medical rehabilitation and mental health, where the most infrastructure and experience have already accumulated – while the areas that determine veterans’ long-term self-sufficiency (above all employment and housing) remain underfunded regardless of who provides the support.

Non-state support therefore cannot replace a review of state policy itself. The key question is whether this policy is consistent with the principles the state has declared, and what needs to change for it to be so.

Consistency with the principles of modern state support for veterans

As shown earlier, the list of state guarantees for veterans has expanded considerably since 2022: new social services have emerged (resilience centres, support specialists, social adaptation), as well as psychological support for veterans and members of their families, new medical services, assistance for sports activities, compensation for motor insurance, broader grant support for business and the state targeted programme ‘Veteran. Work’ for 2026–2027.

¹³⁷ See «АЗОВ СУПРОВАЇД» [AZOV SUPPORT] [ua]

¹³⁸ See «13 бригада Національної гвардії України „Хартія“» [13th ‘Khartiia’ Brigade of the National Guard of Ukraine] [ua]

¹³⁹ See "Facebook: Хартія-Хаб" [ua]

However, the quantitative expansion of the list of guarantees is not in itself evidence that they meet veterans' needs or the principles declared in state veterans policy. This study examines these principles with an emphasis on the realism of the guarantees in view of budgetary and institutional capacity, and proposes an analytical approach to assessing the extent to which the declared guarantees are actually accessible to the target audience.

The principles of modern policy are set out in the Veterans Policy Strategy until 2030 (approved by CMU Order No. 1209-r of 29 November 2024)¹⁴⁰. The Strategy defines the main strategic and operational goals of state support for veterans. It also details how the main provisions of the law on guarantees for veterans are to be implemented. In particular, it sets out the following areas:

Strategic goal 1. Restoring the human capital and well-being of veterans and members of their families

Operational goal 1. Coordination of state veterans policy and of the activities of service providers for veterans; ensuring the accessibility of services for the target audience.

Operational goal 2. Restoring and supporting the physical and mental health of veterans.

Operational goal 3. Ensuring employment and education.

Operational goal 4. Supporting members of veterans' families (supporting the physical health of veterans' family members, developing sports programmes, education for children).

Operational goal 5. Economic independence.

Operational goal 6. State guarantees (pension provision, public transport benefits, financial and loan mechanisms for providing housing).

Strategic goal 2. Respect and remembrance

Strategic goal 3. Defining the participation of veterans in ensuring national security and defence capability

The focus of this study is on the goals included under Strategic goal 1, since this is the area through which the main social guarantees for veterans and their families are provided, whereas measures under Strategic goals 2 and 3 do not directly concern services.

The Strategy sets out the following principles for the development and operation of veterans policy:

- cross-sectorality – veterans and members of their families, as citizens, should be represented in all spheres and have access to all programmes and services;
- objectivity and evidence-based approach – decision-making based on high-quality and complete data on the needs and status of veterans and members of their families;
- people-centredness – priority is given to a person's life and well-being and to ensuring the exercise of their rights and freedoms, rather than to their status;

¹⁴⁰ See «Про схвалення Стратегії ветеранської політики на період до 2030 року та затвердження операційного плану заходів з її реалізації у 2024-2027 роках» [On Approval of the Veterans Policy Strategy until 2030 and of the Operational Plan for Its Implementation in 2024–2027], CMU Order No. 1209-r of 29 November 2024 (as amended by Order No. 1341-r of 26 November 2025) [ua]

- prevention – a focus on the early identification of risks to the well-being of veterans and members of their families, and on preventing negative trends in their lives;
- long-term approach – support for veterans at all stages of their lives, including end-of-life support;
- realism – an orientation towards the rapid return of veterans to civilian well-being within the actual resources of the state and at the local level;
- respect – recognition of the combat experience and contribution of veterans as part of national identity.

TABLE 2. FURTHER IMPLEMENTATION OF THE PRINCIPLES OF THE VETERANS POLICY STRATEGY

Principle	Current assessment	Scope for further implementation
Cross-sectorality	Partially	Coordination both between state bodies and among service providers is not optimal for providing comprehensive assistance to veterans. Improving it, and aligning state policy with donor and civil society projects, has great potential to improve the quality and accessibility of services.
Objectivity and evidence base	Partially	At present, the size of most programmes is determined by budget ceilings rather than by an assessment of need; data on recipients and programme performance are fragmented or missing. Accountability and open discussion of the results of programmes for veterans are a precondition for implementing this principle.
People-centredness	Predominantly no	Entitlement to most guarantees is determined by status (CP, PWD-W) rather than by a person's specific situation, while most services are guaranteed to a very wide range of users. Implementing this principle requires a focus on veterans with more acute and urgent needs.
Prevention	Predominantly no	At present, the support system does not prioritise by risk: for example, veterans in unstable housing or in long-term job search do not have priority access to support. Implementing this principle requires identifying which risk factors the support system should monitor and developing algorithms for a timely response.
Long-term approach	Partially	Long-term payments (pensions, allowances) are guaranteed, but a significant share of reintegration services is project-funded and time-limited. Priorities need to be chosen to ensure long-term support, and this support planned with budgetary capacity in mind.
Realism	Predominantly no	The declared guarantees exceed the available funding and the capacity of providers (for example, in 2025 psychological support was provided by 92 legal entities with 202 psychologists and 24 psychiatrists), which leads to implicit rationing of access. Realism requires a clearer analysis of needs, the setting of priorities and corresponding budget planning.

Source: KSE Institute assessment based on the Veterans Policy Strategy until 2030, the KSE Institute survey and data presented in the report

Realism is a key factor in ensuring access to guarantees, since a mismatch between available resources, declared guarantees and the needs of the target audience means that not everyone will be able to use the guaranteed services and benefits.

A situation in which actual resources do not match needs leads to so-called implicit rationing¹⁴¹ of access – those to whom services are guaranteed cannot obtain them because the services are not actually funded, waiting times are long, service providers refuse them, and so on.

Implicit rationing of access leads to such negative effects as:

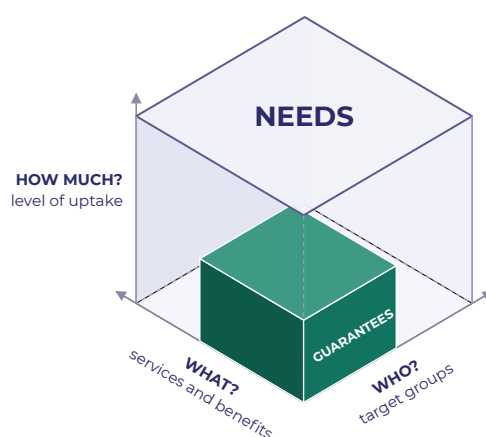
- distrust of the system for delivering state guarantees and dissatisfaction among veterans;
- distortions in service use – for example, access to certain services may go to better-informed users (who, for instance, have a higher level of education);
- the state's inability to prioritise service delivery to the target audience.

Accordingly, state guarantees for veterans must be realistic both in budgetary terms and in terms of the system's capacity to deliver services (availability of specialists and facilities).

Cutting the list of benefits or services guaranteed to veterans is the first idea that comes to mind when budget constraints are discussed. However, we propose considering the expansion or reduction of guarantees along three dimensions (Figure 4):

1. **Who can use services** – which target groups are entitled to receive services funded from the state budget? These may be all veterans or only PWDs-W, families of fallen defenders, or specific subgroups within the target audience.
2. **Which services are guaranteed** – the list of services and benefits guaranteed to the entire target audience or to its subgroups.
3. **The level of uptake**, which indicates the extent to which needs are met, for example coverage of 80% of the target audience by a particular service per year.

FIGURE 4. THE VETERAN GUARANTEES COVERAGE CUBE¹⁴²



Source: KSE Institute based on WHO (2010)

¹⁴¹ The concept is borrowed from health economics, where hidden restriction of access is discussed in the context of access to treatment.

¹⁴² The visual representation and analytical approach are adapted from the universal health coverage cube. See "The World Health Report: Health Systems Financing: The Path to Universal Coverage", World Health Organization (WHO), 2010.

The proposed analytical approach can be useful both for designing state guarantees for veterans and setting the budget to finance them, and for assessing the effectiveness of delivering these guarantees. Examples of its application are given in the chapter ‘Demobilisation and the cost of state veterans policy: scenarios and budgetary implications’.

The modelling results presented below are based on the approach proposed above (Figure 4) and compare three scenarios: **the Baseline scenario**, which reflects current guarantees and their actual level of uptake as of spring 2026; **the Code scenario**, which takes into account the target audiences and list of services set out in the draft Code of Laws on Defenders of the Statehood and Independence of Ukraine; and **the KSE scenario**, which provides for coverage with priority services in line with the assessed needs of veterans and a review of low-priority benefits. The comparison makes it possible to estimate the cost of veterans policy in the light of the principles of evidence base, people-centredness, prevention and realism, as well as its consistency with the state’s budgetary and institutional capacity.

DEMOBILISATION AND THE COST OF STATE VETERANS POLICY: SCENARIOS AND BUDGETARY IMPLICATIONS

- **The legislation provides for two mechanisms for discharge from military service:** individual discharge on grounds defined by law during martial law, and mass demobilisation by decision of the President of Ukraine. They differ in scale, pace and the composition of those returning to civilian life – and hence in their budgetary implications.
- **The cost of state veterans policy** has been estimated using a 36-month dynamic cohort model. The model covers six scenarios, combining two war-trajectory scenarios – continuation or end of war – with three scenarios for the scope of state guarantees and their level of uptake: the Baseline scenario, the Code scenario and the KSE scenario.
- **The estimated cost of the guarantees included in the model** ranges from EUR 15 billion (UAH 758.6 billion) to EUR 22 billion (UAH 1.11 trillion) over 36 months. Costs are highest in the KSE scenario if war ends and lowest in the Code scenario if they continue. The results reflect the cost of the modelled programmes in constant 2025 prices, not the full cost of all state obligations to veterans.
- **The bulk of costs consists of transitional defence expenditure related to discharge from service and the consequences of injuries.** Depending on the scenario, it accounts for 68–94% of the model's total cost. If war continues, a significant share of these costs consists of disability pensions, whereas under mass demobilisation the burden from one-off discharge payments increases.
- **A broader scope of guarantees does not necessarily mean a proportional increase in all expenditure.** The KSE scenario envisages reallocating resources in favour of priority services – notably housing support, employment, training and social support. At the same time, the model has limitations: it does not cover all programmes and administrative costs, does not account for price indexation and does not assess the system's capacity to deliver services at the required scale.
- **International experience and the modelling results point to the need to combine financial guarantees with support for reintegration.** For Ukraine, this means planning budget commitments in advance, building the capacity of the support system and directing resources towards services that help veterans restore their health, find work, obtain housing and return to civilian life.

Demobilisation and access to veterans' guarantees

Under current Ukrainian legislation¹⁴³, veterans include combat participants (CPs), persons with war-related disabilities (PWDs-W) and war participants. CP and PWD-W status may be held both by citizens currently serving in the Defence Forces of Ukraine and by service members discharged from military

¹⁴³ See Law of Ukraine «Про статус ветеранів війни, гарантії їх соціального захисту» [On the Status of War Veterans and Guarantees of Their Social Protection], <https://zakon.rada.gov.ua/laws>

service, which is why the model also includes active CPs. Thus, in the Ukrainian context, veteran status (and hence access to veterans' guarantees) covers a fairly broad group of people, including both those currently serving and those who have already returned to civilian life. Discharge from service does not so much open up access to guarantees as change the demand for them: services that are irrelevant during service (career counselling, training, social support, psychological support) come into demand after the return to civilian life.

Certain state guarantees are provided to somewhat narrower groups of veterans. For example, the housing purchase subvention is provided not to all veterans, but only to IDPs among CPs and PWDs-W of Group III, as well as to all PWDs-W of Groups I and II.

Consequently, for most state guarantees, the demobilisation process will not affect the number of people entitled to benefits or services.

In addition to the special guarantees and benefits provided to veterans, they can, of course, use all services available to all citizens of Ukraine. These include, for example, most healthcare services. Such services are not included in the modelling of the veterans policy budget.

Two-tier model for discharge from military service

Ukrainian legislation distinguishes between two tiers of discharge from military service – individual discharge and demobilisation. Which of them applies determines the number of people returning to civilian life each month, their composition and, accordingly, the burden on the budget and the social support system.

The discharge of service members from military service in Ukraine is governed by a number of legal acts that define both the **general grounds and procedures for individual discharge** and **strategic decisions on the demobilisation of service members**. The key role in this regulation is played by the Law of Ukraine 'On Mobilisation Preparation and Mobilisation'¹⁴⁴, the Law of Ukraine 'On Military Duty and Military Service'¹⁴⁵ and the Regulation on Military Service by Citizens of Ukraine in the Armed Forces of Ukraine, approved by Presidential Decree No. 1153/2008¹⁴⁶.

Ukrainian legislation uses the concept of **demobilisation**, which has a broader meaning than individual discharge from military service. Under Article 1 of the Law of Ukraine 'On Mobilisation Preparation and Mobilisation', demobilisation is defined as **a set of measures**, the procedure and timing of which are decided by the President of Ukraine, for the orderly transition of the economy, public authorities, the Armed Forces of Ukraine and other military formations to peacetime operation and peacetime staffing.

Demobilisation is therefore a **strategic decision of the state** taken at the highest political level. Under Article 11 of the said Law, the decision on demobilisation is taken by the President of Ukraine and subsequently approved by the Verkhovna Rada of Ukraine.

¹⁴⁴ See «Про мобілізаційну підготовку та мобілізацію» [On Mobilisation Preparation and Mobilisation], [Law of Ukraine No. 3543-XII of 21 October 1993](#) [ua]

¹⁴⁵ See «Про військовий обов'язок і військову службу» [On Military Duty and Military Service], [Law of Ukraine No. 2232-XII of 25 March 1992](#) [ua]

¹⁴⁶ See «Про Положення про проходження громадянами України військової служби у Збройних Силах України» [On the Regulations on Military Service by Citizens of Ukraine in the Armed Forces of Ukraine], [Decree of the President of Ukraine No. 1153/2008 of 10 December 2008](#) [ua]

At the same time, legislation distinguishes between demobilisation as a **nationwide process** and the **individual discharge of service members from military service**, which is carried out on the grounds and in the manner laid down in the legislation on military service. These two tiers affect differently how many people, and with what needs, transition into the veterans policy system; therefore, the tiers of discharge from military service described below are used as scenarios for the modelling (see the section on modelling methodology for details).

Tier one: individual discharge under martial law

During the special period and under martial law, Ukrainian legislation provides for a special regime of military service that significantly restricts the possibility of discharging service members. The general rule is that service members continue to serve beyond the established terms until demobilisation is announced.

At the same time, there are a number of **individual grounds** on which a service member may be discharged even during mobilisation and martial law. The main grounds are set out in Article 26 of the Law of Ukraine ‘On Military Duty and Military Service’. The grounds vary depending on the type of service; in summary, under martial law (Parts 4–6 of Article 26) they include:

1. **Reaching the maximum age for military service.**
2. **Unfitness for military service on health grounds.** Discharge is carried out on the basis of a military medical commission (MMC) conclusion – where the service member is found unfit, temporarily unfit with re-examination in 6–12 months, or has a disability, provided that the service member has not expressed a wish to continue serving.
3. **A guilty verdict entering into legal force.** If a service member is sentenced to imprisonment or restriction of liberty, this constitutes grounds for discharge from military service.
4. **Family circumstances or other valid reasons.** These include pregnancy, having three or more children, raising a child alone, caring for a family member with a Group I–II disability, and the death of a close relative or a close relative going missing in action.
5. **Release from captivity.** A service member released from captivity is entitled to discharge from military service if they do not wish to continue serving.
6. **Staff reductions or organisational measures.** During mobilisation and martial law, this ground applies exclusively to senior officers.
7. **Appointment or election to certain public offices.** In particular, to the positions of judges and members of judicial self-governance bodies.
8. **Other special grounds set out in the Law of Ukraine ‘On Intelligence’.**

The legislation expressly stipulates that, on the day of removal from the unit rolls, the person must be fully provided with their pay, food and clothing allowances. Until all the necessary settlements are completed, a service member may not be removed from the rolls without their consent. For the budget, this means that discharge payments fall in the month of discharge and cannot be deferred.

The Law of Ukraine ‘On Social and Legal Protection of Service Members and Members of Their Families’ provides for the right to a one-off discharge allowance in the cases specified by law, compensation for unused leave days and other guarantees related to the completion of service – in the model, these are classified as transitional defence expenditure.

Tier two: planned demobilisation

Unlike individual discharge of service members, which during mobilisation and martial law may occur only in exceptional cases, **planned demobilisation is a mechanism for the mass discharge from military service** applied after the state decides to gradually end the mobilisation mode of operation of the Armed Forces and other military formations.

Demobilisation is inherently linked to the state's transition from a wartime regime to peacetime operation. In practical terms, this means either the end of martial law or a substantial reduction in the need for mobilisation deployment of troops. It is at this point that the state gains the opportunity to move from an exceptional model of discharge from service, under which the discharge of service members is largely restricted, to a **planned reduction in personnel numbers**.

The President of Ukraine takes the decision on demobilisation, which is submitted to the Verkhovna Rada of Ukraine for approval. On the basis of this decision, military command bodies develop **demobilisation plans** providing for the phased discharge of service members.

In implementing these plans, the command of military units organises the preparation of discharge documents, the handover of posts, the necessary settlements and the issuing of personnel orders. Thus, even within a mass demobilisation process, the discharge of each service member is formalised by an individual administrative decision. In a mass demobilisation, this means tens of thousands of orders and final settlements each month, as well as peak workloads for the territorial recruitment centres, the Pension Fund, the Employment Service and veteran service providers.

Methodology for modelling the cost of veterans policy

A dynamic cohort model was used to model the cost of implementing veterans policy. The modelling horizon covers 36 consecutive months. The horizon is non-calendar, where M1 is the notional first month of the model (for the war-end scenario, the month in which demobilisation is announced; for the war-continuation scenario, the first month of the model in which individual discharge continues) rather than a specific calendar date. Costs falling in periods after month 36 are not included in the final result.

The model includes different scenarios depending on developments (continuation or end of the war) and on the scope of guarantees the state provides to veterans. A detailed description of the scenarios is provided in Annex 1.

War-trajectory scenarios

The war-trajectory scenarios correspond to the two tiers of discharge from military service described above, namely:

- a) War-continuation scenario, corresponding to the tier of individual discharge from military service throughout the 36 months of the model;
- b) War-end scenario, corresponding to the tier of planned demobilisation, which begins in month 1 of the model.

The war-trajectory scenarios differ in four parameters and in the assumptions applied in the calculations:

- **Number of people discharged.** If the war continues, the flow of those discharged is limited by individual grounds (around 9,706 people per month, ≈350,000 people over 36 months), whereas if the war ends, it is determined by the pace of planned demobilisation (26,148 people per month, ≈0.9 million people over 36 months). Together with the estimated 495,000 CPs and PWDs-W already demobilised, the number of veterans who have returned to civilian life will almost triple in the war-end scenario.
- **Number of people mobilised.** In the war-continuation scenario, mobilisation continues at 15,000 people per month throughout all 36 months, whereas in the war-end scenario no mobilisation takes place.
- **Composition of those discharged.** The share of PWDs-W is higher in the war-continuation scenario, since continued hostilities will cause this cohort to grow.
- **Timing of payments.** Under planned demobilisation (the war-end scenario), discharge payments are concentrated in a short period of time.

Planned demobilisation will affect both the budget and the social system as a whole. If the war ends, demand for the services that currently have the lowest coverage – psychological support, training, employment assistance and housing support – will rise simultaneously for hundreds of thousands of people. If coverage remains at its current level, the gap between needs and guarantees described in the previous section will only widen, and hidden restrictions on access will intensify.

As mentioned above, a dynamic cohort model was used to model the cost of implementing veterans policy. In this study, we used the following cohorts for each month of the modelling:

- CPs and PWDs-W of Groups I–III demobilised in the period, i.e. persons discharged in the relevant calculation month;
- CPs and PWDs-W of Groups I–III demobilised before the period, i.e. persons discharged before the first month of the horizon;
- active CPs who hold the relevant status and continue to serve (the inclusion of active CPs in the model is in line with Ukrainian legislation, under which entitlement to veterans' guarantees arises upon acquiring the status of war participant, CP or PWD-W, rather than upon discharge from service).

The methodology for calculating the cohorts is presented in more detail in Annex 2.

Scope-of-guarantees scenarios

The modelling includes three scope-of-guarantees scenarios for veterans:

- 1) Baseline scenario – continuation of the veterans policy being implemented as of spring 2026, in terms of both the list of services and the actual level of uptake;
- 2) Scenario of implementing the Code of Laws on Defenders of the Statehood and Independence of Ukraine (Code scenario) – the target groups and list of services are based on the proposed provisions of the draft law 'Code of Laws on Defenders of the Statehood and Independence of Ukraine' (the version developed by the Ministry of Veterans Affairs¹⁴⁷);

¹⁴⁷ See «Проект Кодексу законів про Захисників і Захисниць державності та незалежності України» [Draft Code of Laws on Defenders of the Statehood and Independence of Ukraine], Ministry of Veterans Affairs of Ukraine [ua]

3) KSE scenario – a revision of veterans policy with a significant increase in the uptake of priority services and the suspension of services and benefits that do not materially improve veterans' well-being.

The scope of guarantees for each cohort in the model is determined by the following parameters:

- (1) **List of state programmes.** The list was compiled on the basis of an analysis of legislation, requests to central executive authorities (CEAs) and information on veterans' guarantees published on the Veteran PRO portal. The model includes 46 programmes grouped into six areas of state support for veterans: transitional defence expenditure – 11 programmes; social transfers – 7; housing guarantees and housing and utility services – 5; medical and physical rehabilitation – 15; employment and training – 7; infrastructure – 1 programme (the network of veteran hubs). The list of programmes included in the model is provided in Annex 3. Programmes not included in the model are listed in Annex 4.
- (2) **Programme uptake levels.** Uptake levels were determined on the basis of sociological survey data, analysis of administrative information, responses to requests to public information holders, and modelling assumptions where available data were insufficient for a direct estimate of this indicator. The assumptions and approaches used to determine uptake levels are described in the relevant methodological notes.
- (3) **Average cost of the relevant payment or service.** The cost was determined on the basis of statutory, estimated or average actual values, depending on the availability of data for the relevant programme. A detailed description of the calculation approaches is provided in Annex 5. Cost parameters are fixed in 2025 prices and are not indexed over the entire 36-month modelling horizon. As a result, the average cost per person is constant across all periods and identical in both scenarios. All modelling results are presented in constant 2025 prices rather than in nominal hryvnias of the respective years.
- (4) **Duration of the financial commitment.** This parameter reflects the number of periods during which a programme provides payments or funds services. In the model, it is set separately for each 'programme × target group' combination. The following values are used: 1 period – one-off payments (196 combinations); 2, 3, 4, 6 or 12 periods – programmes of limited duration (68 combinations); 120 periods or the value 'Always' – programmes considered open-ended within the model (71 combinations).
- (5) **Total cost of the policy.** Calculated as the sum of expenditure across all programmes included in the model, all categories of recipients and all months of the modelling horizon.

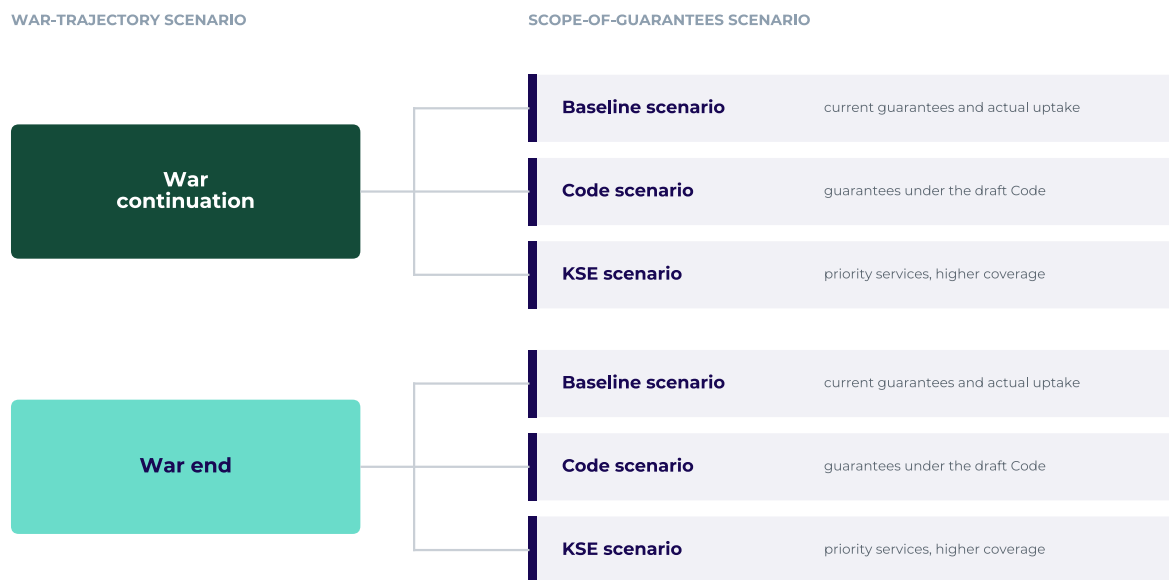
The results are aggregated across six areas:

- (1) **Transitional defence expenditure** – payments arising in connection with the completion of service or the consequences of injury and financed through security and defence sector bodies;
- (2) **Social services and support** cover regular and one-off cash payments, pensions and other personalised forms of social support;
- (3) **Housing guarantees and utility services** include housing compensation, credit instruments, rental support and benefits for housing and utility bills;
- (4) **Medical care and rehabilitation** cover medical, rehabilitation and prosthetic and orthopaedic services, psychological support and assistance for sports activities;
- (5) **Employment and training** cover employment service support, vocational training, grants to support veteran businesses and other economic integration tools;

- (6) **Infrastructure** – includes capital expenditure on creating a network of veteran spaces and operating expenditure on running them¹⁴⁸.

Accordingly, the modelling results present six variants of the cost of veterans policy (Figure 5).

FIGURE 5. MODELLING SCENARIOS



Two war-trajectory scenarios × three scope-of-guarantees scenarios = six estimates of the cost of veterans policy

Source: KSE Institute

Limitations of the model

The limitations set out below determine how the results should be read. They are grouped by four sources: the calculation horizon, budget coverage, cohort demographics, and behavioural and cost assumptions.

1. Horizon and timing of cost recognition

- The model is limited to 36 months. Commitments that arise within the horizon but are paid after it (primarily disability pensions and open-ended benefits) are not included in the result.
- Flows in the model are uniform: the same number of people are demobilised each month, with no ramp-up period, seasonality, queues or peak loads.
- The model is not tied to the calendar, so the results cannot be mapped directly onto a budget year without an additional assumption about the starting month.

2. Budget coverage

- Only state budget expenditure is taken into account. Local budgets and donor and partner funds are not included in the model.

¹⁴⁸ See «Проект Кодексу законів про Захисників і Захисниць державності та незалежності України» [Draft Code of Laws on Defenders of the Statehood and Independence of Ukraine], Ministry of Veterans Affairs of Ukraine [ua]

- Administrative costs of central executive authorities are not included: staff upkeep, maintenance of information systems, operation of the EKOPFO, and payment administration. The model counts only direct payments and the cost of services per person.
- Programmes targeting families of fallen defenders are not included.
- Compensation for employers is not included, except where the veteran is the primary recipient.
- Programmes for which the cost per person could not be established are not included (Annex 4). This limits the completeness of the estimate and is an additional factor in the potential underestimation of the total cost.

3. Cohort demographics

- The model does not include mortality, attrition or changes of status: a cohort that enters the model remains in it, in the same group, until the end of the horizon.
- There are no transitions between disability groups – whether as a result of re-examination or of changes in health.
- There is no return to service after demobilisation.
- There is no upper limit on the size of the Defence Forces: in the war-continuation scenario, inflows (15,000 people per month) exceed outflows (9,706 people per month), so personnel numbers grow from 1.31 million in month 1 to around 1.51 million in month 36. These figures are a technical assumption of the model rather than a forecast of the size of the Defence Forces.

4. Behavioural and cost assumptions

- The model accounts neither for the scaling up of service delivery capacity nor for the effects of queues and unmet demand. In other words, the calculation shows the cost of the declared level of coverage, not the actual throughput capacity of service providers.
- There are no supply-side constraints, which do exist in reality: for example, the numbers of prosthetists, rehabilitation facilities, housing stock and support specialists may currently be below the needs of veterans.
- Prices are fixed at 2025 levels without indexation (see above).
- The model estimates cost, not effectiveness: it does not answer the question of whether a specific programme improves a veteran's well-being. This assessment was made qualitatively, outside the model.

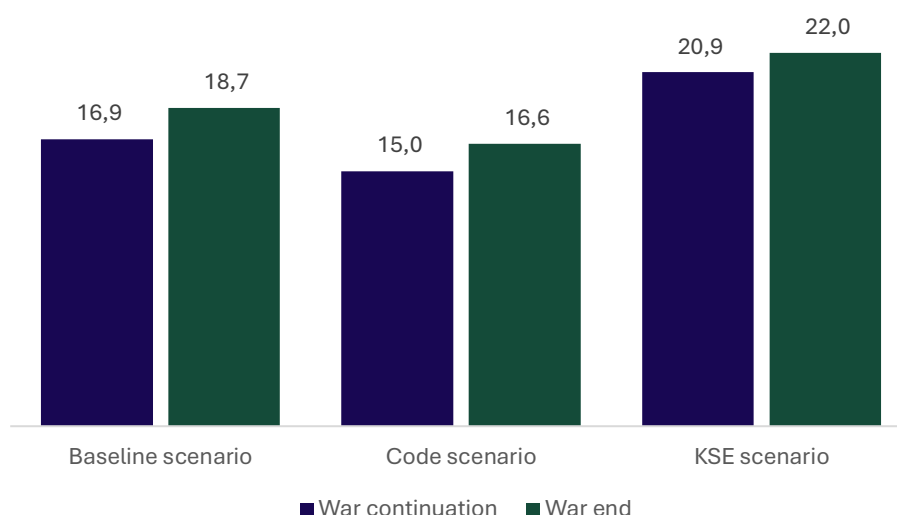
Results of modelling the cost of state veterans policy

Total cost across the six scenarios

The cost of fulfilling the guarantees provided **to veterans over 36 months and included in the model ranges** from EUR 15 billion (UAH 758.6 billion), Code scenario, war continuation **to EUR 22 billion (UAH 1.1 trillion)**, KSE scenario, war end) (Figure 6). If the war ends, all scenarios have significantly larger budgets owing to the faster pace of demobilisation and the payments associated with discharge from military service.

Year-on-year dynamics in the two war-trajectory scenarios run in opposite directions. If the war continues, expenditure grows every year – in the Baseline scenario from EUR 5.1 billion (UAH 255.5 billion) to EUR 6.2 billion (UAH 313.2 billion) – as the number of demobilised persons and disability pension recipients increases. If the war ends, expenditure peaks in the first year (EUR 6.5 billion (UAH 330.2 billion) in the Baseline scenario) owing to mass one-off discharge payments, after which it stabilises at EUR 6–6.2 billion (UAH 305–311 billion) a year.

FIGURE 6. COST OF FULFILLING VETERANS' GUARANTEES OVER 36 MONTHS, EUR BILLION



Source: KSE Institute calculations based on the veterans policy cost model

As mentioned above, veterans policy expenditure within the scope of this study comprises the following main components:

1. Transitional defence expenditure (cash allowance / military pay on discharge, monthly disability pensions, health-improvement payments and compensation for unused leave on discharge, other payments), which is currently partly financed from the defence budget and will have to be paid upon discharge from service;
2. Social services and support;
3. Housing guarantees and housing and utility services;
4. Medical care and rehabilitation, physical culture and sports services;
5. Employment and training;
6. Infrastructure (capital expenditure on creating a network of veteran spaces and operating expenditure on running them).

TABLE 3. EXPENDITURE BY AREA OF GUARANTEES OVER 36 MONTHS, EUR BILLION

Scenarios	War continuation			War end		
Area	Baseline	Code	KSE	Baseline	Code	KSE
Transitional defence expenditure	14.46	14.10	14.10	16.37	15.42	15.42
Social transfers	0.58	0.39	1.33	0.68	0.55	1.46
Housing guarantees and housing and utility services	0.88	0.44	3.43	0.94	0.56	2.69
Medical and physical rehabilitation	0.89	0.03	0.77	0.62	0.04	0.58
Employment and training	0.07	0.03	1.19	0.10	0.03	1.81
Infrastructure	0.05	0.05	0.05	0.05	0.05	0.05
Total	16.93	15.02	20.87	18.75	16.65	22.01
Share of transitional defence expenditure	85%	94%	68%	87%	93%	70%

Source: KSE Institute calculations

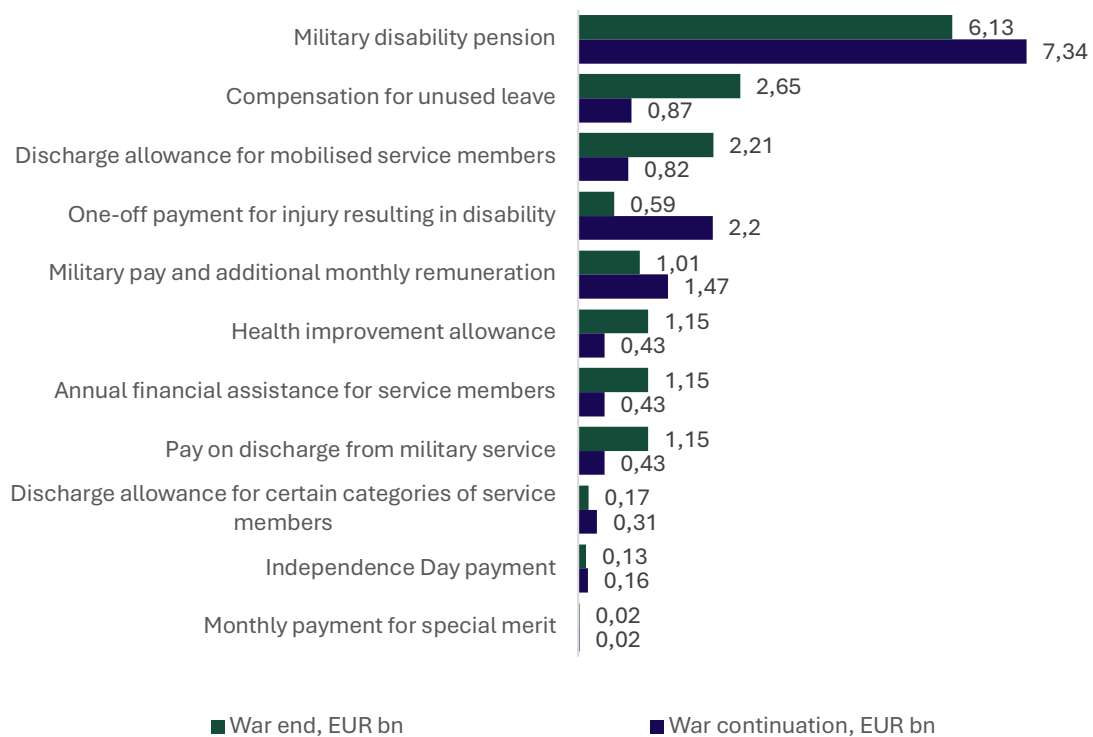
The cost of fulfilling the guarantees under each of the programmes included in the modelling is provided in Annex 6.

How much will payments on discharge from military service cost the state budget?

Transitional defence expenditure comprises payments arising in connection with the completion of service or the consequences of injury: the discharge allowance, compensation for unused leave, payments in the event of injury (resulting in disability or partial loss of working capacity) and disability pensions. Over 36 months, it amounts to EUR 14.1–16.4 billion (UAH 711.8–826.6 billion), or EUR 4.7–5.5 billion (UAH 237.3–275.5 billion) a year on average. Its share of the total veterans policy budget ranges from 68% to 94% of total expenditure.

The structure of this expenditure depends on the war-trajectory scenario (Figure 7). If the war continues, in the Baseline scenario around half (51%) consists of disability pensions, which rise from EUR 2 billion (UAH 102.6 billion) in the first year to EUR 2.9 billion (UAH 144.5 billion) in the third, with a further 15% accounted for by the cash allowance for injury resulting in disability. If the war ends, in the Baseline scenario the share of pensions falls to 37%, while one-off discharge payments increase: compensation for unused leave (16%) and the cash allowance for mobilised personnel (13%).

FIGURE 7. STRUCTURE OF TRANSITIONAL DEFENCE EXPENDITURE IN THE BASELINE SCENARIO OVER 36 MONTHS, EUR BILLION



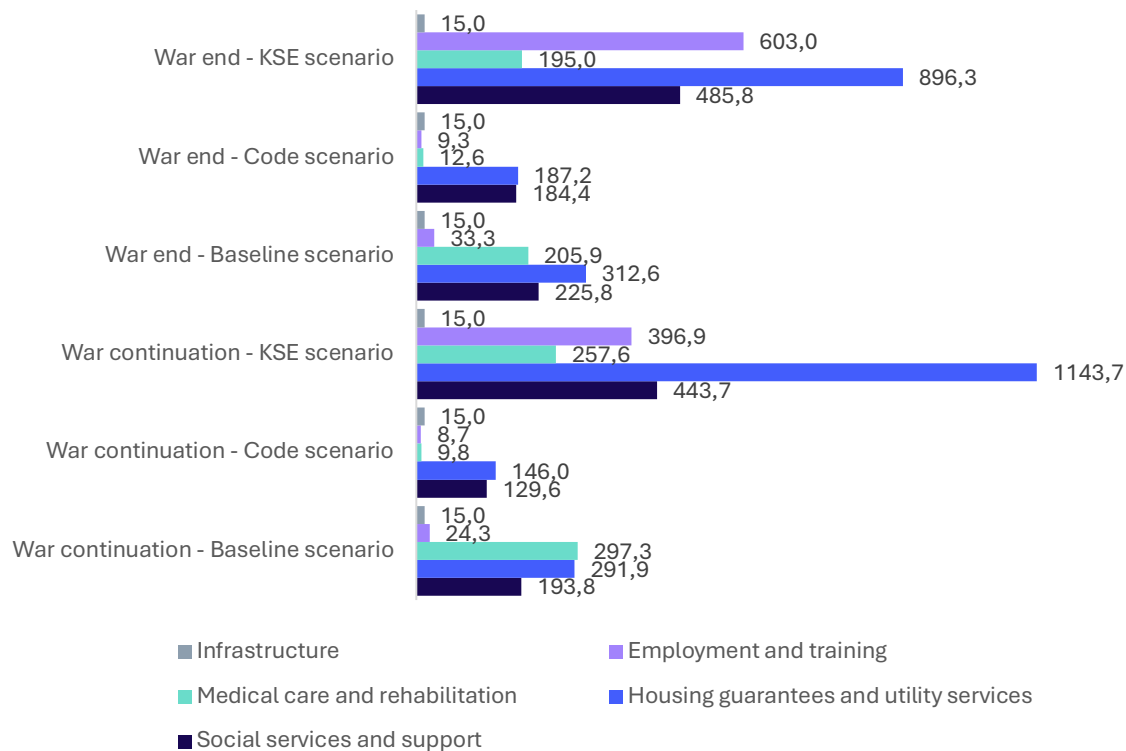
Source: KSE Institute calculations based on the veterans policy cost model

Transitional defence expenditure in the KSE scenario is somewhat lower than in the Baseline scenario. The difference stems primarily from the proposal to abolish the Independence Day payments and to reallocate these funds to other, higher-priority programmes. In the Baseline scenario, such payments would currently cost EUR 51.5 million (UAH 2.6 billion) a year on average if the war continues and EUR 43.6 million (UAH 2.2 billion) a year on average if the war ends.

How much will social and other guarantees for veterans cost the state budget?

Under both war-trajectory scenarios, the KSE scenario produces the highest budget estimates owing to increased coverage of priority services. The Baseline scenario replicates current programmes and coverage levels, which are often low, so its total cost is lower than that of the KSE scenario. Within the modelling, the Code scenario produces the lowest budget estimates because of the smaller number of guarantees set out in the draft legislation.

FIGURE 8. SOCIAL AND OTHER GUARANTEES: AVERAGE ANNUAL EXPENDITURE BY AREA, EUR MILLION



Source: KSE Institute calculations based on the veterans policy cost model

Below, we examine in detail how service coverage differs between the Baseline scenario and the KSE scenario, and set out why we consider increased coverage, or narrowing guarantees to a target group, necessary for an effective veterans policy.

Social services and provision

For the purposes of this study, social services and provision include social stipends for students, vehicle adaptation and purchase, motor insurance, as well as legal aid, home care and the services of veteran support specialists. Under both war-trajectory scenarios, the KSE scenario shows a higher funding requirement owing to substantially increased coverage of services that meet veterans' needs, while coverage of other services in this area has been reduced, in particular:

- (1) Cash compensation for **vehicle adaptation** has been increased in the KSE scenario to around one-third of all PWDs-W of Groups I–III (the current coverage level is considerably lower). For **state-provided vehicles** we have increased coverage by a further 20% of PWDs-W of Groups I and II. At the same time, in the KSE scenario we propose limiting compensation for **motor insurance** to those veterans who have received or adapted a vehicle at the expense of the state budget. In our view, the current guarantee reimbursing the compulsory motor third-party liability insurance policy for all veterans is too broad and does not help to improve the well-being of the most vulnerable groups of veterans.
- (2) Social stipends for study at higher education institutions and colleges currently have very low coverage. In the KSE scenario, we did not include this service in the calculation, given the substantial increase in coverage of training in the 'Employment and training' area.

- (3) **Free legal aid** is currently provided, according to KSE Institute estimates, to fewer than 1% of veterans (these data were used for the Baseline scenario in the absence of official data). For the KSE scenario, we used data from a sociological survey of veterans' needs (conducted by KSE Institute in April 2026). According to this survey, around 6% of demobilised persons need legal aid. These data were used for modelling the KSE scenario.
- (4) **Home care** is a service for PWDs-W. Data on actual uptake of this service were unavailable, so we used KSE Institute survey data to estimate current coverage and overall need. In the Baseline scenario, we set coverage at around 2% of PWDs-W (the share of respondents who reported having used this service), whereas in the KSE scenario it is 14% of PWDs-W (the share of respondents who reported having used the service or having needed it but been unable to use it).
- (5) For the services of **support specialists** for war veterans, we applied the same approach: current coverage and overall need were estimated using data from the KSE Institute study. In the Baseline scenario, coverage was estimated at 31% (share of respondents who reported having used this service); in the KSE scenario, coverage was increased to 51% (the share of respondents who reported having used the service or having needed it but been unable to use it).
- (6) A social service that is not included in the modelling but meets a significant need is **social assistance with integration into the community**: 24% of veterans report strained relations in their communities, almost twice the rate among the general population of Ukraine¹⁴⁹. Further work on services that matter for veterans' reintegration should therefore take this need into account and plan for substantial coverage of social cohesion and mediation services.

Overall, in this area of guarantees we propose increased state investment, focused on support for PWDs-W, together with increased coverage of support specialist services for all demobilised persons.

Housing guarantees and housing and utility services

For the purposes of this study, housing guarantees and benefits for housing and utility services include support for renting and purchasing housing, housing vouchers and the utility bill benefits themselves.

The modelling results show that the KSE scenario has higher funding requirements than the Baseline scenario, owing to increased coverage of services that can substantially improve the well-being of the most vulnerable groups of veterans. In particular:

- (1) **Compensation for rented housing** currently has fairly low coverage: according to a response from the Ministry of Veterans Affairs, in 2026 such compensation may be paid to 8,300 people (around 1.7% of demobilised veterans), whereas the need for these services is considerably higher. The KSE scenario uses the KSE Institute estimate of the share of veterans living in unstable or crisis housing conditions, based on data from a survey conducted in April 2026 – 11%.
- (2) Coverage of the **subvention for purchasing housing** for PWDs-W of Groups I and II was increased roughly twofold in the KSE scenario compared with the Baseline scenario.
- (3) Coverage of the **housing voucher for veteran IDPs** is increased in the KSE scenario: by law, all veteran IDPs who left the TOT will be entitled to such compensation. According to KSE Institute estimates, there are currently 65 thousand such people. Providing for all veteran IDPs

¹⁴⁹ See "DTM Ukraine – Veteran Profiles and Reintegration Challenges in Ukraine – March 2025", International Organization for Migration (IOM), 27 March 2025

may be difficult owing to the high cost of such a programme (around EUR 2.6 billion (UAH 130 billion).) The KSE scenario assumes that around 80% of veteran IDPs are covered by these payments, but even this level of coverage may be unrealistic given the high cost of the guarantee.

- (4) **Benefits for housing and utility services** are in high demand among veterans (according to KSE Institute estimates, 39% of demobilised persons use them). According to the modelling results, in the Baseline scenario this benefit would cost EUR 99 million (UAH 5 billion) a year on average if the war continues. In the Baseline scenario, the benefit is available to everyone at the current level of uptake. In the KSE scenario, we propose ensuring 100% coverage of such benefits for PWDs-W only, so as to focus this support on the more vulnerable groups of veterans.
- (5) **eOselia** and preferential mortgages currently play a minor role in the overall housing provision system (according to data on the programme's performance, around 2% of veterans live in housing purchased through eOselia), yet the expenditure on this programme is significant: according to KSE Institute estimates, compensation of mortgage interest on loans already issued to serving military personnel and demobilised persons may amount to around EUR 51.5 million (UAH 2.6 billion) a year. In the Baseline scenario of the model we kept coverage at the current level, whereas in the KSE scenario we proposed halting the issuance of new preferential loans (while taking into account the financial obligations on loans already issued) in order to reallocate these funds to other housing support programmes.

Overall, in this area of guarantees we propose increased state budget investment, with a shift in focus from general, broad guarantees to prioritising the needs of veterans in unstable or crisis housing situations, veteran IDPs and PWDs-W.

Medical care and rehabilitation

For the purposes of this study, medical care and rehabilitation include only those services that are available to veterans but not to the general population of Ukraine. These services comprise specific prosthetics programmes, additional primary healthcare services, dental care, preservation of reproductive cells, adaptation services for veterans who have lost their sight, long-term medical care, scar correction, psychological support, addiction treatment, and veterans' sport and competitions.

In this area of guarantees, the KSE scenario shows a somewhat lower funding requirement than the Baseline scenario, but the main focus is the internal reallocation of funds within the area. In the KSE scenario, the focus shifts to services that, in our assessment, can have a more significant impact on veterans' health. In particular:

- (1) Coverage of **prosthetics** services and the provision of **assistive rehabilitation devices** is increased in the KSE scenario compared with the Baseline scenario. At the same time, we propose reallocating funds from the programme for **high-functionality products** to the general prosthetics programme.
- (2) Additional **primary healthcare** services currently cover approximately 1% of all CPs and PWDs-W, and the same coverage is used in the Baseline scenario. In the KSE scenario, this programme is guaranteed exclusively to PWDs-W.
- (3) For the free **storage of reproductive cells** service, the Baseline scenario uses the current coverage level (285 people a year, according to NHSU data). In the KSE scenario, we propose extending coverage of this service to 1% of serving military personnel.

- (4) Services for **dental treatment and dental prosthetics** are expanded in coverage in the KSE scenario on the basis of KSE Institute survey data on the share of veterans who wanted to use such a service but were unable to obtain it, whereas the Baseline scenario uses data on actual coverage of these services in 2025.
- (5) The number of **adaptation services for people who have lost their sight, long-term care and scar correction** services is increased in the KSE scenario compared with the Baseline scenario.
- (6) Reimbursement of **sports activities** is not included in the KSE scenario: in our view, this benefit is too broad and does not allow limited resources to be focused on supporting veterans whose health has deteriorated significantly as a result of military service.
- (7) Coverage of **psychological support** services is considerably higher in the KSE scenario than in the Baseline scenario. For the KSE scenario, we used data from a survey conducted by KSE Institute, according to which 16.9% of veterans reported needing psychological support. Uptake of these services currently stands at around 0.6% of demobilised veterans (according to Ministry of Veterans Affairs data). Data from other sociological surveys also point to the need for greater coverage of psychological support. For example, a survey conducted by the International Organization for Migration in 2025 shows that 33% of veterans have signs of depression¹⁵⁰.
- (8) For **addiction treatment** higher coverage levels were applied. According to Ministry of Veterans Affairs data, 0.01% of veterans will receive these services in 2026; this level was used for the Baseline scenario, whereas for the KSE scenario we increased coverage to 3% of veterans.

Overall, in this area of guarantees we propose keeping the budget roughly at the current level of expenditure, while reallocating funds to higher-priority areas.

Employment and training

For the purposes of this study, employment and training services and support include vocational adaptation and upskilling, education vouchers, compensation for workplace adaptation for PWDs-W, business grants and SES job-search assistance.

Under both war-trajectory scenarios, the KSE scenario shows a higher funding requirement. The difference in the cost of this policy area stems from the coverage levels built into the scenarios: the Baseline scenario relies on the current level of coverage, whereas the KSE scenario relies on a substantially higher level, which could help a much larger share of veterans return to the labour market. In particular:

- (1) **Vocational adaptation** (payment for training and courses), as well as upskilling for unemployed people (including veterans), is calculated in the Baseline scenario on the basis of actual coverage in 2026: according to SES data, 2,675 people will receive vocational adaptation services, plus 4,000 people in training for unemployed veterans. Coverage of this support thus amounts to approximately 1.4% of demobilised persons. In the survey conducted by KSE Institute, veterans spoke considerably more often of needing upskilling in order to find or change jobs – 11% of respondents mentioned this, and this coverage level was used for the KSE scenario.

¹⁵⁰ See "DTM Ukraine – Veteran Profiles and Reintegration Challenges in Ukraine – March 2025", International Organization for Migration (IOM), 27 March 2025

- (2) **Compensation for adapting the workplace of a person with a disability** currently has fairly low coverage: according to SES data, in 2025 there were 2,396 workplace adaptations for all persons with disabilities (not only PWDs-W), and this coverage was used for the Baseline scenario. In the survey conducted by KSE Institute, 7% of veterans mentioned needing workplace adaptation in order to find or change jobs. This coverage level was used in the KSE scenario.
- (3) **Grants to support veteran businesses** ('Varto', business microfinancing) have so far been awarded to around 0.2% of veterans, whereas in the survey conducted by KSE Institute 3% of veterans reported needing funding for their business over the previous three months; this coverage was used for the KSE scenario.
- (4) **SES job-search assistance** was provided to 18,000 veterans in 2025, and this coverage (3.6%) was applied in the Baseline scenario. Veterans themselves reported such a need considerably more often in the KSE Institute survey – in 13% of cases (this coverage level was used in the KSE scenario).

Overall, in the area of employment and training we propose a substantial increase in coverage across all guarantees.

Infrastructure

The Government of Ukraine has stated its intention to develop veteran spaces; for the purposes of this study, we added to the total cost of veterans policy the construction, equipping and operating costs of 15 veteran spaces.

Code scenario: a minimal budget because of excluded guarantees

The scenario based on the draft Code of Laws on Defenders results in the lowest budget requirements across all areas of guarantees. This is because many programmes currently guaranteed to veterans are not mentioned in the text of the Code itself. In our view, the current version of the Code either fails to bring all veterans' guarantees together in a single document or will lead to a significant reduction in the scope of guarantees, even compared with the current low coverage of services.

Cost of state guarantees per demobilised person

Average annual expenditure per demobilised person differs substantially between groups (Table 4). The state will spend on average between EUR 1,230 (UAH 62.1 thousand) and EUR 3,622 (UAH 182.9 thousand) a year on a demobilised CP, and between EUR 10.7 thousand (UAH 541.5 thousand) and EUR 26.5 thousand (UAH 1.34 million) a year on a PWD-W. Supporting one person with a war-related disability therefore costs the state 4–17 times more than supporting a CP.

TABLE 4. TOTAL AVERAGE EXPENDITURE PER DEMOBILISED PERSON PER YEAR, EUR THOUSAND

Group	War continues			War ends		
	Baseline	Code	KSE	Baseline	Code	KSE
Demobilised CPs	1.4	1.2	2.0	3.1	2.8	3.6
Demobilised PWDs-W, Group I	23.6	21.5	26.5	18.9	17.0	21.1
Demobilised PWDs-W, Group II	19.9	17.8	22.8	15.7	13.8	17.9
Demobilised PWDs-W, Group III	15.7	14.5	16.5	11.8	10.7	12.5

Source: KSE Institute calculations based on the veterans policy cost model

This gap is, of course, explained by the structure of guarantees. For PWDs-W, the bulk of expenditure consists of regular payments to which they are entitled by law regardless of the scenario: disability pensions, military pay and additional remuneration in the event of injury, as well as the one-off cash payment for an injury resulting in disability. The amount of most of these payments depends on the disability group, with expenditure decreasing from Group I to Group III. For example, if the war continues, in the Baseline scenario it amounts to EUR 23.6 thousand (UAH 1.19 million), EUR 19.8 thousand (UAH 1 million) and EUR 15.7 thousand (UAH 794.7 thousand) a year respectively. In addition, some guarantees are available only to PWDs-W of Groups I–II, notably the subvention for purchasing housing and the provision of a vehicle. By contrast, expenditure on CPs consists mainly of one-off payments on discharge, benefits and services, whose per-person cost is considerably lower.

The war-trajectory scenario affects these two groups differently. **For CPs**, the end of the war more than doubles average per-person expenditure: in the Baseline scenario, from EUR 1,374 (UAH 69.4 thousand) to EUR 3,079 (UAH 155.5 thousand) a year. Under mass demobilisation, around 26 thousand people are discharged each month, 92% of them CPs. A significant part of expenditure on this group therefore consists of one-off payments on discharge – compensation for unused leave and the cash allowance paid to mobilised personnel on discharge. **For PWDs-W**, by contrast, average expenditure if the war ends is 20–25% lower than if it continues. If the war continues, the inflow of new PWDs-W persists throughout all 36 months of the modelling period, and each new cohort receives one-off injury-related payments. If the war ends, under the model's assumptions new PWDs-W are discharged only during the first 12 months. Thereafter, expenditure on the group consists mainly of regular payments.

The scope-of-guarantees scenarios have the same direction of effect for all groups. In the Code scenario, per-person expenditure is 8–12% lower than in the Baseline scenario, since some existing guarantees are not provided for in the draft Code (vehicle-related compensation, housing programmes, certain medical services, the one-off Independence Day payment). Expenditure is highest in the KSE scenario. The largest increase is in expenditure on CPs: 45% if the war continues and 18% if it ends, as the scenario substantially increases coverage of the services needed for a return to civilian life – psychological support, employment and training, and housing support. For PWDs-W of Groups I and II, expenditure rises by 12–15% owing to expanded housing support, vehicle provision and home care. For PWDs-W of Group III, the increase is smallest, at 5–6%.

These results show that mass demobilisation primarily increases the number of recipients, while per-person expenditure rises in the war-end scenario only for CPs. The greatest room for policy decisions

lies precisely in the guarantees for CPs. Expenditure on PWDs-W is determined mainly by mandatory payments, whereas expenditure on CPs is driven by services whose scope and coverage the state can adjust.

Veterans policy in the context of public expenditure

The Budget Declaration for 2027–2029¹⁵¹ covers the same three-year horizon as the proposed model, and its scenario assumes a substantial reduction in security risks from 2027. This makes it possible to compare the cost of veterans policy with the planned state budget figures (Table 5).

TABLE 5. BUDGET DECLARATION FIGURES FOR 2027–2029 AND THE COST OF VETERANS POLICY, EUR BILLION

Budget Declaration indicator	2027	2028	2029	Cost of veterans policy (≈EUR 5.0–7.3 billion a year) relative to the 2027 figure
State budget expenditure, total	99.9	96.5	90.0	5.0–7.3%
Nominal GDP (forecast)	228.3	260.0	296.1	2.2–3.2%
Security and defence	54.6	45.2	33.5	9.2–13.4%
MoSP expenditure, total	9.3	9.4	9.4	54–79%
of which social protection programmes and measures	4.3	4.4	4.4	117–171%
Education	5.9			85–124%
Healthcare	5.0			101–148%
Veterans policy	0.2	0.4	0.5	21–31 times higher

Source: Budget Declaration for 2027–2029 (CMU Resolution No. 793 of 17 June 2026), its financial and economic justification and Annex 1 thereto; KSE Institute calculations

According to the modelling results, the annual cost of veterans policy will exceed 5% of planned state budget expenditure in the war-continuation scenario and 6% in the war-end scenario, depending on the year and the scenario. The rise in this ratio over the period is partly explained by the reduction in planned state budget expenditure, from EUR 99.9 billion (UAH 5,046 billion) in 2027 to EUR 90 billion (UAH 4,545 billion) in 2029. Consequently, even with unchanged cost parameters for the programmes, the relative fiscal burden of veterans policy may increase.

For the implementation of veterans policy itself, the Declaration provides EUR 233.7 million (UAH 11.8 billion) in 2027, EUR 378.2 million (UAH 19.1 billion) in 2028 and EUR 493.1 million (UAH 24.9 billion) in 2029. Meanwhile, the estimated cost of social and other guarantees in the model's Baseline scenario, excluding transitional defence expenditure, is EUR 802–827.8 million (UAH 40.5–41.8 billion) a year. This is roughly 3.4 times the funding envisaged in the Declaration for 2027. In the KSE scenario, the corresponding figure is EUR 2.2–2.3 billion (UAH 110.8–114.0 billion) a year.

This comparison should be treated as indicative, since the model and the Budget Declaration may differ in the programmes and budget fund managers they cover.

¹⁵¹ See «Бюджетна декларація на 2027–2029 роки» [Budget Declaration for 2027–2029], <https://mof.gov.ua/uk/>

Transitional defence expenditure related to discharge from service amounts, according to the modelling results, to EUR 4.7–5.5 billion (UAH 237.3–275.5 billion) a year. This is equivalent to 8.6–10.0% of planned security and defence expenditure in 2027 and 14–16% in 2029, when, according to the Declaration, it is to be reduced to EUR 33.5 billion (UAH 1,692 billion).

Consequently, if the projected reduction in defence expenditure materialises, the financial burden associated with discharging military personnel and meeting the corresponding state obligations will account for an ever larger share of defence resources. These estimates depend on the dynamics of demobilisation: if it occurs earlier or faster than the model's scenario assumptions envisage, the timing of expenditure and its annual amounts may change substantially. Budget estimates will therefore need to be revised as the timing and scale of demobilisation become clearer.

According to the model's estimates, **expenditure on** disability pensions for military personnel in the war-continuation scenario will amount to EUR 2.1 billion (UAH 103 billion) in the first year of the model period. This is equivalent to 35% of the estimated transfer from the state budget for pension provision in 2027, which is forecast at around EUR 5.8 billion (UAH 292.2 billion). Although the Budget Declaration envisages an increase in expenditure on pension provision for military personnel, total MoSP expenditure in 2027–2029 remains almost unchanged. This underlines the importance of separately assessing war-related pension liabilities and taking them into account in medium-term budget planning.

The Budget Declaration envisages a gradual increase in the number of employed people aged 15–70, from an expected 12.8 million in 2026 to 13.4 million in 2029. Bringing demobilised military personnel into economic activity may be one of the drivers of this growth, while higher employment may be a potential source of additional tax revenue and will be accompanied by lower social expenditure.

However, the scale of this effect will depend on the timing of demobilisation, the speed of return to employment, the match between veterans' skills and labour market needs, and the economy's capacity to create jobs. Moreover, the Declaration's existing indicators do not in themselves make it possible to establish to what extent future demobilisation has already been factored into the employment forecast. Potential additional budget revenue has therefore not been included in the estimate as a guaranteed source of funding for veterans policy. It should rather be regarded as a possible positive effect that requires separate quantitative assessment.

Demobilisation options: international experience and lessons for Ukraine

The preceding subsections showed that the cost of veterans policy and the burden on the social support system depend on how demobilisation unfolds: gradually, on individual grounds, as in the war-continuation scenario, or as a mass wave once the war ends. International experience makes it possible to see which demobilisation options other countries have used and what consequences they had for veterans policy.

Three countries with different models were selected for the analysis: Croatia, as an example of one-off demobilisation after its war of independence; Israel, as a country with a permanent reserve, where service and the return to civilian life form a continuous cycle; and the United States, as a country that applied different demobilisation options in different wars.

For each country, we examine how demobilisation was organised, how the state responded to its consequences and what problems arose, as well as which parts of this experience are relevant to the findings of this study (Table 6).

TABLE 6. DEMOBILISATION OPTIONS IN INTERNATIONAL EXPERIENCE AND THEIR LINK TO THE MODELLING SCENARIOS

Demobilisation option	Examples	How it works	Link to the modelling scenarios
One-off mass demobilisation	Croatia (1992), the United States after the Second World War (1945–1947)	Discharge of a large number of service members within a short time after war ends; in the United States, the order was determined by a points system	War-end scenario: ≈26 thousand discharged per month, ≈1 million over 36 months
Individual rotation or discharge on specified grounds during the war	The United States in Vietnam (12-month rotation), Ukraine today	Discharge of individual service members after a fixed term of service or on an exhaustive list of grounds, while mobilisation continues	War-continuation scenario: ≈9.7 thousand discharged per month, high share of PWDs-W
Permanent reserve	Israel	After compulsory service, regular reserve call-ups; the state builds a permanent rather than one-off support system	Long-term post-war perspective; the model includes active CPs who are entitled to guarantees while in service
Gradual drawdown with extended service	The United States in Iraq and Afghanistan	Troop withdrawal stretches over years; some contracts are extended involuntarily (stop-loss)	Intermediate option between the two scenarios; not modelled separately

Source: KSE Institute based on the sources cited below and the veterans policy cost model

Croatia

In early October 1991, the Croatian government declared a de facto general mobilisation, which was formalised in early November. Demobilisation began with the implementation of the UN peacekeeping plan in February 1992: the government announced the demobilisation of 20,000 reservists, and by 22 March 1992, 16,000 of them had already been demobilised. The process ran in parallel with the phased withdrawal of the Yugoslav People's Army from the UN Protected Areas¹⁵².

According to a UNDP study, a 'Homeland War veteran in Croatia' is a person who 'participated in an organised manner in the defence of the independence, territorial integrity and sovereignty of the Republic of Croatia': military and police personnel with no separate requirement as to length of service, as well as members of the National Protection Service who took part in combat for at least 100 days between 30 July and 31 December 1991¹⁵³.

The Croatian state's response to mass demobilisation and the emergence of a sizeable contingent of former combatants took the form of a gradual institutional and legislative formalisation of veteran status over the 1990s and 2000s. According to Jakir and Perković Paloš¹⁵⁴, parliament first officially recognised the category of Homeland War participants as early as June 1992. In 1993, a dedicated state body for the care of war victims was set up, and at the end of 1993 the first law on the rights of former combatants was adopted, establishing basic benefits – primarily pensions and healthcare. Education

¹⁵² See "Croatia and the Federal Republic of Yugoslavia (FRY): Military Service"

¹⁵³ See «Огляд міжнародних практик у сфері реінтеграції ветеранів і ветеранок: міркування щодо воєнного та повоєнного контексту України» [Review of International Practices in the Reintegration of Veterans: Considerations for Ukraine's Wartime and Post-war Context], *UNDP study, 2023* [ua]

¹⁵⁴ See "Jakir, A., Perković Paloš, A. Veterani kao tema istraživanja i skrb Republike Hrvatske o hrvatskim braniteljima 1991.–2017. Časopis za suvremenu povijest, 2025, 641–665"

benefits – priority admission to educational institutions and free textbooks – as well as employment benefits appeared only in the subsequent law, adopted on 13 December 1996, which substantially widened the range of beneficiaries and the list of entitlements compared with the 1993 law. In 1997, a separate Ministry of Croatian Defenders was established to administer this policy. The system of entitlements was subsequently revised several times – in 2001, 2004, 2013 and 2017. The same researchers point out that even official sources disagree on the total number of registered defenders (*branitelji*): according to one set of Ministry data there are 497,113, whereas the official register published in 2005 puts the figure at 489,407.

The system of benefits and guarantees built by the Croatian state for its defenders covers virtually every area of social protection. As described by Ivana Dobrotić¹⁵⁵, it includes personal and family pensions; disability benefits; employment benefits; scholarships and free textbooks for war invalids, defenders and volunteers and their children, as well as for the children of defenders who were killed, went missing or were taken prisoner; preferential housing provision; exemptions from customs duties and taxes; entitlement to a vehicle for invalids with limb or visual impairments; and a separate psychosocial support programme for participants in and victims of the Homeland War.

Despite the breadth of this system, researchers are unanimous in pointing to its systemic shortcomings. Dobrotić cites a 1997 study of a sample of 3,174 defenders with an average age of 37, which found that almost one-fifth of those who had a job before the war had lost it, and 5.4% never found employment. Most defenders have secondary education, and almost one-fifth have a lower level of education. The researcher poses a direct question: are higher pensions and disability-related payments really the best way to address veterans' problems? In her view, the absence of good-quality integration programmes condemns veterans to permanent dependence on state assistance, and since this is a relatively young population, a purely compensatory approach is both inappropriate and costly – it readily leads to veterans' exclusion from public life, affecting not only veterans themselves but also their families and communities. She stresses that the integration and compensation approaches should complement rather than exclude each other: some veterans will remain dependent on the state for good, but Croatia's main efforts should be directed towards their reintegration into civilian life, since dependence on the state's 'goodwill' is less attractive to them.

This systemic tension is explored further in a study by Miklošić and Šučurović¹⁵⁶, based on focus groups with Croatian defenders thirty years after the war. The researchers find that public perceptions of the defender category often do not match its legal definitions. Focus group participants pointed to the vagueness of the circle of beneficiaries and to the image of 'fake defenders' who supposedly enjoy benefits without any real combat experience. This image undermines public trust in the defender category as a whole and reinforces the stigmatisation even of those who genuinely took part in combat. The same study shows that some defenders, facing health problems and seeing no prospects on the labour market, retired early and ended up in a passive social role. The researchers also draw attention to the unequal quality of the public services defenders receive. Although support from institutions is generally acceptable, the actual experience of dealing with them depends heavily not on the institution itself but on the particular staff working there – doctors, nurses, officials. In the respondents' own words, the quality of care, attentiveness and connection with a given institution – in healthcare, education or public administration – depend above all on relationships with specific

¹⁵⁵ See "Dobrotić, I. Sustav skrbi za branitelje iz Domovinskog rata. *Revija za socijalnu politiku*, 15(1), 2008, 57–83"

¹⁵⁶ See "Miklošić, I., Šučurović, S. The Sentiments of Croatian Homeland War Veterans Towards Wartime Comrades, Families, and Society in General, 30 Years After the War. *Društvena istraživanja* Zagreb, 33(3), 2024, 433–453"

people within that institution. Cumbersome procedures and outcomes that depend on the personal qualities of an individual employee rather than on institutional standards reduce defenders' willingness to seek help again and have an adverse effect on their well-being.

Israel

Unlike Croatia, where the mass mobilisation and demobilisation of 1991–1992 were one-off events, the Israeli model of veterans policy grew out of a different logic. As Shalev and Gal note¹⁵⁷, the State of Israel emerged from the 1948–1949 War of Independence, which lasted around ten months and left thousands of Israelis killed or wounded. The researchers also point out that since the founding of the state, military service has been compulsory for most Jewish citizens, and after two to three years of compulsory service a large proportion of men and some women move into the reserve, where they serve every year until practically middle age. Israel therefore has no distinct moment of demobilisation comparable to Croatia's, and from the outset the state has built a system for managing its relationship with service members on a permanent rather than a one-off basis.

As Shalev and Gal note, the Israeli state's response to the consequences of this war took the form of immediate legislation establishing the status of injured combatants. The first social law adopted by the young state concerned precisely war invalids: the 1949 'Compensation and Rehabilitation' law. The first Prime Minister, David Ben-Gurion, justified it as fulfilling 'part of the debt to those who with their bodies helped to liberate the nation and the homeland'. The law provided monetary compensation without a means test, and a dedicated unit within the Ministry of Defence was empowered to administer both cash and in-kind benefits (access to medical services, housing and transport). In the same year, a representative organisation of war invalids received official recognition and later grew into an influential lobby. In 1950, a separate law on benefits for the widows and parents of fallen service members was adopted, and in 1952 compensation was introduced for reservists' lost earnings during service.

The system of benefits that grew out of these laws covers not only cash payments but also an extensive vocational rehabilitation programme. As described by Segev and Schiff¹⁵⁸, the Ministry of Defence's rehabilitation programme includes medical rehabilitation, psychotherapy, social services, vocational training, help in preparing for admission to educational institutions, mobility assistance (wheelchair accessibility, assistive equipment) and mentoring, with the veteran choosing one of three rehabilitation tracks – education, salaried employment or support for self-employment. The generosity of this system grew substantially over time and came to exceed that of comparable civilian programmes. According to Shalev and Gal's calculations, by the mid-2000s the maximum payment to a fully incapacitated war invalid exceeded 434% of the average wage, whereas the equivalent payment to a civilian with a disability and the same needs was only around 115% of the average wage, and this gap in percentage points widened rather than narrowed over time. Taken together, as of 2007 the six war-related compensation programmes accounted for roughly one-tenth of all social insurance spending in Israel – an amount comparable to spending on universal child benefit and twice as large as spending on means-tested social assistance.

¹⁵⁷ See "Shalev, M., Gal, J. Bullets and Benefits in the Israeli Welfare State. Розділ для книги «War and the Welfare State» (за ред. Н. Obinger, К. Petersen, Р. Starke). Остаточний варіант рукопису, лютий 2016" [ua]

¹⁵⁸ See "Segev, D., Schiff, M. Integrating Israeli Defense Force (IDF) veterans with disabilities into the workforce: characteristics and predictors. *Israel Journal of Health Policy Research*, 8(1), 2019"

Despite – or precisely because of – such generosity, researchers identify several systemic problems with this model. Shalev and Gal describe a ‘crowding-out’ effect: generous treatment of war invalids made it harder rather than easier for civilians with disabilities and the same needs to access comparable benefits, while the category of beneficiaries later expanded along sectoral rather than functional lines – over time, even non-combat service members, and even those injured in a car accident while on leave, became entitled to the same payments. The governmental Goren Commission, cited by the same researchers, found that of the almost 58,000 active clients of the Ministry of Defence rehabilitation department with a disability of 10% or more, only 35% had been injured directly during operational activity (including training), while the rest were injured through illness, car accidents or workplace injuries. Segev and Schiff identify a separate problem at the level of individual rehabilitation: employment rates are substantially lower among veterans with mental disorders or PTSD, rather than physical injuries alone, and among the predictors of successful integration, one of the most important is the very choice of an education or employment rehabilitation track. Finally, a study by Ben-Shalom, Rykwalder, Reiser and Connelly¹⁵⁹ of a sample of 248 veterans reveals another dimension of the problem: contrary to the researchers’ expectations, it is precisely a negative experience of the transition to civilian life – a sense of bureaucratic injustice and of being left ‘in limbo’ by the discharge procedure itself – that predicts a stronger, not weaker, collective veteran identity and a readiness to campaign collectively for one’s rights.

United States of America

In different wars, the United States applied three different demobilisation options: mass demobilisation based on a points system after the Second World War, individual rotation during the Vietnam War, and a gradual drawdown with involuntary extension of service during the wars in Afghanistan and Iraq.

The demobilisation of the US Army after the Second World War was governed by the Adjusted Service Rating Score, a points system that General George Marshall, Chief of Staff of the US Army, ordered to be developed in July 1943. After consulting commanders around the world, the army eventually designed and introduced the system, which service members themselves more often called simply ‘the points system’: one point was awarded for each month of service in the army, one more point for each month of service overseas, five points for each combat campaign, five points for a gallantry award such as the Silver Star, five points for a wound recognised with a Purple Heart (awarded to everyone wounded in combat), and twelve points for each of the first three dependent children. The system was announced in September 1944, and the threshold for returning home was initially set at 85 points. Historians Waldo Heinrichs and Marc Gallicchio wrote that in theory the system was ‘an eminently fair way of demobilising veterans and identifying those who should continue to serve in the Pacific’, but in practice it turned into an ‘administrative nightmare’ owing to conflicting information and differing interpretations of the rules. Despite service members’ discontent, the army demobilised at a breakneck pace: by the end of 1945, more than 4 million soldiers had returned home, an average of 1.2 million people were demobilised each month in September–December 1945, and the points threshold was lowered from 85 to 50 by the end of the year. The points system was finally abolished in June 1946 in favour of automatic demobilisation after two years of service, and by the official end of the process

¹⁵⁹ See "Ben-Shalom, U., Rickover, I., Reizer, A., Connelly, V. Emergent Veteran Identity: Toward a New Theory of Veteran Identity in Israeli Society. *Armed Forces & Society*, 50(4), 2024, 931–954"

on 30 June 1947, the US Army had shrunk from 8 million in 1945 to 684,000 personnel as of 1 July 1947, and the number of active divisions from 89 to 12¹⁶⁰.

The US state's response to mass demobilisation was most fully embodied in the Servicemembers' Readjustment Act of 1944, better known as the GI Bill. Its adoption was driven by memories of the post-war crisis after the First World War – when demobilised veterans received only USD 60 in severance pay and a train ticket home – and of the 1932 veterans' march on Washington, which was dispersed by US troops. President Roosevelt signed the act on 22 June 1944. According to the US Department of Veterans Affairs, responsibility for implementing the act's key provisions – education and training, guaranteed loans for homes, farms or businesses, and unemployment pay – was assigned to the Veterans Administration (VA). The act entitled veterans to free education or training of up to USD 500 per academic year, as well as a monthly living allowance while studying, state guarantees of up to 50% of loans for buying or building homes, farms and business premises, and unemployment pay for up to a year. Of the 16 million Second World War veterans, 7.8 million made use of education or training programmes before the original version of the act expired on 25 July 1956, and in the peak year of 1947 veterans accounted for 49% of all college admissions in the United States. In 1944–1952, the Veterans Administration guaranteed almost 2.4 million home loans for veterans. Unemployment pay – the very provision that nearly derailed the act's passage – proved far less in demand than expected: less than 20% of the funds allocated to this programme were used¹⁶¹.

Unlike the Second World War, when troops were withdrawn from service as whole units, in Vietnam the US Army used a system of individual one-year rotation (DEROS): each service member served in Vietnam for exactly 12 months, while officers held command posts for six months at most. This decision stemmed from several factors: Congress had limited the total term of service for draftees to 24 months, and President Johnson refused to mobilise the reserves and the National Guard for political reasons, which made rotating whole units impossible. Military leaders also cited post-war studies that had documented psychological exhaustion in soldiers after around 180 days of continuous combat, and hoped that a fixed term would boost morale. In practice, the effect was the opposite: the constant rotation of newcomers prevented unit cohesion from forming – one veteran recalled going through five platoon commanders and four company commanders in a year of service, and military analysts Richard Gabriel and Paul Savage wrote that the system 'made it virtually impossible to form combat units with a sense of identity, morale and cohesion'¹⁶².

Compared with the Second World War benefits, educational assistance for Vietnam veterans proved far more modest. The Veterans' Readjustment Benefits Act of 1966 (Public Law 89-358) was never intended to be as generous as the programmes for earlier generations of veterans. A veteran who had served for more than 180 consecutive days received one month of educational assistance for each month of service. The payment was initially USD 100 per month for the veteran and, despite several increases over the life of the programme, eventually reached USD 376 per month in 1984; the programme itself ran until 31 December 1989. This was the first veterans' benefits law to provide payments during active service, rather than only after its completion¹⁶³.

¹⁶⁰ See "National WWII Museum. *The Points Were All That Mattered: The US Army's Demobilization After World War II*. 2020"

¹⁶¹ See "U.S. Department of Veterans Affairs. *Born of Controversy: The GI Bill of Rights*"

¹⁶² See "HistoryNet. Vietnam War: The Individual Rotation Policy"

¹⁶³ See "Congressional Research Service. *A Brief History of Veterans' Education Benefits and Their Value*. CRS Report RL34549, 2008."

The economic reintegration of the new generation of veterans was further complicated by high unemployment among recently returned service members. In a special report in 1972, the US National Advisory Council on Vocational Education counted around 320,000 unemployed veterans and noted that their unemployment rate was higher and more persistent than that of non-veterans. According to US Department of Labor data cited by the council, unemployment among Vietnam-era veterans stood at 8.3% in September 1971, compared with 6.0% a year earlier, and reached 12.4% among veterans aged 20–24 in the second quarter of 1971. Among those aged 20–29, veterans' unemployment rate was a quarter higher in the 20–24 age group and a third higher in the 25–29 age group than that of non-veterans of the same age. The average duration of unemployment benefits among former service members rose from 9.7 weeks in fiscal year 1970 to 13.3 weeks in 1971, and the number of cases in which such benefits were exhausted more than tripled – from 22,300 to 74,600. Of the almost 2.7 million veterans who applied to public employment services during the year, only 13% were placed in jobs – a lower rate than among non-veterans. Among the reasons, the council cited the economic downturn, difficulties in adjusting to civilian life, a lack of vocational skills, inadequate career counselling, insufficient government support and an indifferent or even hostile public attitude towards former service members. The council concluded that the person most in need of help was a young man aged 20–24 from a low-income or disadvantaged background, with secondary education or less, who had served in Vietnam itself, had received little or no training in civilian vocational skills during service, was unlikely to use his GI Bill education benefits and was probably unaware of the assistance programmes available to him.

Unlike the ceremonial welcomes given to Second World War veterans, Vietnam veterans mostly returned home without parades or official ceremonies. Sociologist and Vietnam veteran Jerry Lembcke attributed this to two causes. First, public opinion in the country was divided: a family whose son had just come home could not hold a celebratory welcome when the neighbours' son was just being sent to Vietnam. Second, Vietnam was a lost war, and 'there are no parades for soldiers returning from a lost war'¹⁶⁴.

It was after Vietnam that post-traumatic stress disorder took shape in American medicine as a distinct diagnosis. A national study commissioned by the US Congress (NVVRS) found that the lifetime prevalence of PTSD was 30.9% among men who had served in the war zone and 26.9% among women¹⁶⁵.

In contrast to the fixed twelve-month rotation of the Vietnam era, in April 2007 Secretary of Defense Robert Gates extended regular army combat deployments in Afghanistan and Iraq to 15 months, with at least 12 months at home between deployments – a decision that Gates himself attributed to insufficient rest time for troops between rotations and that became one of the factors behind his recommendation to President Bush to increase the size of the army and the Marine Corps¹⁶⁶. The stop-loss policy was also applied – the involuntary extension of contracts or postponement of retirement for service members in units heading to a combat zone: as of 2009, around 13,000 army service members were subject to it, and from 2010 the practice was phased out ¹⁶⁷. Instead of a one-off

¹⁶⁴ See "History.com. Why Were Vietnam War Vets Treated Poorly When They Returned?"

¹⁶⁵ See "Kulka, R.A., Schlenger, W.E., Fairbank, J.A., Jordan, B.K., Hough, R.L., Marmar, C.R., Weiss, D.S. Trauma and the Vietnam War Generation: Report of Findings from the National Vietnam Veterans Readjustment Study. Research Triangle Institute, 1988"

¹⁶⁶ See "U.S. Army. Sec. Gates Extends Army Tours in Iraq to 15 Months, 2007"

¹⁶⁷ See "U.S. Army. Army Announces Plan to Reduce Stop-Loss, 2009"

demobilisation after the end of the war, as in 1945 and 1973, the withdrawal of troops from the region stretched over years^{168, 169, 170}.

Veterans of the wars in Afghanistan and Iraq faced a different service profile from their predecessors: according to the Pew Research Center, roughly three-quarters of veterans of this generation were deployed away from their permanent duty station at least once – compared with 58% of those who served earlier – and they were twice as likely to have served in a combat zone. Reintegration proved considerably harder for this generation: around half of post-9/11 veterans described the return to civilian life as somewhat or very difficult, compared with only one in five veterans of earlier generations. Some 36% of veterans of this generation believe they have suffered from post-traumatic stress, and among those who said so, 61% reported difficulty paying bills in the first years after service, 42% difficulty obtaining medical care for themselves or their families, and 41% problems with alcohol or other substances¹⁷¹.

The institutional response to the new wave of veterans was the Post-9/11 GI Bill, adopted on 30 June 2008 and in force from 1 August 2009, which substantially expanded education benefits compared with earlier versions of the law: full coverage of tuition at public institutions or up to USD 27,120 per year at private ones (as of the 2023–2024 academic year), a monthly housing allowance, a books stipend of up to USD 1,000 per year, and the option of transferring unused benefits to family members. The Harry W. Colmery Act, adopted in 2017 and known as the Forever GI Bill, removed the time limit on using benefits and broadened the range of beneficiaries. Since fiscal year 2013, this law's benefits have accounted for more than 60% of all GI Bill participants and more than 80% of expenditure, and in fiscal year 2025 the programme was expected to cover almost 600,000 people and cost more than USD 10 billion¹⁷².

Despite the expansion of benefits, researchers and government bodies have identified systemic problems in supporting this generation of veterans. According to official data from the Department of Veterans Affairs, 6,398 veterans died by suicide in 2023, with a suicide rate of 37.8 per 100,000 among male veterans and 13.9 per 100,000 among women veterans; moreover, 61% of those who died by suicide in 2023 had not received health care in the Veterans Health Administration (VHA) system in that year or the year before¹⁷³. A separate systemic problem was the backlog of disability appeals: according to the US Government Accountability Office (GAO), before the 2017 reform the wait for a decision averaged up to seven years, and after the adoption of the Appeals Modernization Act the backlog fell from 425,445 cases in fiscal year 2019 to 174,688 in 2020¹⁷⁴.

Lessons for Ukraine

Despite their different contexts, the three cases reveal common patterns. The technical act of demobilisation always happens much faster than an adequate institutional response to its

¹⁶⁸ See "Congressional Research Service. Troop Levels in the Afghan and Iraq Wars, FY2001-FY2012: Cost and Other Potential Issues. CRS Report R40682, 2009"

¹⁶⁹ See "Al Jazeera. Last US Combat Troops Leave Iraq, 2011"

¹⁷⁰ See "Congressional Research Service. U.S. Military Withdrawal and Taliban Takeover in Afghanistan: Frequently Asked Questions. CRS Report R46879, 2021"

¹⁷¹ See "Parker, K., Igielnik, R., Barroso, A., Cilluffo, A. The American Veteran Experience and the Post-9/11 Generation. Pew Research Center, 2019"

¹⁷² See "Congressional Research Service. The Post-9/11 GI Bill: A Primer. CRS Report R42755, 2024"

¹⁷³ See "U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention. 2025 National Veteran Suicide Prevention Annual Report, part 1"

¹⁷⁴ See "U.S. Government Accountability Office. VA Disability Benefits: Actions Needed to Better Manage Appeals Workload Risks, Performance, and Information Technology. GAO-21-105305, 2021"

consequences takes shape: Croatian reservists were demobilised within a few weeks, whereas full formalisation of *branitelj* status took more than six years and continued to be refined for another two decades; the US Army shrank from 8 million to fewer than 700,000 in under two years, but inequality in the implementation of the GI Bill will still be felt in the generation of veterans' grandchildren. Decisions taken in the first months and years lock in the policy trajectory for decades to come, and correcting the flaws built in at that stage costs far more than preventing them from the outset.

At the same time, neither the generosity of a system nor its formal equality guarantees a fair outcome. The most generous of the three models – the Israeli one – nonetheless produced a crowding-out effect on civilian programmes and categorical creep in benefits. Equality in law is not the same as equality in implementation.

Nor does a compensation model in itself ensure reintegration; under certain conditions it even hinders it: Croatian researchers have documented how some *branitelji* became passive recipients of assistance; in the Vietnam era only 13% of veterans found employment through employment services; and even in Israel the key predictor of successful integration is not the size of payments but the choice of an educational or employment track. The labour market remains the weakest link in all three systems regardless of how generous the cash payments are – as does the psychological dimension of the transition, which systems built around physical disability have consistently underestimated.

None of the three cases is a direct analogue of the Ukrainian situation in terms of its combination of scale and simultaneity – but precisely for this reason the structural lessons (early decisions determine the trajectory; equality of implementation matters more than generosity of the law; compensation without a reintegration component reproduces passivity) remain relevant now, while the system is still taking shape, rather than after the fact, when the cost of correction will be much higher.

CONCLUSIONS AND RECOMMENDATIONS

The study shows only a few possible ways in which events may unfold. None of the modelled scenarios – neither the Baseline scenario, nor the Code scenario, nor the KSE scenario – gives a definitive answer to the question of what Ukraine’s veterans policy should be. The scenarios show how much different approaches would cost and what trade-offs lie behind them. Choosing between them is above all a political decision, which the model cannot take on behalf of society.

Our scenarios are just some of many possible ones: other organisations, including Veteran Hub, have also carried out their own modelling of the cost of veterans policy. We therefore believe that the debate on the future of veterans policy should be public and involve all stakeholders – the state, veterans, serving military personnel, civil society and international partners – and, above all, be honest about what the state can and cannot guarantee.

That is why the Code scenario was not examined in detail in this study. It deserves attention, but the draft Code needs to be revisited as part of a broad discussion. This requires expanding the evidence base on the policies and programmes already in place and working through the critical cohorts of service recipients. Key questions also need to be answered: what the state can afford under each of the war-trajectory scenarios, how to work with international partners and how to communicate changes to veterans and serving military personnel. Any change to their guarantees is a matter of confidence in the state, so it must not be adopted hastily or without explanation.

For such a discussion to be honest, we deliberately begin with the conclusions, the purpose of which is not to assess the performance of individual institutions but to show where the current system fails to meet the needs of veterans and the principles it has itself declared.

Conclusions

Overall, Ukraine’s veterans policy combines a broad list of status-based guarantees with low coverage of precisely those services that are most needed for the return to civilian life. The gap between declared guarantees and resources is bridged through hidden restrictions on access rather than through transparent decisions on priorities. Mass demobilisation will widen this gap.

Guarantees and needs

Guarantees match needs least where the return to civilian life is concerned. The largest gap between need and coverage is in psychological support, employment, training, business grants and housing support. Some 16.9% of veterans need psychological support, 13% need help finding a job and 12% need vocational training, while the state meets only a small part of this need. Women veterans are more likely than men veterans to be unable to obtain training services.

The reason is not only a lack of funds but also how they are allocated. Some guarantees exist only on paper: the provision of vehicles to PWDs-W, sanatorium treatment and housing compensation under CMU Resolutions No. 214, No. 280 and No. 206 are formally in force but unfunded. Others are provided regardless of need: the sports assistance (EUR 9.8 million (UAH 493 million) in 2025), compensation for motor insurance for all CPs and PWDs-W (EUR 1 million (UAH 51 million)) and the one-off Independence Day payment (around EUR 51.5 million (UAH 2.6 billion) a year) reach a wide range of recipients without any analysis of their impact on well-being. ‘eOselia’ is available only to those who can afford the down payment, so it does not reach the most vulnerable.

The system is complex for veterans and opaque for the state. Programmes are spread across many bodies with different procedures, criteria and limits. For some programmes there are no public data on cost and uptake, and performance indicators exist for almost none, so it is impossible to assess the effectiveness of individual guarantees. Practical access to some guarantees depends on the capacity of communities and on how well informed veterans themselves are.

International partners and civil society complement the state but do not close the gap. Non-state support is concentrated in mental health and medical rehabilitation, where the largest infrastructure already exists. Employment is supported only on a piecemeal basis, and there are no housing programmes among the initiatives reviewed. Moreover, donor funding is project-based and time-limited, so it cannot replace state policy.

Cost and financing

The bulk of the cost is driven by existing discharge payments and disability pensions. Transitional defence expenditure amounts to EUR 14.1–16.4 billion (UAH 711.8–826.6 billion) over 36 months across all scenarios. Disability pensions for military personnel alone will cost EUR 2–2.9 billion (UAH 103–144.5 billion) a year in the war-continuation scenario: a budget of EUR 2 billion (UAH 103 billion) is equivalent to 35% of state budget expenditure on pensions.

A policy that meets needs will cost more than the current one. The total cost of the guarantees included in the model is EUR 15–22 billion (UAH 758.6 billion – 1.1 trillion) over 36 months, or around 5–7% of planned state budget expenditure. The KSE scenario is the most expensive: redistributing funds away from broad benefits does not offset the increase in coverage of priority services, so both redistribution and additional resources are needed. The Code scenario turned out to be the cheapest mainly because many existing guarantees are not mentioned in the draft. Therefore, as noted above, it requires separate examination. For comparison, the Budget Declaration provides EUR 233.7 million (UAH 11.8 billion) for veterans policy in 2027, whereas social and other guarantees in the model's Baseline scenario cost EUR 802–827.8 million (UAH 40.5–41.8 billion) a year. These amounts are not directly comparable, as they cover different sets of programmes and expenditures. Nevertheless, the difference indicates the scale of the financial needs associated with providing veterans' guarantees and underlines the need to align the list of guarantees, actual coverage and budget planning.

Demobilisation

Mass demobilisation will exacerbate all the problems described. In the war-end scenario, around 940,000 military personnel could be discharged over three years, compared with around 350,000 if the war continues. One-off discharge payments will be concentrated at the beginning of the period, and demand for services that veterans did not use while serving will rise simultaneously for hundreds of thousands of people. The model does not take supply-side constraints into account – specialists, rehabilitation capacity, housing – so the bottleneck may be not only money but also the capacity of service providers.

Decisions therefore need to be taken before demobilisation, not after it. The experience of Croatia, Israel and the United States shows that demobilisation happens much faster than the institutional response to it takes shape, and that compensation without a reintegration component reproduces passivity. Decisions taken at this point will determine the policy trajectory for decades, and Ukraine still has time to take them in advance – through the public and honest discussion with which we began.

Recommendations

The common idea behind the recommendations is to move from a status-based model that guarantees a procedure to a policy oriented towards needs and effective coverage: the state transparently identifies priority guarantees, ensures sufficient coverage for them and reviews benefits that do not significantly improve well-being. All recommendations should be implemented before demobilisation is announced, to ensure that the state is legally, institutionally and financially ready to carry it out.

Recommendations to the Cabinet of Ministers of Ukraine, the MoVA and the Verkhovna Rada of Ukraine

1. Introduce transparent prioritisation of state guarantees. Demand for a number of services significantly exceeds the system's capacity, and guarantees that are not backed by resources lead to hidden restrictions on access. This decision must be explicit: change the guarantees or increase the resources.

- Define a list of priority guarantees and target levels of coverage for them, applying three dimensions – who is eligible, which services are guaranteed and what level of uptake is ensured.
- For guarantees that are formally in force but unfunded, take a decision: fund them or abolish them.

Responsible: Cabinet of Ministers of Ukraine, on the submission of the MoVA

2. Plan the financing of demobilisation in advance. Transitional defence expenditure amounts to EUR 14.1–16.4 billion (UAH 711.8–826.6 billion) over 36 months, and in the war-end scenario it is concentrated at the start of the period. Most of these payments – the one-off discharge allowance, compensation for unused leave, disability pensions – are calculated on the basis of military pay. Any decisions on its level and structure therefore automatically change both the cost of demobilisation and the state's long-term pension liabilities.

- Include an estimate of transitional defence expenditure and the cost of veterans' guarantees under both war-trajectory scenarios in the Budget Declaration and medium-term planning.
- Assess the impact of any changes to military pay on discharge payments and pensions as early as the stage at which such decisions are taken.
- Align demobilisation planning with pension reform, involving the MoSP and the Pension Fund of Ukraine: according to the model's estimates, disability pensions for military personnel alone will account for 41–49% of the transfer for pension provision.

Responsible: Cabinet of Ministers of Ukraine, MoD, MoF, MoSP, Pension Fund of Ukraine, MoVA

3. Finalise the draft Code of Laws on Defenders. The Code scenario is the cheapest only because many existing guarantees are not mentioned in the draft.

- Ensure that the Code either consolidates all veterans' guarantees or explicitly determines the fate of those not included in it.
- Accompany the Code with an assessment of costs and priorities, using the list of programmes and the modelling results of this study.

Responsible: MoVA, Verkhovna Rada of Ukraine

4. Review broad benefits in the light of their impact on well-being. The sports assistance, compensation for motor insurance for all CPs and PWDs-W and the one-off Independence Day payment reach a wide range of recipients regardless of need, and their impact on veterans' well-being

has not been assessed. At the same time, only 0.6% of PWDs-W will be able to have their vehicles adapted in 2026.

- Develop an approach under which all new and some existing guarantees are assessed according to their likely impact on veterans' well-being and the priority of the guarantee in the context of constrained public finances.
- Review the conditions for compensation for motor insurance and assess whether it should be linked to need, in particular to vehicles obtained or adapted at public expense. Separately, consider increasing coverage of compensation for vehicle adaptation for PWDs-W.
- Assess the impact of the sports assistance, the one-off Independence Day payment and additional primary health care services on veterans' well-being.
- Based on the results of the assessment, consider how a possible redistribution of funds would affect other expenditure, in particular on services with high need and low coverage (Recommendations 6 and 7). Decisions should be taken after consultation with veterans' organisations.

Responsible: Cabinet of Ministers of Ukraine, MoVA; for guarantees established by law – Verkhovna Rada of Ukraine

5. Move to data-driven decision-making and introduce systematic recording of programme uptake, costs and outcomes. Decisions in veterans policy should be based on data. At present, however, even basic information on the number of recipients and the cost of programmes has to be collected manually, including by public authorities themselves. For this study, we sent dozens of requests to ministries and agencies – and that is only the central level, not the regional one. The MoVA is already moving in this direction, but data must not only be collected; they must also inform policy decisions and underpin a transparent dialogue with veterans and society.

- Collect and publish, for each programme, the number of recipients, cost per person, unmet demand and effective coverage, including by region; introduce performance indicators (for example, employment after training).
- Combine administrative data with regular surveys of veterans and publish the results openly so that they can be used by public authorities, researchers and civil society organisations.
- Use these data as a mandatory basis for budget decisions, programme reviews and discussion of the draft Code: every change to guarantees should be accompanied by an assessment of whom it affects, how much it will cost and what outcome it is expected to deliver.

Responsible: MoVA together with other public authorities and local self-government bodies

Recommendations to bodies that administer programmes and provide services

6. Structurally review the programmes that return veterans to civilian life, together with the network of service providers. Psychological support, job search assistance, vocational training and business grants show the largest gap between need and coverage. At the same time, it is precisely these services that are critical for the return to civilian life – as shown both by Ukrainian survey data and by the experience of other countries. The problem cannot be solved simply by increasing funding for existing programmes: the constraint often lies in the provider network itself.

- Review how these programmes are organised: who provides the services and on what terms, how veterans access them, and how the programmes are linked to each other and to the work of veteran support specialists.

- Assess the existing network of providers – state, municipal, civil society and donor-funded – and identify where exactly capacity is lacking: specialists, facilities, presence in communities.
- On this basis, identify options for increasing coverage, including involving civil society and private providers in state programmes and delivering services closer to where people live.

Responsible: MoVA, MoH and NHSU, MoE and SES, UVF

7. Refocus housing support on the most vulnerable. Around 8,300 people can receive rent compensation in 2026, while around 11% of veterans live in unstable or crisis housing conditions.

- Prioritise recipients according to the severity of their housing situation: veterans in unstable and crisis conditions, PWDs-W, and veterans who are IDPs.
- Expand, first and foremost, rent compensation as the fastest tool for stabilising crisis situations, as well as the subvention for the purchase of housing for PWDs-W of disability groups I–II and veterans who are IDPs.

Responsible: MoVA, Ministry of Development, Cabinet of Ministers of Ukraine

8. Study the needs and life paths of women veterans separately and take them into account in support programmes. Women veterans have different needs and are more likely to face barriers in accessing services. Yet most studies and programmes treat veterans as a homogeneous group, so women's needs remain insufficiently visible.

- Identify women veterans as a separate category in surveys, administrative data and programme reporting (Recommendation 5). Study their life paths both during and after service.
- Take these data into account when designing and reviewing support programmes.

Responsible: MoVA, MoD, SES, together with veterans' organisations

Recommendations to international partners

9. Direct support to underfunded areas. Donor assistance is concentrated in mental health and rehabilitation, while employment, housing and community reintegration remain underfunded.

- When planning new programmes, focus on the areas with the largest gap between need and coverage (Recommendations 6 and 7).
- Support civil society organisations that provide employment, housing and social integration services in communities.

10. Align programmes with state priorities and transfer successful pilots into state programmes. Project funding is time-limited, so services created with donor funds disappear together with the project unless their transition is planned for.

- Coordinate new programmes with the MoVA at the planning stage and provide data on coverage, costs and outcomes for the recording system (Recommendation 5).
- Plan in advance for the transition of successful pilot services into state programmes.

11. Extend support to serving military personnel and start it while they are still in service. In Ukraine, a significant proportion of veterans are serving military personnel: CP or PWD-W status, and with it entitlement to most guarantees, is acquired while still in service. Yet some donor programmes are aimed only at those who have already been discharged, so serving personnel and their families are often unable to obtain these services. The transition to civilian life does not begin on the day of discharge. Psychological support, career counselling, training and family preparation have the

greatest effect if they begin during service – especially in view of mass demobilisation, when demand for these services will rise all at once.

- Review the eligibility criteria for programmes so that services can be used not only by discharged veterans but also by serving military personnel with CP or PWD-W status and their family members.
- Bring services closer to military personnel – through formats available during service (including remote ones) and through cooperation with patronage services. The experience of services such as ‘AZOV.Suprovid’ and the welfare service of the ‘Khartiia’ brigade shows that support can begin at the point of injury and continue until the return to civilian life.
- Develop dedicated support streams for serving military personnel, including preparation for the transition to civilian life, and coordinate them with the MoD and the MoVA.

In conclusion. Ukraine already has a broad system of guarantees for veterans, but its financing, administration and the levels of coverage achieved match neither the scale of need nor the declared principles. The main tool in the state’s hands is prioritisation: to whom, which services and with what coverage the state guarantees. The question is not whether these decisions are needed, but whether they will be taken in advance and transparently – before mass demobilisation or the continuation of the war creates a burden that the current system will be unable to cope with.

ANNEXES

Annex 1. Scope-of-guarantees scenarios and war-trajectory scenarios

Within this study, we modelled state budget expenditure under three scenarios for the scope of guarantees for veterans, as well as under two war-trajectory scenarios (end or continuation of the war). The modelling thus includes six variants of the cost of veterans policy.

Developments scenarios

Both war-trajectory scenarios cover 36 months, i.e. the results for the cost of demobilisation are presented for 3 years.

War-continuation scenario

The volume of demobilisation are estimated at 9,706 people per month (KSE Institute estimate of the number of people demobilised per month). In this scenario, mobilisation continues at 15,000 people per month (KSE Institute estimate).

War-end scenario

The volume of demobilisation are estimated at 26,148 people per month (KSE Institute estimate). The share of PWDs-W among those demobilised in the period is lower. No mobilisation takes place.

KEY ASSUMPTIONS ON CHANGES IN COHORTS PER MONTH

	War-continuation scenario	War-end scenario
Mobilised in the period	15,000	0
CPs and PWDs-W demobilised in the period	9,706	26,148
Structure of those demobilised in the period:		
CPs demobilised in the period	67%	91%
PWDs-W of disability group I demobilised in the period	2%	1%
PWDs-W of disability group II demobilised in the period	18%	5%
PWDs-W of disability group III demobilised in the period	13%	3%

Scope-of-guarantees scenarios

Each scope-of-guarantees scenario is characterised by three dimensions: 1) the list of guarantees (services, benefits and payments); 2) the audiences eligible for the guarantees (for example, all veterans, or only PWDs-W, CP-IDPs and PWDs-W-IDPs, etc.); 3) the actual or estimated level of uptake of services among all those to whom the service is guaranteed.

Baseline scenario

This scenario reflects the continuation of veterans policy as implemented as of spring 2026, in terms of the list of services and the level of actual uptake (in %, adjusted for the growth in the size of target audiences due to continued mobilisation and demobilisation). The cost of services is estimated on the basis of 2025 expenditure data (without adjustment for inflation).

Dimension	Features in this scenario
Audiences	CPs and PWDs-W
Level of service uptake	Actual service uptake data are based on official data (reports of the main budget spending units, responses to public information requests, dashboards published on the official websites of agencies) or on assumptions based on KSE Institute surveys or other sources
List of services	In line with existing guarantees (the list of programmes included in the analysis is presented in Annex 3)

Scenario of implementing the Code of Laws on Defenders of the Statehood and Independence of Ukraine

In this scenario, the audiences and the list of services are based on the proposed provisions of the draft law ‘Code of Laws on Defenders of the Statehood and Independence of Ukraine’ (the version developed by the Ministry of Veterans Affairs¹⁷⁵). Some services were excluded from this scenario compared with the Baseline scenario because they are not directly mentioned in the text of the draft law.

Dimension	Features of this scenario
Target groups	The draft Code proposes a new structure of statuses (20th-century veterans, veterans (including those with disabilities), foreign veterans, and engaged persons); however, the modelling used the CP and PWD-W cohorts
Level of service uptake	Actual service uptake was set on the basis of official data (reports of the main spending units, responses to requests for public information, and dashboards published on the official websites of government bodies) or assumptions based on KSE Institute surveys or other sources. For services that coincide with the Baseline scenario, the same uptake levels were used
List of services	In line with the list of guarantees proposed in the Code. Services not included in this scenario because they are not directly specified in the draft Code include: One-off Independence Day payment, Cash compensation for converting (adapting) vehicles for driving by PWDs-W, State-provided car, Compensation of compulsory motor third-party liability insurance costs, Rental housing compensation, ‘eOselia’, Subvention for the purchase of housing, Housing voucher for IDP veterans, Prosthetics of limbs or other body parts, High-functionality products, Prosthesis repair, Assistive rehabilitation devices, Primary healthcare, Free storage of reproductive cells, Dental treatment and dental prosthetics, Adaptation services for persons who have fully or partially lost their sight, Long-term medical care services, Scar correction services, Medical and psychological support for veterans with disorders resulting from the use of psychoactive substances, SES job search assistance

¹⁷⁵ See «Проект Кодексу законів про Захисників і Захисниць державності та незалежності України» [Draft Code of Laws on Defenders of the Statehood and Independence of Ukraine], Ministry of Veterans Affairs of Ukraine [ua]

KSE scenario

This scenario is built on the premise that guaranteed services should be reviewed, with a significant expansion of coverage for priority services and a review of the appropriateness of lower-priority services and of services that do not substantially improve veterans' well-being.

Dimension	Features of this scenario
Target groups	CPs and PWDs-W
Level of service uptake	Assumptions based on the level of need for services. Services whose coverage was significantly increased in this scenario include: Cash compensation for converting vehicles for driving by PWDs-W, State-provided vehicle (for PWDs-W), Compensation of compulsory motor third-party liability insurance costs (abolished for CPs, increased coverage for PWDs-W), Free legal aid, Home care, Services of war veteran support specialists, Rental housing compensation, Subvention for the purchase of housing (for PWDs-W), Housing voucher for IDP veterans, Benefits for housing and utility services (abolished for CPs, increased coverage for PWDs-W), Prosthetics of limbs or other body parts, High-functionality products, Assistive rehabilitation devices, Free storage of reproductive cells, Dental treatment and dental prosthetics, Adaptation services for persons who have fully or partially lost their sight, Long-term medical care services for certain categories of persons, Scar correction services, Psychological services, Medical and psychological support for veterans with disorders resulting from the use of psychoactive substances, Vocational adaptation, Education vouchers, Compensation for equipping the workplace of a person with a disability, business grants, SES job search assistance.
List of services	Assumptions based on the premise that the state should guarantee only those services that are effective and necessary for veterans' return to civilian life and for ongoing support to those who have lost their capacity to work

Annex 2. Details of the cohorts used in the modelling

In the dynamic cohort model applied, the calculation step is one calendar month and the modelling horizon covers 36 consecutive months. The calculation starts from the first month of the horizon; notional prior, or negative, periods are not used. The number of recipients at the start of the modelling is treated as a separate initial stock, while persons discharged during the horizon form a sequence of new monthly cohorts.

For calculation purposes, the target population is divided into three categories:

- Demobilised during the period, i.e. persons discharged in the relevant calculation month. They form the flow of new cohorts and are the main calculation base for payments arising directly upon discharge.
- Demobilised before the period, i.e. persons discharged before the first month of the horizon. Their number is fixed at 495,000, of whom 67% have CP status and 33% have PWD-W status.
- Active CPs, who hold the relevant status and continue to serve. Active CPs are included only in programmes whose eligibility does not depend on the completion of service, and do not form the base for discharge-related payments.

For the purposes of the model, each monthly cohort of those demobilised during the period is divided into four non-overlapping subgroups: CPs, Group I PWDs-W, Group II PWDs-W and Group III PWDs-W. The subgroup shares are set separately for each demobilisation regime and applied to the total number of persons discharged in the relevant month. This level of detail makes it possible to account for differences in the list of guarantees, uptake levels and the statutory cost of payments, in particular those whose amount depends on the disability group. Those demobilised before the period are likewise split into CPs and the three PWD-W groups.

The mechanism for accumulating recipients depends on the periodicity of the specific programme. For a one-off payment linked to discharge or to a one-time acquisition of entitlement, the calculation for the relevant month includes only the new cohort that became entitled to the payment in that month. For a regular payment or a service provided over a limited period, the number of recipients in a month is the sum of the cohorts that remain within the established payment window. For example, if a programme provides for six monthly payments, the calculation for the sixth month includes the cohorts that became entitled during the current month and the five preceding months. For open-ended programmes within the horizon, the number of recipients is the sum of all cohorts from the first month of modelling to the current month. Payments that would be made after the end of the 36-month horizon are not included in the final result.

For individualised programmes, expenditure by programme, recipient category and month is calculated using the formula:

$$\text{Expenditure} = \text{size of the target group} \times \text{uptake rate} \times \text{average cost per person} \times \text{number of payments.}$$

The size of the target group is determined by the cohort component of the model, taking into account status, disability group and the timing of discharge. The uptake rate reflects the share of eligible persons who will actually receive the payment or use the service. The average cost per person reflects the budgetary cost of one instance of support. The number of payments determines the time profile of the programme. For a one-off payment, this parameter equals one. For a periodic programme, it sets the number of months or other calculation periods during which a cohort remains among the

recipients. For an open-ended programme, the parameter ensures that the cohort is included in every subsequent month within the horizon. Applying the formula month by month makes it possible to account for overlapping cohorts and incomplete periods of use for persons entering the model towards the end of the horizon. Infrastructure expenditure is a separate component and is calculated at the level of facilities rather than individual recipients.

Annex 3. Programmes and guarantees included in the modelling scenarios

	War-continuation scenario			War-end scenario		
	Baseline scenario	KSE scenario	Code scenario	Baseline scenario	KSE scenario	Code scenario
1. Transitional defence expenditure						
Financial assistance in the event of an injury resulting in disability or partial loss of working capacity	yes	yes	yes	yes	yes, for the first year after the war ends, then no	yes, for the first year after the war ends, then no
Cash compensation for unused leave	yes	yes	yes	yes	yes	yes
Financial assistance to mobilised personnel upon discharge	yes	yes	yes	yes	yes	yes
Financial assistance to certain categories of service members upon discharge	yes	yes	yes	yes	yes	yes
Military pay upon discharge from military service	yes	yes	yes	yes	yes	yes
Military pay and additional monthly remuneration	yes	yes	yes	yes	yes, for the first year after the war ends, then no	yes, for the first year after the war ends, then no
Annual financial assistance to service members	yes	yes	yes	yes	yes	yes
Health-improvement allowance	yes	yes	yes	yes	yes	yes
Monthly payment for special merit	yes	yes	yes	yes	yes	yes
One-off Independence Day payment	yes	no	no	yes	no	no
Disability pension for service members	yes	yes	yes	yes	yes	yes
2. Social transfers						

	War-continuation scenario			War-end scenario		
	Baseline scenario	KSE scenario	Code scenario	Baseline scenario	KSE scenario	Code scenario
Cash compensation for converting (adapting) vehicles for driving by PWDs-W	yes	yes, increased coverage	no	yes	yes, increased coverage for the first two years, then no	no
Social scholarship	yes	no	yes	yes	no	yes
State-provided car	no	yes, for Group I and II PWDs-W in the first two years, then no	no	no	yes, in the first two years, then no	no
Compensation of compulsory motor third-party liability insurance costs	yes	yes, for Group I, II and III PWDs-W	no	yes	yes, only for Group I, II and III PWDs-W	no
Free legal aid	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
Home care	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
Services of war veteran support specialists	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
3. Housing guarantees and housing and utility services						
Rental housing compensation	yes	yes, increased coverage	no	yes	yes, increased coverage	no
'eOselia' affordable mortgage lending programme (new users)	yes	no	no	yes	no	no
Subvention for the purchase of housing for certain categories of persons	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no

	War-continuation scenario			War-end scenario		
	Baseline scenario	KSE scenario	Code scenario	Baseline scenario	KSE scenario	Code scenario
UAH 2 million housing voucher for IDP veterans	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
Benefits for payment of housing and utility services, solid fuel and liquefied gas	yes	yes for Group I, II and III PWDs-W; no for CPs	yes	yes	yes for Group I, II and III PWDs-W; no for CPs	yes
4. Medical and physical rehabilitation						
Prosthetics of limbs or other body parts	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
High-functionality products	yes	yes, for athletes only	no	yes	yes, for athletes only	no
Prosthesis repair	yes	yes	no	yes	yes	no
Assistive rehabilitation devices	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
Primary healthcare	yes	yes, increased coverage for PWDs-W; no for CPs	no	yes, for all	yes, increased coverage for PWDs-W; no for CPs	no
Free storage of reproductive cells	yes	yes, increased coverage	no	yes	yes, increased coverage	no
Dental treatment	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
Dental prosthetics	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no

	War-continuation scenario			War-end scenario		
	Baseline scenario	KSE scenario	Code scenario	Baseline scenario	KSE scenario	Code scenario
Adaptation services for persons who have fully or partially lost their sight	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
Long-term medical care services for certain categories of persons	yes	yes, increased coverage	no	yes	yes, increased coverage	no
Scar correction services	yes	yes, increased coverage	no	yes	yes, increased coverage in the first two years, then no	no
Competitions	yes	yes	yes	yes	yes	yes
Veteran sport	yes	no	yes	yes	no	yes
Psychological services	yes	yes, increased coverage	no	yes	yes, increased coverage	no
Medical and psychological support for veterans with disorders resulting from the use of psychoactive substances, including alcohol	yes	yes	no	yes	yes	no
Capacity-building services for certain categories of persons with functional limitations	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
5. Employment and training						
Vocational adaptation	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
Education vouchers	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes
Compensation for equipping the workplace of a person with a disability	yes	yes, increased coverage	yes	yes	yes, increased coverage	yes

	War-continuation scenario			War-end scenario		
	Baseline scenario	KSE scenario	Code scenario	Baseline scenario	KSE scenario	Code scenario
Competitive grant programmes: the UVF's 'Varto' and '20,000' (business microfinancing)	yes	yes, increased coverage	no	yes	yes, increased coverage	no
SES job search assistance	yes	yes, increased coverage	no	yes	yes, increased coverage	no
Veteran hubs	yes	yes	yes	yes	yes	yes

Annex 4. Programmes not included in the modelling

Some of the programmes listed on the Veteran PRO platform were not included in the calculation. The reasons for exclusion vary: for some programmes there are no public cost data, or the responsible body has classified the data as restricted information; others are funded outside the state budget (from local budgets, donor funds or in partnership with foreign states); some fall outside the model's target group because the payment goes not to the veterans themselves but to members of their families or to third parties; certain items are general social programmes available to all insured persons or community residents regardless of veteran status; and some programmes appeared only after data collection for this study had been completed. The table below lists these programmes together with the reason for their exclusion.

Programme name	Reason for exclusion
Financial assistance to the family of a fallen service member	Outside the model's target group (payment to families of fallen defenders)
Burial allowance for service members	The recipient of the payment is the person who arranged the burial, not the veteran
Temporary incapacity benefit	Relates to the period of service, not the post-demobilisation status
Long-service pension	Restricted data (the amount depends on military pay on the date of discharge, and most recipients were discharged before the full-scale invasion)
Survivor's pension	Outside the model's target group (payment to families of fallen defenders)
Transport benefits for travel	Art. 91 of the Budget Code of Ukraine assigns compensation payments for concessionary travel to local budgets
Benefits for various types of services	No public cost data (the benefit takes the form of priority/out-of-turn service and discounts on certain services and does not involve a defined monetary value per recipient)
Exemption from land tax	No public cost data (tax legislation does not require such benefits to be recorded)
Exemption from tourist tax and court fees	No public cost data (tax legislation does not require such benefits to be recorded)
Resilience centres	General services available to a wide range of people through ASCs/resilience centres, without separate accounting of the cost per veteran recipient
Mediation	
Information and counselling	
Social adaptation	
Residential care	
Representation of interests	
Support groups	
State programme 'eVidnovlennia'	General compensation programme for damaged/destroyed property
Housing loan	Accounted for under the 'eOselia' programme

Programme name	Reason for exclusion
Components	No separate expenditure line for components is identified in the budget programme passport report – included in the general prosthetics/prosthesis repair line without separate accounting
Post-captivity rehabilitation	Restricted data (the AFU Medical Forces Command classified the requested information as for official use only)
Rehabilitation abroad	Funded outside the state budget (partner funding)
Sanatorium treatment	No expenditure is provided for in the 2026 state budget; treatment is possible only at the expense of local budgets under local targeted programmes
State education assistance for children of certain categories of persons	Outside the model's target group (payment to children, not to veterans)
State targeted support for obtaining education	No public cost data
Unemployment benefits	General social programme for all insured persons
Compensation to employers for hiring	Payment to the employer, not directly to the veteran
'Own Business' grants	Accounted for under the 'Varto' programme
'Osvita dlia Veterana' (Education for Veterans) platform	The creation, maintenance and technical operation of the platform are not funded from budget programmes
'Veteran's Career' platform	Funded outside the state budget (donor funds)
'Made by Defenders' project	This is a brand-labelling/licensing programme to promote veteran businesses (with no set amount of support per recipient)
Veteran business communities	Associations of veterans for networking and sharing experience (mostly based at civil society/non-governmental organisations), with no direct per-person payment
Mentoring support	Provided through partner platforms rather than as a direct budget programme with a fixed cost
Map of veteran businesses	Joint UVF initiative with private services (LUN, Uklon) to promote businesses, with no per-person payment
Tax support for veteran entrepreneurship	Not considered in the study (the programme appeared after data collection was completed)
Grant for small business energy independence	Not considered in the study (the programme appeared after data collection was completed)

Annex 5. Determining the cost of programmes and services

The list of programmes was compiled on the basis of the Veteran PRO digital platform created by the MoVA. The calculation includes programmes for which the cost per person could be established in one of two ways. For some programmes, the cost is determined normatively – a resolution or law sets a fixed amount or a calculation formula. For the rest, the cost was determined empirically: the average actual cost based on 2025 budget programme passport performance reports or, where official reporting was unavailable, on the basis of responses to requests sent to CEAs. The table below sets out the approach to determining the cost of each programme.

Programme name	Basis for inclusion	Approach to determining the average cost of the service per person
1. Transitional defence expenditure		
Financial assistance in the event of an injury resulting in disability or partial loss of working capacity	CMU Resolution No. 975 of 25 December 2013	Statutory cost (multiple of the subsistence minimum by disability group)
Cash compensation for unused leave	Law of Ukraine No. 2011-XII ‘On Social and Legal Protection of Service Members and Members of Their Families’ (Art. 10-1, Part 14); Law of Ukraine ‘On Leave’ (Art. 16-2)	Statutory-estimated cost (statutory formula applied to an estimated number of days and median military pay)
Financial assistance to mobilised personnel upon discharge	CMU Resolution No. 460 of 17 September 2014	Statutory-estimated cost (statutory formula applied to median military pay)
Financial assistance to certain categories of service members upon discharge	Law of Ukraine No. 2011-XII ‘On Social and Legal Protection of Service Members and Members of Their Families’ (Art. 15, para 2, subpara 1)	Statutory-estimated cost (statutory formula applied to median length of service and median military pay)
Military pay upon discharge from military service	Decree of the President of Ukraine No. 1153/2008 ‘On the Regulations on Military Service by Citizens of Ukraine in the Armed Forces of Ukraine’ (para 242); CMU Resolution No. 704 of 30 August 2017	Estimated cost (assumed interval between the discharge order and removal from the unit rolls; cost calculated from median military pay)
Military pay and additional monthly remuneration	Law No. 2011-XII ‘On Social and Legal Protection of Service Members and Members of Their Families’ (Art. 9, para 9); CMU Resolution No. 168 of 28 February 2022 (paras 1-2); MoD Order No. 260 of 7 June 2018 (Section I, para 9)	Statutory-estimated cost (military pay – statutory formula applied to median military pay; additional remuneration – fixed statutory amount; payment duration – conservative assumption)
Annual financial assistance to service members	CMU Resolution No. 704 of 30 August 2017 (para 5, subpara 3); MoD Order No. 260 of 7 June 2018 (Section XXIV)	Statutory-estimated cost (statutory formula applied to median military pay)

Programme name	Basis for inclusion	Approach to determining the average cost of the service per person
Health-improvement allowance	Law of Ukraine No. 2011-XII 'On Social and Legal Protection of Service Members and Members of Their Families' (Art. 10-1); CMU Resolution No. 704 of 30 August 2017; MoD Order No. 260 of 7 June 2018 (Section XXIII)	Statutory-estimated cost (statutory formula applied to median military pay)
Monthly payment for special merit	Law No. 2454-IX 'On Monthly Cash Payments to Certain Categories of Citizens'; CMU Resolution No. 79 of 20 January 2023	Statutory cost (multiple of the minimum wage by award category)
One-off Independence Day payment	Law No. 3551-XII 'On the Status of War Veterans and Guarantees of Their Social Protection'; CMU Resolution No. 1396 of 27 December 2023; CMU Resolution No. 602 of 13 May 2026 (amounts for 2026)	Statutory cost (fixed amounts by category, set annually by a separate resolution)
Disability pension for service members	Law of Ukraine No. 2262-XII 'On Pension Provision for Persons Discharged from Military Service and Certain Other Persons' (Arts 20-22); CMU Resolution No. 656 of 28 July 2010	Statutory-estimated cost (percentage of median military pay)
2. Social transfers		
Cash compensation for converting (adapting) vehicles for driving by PWDs-W	CMU Resolution No. 1442 of 7 November 2025	Statutory cost
Social scholarship	CMU Resolution No. 1045 of 28 December 2016	Statutory cost
State-provided car	CMU Resolution No. 999 of 19 July 2006	Estimated cost (notional assumption of the market price of a car)
Compensation of compulsory motor third-party liability insurance costs	Law of Ukraine No. 3720-IX 'On Compulsory Civil Liability Insurance of Owners of Land Vehicles' (Art. 13); CMU Resolution No. 1091 of 22 August 2025	Average actual cost (2025 reporting data)
Free legal aid	Law No. 3460-VI 'On Free Legal Aid' (Art. 13, Part 2; Art. 14, Part 1, para 17; Art. 14, Part 4)	Estimated cost (midpoint of the statutory range for the number of requests – 3 of a possible 6 × average cost of one service based on 2025 data)
Home care	MoSP Order No. 760 of 13 November 2013	Estimated cost (notional assumption on the number of hours per day and days per year)
Services of support specialists		

Programme name	Basis for inclusion	Approach to determining the average cost of the service per person
3. Housing guarantees and housing and utility services		
Rental housing compensation	CMU Resolution No. 252 of 7 March 2025	Statutory cost (multiple of the subsistence minimum depending on the settlement)
'eOselia' affordable mortgage lending programme	CMU Resolution No. 856 of 2 August 2022	Estimated cost (difference between the market rate and the preferential rate for veterans)
Subvention for the purchase of housing for certain categories of persons	CMU Resolution No. 719 of 19 October 2016	Average actual cost (2025 reporting data)
UAH 2 million housing voucher for IDP veterans	CMU Resolution No. 1176 of 22 September 2025	Statutory cost
Benefits for payment of housing and utility services, solid fuel and liquefied gas	CMU Resolution No. 373 of 17 April 2019; CMU Resolution No. 1395 of 27 December 2023	Estimated cost (system-wide average from the 2025 budget programme passport, applied to veterans in the absence of a breakdown by category of beneficiary)
4. Medical and physical rehabilitation		
Prosthetics of limbs or other body parts	CMU Resolution No. 321 of 5 April 2012	Average actual cost (2025 reporting data: total expenditure on upper- and lower-limb prosthetics / number of recipients)
High-functionality products	CMU Resolution No. 518 of 1 October 2014	Average actual cost (2025 budget programme performance report)
Prosthesis repair	CMU Resolution No. 321 of 5 April 2012; CMU Resolution No. 518 of 1 October 2014	Average actual cost (2025 budget programme performance report)
Assistive rehabilitation devices	CMU Resolution No. 321 of 5 April 2012	Average actual cost (total programme budget / number of recipients in 2025)
Primary healthcare	CMU Resolution No. 140 of 4 February 2025	Cost according to the NHSU tariff
Free storage of reproductive cells	CMU Resolution No. 78 of 24 January 2025	Average actual cost (2025 NHSU data)
Dental treatment	CMU Resolution No. 156 of 11 February 2025	Average actual cost (NHSU data for 2025)
Dental prosthetics	CMU Resolution No. 156 of 11 February 2025	Average actual cost (NHSU data for 2025)
Adaptation services for persons who have fully or partially lost their sight	CMU Resolution No. 1060 of 22 August 2025	Estimated cost (programme budget / planned number of recipients)
Long-term medical care services for certain categories of persons	CMU Resolution No. 1365 of 23 October 2025	Normative estimated cost (lower bound of the normative tariff per care cycle, applied as a conservative assumption)
Scar correction services	CMU Resolution No. 1610 of 26 November 2025	Estimated cost (programme budget / planned number of recipients)

Programme name	Basis for inclusion	Approach to determining the average cost of the service per person
Veteran sport	CMU Resolution No. 2 of 3 January 2025	Normative cost
Competitions	CMU Resolution No. 62 of 21 January 2025	Estimated cost (conditional assumption: total funding for 2026 / number of recipients at an assumed participation rate of 5% of the current number of demobilised persons)
Psychological services	CMU Resolution No. 1338 of 29 November 2022	Average actual cost (reporting data for 2025)
Medical and psychological support for veterans with disorders resulting from the use of psychoactive substances, including alcohol	CMU Resolution No. 195 of 11 February 2026	Normative cost
5. Employment and training		
Vocational adaptation	CMU Resolution No. 432 of 21 June 2017	Average actual cost in 2025 according to MoVA data
Education vouchers	CMU Resolution No. 207 of 20 March 2013	Average actual cost (SES dashboard data for 2025)
Compensation for setting up a workplace for a person with a disability	CMU Resolution No. 893 of 22 August 2023	Normative cost
UVF 'Varto' competitive grant programmes	Budget programme 1501090 'Operation of the Ukrainian Veterans Fund, including the Fund's project support activities'	Average grant size in 2025 according to MoVA data
'20,000' (business microfinancing)	Budget programme 1501090 'Operation of the Ukrainian Veterans Fund, including the Fund's project support activities'	Average actual cost (reporting data for 2025)
SES job search assistance	Law No. 3551-XII of 22 October 1993	Estimated cost of a career adviser's time
Capacity-building services for certain categories of persons with activity limitations	CMU Resolution No. 1476 of 7 November 2025	Average cost based on the 2026 budget

Annex 6. Comparison of the cost of veterans' guarantees over 36 months, by programme and scenario included in the model, EUR million

Programme	War continuation			War end		
	Baseline	KSE	Code	Baseline	KSE	Code
Total direct expenditure	16,927.6	20,867.7	15,023.1	18,747.1	22,009.9	16,648.0
Transitional defence expenditure	14,460.6	14,096.9	14,095.6	16,369.3	15,424.5	15,422.7
Cash assistance in the event of an injury resulting in disability or partial loss of working capacity	2,203.3	2,178.6	2,178.6	585.6	489.1	489.1
Cash compensation for unused leave	865.5	865.5	865.5	2,654.4	2,654.4	2,654.4
Discharge allowance for mobilised personnel	819.7	819.7	819.7	2,208.3	2,208.3	2,208.3
Discharge allowance for certain categories of service members	308.7	308.7	308.7	174.7	174.7	174.7
Military pay upon discharge from military service	426.9	426.9	426.9	1,150.2	1,150.2	1,150.2
Military pay and additional monthly remuneration	1,469.1	1,284.2	1,284.2	1,009.4	288.3	288.3
Annual financial assistance for service members	426.9	426.9	426.9	1,150.2	1,150.2	1,150.2
Health improvement allowance	426.9	426.9	426.9	1,150.2	1,150.2	1,150.2
Monthly payment for special merit	15.9	17.9	16.6	22.1	24.9	23.1
One-off Independence Day payment	156.0	-	-	130.0	-	-
Disability pension for service members	7,341.5	7,341.5	7,341.5	6,134.2	6,134.2	6,134.2
Social transfers	581.4	1,331.1	388.9	677.4	1,457.3	553.1
Cash compensation for vehicle adaptation for PWDs-W	6.7	27.4	-	5.3	13.3	-
Social scholarship	4.4	-	4.4	6.3	-	6.3
Vehicle from the state	-	606.5	-	-	480.0	-
Reimbursement of compulsory motor third-party liability insurance costs	185.8	6.9	-	119.0	5.4	-
Free legal aid	2.6	31.3	2.5	3.2	39.2	3.2
Home care	7.4	44.4	7.4	6.2	37.4	6.2
Veteran support specialist services	374.6	614.7	374.6	537.4	881.9	537.4
Housing guarantees and housing and utility services	875.7	3,431.1	438.1	937.7	2,689.0	561.7
Rent compensation	18.5	503.3	-	27.8	733.3	-
eOselia affordable mortgage lending programme	163.2	138.5	138.5	173.4	138.5	138.5
Subvention for the purchase of housing for certain categories of persons	385.1	737.6	-	304.8	358.6	-
UAH 2 million housing voucher for veteran IDPs	9.2	1,834.2	-	8.5	1,281.3	-
Benefits for paying for housing and utility services, solid fuel and liquefied gas	299.6	217.6	299.6	423.2	177.3	423.2
Medical and physical rehabilitation	892.0	772.8	29.4	617.8	585.0	37.8
Prosthetics of limbs or other body parts	51.6	86.4	-	11.6	17.9	-
High-functionality devices	730.5	146.1	-	499.7	99.9	-
Prosthesis repair	26.8	26.8	-	21.2	21.2	-
Assistive rehabilitation devices	10.2	26.5	-	8.0	12.9	-
Primary healthcare	0.1	2.2	-	0.2	1.8	-
Free storage of reproductive cells	0.1	3.3	-	0.1	3.0	-
Dental treatment	33.2	71.3	-	30.5	41.0	-
Dental prosthetics	4.1	77.4	-	3.7	47.4	-

Programme	War continuation			War end		
	Baseline	KSE	Code	Baseline	KSE	Code
Adaptation services for persons who have fully or partially lost their sight	2.9	14.4	-	2.3	7.6	-
Long-term medical care services	0.9	42.1	-	0.7	34.3	-
Scar correction services	1.1	28.6	-	0.9	15.1	-
Veteran sport	22.3	-	22.3	28.3	-	28.3
Competitions	4.5	4.5	4.5	6.9	6.9	6.9
Psychological services	0.5	14.9	0.5	0.8	23.0	0.8
Medical and psychological support for veterans with substance use disorders	1.3	215.7	-	1.2	242.1	-
Capacity-building services for certain categories of persons	2.1	12.8	2.1	1.8	11.0	1.8
Employment and training	72.9	1,190.7	26.1	99.9	1,809.0	27.8
Vocational adaptation	7.6	66.3	7.6	11.7	102.4	11.7
Education vouchers	1.9	9.4	1.9	2.9	14.6	2.9
Compensation for setting up a workplace for a person with a disability	16.6	38.6	16.6	13.1	30.6	13.1
UVF 'Varto' competitive grant programmes	39.0	1,051.7	-	60.1	1,623.7	-
'20,000' (business microfinancing)	0.9	-	-	1.4	-	-
SES job search assistance	7.0	24.8	-	10.6	37.8	-
Infrastructure – veteran spaces (hubs)	45.0	45.0	45.0	45.0	45.0	45.0