Humanitarian Research Hub

A Dual Transition: Social Adaptation and Reintegration of Internally Displaced Veterans in Ukraine

Analytical report based on the findings of a qualitative study (Brief version)



October 2026

EXECUTIVE SUMMARY

Context and Objectives:

The veteran population is growing rapidly. According to Ukraine's Ministry of Veterans Affairs, it reached around 2 million by May 2026, including 160,000 people with combat-related disabilities. After the war, veterans and their families could reach 5–8 million. Experts expect demand for veteran services to peak later, as many service members with nowhere to return to remain on active duty. IDP veterans face two transitions simultaneously: from military service to civilian life, and from a lost home to a new place of residence. However, the interaction between these transitions remains understudied.The study aims to identify the adaptation strategies veterans employ, examine how displacement shapes these strategies, and determine the factors influencing the success of their adaptation trajectories.

Study Design and Sample:

A qualitative comparative study based on 37 semi-structured narrative interviews: 20 IDP veterans (the main group), 10 veterans who returned to their previous place of residence (the comparison group), and 7 experts. Fieldwork was conducted from 28 August to 24 September 2026. Purposive sampling, supplemented by snowball sampling, was used to recruit participants from five macroregions of Ukraine.

Key findings:

A compressed transition period. The challenges faced by both groups are largely the same, but internally displaced veterans must address them simultaneously: having to pay rent from day one shifts their focus from recovery to meeting basic needs.

Housing as the foundation for all other decisions: employment, family reunification, access to healthcare, and the decision to remain in the community all depend on it. The most significant gap is the lack of temporary housing during the transition period.

The first 3-6 months are the most vulnerable: While benefits and documentation are still being processed, final payments upon discharge from military service are delayed, rent must be paid immediately. As a result, internally displaced veterans often take the first job that allows them to cover their living expenses.

Rights and healthcare must be fought for. Duplicative paperwork, inconsistent registries, and repeated referrals turn veterans into "couriers" between institutions, while military medical assessments MHC, appeals, and medication costs compete with rent for limited financial resources.

The information gap begins upon discharge from military service. The requirement to provide information is already in effect (Order No. 701/205), yet respondents were unable to describe a clear pathway for navigating post-discharge procedures through the Territorial Centres for Recruitment TCC and SS. Where support specialist take a proactive approach, the transition to civilian life tends to be smoother.

People are the most valuable resource: family members, fellow service members, and individual support professionals are key sources of support. Psychological assistance is often postponed until "housing, income, and paperwork have been sorted out."

Identity and status. Both groups describe themselves as "a different person," while IDP veterans also ask, "Where is my home?". Veteran status provides benefits, but does not guarantee acceptance.

Four reintegration trajectories among 20 internally displaced veterans: "Establishing stability" (5), "Mobilizing support networks" (3), "Surviving in rental housing" (10), and "Life on hold" (2). What distinguishes these trajectories is the presence of an initial "anchor": housing, family members who can provide accommodation, or a job offering stability and security.

Conclusions: What distinguishes IDP veterans is not their displacement status, but the lack of time, resources, and a place to return to after military service. Most of the necessary support mechanisms already exist; the problem lies in the gap between formal decisions and actual access to housing, benefits, healthcare, or support services. The key policy question, therefore, is whether veterans have somewhere to return to.

Recommendations (11 recommendations grouped into five sections; each follows the structure: "What the study found – What already exists – What is proposed"):

- First months after discharge (see pp. 7–8): kent subsidies reflecting actual market prices, full settlement of payments upon discharge, and bridging humanitarian assistance until state benefits begin.
- Access to services and rights without having to "prove" eligibility (see p. 9): automatic referral to a designated specialist with a named contact and clear roadmap, data sharing between registries, and outcome-based evaluation of veteran support.
- Housing (see p. 10): registration and priority access to temporary housing for those with nowhere to return to, housing navigation support, and elimination of *"waiting-list traps."*
- Healthcare and psychosocial support (see p. 11): assistance with military medical assessments MHC, continuity of treatment, "warm referrals," and peer-to-peer support.
- Employment (see p. 12): short, job-specific training with ongoing support, career counselling, and workplace adaptations for veterans with disabilities

Limitations: The findings reflect trends within a purposive sample, not their prevalence in the general population. Respondents' accounts were not cross-checked against official administrative statistics. The comparison group was small (10 participants). The study captures the situation during the fieldwork period. Some changes took effect before fieldwork (28 August – 24 September 2026), while others came into effect afterward.

Methodology: A qualitative research design with a comparative approach was applied. Responses from the main and comparison groups were compared with each other and with interviews conducted with experts, including veteran support specialists, coordinators, and managers of veteran centres and organizations. A finding was considered consistent if independently confirmed by at least six respondents and two experts. Quotations are presented without identifying details, indicating only the participant group and macroregion.

WHAT THE INTERVIEWS REVEALED:

1. A compressed transition period: why IDP veterans have no "breathing space"

The key difference is not the problems themselves, but the timing. Veterans returning home have several months to recover and look for work without urgency, while IDP veterans must find housing, pay rent, and earn an income from their first month after discharge. Experts describe this as a *"compressed transition period"*: a person formally resides in a community but remains *"on the edge"* for a long time. The order of priorities also changes: veterans without IDP status seek rehabilitation, training, and grants after discharge, while IDP veterans focus on housing, money, and any available job.

> *"When someone comes home to comfortable conditions, to their family, their own place... familiar faces, friends, well, that's a bit different... But here, you wake up every morning knowing that in a week you have to pay that 12,000 so you don't... end up at the train station."*

(IDP veteran, central region)

Conclusion. What distinguishes IDP veterans is not a different set of challenges, but the need to address them simultaneously and urgently. Programmes designed for a gradual transition (rehabilitation, retraining, and psychological support) are formally available but, in practice, are postponed until housing and basic income needs are secured.

2. Housing: why everything begins and ends here?

For IDP veterans, housing is not just one of many barriers, but the central factor shaping employment, family reunification, and the decision to stay. Rent consumes a substantial share of income, while the risk of being asked to leave by the landlord makes any plans uncertain. State programmes operate on a *"first come, first served"* basis, access is restricted by lists of eligible territories that do not reflect the actual front line, requirements for documents that cannot be obtained from occupied territories, and waiting lists with no clear timeframe. Where housing becomes available, adaptation trajectories change rapidly: families return from abroad, and couples manage to support their families even on minimal incomes.

> *"Even if someone gives me that 20,000 to move somewhere else, I'd have to register for housing all over again... If I move, I'll be without housing for at least another year or two."*

(IDP veteran, eastern region)

Conclusion. Without housing, employment decisions are driven by the need to *"cover the rent"*, medical treatment is postponed, and families remain separated. Permanent housing is provided slowly and selectively, while temporary housing for the transition period is virtually unavailable, precisely when it is needed most. Expanding temporary housing options (social rental housing, dormitories, and the conversion of unused buildings) would therefore most directly address the identified gap.

3. Employment: rebuilding a career or taking "any job"

For veterans without IDP status, employment is a matter of self-fulfilment; for IDP veterans, it is a matter of survival. The former are more likely to return to their previous employers, while the latter have lost access to workplaces in occupied territories, and health conditions often prevent them from returning to their former professions. Economic pressure forces IDP veterans to accept the first available job: rapid employment *"may appear to be a successful reintegration outcome"* but increases the risk of burnout, while the first civilian salary may be lower than the cost of rent.

> *"IDP veterans need to completely rebuild their careers because they certainly won't be returning to the factories where they used to work in the occupied territories."*

(expert, veteran centre)

Conclusion. IDP veterans seek employment without a job to return to, established professional networks, or financial reserves, making them more likely to accept unsuitable, lower-paid work. Short, practical training linked to guaranteed employment and grants with ongoing support are the most effective approaches. The greatest gap is employment opportunities for veterans with disabilities, whose main barriers often lie in working conditions rather than skills.

4. The first months: why veterans "fall through the cracks"

The critical period is the first 3–6 months after discharge or the initial course of treatment, when benefits and documentation are still pending. Both groups experience an income gap, but for IDP veterans, it is compounded by rent payments and often by outstanding payments owed by their military units, forcing some to cut back even on food.

> *"I cut back on food. I mean, I'm at the point where I'm really cutting back on groceries. Sometimes I can go a whole day without eating just to save up a bit of money, and for me, that's normal."*
>
> (IDP veteran, central region)

Conclusion. There is no state mechanism guaranteeing basic financial support during this period. International and charitable organizations partially and unevenly fill this gap because *"there is less paperwork and things get sorted out faster."* According to experts, two to three months of rent assistance would be enough to complete the necessary paperwork and secure an income.

5. Rights: why veterans have to "prove their entitlement"

Veterans complain not about a lack of rights, but about the effort required to exercise them: the state mobilizes people automatically, but veterans must repeatedly prove their eligibility for benefits and compensation. Behind the term "bureaucracy" lie specific mechanisms: duplicate paperwork, inconsistent registries, referrals between institutions, lost documents, and refusals overturned only after complaints or court proceedings. IDP veterans must also verify their IDP status and navigate two support systems, where benefits from one may reduce payments from the other. For example, a war-related disability pension is counted as income, reducing IDP assistance payments.

> *"I just don't understand: if I break traffic rules, I automatically get a fine. So why, when I've already proven my status and it's now permanent, don't I receive my benefits automatically?"*
>
> (IDP veteran, central region)

Conclusion. The burden of exercising these rights falls on individuals who have just returned from war, often with injuries. The root of the problem lies in disconnected government databases, which force veterans themselves to act as *"couriers"* between institutions. The result is exhaustion and distrust: some veterans simply give up trying to exercise their rights.

6. Information and support: who helps veterans navigate the system

The information gap begins at discharge: Veterans pass through the Territorial Centres for Recruitment and Social Support TCC and SS but receive neither a specialist's contact nor a clear roadmap for accessing services. Word of mouth remains the main information source, yet displacement disrupts these networks. Information is not lacking: it is scattered across government resources, social media, and organizations, failing to reach those who need it.

> *"The fewer social connections you have, the less information you'll have in your community about benefits and all these activities. That's one hundred percent certain."*
>
> (IDP veteran, western region)

Veteran support specialists received mixed assessments. Many veterans do not seek their assistance due to distrust, negative experiences with other services, or a lack of awareness of their functions. Those who do seek support generally describe it as critically important. A proactive specialist becomes a key resource, while excessive workloads, limited authority, and reporting requirements undermine this role. Around 3,000 specialists work across Ukraine; in one region, approximately 100 serve 32,000 combat veterans. Veterans place the greatest trust in fellow veterans who have gone through similar experiences. Both veterans and experts support the creation of a unified digital platform providing information on rights and benefits by status, with automatic retrieval of supporting documents, complemented by a printed information guide provided upon discharge.

Conclusion. The information gap facing IDP veterans is structural: they consistently learn about available opportunities later than others. The most effective channels are proactive, personalized support and the experiences of fellow veterans, while the greatest "missed entry point" into the support system is the discharge process at TCC and SS.

7. Health and rehabilitation: what lies behind "delayed treatment"

Health-related accounts turned out to be accounts of administrative procedures. MHC decisions often fail to reflect a person's actual health condition, while the officially recorded cause of disability has financial consequences: disability classified as unrelated to military service can result in the loss of benefits, while appeals require assistance and travel to another regional centre. Free medical treatment does not eliminate expenses for medication, examinations, and prosthetics, while access to guaranteed rehabilitation remains limited.

Conclusion. For IDP veterans, every trip to a medical assessment, every pack of medication, and every appeal competes with rent, while rehabilitation also competes with the need to earn an income. As a result, they postpone treatment for the long time, often indefinitely.

8. Psychological well-being: the limits of independent adaptation

Most veterans in both groups cope on their own or with support from those close to them: from the 30 veterans interviewed, only six sought professional psychological support. The reasons include stigma, distrust, and reluctance to *"dig into"* personal issues. For IDP veterans, priorities are another factor: when rent and food come first, seeing a psychologist *"never becomes a priority"*. The most concerning finding is that some veterans find military service easier than civilian life. When civilian life offers neither housing, income, nor a social support network, the military becomes the only *"familiar and stable"* option, a tendency more pronounced among IDP veterans.

> *"If your job isn't related to your own business or the military community, according to my own informal survey, 95% of the guys return to military service within a year... You just can't find your place here."*
>
> (IDP veteran, central region)

The figure of 95% is the respondent's personal estimate, not a statistical finding. However, the same tendency was described by other veterans and two experts.

Conclusion. Independent adaptation has its limits: disillusionment, isolation, and returning to military service as a form of escape emerge when basic needs remain unmet. The most effective forms of support are assistance from people with similar experiences, practical activities, and treatment that individuals choose themselves rather than imposed forms of support.

9. Family, community, identity and status

Family is the main resource for adaptation, but displacement affects it differently from military service. IDP veterans' families are more often separated across countries, cities, or the front line, while the family support network is disrupted and reunification depends on housing. Integration into a new community varies widely: from respect shown to veterans at schools and hospitals to years without a single invitation to visit someone's home and a sense of being an *"outsider"* because of one's accent.

> ***"I'll never become one of them... When you're selling things at the market or somewhere else, they immediately say: you're not from around here. You don't speak the way we do. Even though I speak Ukrainian..."***
>
> (IDP veteran, central region)

Those who become involved in shared activities, through their children, civil society organizations, or employment, integrate most quickly, while isolation hinders integration. Veteran status provides access to benefits but does not ensure social acceptance: many respondents deliberately avoid disclosing it to prevent conflict and humiliation, while most view IDP status as neutral. Veterans in the comparison group are almost unanimous in their intention to stay, while IDP veterans consider several options. Homeownership is the main "anchor", while the choice of region depends on safety, employment opportunities, and rental costs (notably, greater job availability and lower rents strongly influence IDP veterans' choice of region within the sample).

Conclusion. The identity of an IDP veteran is shaped by two unfinished transitions: from a military to a civilian sense of self, and from a lost home to a new place of residence. The second transition effectively cannot begin until housing and employment needs are secured. Respecting a service member and accepting them as *"one of their own"* are different things. Therefore, rights should be exercised automatically, without veterans having to repeatedly *"present"* their status.



FOUR ADAPTATION TRAJECTORIES:

The combination of resources, strategies, and barriers reveals four typical adaptation trajectories in the accounts of 20 IDP veterans. These are not rigid categories: individuals may move from one trajectory to another.

Trajectory	№	Characteristics
Establishing stability	5	Own housing (through a state programme, charity or family), stable income or own business, family nearby.
Mobilizing support networks	3	Active self-reliant strategy, reliance on comrades from the service, flexibility, experience of previous moves.
Surviving in rental housing	10	Rent takes most of the income, work is unstable or absent, queues with no deadlines, health limits capacity.
Life on hold	2	Uncertainty, hope of returning home or to service, decisions "on pause".

The decisive factor is not education or personal initiative, but having at least one "anchor" from the outset: educated and proactive respondents without such an anchor found themselves *"surviving in rental housing"*, while securing housing quickly changed their adaptation trajectory.

IDP veterans and veterans without IDP status: similarities and differences

The table summarizes interviews with both groups and expert assessments. It describes trends within the sample, not their frequency.

Dimension	Dimension	Dimension
Housing	Own or family housing; the issue is resolved or not urgent	Rental housing, dormitories, or accommodation with acquaintances; the first and most pressing need
Transition period	Time for treatment, rest, and choosing a job	***"Compressed"***: action is needed from the first month
Employment	Return to a previous employer or business, education, retraining	Rebuilding a career from scratch; the priority is paying rent; first available job, lower income
First 3–6 months	Housing and family help cushion the income gap	The income gap is compounded by rent; veterans borrow money or cut back on food
Documents and services	Duplicated documents, waiting lists, refusals, court proceedings	The same, plus IDP status, two parallel systems, documents from occupied territories, and the effect of disability pensions on getting benefits
Information	Existing networks: relatives, fellow service members, neighbours; less reliance on platforms	Networks are disrupted; information arrives late or by chance
Physical and mental health	The same consequences of military service and barriers related to MHC; costs partly covered by family or employment	The same consequences, but recovery and treatment are postponed; greater risk of exhaustion
Family and community	Family remains nearby; social indifference is keenly felt	Separated families, loss of a support base; experiences range from full acceptance to feeling like an ***"outsider"***
Identity and place	***"A different person"***, but home remains; veterans stay despite danger	***"Who am I?"*** and ***"Where is my home?"***; temporariness, several possible scenarios
Sources of support	Family, neighbours, old acquaintances, former employer	Fellow service members, veteran support specialists, charities and international organizations, displaced communities

What they have in common. The comparison group cautions against overstating what is specific to IDP status: bureaucratic exhaustion, the need for someone who will *"take them by the hand"*, the income gap between discharge and pension payments, difficulties finding employment with a disability, and the importance of fellow service members are shared by both groups. These are systemic problems of veteran policy as a whole.

> ***"If this service member, even if he is battered and injured, comes back home... [IDP veterans] find themselves in a difficult situation because they have to start their lives completely from scratch, find somewhere to live, and find a place where they would like to settle."***
>
> (veteran, comparison group, central region)

The distinction between the groups is blurred. Several respondents in the comparison group show signs of displacement without formal IDP status: their homes were destroyed or damaged, and they purchased new housing in another region. According to a specialist at a municipal centre, there are *"far more"* veterans who are *"displaced in practice"* but have no IDP certificate, and their needs are the same. For policy purposes, the certificate matters less than whether a person has somewhere to return to.



RECOMMENDATIONS

Most mechanisms for supporting veterans and IDPs already exist; the study shows specific points where they fail for a veteran going through two transitions at once. The recommendations are directions for change, not assignments to public authorities: the study does not assess the mandates of institutions.

A. The first months after discharge

1. Rent compensation as a "financial bridge"

What the study showed. Rent compensation barely closes the gap in the first months: in one expert's practice, only one family out of 169 used it, and the amount received covers about a quarter of the average rent in the region. The main barrier is the requirement of an official lease, which landlords refuse to sign. Rents range from UAH 5–10 thousand (Kharkiv region) to UAH 20–25 thousand and more (large cities in the west), so a single limit works differently in different places.

What already exists. Up to UAH 6,656 (Kyiv, Dnipro, Lviv, Odesa), UAH 4,992 (regional centres) and UAH 3,328 (other settlements) for six months, with a possible extension for another half a year; since October 2025, also for IDP veterans without housing of their own. A lease agreement and an extract from the Register of Property Rights are required.

What is proposed.

- It is advisable to build on the existing mechanism and consider linking the limit to the median rent in the region, with an annual review.
- Consider prioritising the review of applications and payment of the first month for newly discharged veterans who have nowhere to return to.
- Consider alternative confirmation of informal tenancies with safeguards against abuse: confirmation by a support specialist, an electronic lease.

2. Final settlement and one-off payments upon discharge

What the study showed. Veterans and experts unanimously describe arrears owed by military units upon discharge as widespread; for IDP veterans they overlap with rent. Some respondents missed the deadline to apply for one-off assistance or did not know about it.

What already exists. A one-off payment upon discharge (Article 15 of the Law on Social and Legal Protection of Service Members; for mobilised personnel – 4% of pay for each full month of service, not less than 25%, Resolution No. 460). Separately, there is assistance in the event of disability (Resolution No. 975): discharged personnel submit documents to the district TCC and SS no later than three years after the MHC decision, and the decision is made within 30 days.

What is proposed.

- Assess the possibility of making full settlement a mandatory component of the discharge procedure.
- Consider a single route for resolving disputes over arrears with a named responsible person, instead of referrals back and forth between the unit, the TCC and SS and social institutions.
- Aggregated data on late settlement should be collected and published; information on payments and deadlines should be included in the roadmap (rec. 4, p. 9).

3. A humanitarian bridge to state support

What the study showed. Where state mechanisms have not yet started working, the gap is partly filled by humanitarian organisations. However, most donors do not fund direct assistance to military personnel, and the first assistance after discharge is received only by veterans with disabilities or the seriously wounded.

What already exists. Assistance is short-term and targeted (food kits, housing for a few days) and tied to territories: in a new city a person may be refused because the city *"is not a combat zone"*.

What is proposed.

- Consider rental assistance for 2–3 months on referral from a support specialist – as a bridge that ends when state compensation begins.
- It is advisable to agree on a referral protocol between NGOs, support specialists and Administrative Service Centres (TsNAP) and to exchange aggregated coverage data.
- The dual status "veteran + IDP" should be flagged in case databases (with consent) – such statistics do not currently exist (pilot 3, p. 12).
- Consider including discharged personnel in programme target groups and applying more flexible territorial criteria, so that moving does not mean losing support; ensure physical accessibility of premises and outreach formats.

B. Entry into the system and rights without "proving"

4. "Automatic entry" into the support system

What the study showed. A discharged person goes through the TCC and SS without receiving information about next steps – this was described independently by specialists and by veterans in both groups. Where the handover of contacts works, it relies on personal arrangements. According to an expert, a specialist handles 30–50 cases, and coverage is below 10% of the region's veterans. The best trajectories are associated with a proactive specialist, although this is a correlation: more active people seek help more often.

What already exists. Order No. 701/205 (in force since 30.06.2026) obliges TCCs and SSs to inform discharged personnel about support specialists and to refer them *"if necessary"*; the Ministry of Defence's support services pass on data about those being discharged, with their consent. The concept of the State Service (October 2026) provides for data on demobilisation or a MHC conclusion to be automatically entered into the "Oskar" CRM, and for a specialist to make contact within 24–48 hours with an assessment of housing needs; no launch dates have been announced.

What is proposed.

- It is advisable for information provided at the TCC and SS to include the named contact of the assigned specialist and a roadmap (entitlements, documents, programmes, payments and deadlines, rent compensation) in printed and digital form.
- Consider replacing *"refer if necessary"* with referral by default, with the veteran's consent.
- It is advisable for an automatic notification of discharge to trigger a full cycle: contact, an individual plan, support until services are actually received; the marker *"no housing to return to"* should trigger a priority pathway.
- Consider one-time outreach to those discharged over the past 12–24 months and publish statistics on contacts and referrals.

5. Rights without "proving"

What the study showed. The same package of documents has to be taken to every institution, even though most of the data are already in state databases. The Administrative Service Centre cannot correct an error in the Register of Veterans, and a discrepancy in dates becomes grounds for refusal; a correction can push a person from tenth place in the queue to 610th. A war-related disability pension reduces IDP payments, and the local registration requirement knocks IDP veterans out of support.

What already exists. "Single veteran windows" in Administrative Service Centres provide more than 20 services, including applications for rent compensation and extracts from the Unified State Register of War Veterans (EDRVV). Law No. 4924-IX (from 22.10.2026) replaces IDP certificates with extracts from the Unified Database and introduces needs assessment; as of 21.10.2026 the by-laws had not been published. Digital services exist: e-Veteran, Veteran PRO, services in Diia.

What is proposed.

- It is advisable for the by-laws to provide for automatic data exchange between the IDP database and the EDRVV, and subsequently with the Pension Fund, social protection, TCCs and SSs and the Ministry of Internal Affairs.
- Assess the impact of, and consider, excluding war-related disability pensions from total income (Resolution No. 332) and reviewing the local registration requirement.
- Consider giving Administrative Service Centres the right to correct registry errors on the day of the request.
- It is advisable to move towards the principle that *"no public authoritie requests a certificate it can obtain itself"* and towards delivering benefits through registries without *"presenting"* one's status; staff of institutions and transport operators should be trained to read military documents.
- It is advisable to raise wider awareness of digital services while keeping a non-digital channel.

6. Support: workload and outcome indicators

What the study showed. Where a specialist is proactive and sees the case through to a result, they become the veteran's main resource; where they are overloaded and lack authority, *"imitation of work"* emerges. The specialists themselves name the reasons: workload, paper reporting, low pay; the budget often covers only salaries, while field visits and emergency assistance depend on donors.

What already exists. Almost 3,000 specialists work in communities; the concept of the State Service provides for a points-based workload system (currently up to 100 people per specialist) and performance assessment based on outcomes.

What is proposed.

- The study's data should be used as an argument for a weighting coefficient for complex IDP cases, and workload thresholds should be determined on the basis of administrative data; in parallel, reporting should be reduced.
- Consider assessing specialists by the number of issues resolved (housing, income, payment, treatment) and veteran feedback, rather than by the number of cases.
- A separate budget line should be provided for logistics and field visits, including transport for the seriously wounded, as well as longer partnership cycles with businesses and donors.
- It is advisable to scale up the engagement of veterans as support specialists and expand the placement of specialists in locations veterans visit in person: TCC and SS, hospitals, Administrative Service Centres (ASCs), and employment centres.

C. Housing

7. Temporary housing: register, quota, exit rules

What the study showed. Experts described requests for temporary housing as those where there is *"the most helplessness"*. In one of the western regions, 150 places were created over three years for 100,000 IDPs. Hospitals sometimes do not discharge people because they have *"nowhere to go"*, a wife without IDP status will not be accommodated in an IDP dormitory; day centres offer "only a place to spend the night". Modular towns, community dormitories and church initiatives prove that the mechanism is possible, but coverage is patchy; experts see the solution in longer-term social rent.

What already exists. For many, modular housing has turned from temporary into permanent. Some communities buy houses where IDP families live free of charge for up to three years, with extension possible. The new law specifies the status of temporary accommodation sites in more detail.

What is proposed.

- Consider a single register of communities' temporary housing stock on a services map, so that a specialist can find a place with a single request.
- Consider a priority quota for newly discharged veterans without housing in the needs assessment under the new law, and allow families to stay together regardless of the status of individual members.
- Consider a limited length of stay with an exit plan (permanent housing or rent with compensation) – with eviction only once the next solution is secured.
- Consider a pilot conversion of buildings, guesthouses and sanatoriums into accessible temporary housing in 2–3 regions, with a calculation of the cost per place.

8. Permanent housing: navigation and "queue traps"

What the study showed. Access to programmes is restricted by lists of territories that do not reflect the front line, evidence that cannot be obtained from occupied territories, and queues of tens of thousands of people (*"the certificate is valid until '2030 year"*). After moving, a person loses their place in the queue, and the five-year ban on selling housing purchased with an eVidnovlennia (eRecovery) certificate discourages buying where the person lives now. eOselia was not mentioned in the interviews – this is an issue for further study.

What already exists. Since 17.07.2026, the eOselia programme has been available to veterans: 3% per annum for the first 10 years, 6% for the next 10, with a 20% down payment. IDP veterans from the temporarily occupied territories (TOT) with UBD (combatant) status or a war-related disability can use an eVidnovlennia voucher as a down payment; vouchers are funded in stages.

What is proposed.

- Consider "housing navigation" – calculating the combination of a voucher, compensation and a loan for a specific family – as a standard service, taken into account in specialists' workload (rec. 6).
- Data should be collected on the share of IDP veterans in eOselia and voucher programmes, in order to see whether the programmes reach this group.
- Consider keeping a person's place in the queue when they move, and an exception to the ban on selling in the event of a forced move due to the security situation.
- It is advisable to review the lists of territories and the procedure for confirming loss of housing, taking into account the actual front line.

D. Health and psychosocial support

9. Health: MHC and continuity of treatment

What the study showed. The greatest difficulties arise where a veteran navigates the route between the MHC, the establishment of disability and treatment on their own. Veterans describe their disability group being lowered without any improvement in their condition and regular reconfirmations while access to planned hospitalisation is limited. Medication can cost about UAH 5,000 a month; rehabilitation is lacking, and hospitalisation of veterans with disabilities is limited to 10 days. Veterans ask for a separate pathway rather than *"priority, bypassing the queue"*.

What already exists. Since 1 January 2025, MHC have been operating instead of MSEK.

What is proposed

- It is advisable to provide for a specialist to accompany veterans through MHC and appeals, as well as transparent criteria for decisions on fitness, causal link and disability.
- The share of disability group reductions at re-examination and the share of successful appeals should be monitored.
- Consider establishing a disability group indefinitely for irreversible conditions and guaranteeing access to the treatment needed to confirm it; assess involving doctors with frontline experience in the commissions.
- Consider broader coverage of medicines, prosthetics and rehabilitation, and separate offices or time slots for veterans in healthcare facilities.
- Consider transferring medical information and referring veterans to specialists when they move, so that treatment does not have to be rebuilt from scratch.

10. Psychosocial support: connect what exists

What the study showed. In one specialist's practice, only 5 of 266 clients used psychological assistance. Veterans trust people with similar experience and treatment they choose themselves; some of the interviews contain signs of deep despair – a signal for the system. Those who did decide to seek help assess the results positively and bring their brothers-in-arms themselves: for the community, this experience is more convincing than any information campaign.

What already exists. A three-tier model; second- and third-tier services are free thanks to reimbursement by the Ministry of Veterans Affairs, and they can be accessed through the EDRVV or Diia; there is the MARTA system and a register of providers.

What is proposed

- It is advisable to offer a "warm referral" (mutual support groups, practical activities) instead of screening by a specialist; diagnostics only with consent and with a pathway to a clinician.
- Support specialists should be trained in psychological first aid and risk recognition, and a crisis response protocol should be in place.
- Consider access to psychiatric care when indicated, through a doctor.
- It is advisable to involve veterans who have undergone treatment as *"ambassadors"* of the peer-to-peer format – on a voluntary basis and after basic training.

E. Work

11. Training and a vacancy built from existing elements

What the study showed. For IDP veterans only short courses are realistic, and training linked to a specific employer gives the best results. Grants work when combined with support, but some conditions are unrealistic for IDPs (seven years of land lease in a new community, year-round hiring in a seasonal business). Veterans with disabilities lack equipment for remote work, part-time options and physical access to the workplace.

What already exists. Employers are compensated for up to 100% of wage costs for 6 months if a veteran is hired for at least a year on referral from an employment centre; there is a training voucher worth UAH 28,000 and the "Veteran.Robota" programme for 2026–2027.

What is proposed

- Consider a single pathway: voucher → short course for a vacancy → referral → compensation to the employer → support during the first stages (combined with temporary housing – pilot 4).
- Check whether the conditions of state grants (land lease period, year-round hiring) match the capacities of IDPs and adjust them if necessary.
- It is advisable to expand workplace adaptations and remote work opportunities for veterans with disabilities, while also addressing employers' biases.
- It is advisable to raise wider awareness of career counselling and complement it with internships and mentoring.

PROPOSALS FOR PILOTING AND TESTING

The pilots test hypotheses emerging from the study; they can be implemented by communities, non-governmental and international organisations and donors

Пілот	Суть і гіпотеза	Показники
1. Transition package for people with nowhere to return to	2 to 3 months of rent assistance (rec. 3), a support specialist from day one (rec. 4), and temporary housing (rec. 7) as a single package; eligibility is based on having no home, not on an IDP certificate. Hypothesis: this shortens the time to stable income.	Time to stable income and benefit payments; housing retention after six months; comparison with a group without the package
2. Support for former prisoners of war	Four IDP veterans in the sample had experienced captivity and described loss of social connections, struggles with documentation, and a need for longer rehabilitation. They themselves proposed one dedicated support person throughout the process.	Time needed to obtain documents; access to rehabilitation; veterans' assessments
3. Identifying veterans "displaced in practice"	Add a question to the initial assessment (with consent) about whether a person has a home to return to, and compare coverage with certificate-based data.	Share of people without an IDP certificate who need support
4. "Training + job vacancy + temporary housing"	Guaranteed housing removes the pressure to take the first job offer and allows time for skills-based training (rec. 7 and 11); counselling begins before training.	Match between jobs and skills; job retention after six months; income-to-rent ratio
5. IDP veterans as mentors	A mentor who has experienced the dual transition helps another veteran reach support specialists and access rights more quickly. Selection based on displacement experience, engagement at discharge, training, and supervision; the effect on mentors is a correlation that requires verification.	Time to first contact with a support specialist; access to rights; impact on the mentor