Summary report on Analysis and Recommendations

November 2025

Enhancing Victim Assistance in the context of Explosive Ordnance and Explosive Weapons in Ukraine

CONTENTS

ACRONYMS & ABBREVIATIONS

APMBC	Anti-Personnel Mine Convention
DRC	Danish Refugee Council
EO	Explosive Ordnances
EORE	Explosive Ordnance Risk Education
EW	Explosive Weapons
GFFO	Federal Foreign Office of the Federal Republic of Germany
HI	Humanity & Inclusion
IMAS	International Mine Action Standards
MHPSS	Mental Health and Psychosocial Support
MoE	Ministry of Economy
MoH	Ministry of Health
MoSP	Ministry of Social Policy
NMAA	National Mine Action Authority
OPD	Organizations of Persons with Disabilities
UN CRPD	UN Convention on the Rights of Persons with Disabilities
UNDP	United Nations Development Programme
VA	Victim Assistance

1. INTRODUCTION

1.1 Research background and analytical framework

This report presents the findings of research on Victim Assistance (VA) in Ukraine commissioned by Humanity & Inclusion (HI) and undertaken by Projects Clinic Consulting between June and August 2025. HI provided technical support throughout the process. The research and publication were made possible through the financial support of the Federal Foreign Office of the Federal Republic of Germany. The opinions, findings and conclusions expressed herein are those of the authors and do not necessarily reflect the views of the Ministry of Foreign Affairs of the Federal Republic of Germany.

The geographical scope of the research covers the oblasts of Dnipro, Kharkiv and Mykolaiv, selected because HI is operational there and because Kharkiv and Mykolaiv are among the regions most affected by explosive ordnance (EO) contamination, intense shelling and the resulting [1] of explosive weapons (EW).

> *"They say your whole life flashes before your eyes before death… This is Avdiivka, January 26, 2015. My second birthday."*
>
> *— Elena, survivor from Avdiivka, Donetsk Oblast*

Elena's reflection captures the devastating human impact of explosive ordnance and reminds us that behind every statistic lies a personal story of survival and resilience. Her experience underscores the urgency and moral imperative of ensuring coordinated, inclusive and rights-based Victim Assistance for all those affected.

The research combined four complementary methods:

- Desk review and background analysis;
- 19 key-informant interviews with representatives of national and international NGOs, local authorities and community leaders;
- Quantitative and qualitative survey involving 287 participants, including EO and EW survivors, indirect victims and trained service providers, examining access barriers, awareness of VA standards and funding constraints; and
- Eight testimony case studies from the three oblasts.

[1] EO and EW victims are individuals who, as a result of an accident involving EO or EW, respectively: have experienced physical, emotional and/or psychological injury, or economic loss; whose recognition, enjoyment or exercise of their human rights on an equal basis with others has been hindered; or whose full and effective participation in society has been restricted (IMAS 13.10). In line with the definition of victims in the CCM, 'victims' are people killed, injured and/or impaired, their families, and affected communities. The term 'direct victims' or 'casualties' refers to individuals who have been injured or killed by explosive ordnance (EO). 'Indirect victims' include the family members of those directly affected, as well as communities impacted by EO contamination. The term 'survivor' specifically denotes a person who has experienced an EO accident and lived through it.

The research focused on EO and EW survivors and indirect victims and did not include persons with disabilities who had not been directly affected by explosive ordnance. As a result, findings do not compare access to services between survivors and other persons with disabilities.

Grounded in a rights-based and disability-inclusive approach, the report positions VA not merely as humanitarian aid but as a legal and human-rights obligation. Under Article 6 of the Anti-Personnel Mine Ban Convention (APMBC), Article 5 of the Convention on Cluster Munitions (CCM), and Articles 9, 11, 26 and 28 of the Convention on the Rights of Persons with Disabilities (CRPD), States Parties to these conventions must ensure the full realization of victims' rights. The report also references the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action (2019), the Political Declaration on Explosive Weapons in Populated Areas (2022), and International Mine Action Standard 13.10 on Victim Assistance (2023) (IMAS 13.10) as guiding frameworks.

Within Ukraine's Mine Action framework, VA is recognized as one of its five pillars, alongside clearance, risk education, stockpile destruction and advocacy. The National Mine Action Authority (NMAA), under the Ministry of Economy (MoE), holds overall responsibility for coordinating VA. In practice, mine action actors such as HI, the Danish Refugee Council (DRC) and the United Nations Development Program (UNDP) have supported this coordination, advanced data collection on EO and EW casualties, and contributed to developing the draft National VA Plan (2025–2027).

At the operational level, the mine-action sector holds responsibility for VA-specific efforts under IMAS 13.10—such as identifying, registering and referring survivors and indirect victims, and providing information to link them with appropriate services. In practice, however, these activities are not yet implemented systematically across all mine-action organizations or EO-affected areas, and are often integrated only partially within non-technical survey, information management and clearance operations.

To ensure that survivors and indirect victims are connected to existing services and that national systems are strengthened to include them—rather than VA being a standalone or parallel structure—the integrated approach to VA promotes close coordination between the mine-action sector VA-specific efforts, and national systems. In parallel, VA-broader efforts—including the delivery of health, rehabilitation, psychosocial, educational, social-protection and economic-inclusion services—are led by national authorities and specialized service providers. Within this integrated approach, these two dimensions are interdependent: mine-action actors contribute to identifying and referring people in need of services in areas where land release and EORE is conducted, while public systems provide the broader services required. Together, they form a continuum of support that bridges mine action with broader social and institutional frameworks.

As outlined in the Terms of Reference, the consultancy assessed barriers and facilitators to access to VA services[2] experienced by EO and EW survivors and indirect victims and analyzed broader national-level findings on VA. For the purpose of this report 'access to services' is understood as a multidimensional concept encompassing their availability, accessibility, and quality, reflecting both physical and financial access as well as the adequacy of support provided. The analysis applies a cross-cutting and intersectional focus on disability, gender and age, ensuring that family members and caregivers—particularly women—are recognized as indirect victims entitled to support.

In line with the twin-track approach to disability inclusion, the analysis combines targeted support for victims of EO and EW with measures that reinforce inclusive national systems—health, rehabilitation, education, employment and social protection—to make the mainstream system inclusive for all. Complementing this, the report applies the integrated approach to VA, which ensures that VA-specific efforts undertaken by the mine-action sector work in close coordination with broader VA efforts delivered through health, rehabilitation, education and social-protection systems.

The principle of non-discrimination—as enshrined in the CCM—underpins all aspects of VA. This implies that access to services must be based on need rather than cause of injury: improving access to services therefore benefits not only people injured by EO/EW, but also other people with life threatening injuries and condition, not only EO/EW survivors, but also other persons with disabilities from other causes and other vulnerable individuals in EO affected communities.

To ensure locally grounded and participatory findings, the analysis and recommendations were developed in consultation with national stakeholders, as well as representatives of Organizations of Persons with Disabilities (OPD) and Survivor Organizations (SO). Grounded in a participatory process and viewed through a rights-based, disability-inclusive and integrated lens, the report identifies key achievements, remaining barriers and opportunities to enhance Ukraine's compliance with international obligations and ensure that no victim is left behind. It concludes with concrete, actionable recommendations for Ukrainian authorities and other stakeholders to strengthen the coherence, inclusiveness and effectiveness of VA, targeting the mine action sector, as well as national and local authorities involved in VA, relevant clusters and working groups, and the humanitarian and donor community.

[2] As per IMAS 13.10, VA services are understood to encompass *emergency and ongoing medical care*, *rehabilitation*, *psychological and psychosocial support*, *and social inclusion*, including measures that promote inclusive education and economic inclusion. While these are referred to as *VA services* in the IMAS, they are in fact services delivered through broader national systems—primarily health, rehabilitation, education, employment and social protection—that serve not only victims of explosive ordnance and weapons, but all persons with disabilities and other vulnerable individuals. Although social-protection mechanisms are not explicitly listed in IMAS 13.10, this research also considered them an integral component of a comprehensive system of services.

1.2 Context and rationale

The large-scale invasion of Ukraine by the Russian Federation in February 2022 and the ensuing protracted conflict have severely undermined civilian safety and rights, generating widespread insecurity and humanitarian suffering. A major consequence has been the extensive use of EW in populated areas and the resulting contamination with EOs, posing grave and long-term risks to life, dignity and access to essential services. EO contamination also stems from the 2014 hostilities in eastern Ukraine and from the legacy of past conflicts, including World War I and II.

According to the Landmine Monitor 2024, Ukraine is now among the seven most heavily contaminated countries worldwide. Data from the National Mine Action Authority Secretariat indicate 1 277 EO casualties between February 2022 and October 2025. Beyond casualty data, EO and EW contamination has far-reaching physical, psychological, social and economic consequences for survivors, their families and communities.

Addressing these complex impacts requires a comprehensive, multi-sectoral response as part of effective VA within mine action as well as broader efforts. While national authorities, humanitarian actors and civil-society organizations have made progress in providing emergency medical care, rehabilitation and psychosocial support, the report's findings show that VA services in Ukraine remain unevenly distributed, with limited resources and coordination gaps that particularly affect rural and frontline areas. Access barriers are heightened by the lack of trained specialists, insufficient funding and inconsistent referral mechanisms across sectors.

The Government of Ukraine and its partners have nevertheless committed to strengthening inclusive systems through the Mine Action Strategy (2023–2030), the National Strategy for an Inclusive Barrier-Free Environment (2023–2030) and the State Target Programme on Rehabilitation of Persons with Disabilities. This research supports those efforts by generating evidence on barriers and facilitators that shape survivors and indirect victims' access to rights and services and by providing actionable recommendations to translate legal and policy commitments into coordinated implementation.

The findings seek to guide policy dialogue, programming and resource mobilization for a rights-based, inclusive and sustainable system of VA—one integrated within Ukraine's national health, rehabilitation, education, employment and social-protection frameworks and contributing to the Sustainable Development Goals (SDGs) and the Humanitarian–Development–Peace (HDP) Nexus.

2. MAIN RESEARCH FINDINGS

2.1 Policies and legislation connected with VA

Ukraine's VA framework is anchored in a series of international and national standards. At the international level, the key instruments connected with VA are the APMBC, the CCM, the CRPD,

IMAS 13.10 on VA, the Political Declaration on EWIPA, and the IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action. Together, these frameworks establish a rights-based obligation for States Parties to ensure access to health care, physical rehabilitation, psychosocial support, socio-economic inclusion, and participation for persons affected by EO.

At the national level, VA is regulated through several laws and strategies. The principal instruments include the Law of Ukraine "On Mine Action in Ukraine," the Law "On the Status of War Veterans, Guarantees of Their Social Protection," the Law "On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine," and Cabinet of Ministers Resolution No. 1020 of 29 September 2021. The Law on Mine Action defines a victim of EO as any person injured, killed or psychologically harmed by mines or explosive remnants of war, including family members of the deceased, and recognizes VA as one of the five pillars of humanitarian mine action. VA is also reflected in the National Mine Action Strategy (2023–2030), where Strategic Goal 2 assigns state authorities responsibility for ensuring adequate and accessible social protection for people affected by explosive ordnance through cross-sectoral coordination.

Whilst not yet institutionalized by the Government of Ukraine, the National Victim Assistance Plan (2025–2027) constitutes an important policy instrument developed by stakeholders at the initiative of the Government. The plan has already been transferred to regional authorities for implementation, representing a step toward operationalizing VA commitments at subnational level.

Although IMAS 13.10 on VA is recognized as a guiding framework on VA for the mine action sector, its practical implementation in Ukraine remains limited. Awareness of its provisions among service providers and authorities is low, and planned technical training led by HI and partners aims to strengthen its operational use.

Despite this solid normative framework, the effective provision of adequate and accessible multi-sectoral services in line with victims' rights remains limited. The research identifies implementation gaps and low awareness of relevant standards among authorities and service providers. In the survey, more than half of trained service providers reported that they were aware of none of the main Ukrainian and international standards, legislative and policy frameworks connected with VA. This knowledge gap undermines the consistent application of the MBT, CCM, CRPD, IMAS 13.10 and related national laws in practice.

2.2 Barriers to accessing VA services in Ukraine

The research identified a range of interrelated barriers that negatively affect the availability, accessibility and quality of Victim Assistance (VA) services in Ukraine. These barriers occur at four main levels:

(1) infrastructure, capacity, institutional and funding;
(2) geographical and environmental;
(3) information and administrative; and

(4) social, economic and perception.

Survivors and indirect victims may experience several of these barriers simultaneously, creating complex challenges that also place heavy strain on service providers operating with limited staff and resources. Certain groups face heightened vulnerability to these constraints - particularly those who live in remote or frontline areas, have physical or psychosocial impairments, are older persons, or experience intersecting vulnerabilities such as low income, displacement, or inadequate housing.

Infrastructure, capacity, institutional and funding barriers
Gaps in infrastructure, human resources and funding limit the scope and consistency of VA services. Service providers face high caseloads and short-term project funding, leading to disruptions in follow-up care and support. Fragmented coordination mechanisms, combined with insufficient institutional capacity, hinder coherent planning and service continuity. These institutional weaknesses are further compounded by insecurity and access restrictions in conflict-affected areas, which limit outreach and the delivery of rehabilitation and psychosocial support.

Geographical and environmental barriers
Unequal service distribution across oblasts and districts constrains access, particularly in rural, remote and frontline communities where the density of service providers is low. Survivors and indirect victims frequently encounter long travel distances, damaged infrastructure and limited or unaffordable transport options, especially for those with physical or psychosocial impairments. Security conditions in areas near the front line further reduce mobility and access to both emergency and long-term care.

Information and administrative barriers
Lack of accessible and clear information remains a major challenge. Among survivors and indirect victims, 30% reported not knowing how to access services, while 30% noted that needed support was unavailable in their community. Many respondents also lacked awareness of additional services beyond initial assistance, which limits continuity of care and rehabilitation. Administrative and bureaucratic obstacles further exacerbate these difficulties, including complex procedures for obtaining disability status or social benefits, and a shortage of adapted formats (e.g. Braille or audio) for persons with sensory impairments.

Among trained service providers, 30% indicated awareness of access barriers faced by survivors and indirect victims—particularly in relation to cash assistance, MHPSS and rehabilitation. The main barriers they identified closely mirrored those cited by victims: lack of information (75%), unavailability of services (39%) and inadequate or unaffordable transport (39%).

Social, economic and perception barriers
Financial inaccessibility also is a barrier for respondents. Many survivors and indirect victims struggle to afford transport, medication, assistive devices or paid rehabilitation sessions. Social stigma and negative attitudes among some service providers continue to deter people from

seeking mental-health or disability-related support. Gender disparities are also evident, with women and EO survivors more likely to describe barriers as "large." Intersecting vulnerabilities - including displacement, older age, psychosocial distress and low income - further compound exclusion.

Overall, barriers to VA in Ukraine are multidimensional and mutually reinforcing. They stem from gaps in infrastructure, human resources and funding; unequal service distribution linked to geography and security; information and referral bottlenecks; and social and economic exclusion. In addition, insecurity and access restrictions in conflict-affected areas, fragmented coordination, and short-term project funding further undermine the continuity of services and institutional stability. These combined systemic, environmental and operational pressures significantly shape people's access to services.

2.3 Quality, availability and accessibility of VA services

The research indicates that even when survivors and indirect victims are able to access VA services, the availability, accessibility and quality remain uneven across regions and service types. While progress has been made in expanding emergency medical care, rehabilitation and psychosocial support since the escalation of the conflict, existing services often fall short in terms of timeliness, comprehensiveness and continuity of support. Service quality is affected by persistent shortages of qualified specialists, particularly in rehabilitation and mental health, as well as by uneven technical capacity between state and non-governmental providers and limited access to rehabilitation equipment and assistive devices. In several oblasts, health and rehabilitation staff work under heavy workloads and with limited resources, reducing the time available per person and affecting follow-up.

Coordination between service providers also remains limited. Referral systems linking hospitals, rehabilitation centers, VA-specific efforts carried out by mine action personnel, psychosocial services and social protection institutions are not systematic, leading to fragmented care pathways. Survivors who complete medical or rehabilitation treatment are not always referred to psychosocial or social-support services, and information sharing between institutions is inconsistent. As a result, continuity and complementarity of care are frequently compromised.

> *"My son lost his leg. It changed everything for our family. I left my job because someone had to be with him every day. We survive on his small pension and what little I can find doing odd jobs."*
>
> *— Yevhen, caregiver and father of a survivor, Mykolaiv Oblast*

Yevhen's testimony illustrates the profound economic and psychosocial impact of explosive ordnance incidents on families. It highlights why caregivers must be recognized as indirect victims in their own right and supported through financial, psychosocial and respite measures as

part of comprehensive Victim Assistance. Service availability and accessibility vary markedly between urban and rural areas. While national and regional hospitals in major cities tend to provide a broader range of services with more specialized staff, local and community-level facilities are often under-equipped and lack expertise in prosthetics, orthotics and trauma-related rehabilitation. Mobile and outreach services remain limited in coverage and frequency, particularly in frontline oblasts where needs are most acute.

Monitoring mechanisms for service quality are weak. Few service providers reported receiving training or guidance on how to apply common quality standards in rehabilitation, psychosocial support or social inclusion. Consequently, service standards and documentation practices differ across facilities. Respondents underlined the need for greater consistency in supervision, monitoring and adherence to unified service protocols to ensure quality and coherence of practice among providers.

2.4 VA actors: Roles, Capacities and System Gaps

The stakeholder mapping conducted as part of this research identified the main VA actors in Ukraine as follows:

- National authorities and ministries:
  - Ministry of Economy (MoE)
  - Ministry of Health (MoH)
  - Ministry of Social Policy (MoSP)
  - National Mine Action Authority (NMAA)
- Local authorities and community leaders
- International and national partners, including:
  - United Nations Development Programme (UNDP)
  - International Committee of the Red Cross (ICRC)
  - Right to Protection
  - Ukrainian De-miners Association and other NGOs

The mine-action sector, including operators engaged in land release, EORE and information management, and the Victim Assistance Working Group (VA WG) – co-chaired by the Danish Refugee Council (DRC) and Humanity & Inclusion (HI).

- Smaller local organizations and volunteers

Across these actors, key knowledge, coordination and capacity gaps were identified. Service providers often lack training in psychological support, awareness of evolving EO and EW risks, and clarity on referral procedures. The MoE was recognized by participants as playing an active and collaborative role, while the MoSP and MoH were perceived as less consistently engaged despite their central responsibility for rehabilitation, social protection and disability inclusion. This

limited engagement undermines inter-ministerial coordination and weakens national ownership of VA.

Mine-action sector performance and capacity: *VA-specific efforts*

While the mine-action sector is formally responsible for VA-specific efforts under IMAS 13.10—such as identifying, recording and referring survivors and indirect victims—implementation remains inconsistent across operators and oblasts. Data from key-informant interviews revealed that referrals are often ad hoc and depend heavily on individual staff initiative or project funding. Information on available services is not systematically updated, and not all organizations conducting non-technical or technical survey activities include survivor identification or referral as part of their standard operating procedures.

Respondents also noted limited awareness among some mine-action actors of IMAS 13.10 requirements and the integrated approach to VA, including their role in mapping available services and sharing relevant data with coordination mechanisms. Service mapping and referral processes are often carried out through short-term donor projects, with insufficient institutionalization or follow-up at the local level.

As one interviewee explained:

> *"We record incidents and injuries, but not all operators know how to follow through with referral or where to send the information. The link between mine action and social or medical services is still too weak."*

These findings highlight the need for sustained training and operational guidance for mine-action personnel on identification of people in need of services, referral, and coordination with social and health systems. Stronger collaboration between mine-action organizations, local authorities and coordination structures is essential to ensure that all EO-affected individuals are consistently identified and connected to available services.

National and local authorities: VA-broader efforts

Research participants emphasized that effective VA also depends on stronger engagement by national actors and increased resource allocation to local authorities and community heads, alongside these local authorities prioritizing VA in their own planning and budgets. This was repeatedly voiced as a critical gap: without stronger engagement and funding from national ministries, local authorities lack the means to sustain and scale VA services. Strengthening coordination and financing across both levels of government is therefore essential to ensure continuity, inclusion and sustainability of VA efforts across Ukraine.

Respondents further stressed the need for greater investment in human resources—particularly mental-health professionals and rehabilitation specialists - and for more consistent involvement of national actors in supporting local structures. Local administrations require not only financial resources but also technical guidance and capacity-building to integrate VA within broader social-service delivery and disability-inclusion systems.

2.5 VA actors: Coordination practices and coordination gaps

Ukraine has established a multi-tiered coordination structure under the Law on Mine Action. In theory, this framework provides a cross-government mechanism for coordination. In practice, however, its functionality has been uneven due to overlapping mandates, wartime pressures and limited institutional resources.

Within this structure, VA is recognized as one of the five pillars of humanitarian mine action, coordinated through the National Mine Action Authority (NMAA). The mine-action sector therefore holds an institutional mandate to lead on VA-specific efforts, such as identifying and referring survivors and indirect victims, maintaining data on EO and EW casualties, and promoting inclusion and non-discrimination in line with IMAS 13.10. However, implementation of these functions remains inconsistent. Referral and data-collection processes are not systematically applied by all operators, and service mapping in EO-affected areas is still limited. This undermines the sector's ability to fulfil its coordination and reporting responsibilities.

Because VA also intersects with the broader disability, health and social-protection systems, coordination requires building bridges between VA-specific efforts within mine action and VA-broader efforts implemented by national and local authorities. While the integrated approach to VA calls for these dimensions to function in synergy—mine-action actors identifying and referring survivors, and public systems providing ongoing medical, psychosocial, and socio-economic support—coordination between these domains remains fragmented. In most oblasts, collaboration depends on bilateral arrangements or donor-driven projects rather than a fully institutionalized, cross-sectoral mechanism. The Ministry of Economy (MoE) currently acts as the de facto lead for coordination, though this role remains to be formally established in national policy.

Positive coordination practices include the VA Working Group (VA WG), which has served as a key forum for dialogue and joint planning among VA stakeholders. It has convened regular multi-stakeholder meetings, facilitated data sharing and research, and supported the development of the National Victim Assistance Action Plan under the leadership of the MoE and NMAA, with support from UNDP, HI, DRC and other VA WG members. These initiatives demonstrate growing collaboration between mine-action and public-sector actors, though coordination is still primarily dependent on external facilitation and project-based funding.

Persistent challenges remain, including:

- Decentralized governance that limits enforcement from national ministries;

- Strict data-protection rules constraining referrals and case management;
- Fragmented data systems lacking detailed and interoperable victim information;
- Inconsistent referral pathways and limited awareness of procedures across organizations; and
- Absence of a unified advocacy strategy among VA stakeholders.

Overall, existing coordination structures and partnerships provide a foundation for progress, but leadership fragmentation and limited information-sharing continue to undermine coherence and sustainability. Strengthening institutional linkages between the mine-action and social sectors - through formalized mandates, harmonized data-sharing, and sustained national oversight - will be essential to realize an integrated, inclusive and accountable approach to VA in Ukraine.

The effectiveness of these coordination efforts ultimately depends on the availability of accurate, disaggregated and interoperable data on casualties, survivors and services - issues explored in the following section.

2.6 Data gaps on incidents, survivors and services

The research confirmed that major data gaps persist regarding EO and EW incidents, casualties, victims' needs and related services. These gaps limit coordination, evidence-based planning and the delivery of effective VA in Ukraine. They exist across four interrelated domains: casualty data, data on the needs for services of survivors and indirect victims, data on available services, collection is a part of VA-specific efforts, and data from VA-broader efforts such as cash assistance.

A. Collection of casualty data (*VA-specific efforts*): Accurate and detailed casualty data remains limited in Ukraine. Official reporting by state authorities, including the national mine-action database, often provides only partial information—typically indicating the oblast, timeframe and basic gender or age category of casualties—without specifying the type of injury, source of incident, or follow-up support received. Under-reporting of EO and EW incidents by governmental bodies further limits the accuracy and completeness of available data, preventing a full understanding of the scale of contamination and its human impact.

In line with the Inter-Agency Standing Committee (IASC) Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action, casualty data should be disaggregated by sex, age and disability (SADDD). Available datasets rarely distinguish between individuals who had disabilities prior to the EO or EW incident and those who acquired disabilities as a result, limiting understanding of pre-existing vulnerabilities versus new disabilities caused by explosions. Recording this information is essential to ensure that persons with pre-existing disabilities are visible in national casualty data and that prevention and assistance strategies address their specific needs.

Standardization of data collection through the Information Management System for Mine Action (IMSMA), and interoperability with health and social databases, is essential to build a comprehensive national casualty reporting system that can inform mine action, disability-inclusion, including inclusive social protection planning.

B. Collection of data on survivors and indirect victims' needs for services (*VA-specific efforts*): Systematic data on the needs of survivors and indirect victims—including family members and affected community members—remain scarce. Such information is vital to assess ongoing rehabilitation, psychosocial and socio-economic inclusion requirements, as well as barriers to accessing services.

According to IMAS 13.10, collecting data on the needs of all persons living in EO-affected areas constitutes a *VA-specific effort* within mine action. It should be carried out by staff engaged in non-technical survey, technical survey, Explosive Ordnance Risk Education (EORE) and clearance activities, who are often the first to identify survivors and indirect victims. These operational teams are in a key position to record information on individuals' functional needs, service access gaps, and to make required referrals during field engagement.

To ensure consistency and interoperability between humanitarian and government systems, the Protection Cluster, in collaboration with the Ministry of Social Policy (MoSP), holds responsibility for developing harmonized reporting templates and standardized referral pathways for VA and broader protection activities. In practice, the Protection Cluster plays a coordinating and technical-support role—promoting common data standards, facilitating information exchange between humanitarian actors and national authorities, and ensuring that referral mechanisms are aligned with protection principles and data-protection regulations. The MoSP, for its part, is tasked with integrating these referral systems within the national framework of social protection and disability inclusion to ensure that survivors and indirect victims are systematically linked to public services.

However, as of mid-2025, these harmonized tools and procedures have not yet been fully implemented. Referral systems and reporting templates remain largely organization-specific and project-based, varying across humanitarian, health, and mine-action actors. Organizations such as HI, DRC and UNDP have developed their own mechanisms for identifying, referring and following up with survivors, but these initiatives operate independently and are not yet connected through a unified national framework. The absence of standardized templates and interoperable databases continues to limit coordination and accountability, preventing comprehensive analysis of service coverage and unmet needs across the VA system.

C. Collection of data on available services (*VA-specific* and *VA-broader efforts*): Another critical gap concerns the mapping of available services in EO-affected areas. As outlined in IMAS 13.10, service mapping is a core *VA-specific effort*. It should be undertaken by land release and EORE staff to identify existing health, rehabilitation, psychosocial, and social-protection services in areas of operation. This mapping enables operational teams to provide informed referrals and

to ensure that survivors and indirect victims are connected to existing services rather than relying on ad hoc assistance. Information gathered through service mapping should be regularly updated and fed into referral systems and VA coordination mechanisms at national and oblast levels. This approach enhances coordination among mine action, health and social actors and supports more effective planning of inclusive service provision in EO-affected areas.

D. Data collected through VA-*broader efforts* (cash assistance): The research collected limited data on multipurpose cash assistance as part of *broader-VA efforts* beyond the direct scope of mine action. Findings indicate that data gaps persist in this area, particularly regarding the absence of standardized reporting on transfer values, eligibility criteria, and implementing partners. These inconsistencies have contributed to perceptions of unfairness among survivors.

Participants also noted uncertainty about which organizations are responsible for monitoring the effectiveness and equity of such support, undermining accountability and making it difficult to assess whether cash assistance reaches its intended beneficiaries.

Together, these data gaps undermine coordination, accountability and the ability to plan and deliver VA. They also limit visibility of the full continuum from casualty identification to long-term recovery and inclusion. Strengthening SADDD-compliant casualty reporting, systematic needs assessments by mine action operators, service mapping through land release and EORE staff, and standardized cash-assistance reporting is essential to build an evidence base that informs both VA-*specific* and *broader* programming across Ukraine.

2.7 Facilitators & good practices in VA

Despite the many barriers described above, the research identified a number of positive practices and enabling factors that promote access to VA in Ukraine. These facilitators operate at both individual and systemic levels, reinforcing each other to improve access, continuity and quality of care.

At the **individual level**, survivors and indirect victims highlighted social and relational factors that go beyond logistical or financial considerations. Key facilitators include:

- Trust and confidence in staff providing services;
- Recognition of the value and importance of services received;
- Encouragement and support from family members and service providers; and
- Practical accessibility, including proximity and available transport.

These factors work together to increase service uptake and continuity of care. While physical accessibility remains critical, interpersonal trust and social encouragement were often described as equally decisive in motivating survivors and indirect victims to seek and sustain engagement with available services.

At the **service-delivery level,** inclusive and person-centered practices further strengthen empowerment and inclusion:

- Individual MHPSS consultations that respect privacy and confidentiality when addressing sensitive issues;
- Group psychosocial sessions jointly attended by community members and survivors, which strengthen social ties, peer support and self-care;
- Use of the Washington Group Questions to ensure inclusive identification of diverse functional limitations; and
- Home-based rehabilitation sessions, such as physiotherapy, for persons facing mobility or transport barriers.

At the **environmental and systems level**, good practices also emerged that help create enabling conditions for inclusion:

- Cooperation between local authorities, NGOs and health institutions in outreach and referral efforts, showing that coordination can extend inclusion beyond single projects;
- Integration of rehabilitation services within hospital structures and training initiatives
- supported by international organizations;
- Awareness-raising activities targeting service providers and communities to address stigma toward persons with disabilities, including EO survivors;
- Local-level initiatives to improve accessibility of public buildings and transport, often led or supported by municipal authorities; and
- Involvement of organizations of persons with disabilities (OPDs) and survivor representatives in local planning and consultation processes, fostering community ownership and sustainability.

These examples demonstrate that effective VA requires not only accessible and coordinated services but also a supportive environment that fosters confidence, motivation and social inclusion. Building on these facilitators and good practices will require sustained investment, clearer quality benchmarks, and mechanisms that ensure survivors and indirect victims receive comprehensive, coordinated and person-centered support throughout their recovery process, while also fostering broader societal inclusion and equal participation of survivors, other persons with disabilities and vulnerable persons in community life.

3. KEY RECOMMENDATIONS

The research concludes with targeted recommendations to strengthen the availability, accessibility, quality and coordination of a non-discriminatory and integrated approach to VA in Ukraine. This approach is intended to enhance access to services for all individuals living in EO-contaminated areas through VA-specific efforts carried out by the mine-action sector, while also reinforcing VA-broader efforts led by national and local authorities to strengthen Ukraine's inclusive systems of health, rehabilitation, education, employment and social protection. The

recommendations also seek to ensure that VA-specific efforts contribute to the development and sustainability of these national systems, with a view to ensuring that VA supports the realization of human rights, the implementation of the CRPD, and progress towards the Sustainable Development Goals (SDGs).

VA in Ukraine requires coordinated efforts across two complementary dimensions.

VA-specific efforts should be carried out by the mine-action sector, coordinated by the NMAA and implemented by mine-action organizations, including SOs, in close collaboration with OPDs. These efforts include, but are not limited tom, the identification, registration and referral of survivors and indirect victims, the maintenance and analysis of casualty and service-mapping data, promoting need for strengthened access to services, and coordination in line with IMAS 13.10.

VA-broader efforts should be led by national and local authorities—principally the Ministry of Economy (MoE), Ministry of Social Policy (MoSP) and Ministry of Health (MoH)—with support from the Ukraine Protection Cluster, international partners, SOs, OPDs and other civil-society actors. These efforts involve planning, financing and delivering inclusive services in health, rehabilitation, psychosocial support, education, employment and social protection.

Together, these complementary efforts operationalize the integrated approach to VA, ensuring that people injured by EO/EW, survivors and indirect victims are connected to existing national systems rather than supported through parallel structures.

The recommendations that follow distinguish between VA-specific efforts and VA-broader efforts. The first recommendation provides the enabling policy and institutional foundation needed for all others. Strengthening linkages between VA-specific and VA-broader efforts—through coordination, data sharing, joint planning and financing—runs as a cross-cutting objective throughout the recommendations. Both levels of effort require continued donor support to ensure coherence, sustainability and alignment with international standards.

3.1 Strengthen policy, institutional capacity and national ownership

To consolidate policy leadership and long-term commitment:

VA-specific efforts should:

- Finalize, adopt and operationalize the National Victim Assistance Plan (2025–2027), ensuring its integration within the National Mine Action Strategy (2023–2030) and its clear anchoring under the NMAA.
- Clarify and formalize the coordination mandate of the NMAA for VA-specific efforts, including data collection, referrals, cross-pillar coordination and reporting to the APMBC and CCM.

- Ensure that SOs and OPDs are systematically engaged in the design, implementation and monitoring of VA activities coordinated under the NMAA.
- Raise awareness among mine action actors and local authorities on relevant frameworks - particularly the CRPD, IMAS 13.10 and IASC Guidelines - to strengthen accountability and consistent implementation.
- Advocate for dedicated and equitable funding for VA, including in rural and frontline areas, and ensure transparency and accountability in resource use.

VA-broader efforts *should:*

- Align the National VA Plan with broader disability-inclusive and social-protection policies to ensure coherence between VA and national inclusion systems.
- Clarify the respective roles and responsibilities of the MoE, MoH and MoSP in coordinating and monitoring VA implementation, ensuring stronger inter-ministerial collaboration.
- Secure sustained budget allocations for VA within national and local government structures, and establish mechanisms to maintain funding beyond short-term project cycles.
- Promote awareness of VA-related rights and standards among service providers to enable accountability, self-advocacy and participation in decision-making.
- Intensify efforts to operationalize the CRPD and IASC Guidelines on the Inclusion of Persons with Disabilities in Humanitarian Action.

3.2 Expand and improve the accessibility and quality of services

To guarantee that all survivors and indirect victims can access quality, inclusive services:

VA-specific efforts should:

- Strengthen the capacity of mine-action actors to identify, register and refer survivors and indirect victims to appropriate services, using harmonized referral and follow-up tools.
- Ensure that service mapping is conducted in EO-affected areas by non-technical survey -and EORE teams.
- Feed information on available health, rehabilitation, psychosocial and social-protection services into referral mechanisms and VA coordination structures to support planning, funding advocacy and referral pathways.
- Coordinate with MoSP and humanitarian cash-working groups to align transfer values, eligibility criteria and follow-up mechanisms

VA-broader efforts

VA-broader efforts should focus on the following interconnected areas, ensuring their support to persons with disabilities and other vulnerable persons also reach survivors and indirect victims:

A. Rehabilitation and psychosocial support (MHPSS)

- Increase investment in rehabilitation, MHPSS, as well as in socio-economic inclusion, prioritizing underserved rural and frontline areas.
- Improve the availability of assistive devices and rehabilitation equipment, and expand mobile and home-based rehabilitation services to reach persons with limited mobility.
- Provide targeted follow-up training and psychosocial support for survivors fitted with prosthetic or orthotic devices, ensuring their safe and effective use and facilitating physical and psychological adaptation. Organizations fitting assistive devices should offer or refer for such training and ensure continuity of rehabilitation care in coordination with MHPSS providers.
- Promote community awareness campaigns that normalize seeking MHPSS and rehabilitation support, helping to overcome social stigma and strengthen acceptance of mental-health and psychosocial services

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"It would be great if organizations visited again like they used to. This would be helpful for people—they 'come alive' afterwards."

— Svitlana, participant in community-based group sessions, Dnipro Oblast

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Svitlana's words highlight how continued psychosocial engagement and group activities restore confidence, reduce isolation and strengthen social bonds—affirming the importance of sustained community-based support as part of Victim Assistance.

B. Community-based inclusion and peer support

- Expand and sustain community-based group sessions bringing together survivors, family members of people injured and killed, and other community members to reduce isolation, enhance social inclusion, improve psychosocial well-being and reduce stigma related to mental health and disability. These sessions should be progressively led by community leaders or local volunteers and adapted to reach different age groups and vulnerable populations, including rural and IDP-hosting areas.
- Diversify group-session activities to include discussion and dialogue, arts, self-care guidance and intergenerational exchange, ensuring they are progressively led by local actors to support sustainability.

C. Financial and livelihood support

- Expand financial assistance to include survivors and indirect victims whose economic situation limits access to services, prioritizing transparent, needs-based support such as multipurpose cash assistance.
- Ensure that VA actors coordinate with MoSP and humanitarian cash-working groups to align transfer values, eligibility criteria and follow-up mechanisms, and to develop standardized reporting and monitoring systems for VA-related cash assistance that

respects the principles of non-discrimination, in line with the national social-protection framework.

D. Accessibility and mobility

- Address transportation and mobility barriers by expanding accessible transport options, subsidizing travel or accommodation when needed, and facilitating mobile or home-based service delivery for those with reduced mobility or psychosocial impairments.
- Strengthen adapted and accessible support mechanisms within administrative and bureaucratic procedures for survivors with impairments. This includes ensuring that documents and forms are available in accessible formats (e.g. Braille and audio), and that designated staff are trained to also guide survivors and indirect victims through socio-economic and disability-status procedures.
- Collaborate with NGOs, SOs and OPDs with expertise in inclusion to develop and share guidance, training and good practices that improve accessibility of bureaucratic processes.

E. Capacity strengthening and inclusive service delivery

- Strengthen training and continuous professional development for health, rehabilitation and MHPSS professionals, incorporating duty-of-care provisions to address stress and burnout among service providers.
- Integrate continuous professional development for service providers, including training on the evolving impacts of EO/EW, accessibility standards, and data protection obligations.
- Integrate gender, age and disability considerations systematically across all services to ensure inclusiveness and non-discrimination.

3.3 Enhance coordination and information-sharing among VA actors

To improve coherence, accountability and inter-sectoral collaboration:

VA-specific efforts should:

- Institutionalize the VA Working Group as a permanent coordination platform under the NMAA.
- Strengthen coordination between mine-action actors and national authorities to ensure that VA-specific data and referrals feed into national systems in line with IMAS 13.10.
- Facilitate survivor-led monitoring and feedback within the VA Working Group and other coordination forums to ensure that survivors' perspectives inform national and local decision-making.

VA-broader efforts should:

- Develop standard referral procedures and a harmonized case-management approach linking medical, rehabilitation, psychosocial and social-protection services.
- Establish a secure and compliant data-sharing mechanism that enables coordination while respecting data-protection regulations.
- Promote regular joint planning, peer learning and information exchange among ministries, local authorities, OPDs, SOs and humanitarian partners.
- Strengthen coordination between the mine-action, health, social-protection and disability sectors by clarifying accountability among the NMAA, MoH, MoSP and MoE, and by linking mine-action databases with national information systems (see recommendation 3.4 below on different types of data).
- Ensure that the Ukraine Protection Cluster supports alignment of referral pathways and reporting templates between mine-action and protection actors.

3.4 Strengthen data and evidence for planning and monitoring

To build an interoperable national system that supports evidence-based planning, accountability and resource allocation:

(a) Casualty data – VA-specific efforts should:

- Improve national reporting on EO and EW incidents and casualties, ensuring sex-, age- and disability-disaggregated data (SADDD) collection in accordance with the IASC Guidelines.
- Record 'disability' in such a manner that it is clear whether casualties had pre-existing disabilities or acquired them as a result of the incident, alongside details of the incident context and referral outcomes.
- Standardize and update casualty data within IMSMA, ensuring interoperability with other national databases.

(b) Data on survivors' and indirect victims' needs – VA-specific efforts should:

- Collect systematic information on services needs of people living in EO affected areas where land release and EORE is being implemented to enable referral, inform follow-up and inclusive programming.
- Harmonize tools and reporting formats to enable data collection on needs across VA actors, coordinated by the MoSP and Ukraine Protection Cluster, to ensure comparability and consistency.
- Integrate this data within broader health, rehabilitation and social-protection information systems to facilitate coordinated service delivery.

(c) Data on available services: combined VA-specific and VA-broader efforts by mine-action and non-mine-action actors should:

- Conduct and regularly update service mapping in EO-affected areas, identifying health, rehabilitation, psychosocial and social-protection services accessible to affected individuals.
- Link service-availability data with casualty and needs data to support a continuum of assistance from identification to service access.
- Mine-action information-management staff should analyze service and needs data to identify gaps and promote funding and service delivery with donors, national and local authorities, and other responsible entities.
- Disseminate simplified, accessible information on available VA services through print, digital and community channels, ensuring that materials are reviewed for accessibility and shared through local authorities, SOs, OPDs and community leaders.
- Develop a coherent, interoperable and comprehensive data system linking IMSMA casualty data with information on survivors, indirect victims and mapped services, disaggregated by sex, age, disability and geography, to strengthen accountability, coordination, programming and resource allocation for VA to support inclusive service delivery in Ukraine.

3.5. Promote inclusion and participation of survivors and indirect victims

To ensure that survivors and persons with disabilities actively shape VA policy and practice:

VA-specific efforts should:

- Involve survivors, family members, OPDs and SOs in VA planning, coordination and monitoring within mine-action structures.
- Facilitate survivor-led monitoring and feedback within the VA WG and other coordination forums.

VA-broader efforts should:

- Ensure that SOs and OPDs are meaningfully engaged in national and local decision-making processes concerning VA policy, planning and service design.
- Support peer-to-peer networks and survivor-led initiatives that foster mutual support, self-representation and advocacy.
- Raise awareness among survivors and indirect victims about their rights, available services and complaint mechanisms to strengthen agency and participation.
- Involve survivors, family members, SOs and OPDs in decision-making processes regarding service delivery and programming across all relevant sectors.
- Ensure that family members and caregivers are recognized as victims in their own right and have equitable access to psychosocial, financial and social-support services. Strengthen recognition and tailored support for their specific needs through research, peer-support networks, psychosocial self-care guidance, and advocacy for financial or respite assistance where caregiving limits employment.

- Promote participatory and inclusive mechanisms for feedback and complaint handling within the national and local system of services.

3.6 Foster sustainability and long-term impact

To ensure continuity, inclusion and institutionalization of VA:

VA-specific efforts should:

- Advocate jointly with donors and ensure that VA - including both VA-specific and VA-broader efforts, as well as coordination mechanisms - is funded on a predictable, flexible, and multi-year basis within mine-action and national frameworks, to guarantee, amongst others, continuity of referrals, follow-up, and integration into national systems.
- Strengthen linkages between VA and other mine-action pillars, including reporting on casualties, needs and available services, as well as data analysis, to maintain comprehensive follow-up and inform advocacy with donors and authorities.

VA-broader efforts should:

- Promote multi-year funding and partnerships between government institutions, civil society and international actors that reinforce the capacity of an inclusive system of services.
- Integrate VA considerations across broader humanitarian, development and recovery frameworks[3]—including health, education, employment, social protection and multi-purpose cash assistance—to ensure a comprehensive and sustainable approach.
- Use data on survivor and indirect victims' needs and service availability to guide donor engagement, ensuring that funding supports service delivery gaps in EO affected areas.
- Embed VA priorities within national recovery and reconstruction planning, ensuring that inclusive service systems remain a lasting outcome of humanitarian response and post-war recovery.

4. CONCLUSION

VA in Ukraine stands at a pivotal juncture. The progress made in recent years—through the development of a draft National VA Plan, strengthened coordination under the NMAA, and the growing engagement of national and local partners—demonstrates a shared commitment to uphold the rights and dignity of EO/EW victims. Yet the findings of this research underscore that persistent barriers, uneven service quality, data gaps and fragmented coordination continue to constrain the reach and effectiveness of VA.

[3] National or international strategies guiding post-war rebuilding and reconstruction, which should also integrate VA considerations.

Building an inclusive, resilient and lasting system of assistance requires a dual focus. First, mine-action actors must continue to strengthen VA-specific efforts—identification, registration, referral, and data collection and management—in close collaboration with SOs and OPDs. Second, VA-broader efforts led by national and local authorities must reinforce inclusive systems of health, rehabilitation, psychosocial support, education, employment, and social protection. Enduring national VA depends on both the continuation of VA-specific efforts within mine action and the institutionalization of VA-broader efforts within public systems, ensuring that targeted support evolves into inclusive, long-term social change. Only through continued coordination between these two dimensions can VA evolve from a humanitarian response into a rights-based national system embedded within Ukraine's broader recovery and development frameworks.

Institutionalizing the VA Working Group and adopting the National VA Plan (2025–2027) will be essential steps to consolidate national ownership. Equally vital is ensuring that survivors, family members and OPDs are active partners in shaping policy and service delivery. Their lived experience offers indispensable insight for improving quality, accessibility and accountability.
To be effective, VA must be adequately resourced. Predictable, flexible and multi-year funding will allow for continuity of rehabilitation and psychosocial services, expansion of mobile and community-based support, and investment in the capacity of Ukrainian professionals. Integrating VA priorities into national recovery and reconstruction planning will further ensure that inclusive services are not temporary relief measures, but enduring components of a barrier-free society.

Ultimately, enhancing VA in Ukraine is not solely about addressing the consequences of EO—it is about advancing social inclusion, equity and human rights. By bridging VA-specific and VA-broader efforts, strengthening coordination and data systems, and empowering survivors and their families as agents of change, Ukraine can transform VA into a cornerstone of its national resilience and recovery, ensuring that no victim is left behind.