

# RESEARCH OF UKRAINE'S INSTITUTIONAL SYSTEM ON THE BRINK OF DEINSTITUTIONALIZATION



March, 2025

## **Research of Ukraine’s Institutional System on the Brink of Deinstitutionalization**

Author: Yevheniia Bulana

Expert editing: Yuliia Sachuk

Translation: Oksana Biliavska

Desktop publishing: Olena Afanasieva

This publication was prepared by Fight For Right NGO with financial support from Disabled People’s Organisations Denmark (DPOD), as part of the “Fostering deinstitutionalisation of people with disabilities in Ukraine” project. However, the views and content expressed herein do not necessarily reflect the official position of the DPOD or the New Democracy Fund (NDF).

**FIGHT  
FOR  
RIGHT**

**DPOD**  
DISABLED PEOPLE'S ORGANISATIONS DENMARK

**N  
D  
F** **NEW  
DEMOCRACY  
FUND**

# Contents

<b>Introduction</b> .....	4
<b>Assessment of the scale of institutional settings in Ukraine</b> .....	7
<b>State records of people in institutions</b> .....	10
<b>Lack of state records as an obstacle to the DI</b> .....	12
<b>Growing trend of institutionalization in war conditions</b> .....	17
<b>Consequences of the current evacuation approach for institutional residents</b> .....	21
<b>Institutional settings under occupation and the uncertain status of their residents</b> .....	23
<b>Negligent approach to security in institutions</b> .....	26
<b>Conclusions</b> .....	28

## Introduction

The institutional system still existing in Ukraine is an inhumane and entirely unacceptable phenomenon in the modern democratic world. Human rights violations are normalized within residential care institutions, reflecting their role as tools for isolating and removing people with disabilities and the elderly from society. Human dignity, rights, and needs are ignored by the system, as highlighted by regular reports in the media and on the official resources of the Verkhovna Rada Commissioner for Human Rights and the National Preventive Mechanism, detailing egregious violations in institutions.

One of the most shocking yet most obvious examples was the Yaryshiv Psychoneurological Institution in Vinnytsia Region. In April 2024, this institution once again became the focus of the human rights community due to its cruel and negligent treatment of the residents. Over the course of two years, 27 people died in the institution under unknown circumstances. The media reported instances of physical, psychological, and sexual violence, which have become commonplace in the institution.<sup>1</sup> The Commissioner's team found numerous gross violations there, including issues with the staff and administration's treatment of residents, as well as the norms and conditions of their detention.<sup>2</sup> A year later, there is still no information about the investigation into cases of cruel and negligent treatment of people at the Yaryshiv Psychoneurological Institution or the deaths of 27 residents. There is also no information about any follow-up inspections of this institution by the Commissioner's team or the competent authorities in the Vinnytsia region.

The statement that the system is characterized not by a mistake, but by a reaction to it, accurately reflects the institutional system in Ukraine. The case at the institution in Vinnytsia region is neither unique nor isolated, and, traditionally, such situations do not receive an adequate response or practical solutions. After inspections and visits by the competent authorities, residents continue to live in the enclosed and restrictive grounds of institutions, as life in these institutional settings is difficult to call life in the traditional sense of the word. Their health, life, and well-being depend entirely on the staff and management of the institutions, who often become a source of danger, harassment, and violence for these people. At the same time, the institutional system remains a major consumer of budget funds and requires significant financial injections to sustain its

1 "People began to turn yellow and die" What is happening in a psychoneurological institution in Vinnytsia region, where the death rate has increased // <https://hromadske.ua/posts/lyudi-stali-zhovknuti-ta-pomirati-sho-vidbuvayetsya-u-psihonevrologichnomu-internati-na-vinnichchini-de-zrosla-smertnist>

2 Visiting the Yaryshiv Psychoneurological Institution in Vinnytsia region // [https://ombudsman.gov.ua/news\\_details/vidviduvannya-yarishivskogo-psihonevrologichnogo-budinkuinternatu-na-vinnichchini](https://ombudsman.gov.ua/news_details/vidviduvannya-yarishivskogo-psihonevrologichnogo-budinkuinternatu-na-vinnichchini)

operations.<sup>3</sup> For Ukraine, the existence of an institutional system that enslaves tens of thousands of people is an extremely shameful fact, one that demands immediate reform and a departure from approaches that segregate and isolate people with disabilities.

In December 2024, the Cabinet of Ministers of Ukraine adopted the [Strategy](#) to reform psychoneurological and other residential care institutions and deinstitutionalize care for persons with disabilities, older persons until 2034 (hereinafter referred to as the Deinstitutionalization Strategy or DI Strategy). The DI Strategy was the result of long-term and painstaking advocacy work by numerous NGOs, particularly those representing people with disabilities, and also serves as part of Ukraine's efforts to fulfill its European integration commitments.

The fact that the Ministry of Social Policy in Ukraine lacks sufficient data on the institutions themselves, the people currently residing in them, and those at high risk of institutionalization, is concerning during the development of the DI Strategy and the subsequent planning of activities for its implementation. Additionally, the Strategy does not fully address all standards for protecting the rights of people with disabilities, particularly ensuring an independent life in society, removing institutional guardianship, and restoring the legal capacity of all people with disabilities.

The formulation of the Strategy mainly addresses the group of people with disabilities in Ukraine as a whole, rather than focusing on institutionalized individuals as the primary stakeholders of the reform. The DI Strategy should focus exclusively on ensuring the right to an independent life for both institutionalized individuals and those at risk of institutionalization. However, planning preventive measures is impossible without a clear understanding of the risk groups for institutionalization and the diverse and complex reasons behind people's entry into institutions. At the same time, it is also impossible to plan deinstitutionalization measures without understanding the background of those currently residing in institutions. The group of institutionalized people with disabilities and the elderly is highly heterogeneous, requiring the development of a broad range of measures and approaches to create opportunities for independent living within communities.

Another important point is the limitations set by the Strategy on the number and types of institutional settings that fall under the scope of future reform. The Ministry of Social Policy mentions only a few types of institutions in the text of the Strategy, along with the corresponding number of residents in them. There may be significantly more de facto institutions that could be defined as institutional in accordance with the Guidelines of the UN Committee on the Rights

---

<sup>3</sup> Study Report Analysis of Sources, Funding Distribution, and Cost Assessment of Institutional Settings: A Case Study of Khmelnytskyi Region // <https://diukraine.info/publications/zvit-za-rezultatamy-doslidzhennya-analiz-dzherel-rozdilu-finansuvannya-ta-oczinky-vartosti-utrymannya-instytucyjnyh-zakladiv-na-prykladi-hmelnyczkoyi-oblasti/>

of Persons with Disabilities. Focusing only on psychoneurological institutions, residential care institutions for the elderly and people with disabilities, and in-patient care institutions for permanent or temporary residence within territorial social service centers may result in thousands of institutionalized individuals being excluded from the reform, preventing them from exercising their right to an independent life.

An important task remains to consider the challenges of war when planning measures to implement the DI Strategy, as well as to recognize the need to start the deinstitutionalization process immediately. During the war, institutionalization became a quick and “convenient” solution to the growing number of internally displaced people with disabilities and the elderly, as well as those who lost their homes and/or relatives due to military operations. This, in turn, led to an increase in the number of people who experienced institutionalization for the first time and became completely isolated from their communities and society. Another problem was the inability of institutions to provide the minimum necessary security measures for residents, whether evacuation, shelter, or access to information, which often led to tragic consequences. At the same time, the challenges of war are often used as grounds for delaying deinstitutionalization. To ensure the high-quality and effective implementation of the reform, it is essential to take immediate action to limit institutionalization and prohibit the restoration or creation of new institutional infrastructure in Ukraine.

This analytical document aims to describe the current system of institutional settings for adults in Ukraine in order to:

- identify gaps in understanding the definition of institutional settings, their number, and the number of people living in them,
- define unaccounted standards for the protection of the rights of people with disabilities,
- determine the information about residents of institutions and risk groups of institutionalization that the state possesses or lacks,
- create an understanding of the impact of war on the institutional system and its residents,
- assess the potential influence of these factors on the future reform of deinstitutionalization.

## Assessment of the scale of institutional settings in Ukraine

The modern system of social protection for the population in Ukraine includes the following types of institutional care for adults:

- Psychoneurological institutions;
- Residential care institutions for the elderly and people with disabilities;
- Residential care institution for war and labor veterans;
- Specialized residential care institutions;
- Youth units in children's institutions (for individuals aged 18-35).

**As of 2024, at least 259 institutional settings for adults continue to operate in Ukraine, housing 37,709 people:<sup>4</sup>**

- 145 psychoneurological institutions with 24,086 residents;
- 56 residential care institutions for the elderly and people with disabilities with 8,171 residents;
- 21 residential care institutions for war and labor veterans with 2,573 residents;
- 1 specialized residential care institution with 66 residents,
- 36 youth units in children's institutions with 2,813 residents.

About 9,000 more people receive residential care services in 305 inpatient care departments for permanent or temporary residence at territorial centers.<sup>5</sup> Accordingly, the total number of institutionalized adults in Ukraine is nearly 47,000.

Although the Ministry of Social Policy relies on the above indicators, they cannot be considered entirely exhaustive or fully reflective of the actual scale of the institutional system in Ukraine.

The definition and functioning of institutional settings are governed by the relevant Model Regulations No. 957<sup>6</sup> and No. 772<sup>7</sup> as well as the Law of

4 Theory of change: Deinstitutionalization is possible // [https://ffr.org.ua/wp-content/uploads/2024/06/Teoriya-zmin\\_deinstytutsionalizatsiya-mozhlyva.pdf](https://ffr.org.ua/wp-content/uploads/2024/06/Teoriya-zmin_deinstytutsionalizatsiya-mozhlyva.pdf)

5 Ukraine takes its first steps toward freeing people with disabilities from institutions // <https://ffr.org.ua/ukrayina-robyt-pershi-kroky-do-zvilnennya-lyudej-z-invalidnistyu-z-instytutsij/>

6 Model Regulation on Psychoneurological Institution// <https://zakon.rada.gov.ua/laws/show/957-2016-%D0%BF#n9>

7 Model Regulation on the Residential Care Institution for Older Persons and Persons with Disabilities // <https://zakon.rada.gov.ua/laws/show/772-2020-%D0%BF#Text>

Ukraine on Social Services.<sup>8</sup> Ukrainian legislation defines institutional settings rather narrowly, recognizing only institutions that provide round-the-clock care for people with disabilities and older citizens, which results in a limited classification of such institutions.

In turn, the UN Committee on the Rights of Persons with Disabilities defines institutional settings as any institutions that isolate persons with disabilities from society, restrict their decision-making autonomy, and subject their lives to routine procedures without considering their individual needs.<sup>9</sup> If we evaluate the institutional system of Ukraine based on the principles outlined in the Guidelines of the UN Committee on the Rights of People with Disabilities, it is likely that the actual network of institutions could be much larger and more extensive than what is reflected in official data.

For example, according to data obtained through public information requests to regional military administrations, at least 6,876 people were held in inpatient departments of psychiatric institutions under the Ministry of Health as of February 2024. It is worth noting that more than a third of regional military administrations either did not provide the requested information or provided it only partially. Consequently, the actual number of people confined in psychiatric institutions may be significantly higher. At the same time, even the current indicator of institutionalization in the inpatient departments of psychiatric institutions under the Ministry of Health adds at least 17% to the official institutionalization statistics.

According to the Committee's Guidelines, integrated rehabilitation centers for persons with disabilities are another category of institutional settings, with their activities determined by the relevant Model Regulation.<sup>10</sup> In such institutions, rehabilitation, aimed at "creating conditions for the comprehensive development of persons with disabilities," remains merely a declarative goal. In fact, rehabilitation centers continue to restrict the autonomy and right to an independent life for people with disabilities, isolating them from society, limiting social interaction, and failing to provide inclusive and individualized approaches to their support and rehabilitation. Since rehabilitation centers continue to use outdated and illegal approaches to the rehabilitation and support of people with disabilities, they can be considered one of the forms of institutionalization in Ukraine.

Social dormitories for people with disabilities, such as those for individuals with visual or hearing impairments, shelters and dormitories for IDPs with

8 Law of Ukraine "On Social Services" // <https://zakon.rada.gov.ua/laws/show/2671-19#Text>

9 Committee on the Rights of Persons with Disabilities. Guidelines on deinstitutionalization, including in emergencies\* // <https://docstore.ohchr.org/SelfServices/FilesHandler.ashx?enc=6QkG1d%2FPPrICaqhKb7yhsrUSo2TIYtHaYAWJ%2Byrd8Skkty8%2BxJZ8vibGxhck1kHBB7qpZDXVoe1FIprH%2FJ0xEmkeAgl%2BpfYVYPUdiWwPK8Y%3D>

10 Model Regulation on a Comprehensive Rehabilitation Center for Persons with Disabilities // <https://zakon.rada.gov.ua/laws/show/z1209-16#n15>

disabilities, and geriatric and palliative care institutions, also exhibit important characteristics of adult institutions. A separate category of institutions is private residential care institutions and boarding houses, which are not only outside the focus of the deinstitutionalization strategy but are also largely in the “shadow.”

The concept of a branch or unit of an institution has become a loophole in legislation, allowing for the actual expansion of the institutional system without reflecting these changes in official statistical data. Open sources and local news outlets provide information about the creation of new branches of institutions following the start of Russia's full-scale war against Ukraine in 2022. For example, in the Khmelnytskyi region, the Stara Ushytsia branch of the Kytaihorod residential care institution for older citizens was opened in September 2022, accommodating at least 35 elderly people and people with disabilities, primarily internally displaced persons (IDPs).<sup>11</sup> In the summer of 2022, a branch of the Hruskivka Psychoneurological Institution was established in Lviv region, where, as of 2023, more than 100 people with disabilities lived, including both local community members and evacuees from other institutions.<sup>12</sup> Although, from a legal standpoint, branches and units of existing institutions are not considered separate entities and are not included in official statistics on institutional settings in Ukraine, they are, in fact, fully functioning institutions. At the time of Ukraine's declaration of readiness for deinstitutionalization and the implementation of European integration requirements, the creation of branches and units became a means of expanding the institutional system without drawing significant attention from international partners and the public.

An accurate assessment of the institutional care system and the classification of institutions as institutional settings, according to the Committee's Guidelines, is crucial for the effective implementation of deinstitutionalization in Ukraine. When classifying an institution as an institutional setting, the Ministry of Social Policy should shift the focus from providing residential care services to the nature of a person's life within the institution, including their isolation, segregation, loss of control over their own lives and decisions, and other similar factors. This approach to system evaluation will help ensure that all forms of institutionalization are included in the future action plan for implementing the DI Strategy.

11 In Stara Ushytsia, a residential care institution opened an inpatient care department for internally displaced persons // <https://staroushytska-gromada.gov.ua/news/1664481052/>

12 Lviv RMA Commission made monitoring visits to regional social protection institutions: results // <https://loda.gov.ua/news/67408>

## State records of people in institutions

Despite the large number of people in the institutional system, the state has extremely limited information about them. State awareness is limited to basic information, such as gender, age, status, and disability.

According to the regional state administration, in 2023, **recipients of residential care services** in residential institutions of Ukraine included:

- about 35,238 people

**Of them:**

- 16,863 men
- 15,150 women

The vast majority of individuals receiving residential care services in residential institutions are **people with disabilities**. In 2023, their total number was:

- at least 27,442 people

**Of them:**

- 13,096 men
- 11,385 women

By age, **people with disabilities** in inpatient care institutions are distributed as follows:

- 4,045 people aged 18 to 35 years;
- 9,514 people aged 36 to 55/60 years;
- 7,616 people aged 56/61 to 79 years;
- 1,714 people over the age of 80.

3,530 people could not be accurately assigned to an age group based on their responses.

Another large group of individuals receiving residential care services in residential institutions consists of **older people**:

- at least 5,891 people

**Of them:**

- 2,528 men
- 3,099 women

By age, they are distributed as follows:

- 3,070 people aged 56/61 to 79 years;
- 1,806 people over the age of 80.

The age of about 382 more people could not be determined correctly.

It is worth noting that in the responses from a number of RMAs, people aged 18 to 55/60 years were identified as recipients of residential care services intended for older people (including at least 60 people aged 18 to 35 years and 311 people aged 36 to 55/60 years), which indicates that this information is incorrect. These are likely individuals without disabilities who have been admitted to residential institutions due to challenging life circumstances or have not yet been granted legal status as a person with a disability.<sup>13</sup> However, the life circumstances of these individuals, as well as the reasons for their placement in institutional settings, remain uncertain and are not addressed by the state.

---

<sup>13</sup> Another explanation for this situation may be the negligence of local governments in collecting, storing, and providing information, as well as responding to public requests. When collecting and systematizing data on the residential care institution system in Ukraine, we have repeatedly encountered negligent attitudes from representatives of RMAs, including groundless refusals, ignoring requests and numerous repeated inquiries, or providing information that does not align with the reality.

## Lack of state records as an obstacle to DI

The state lacks detailed information about people in institutions, particularly regarding their service needs, the preservation of family relations, health status, housing availability, and their skills and abilities. According to Model Regulations No. 775 and No. 957, the creation and maintenance of personal files does not provide for the collection and storage of such expanded information. This data about residents may be selectively stored in personal files within the institutions. However, there is no effort to collect, systematize, or generalize this information to create clearer statistical data. In times of war, personal files – which are often the only source of information about people in institutions – can be destroyed due to military operations, damage to the institutions' premises, or lost during the evacuation or relocation of these institutions.

In general, the following data on people in institutions remains unavailable:

- availability of relatives or social connections;
- availability of housing;
- availability of an education, professional experience, and daily self-care skills;
- reason for placement in the institution and conditions for leaving;
- need for various support services;
- dynamics of changes in the health status during the time spent in the institution,
- and so on.

These categories of data are crucial for ensuring a comprehensive and high-quality reform of deinstitutionalization in Ukraine. One of the most important gaps in knowledge about institutional care residents in the future reform of the institutional care system remains the lack of understanding of why each individual enters institutions. Identifying typical causes of institutionalization will help form an understanding of risk groups, common problems, and key factors contributing to the spread of institutionalization practices. Such information is essential for developing a set of preventive measures to prevent further institutionalization of people with disabilities in Ukraine.

Since one of the obstacles to deinstitutionalization is the lack of affordable social housing, and the institution remains the only roof over the head for a person with a disability, understanding the property status of institutionalized people is crucial for the state to provide adequate affordable housing. The lack

of their housing and the state's inability to provide it for people with disabilities in residential care institutions, as observed in the practice of Fight for Right, is a common obstacle to a person's transition out of an institution. Local authorities often refuse individuals who wish to start an independent life, citing the lack of housing as the primary reason for denial.

The availability of education, work experience, and competencies is crucial information for facilitating the employment of people with disabilities transitioning from institutions. For the state, such information will be essential in developing training and retraining programs, creating new job opportunities, and ensuring reasonable accommodations in the workplace. Employment of people with disabilities, including those who have been institutionalized for a long time, is crucial in the context of deinstitutionalization, as labor inclusion plays a key role in integrating individuals with disabilities into society and community life.

Another equally important aspect of information that remains overlooked by the state is the individual needs of residents in institutions. The assessment of individuals' needs in residential care institutions is currently conducted by various non-governmental organizations in specific institutions within the institutional system.<sup>14</sup> Preliminary results of the assessment revealed several serious challenges that will pose significant obstacles to the deinstitutionalization process and the reintegration of people with long-term institutional experience into communities.

During the workshop at the Fight for Right event, "The Path to Deinstitutionalization: Partnership Between the State and Civil Society for the Development of Social Services," held on June 3, 2024, the Social Synergy NGO, which conducted a pilot assessment of the needs of 10 institutional settings in Chernihiv and Chernivtsi regions, identified the following common problems:

- restrictions and prohibitions on independent activities for residents of institutions, which demotivate them and lead to a gradual loss of independent living skills;
- increased risk of developing alcohol addiction;
- deep maladaptation of people living in institutions for many years;
- extremely small number of people ready to reintegrate into communities right now;
- resistance from relatives to the reintegration of people into the community;
- people's fear of independent life due to uncertainty in their skills;

14 Ukrainian Human Rights Initiatives NGO // [https://www.facebook.com/kyiv16uhri/posts/pf\\_bid02mTccdUFaDkDcPnDxq5FGdxGJKbHwWasrzkd14DtqBx6YcxdWRdMYyqkW6dymDUal?rdid=kGZunQGNRyRzMH0F](https://www.facebook.com/kyiv16uhri/posts/pf_bid02mTccdUFaDkDcPnDxq5FGdxGJKbHwWasrzkd14DtqBx6YcxdWRdMYyqkW6dymDUal?rdid=kGZunQGNRyRzMH0F)

- complete lack of interest from communities in the reintegration process.

The limited information about individuals currently within the residential care institution system significantly hinders the formation of a systematic understanding of the “portrait of an institutionalized person.” Identifying groups of people in institutional settings is challenging due to the diverse individuals and the various reasons for their placement in institutions. Based on our observations, residents of institutional settings are most often:

- young people with disabilities who were in children’s institutions and, upon reaching adulthood, were transferred to youth departments of residential care institutions or other types of institutions;
- people with psychosocial and/or intellectual disabilities who were admitted to psychoneurological institutions by the decision of relatives or guardians and were deprived of legal capacity;
- people who have undergone long-term and/or systematic treatment in psychiatric institutions and were either forced to stay in residential care institutions indefinitely or transferred to psychoneurological institutions because the community and family are unable to provide the necessary level of support;
- older people and individuals with various forms of disability who, due to the lack of services in communities, reside permanently in institutional settings;
- people who do not have their own housing and received support and services from relatives, who are now unable to provide support or have passed away;
- People with disabilities and older persons among internally displaced persons who have lost their homes and/or relatives;
- people from penitentiary institutions who have nowhere to return;
- veterans with disabilities;
- people who found themselves in difficult life circumstances and were forced to beg and/or live on the streets, as well as those who lost the ability to make decisions and/or understand the consequences, and were placed in institutions upon recommendation of law enforcement officers and doctors.

People with disabilities who are deprived of legal capacity in court represent a particularly vulnerable risk group for institutionalization. As of October 2023, the number of people recognized as legally incapable by the court, according to

various authorized institutions, ranges from 31,075 to 34,342 individuals.<sup>15</sup> Decisions regarding the life and future of these individuals, including placement in institutional settings, are made by their guardians or guardianship authorities. As of January 1, 2021, more than 14.5 thousand people with disabilities, deprived of legal capacity, were in residential care institutions.<sup>16</sup> Accordingly, the level of institutionalization for this category of people ranges from 40% to 47%, which is an extremely high indicator.

The decision to place a person deprived of legal capacity in an institution can be made by:

- an individual guardian, most often appointed from among relatives or friends;
- an authorized person from the guardianship authority if a person was not appointed a guardian or lost contact with their guardian during the state of emergency or martial law.

Maintaining the concept of complete restriction of legal capacity poses a serious threat to deinstitutionalization in Ukraine. The approach of delegating the decision to place a person in an institution to a guardian as a third party will result in the continuation of high levels of institutionalization. As mentioned earlier, the resistance of relatives is a common factor hindering the integration of people with disabilities into communities. The continued right of guardians to determine the life of a person will remain a significant barrier to advancing the deinstitutionalization reform.

It is also important to note that if an individual is not assigned a personal guardian, the responsibilities are transferred to the heads of institutional settings or an authorized representative of the guardianship authority, who are often interested parties in maintaining the current institutional system. Moreover, an authorized person from the guardianship authority can make decisions about a person's future, even if an individual guardian exists, in cases where communication with the guardian cannot be established. In practice, negligent management and storage of personal files in institutions often result in the loss of information about the guardian, ultimately placing the future of the person in the hands of the guardianship authorities.

15 The number of individuals recognized as legally incompetent by the court varies:  
 - according to the Ministry of Social Policy, as of January 01, 2023, 36880 people;  
 - according to the National Social Service, as of July 01, 2023, 31075 people;  
 - according to RMAs (and Kyiv City Military Administration), 34342 people.

// Special Report by the Verkhovna Rada Commissioner for Human Rights on the Status of Social and Economic Rights of Adults in Need of Guardianship under Martial Law // <https://ombudsman.gov.ua/storage/app/media/uploaded-files/C%D0%BF%D0%B5%D1%86%D0%B4%D0%BE%D0%BF%D0%BE%D0%B2%D1%96%D0%B4%D1%8CWeb.pdf>

16 UN Human Rights monitoring mission in Ukraine "Human rights situation of persons with intellectual and psychosocial disabilities in Ukraine"// <https://griml.com/RZDqh>

Fight for Right urges the state to analyze the legal and other obstacles people face when restoring their legal capacity and to ensure the restoration of legal capacity for all people with disabilities. Based on the assessment results, appropriate measures should be taken to enable people with disabilities to freely apply to the court for the restoration of their legal capacity. Another component of eliminating the factor of increased institutionalization should be a set of measures to abandon the concept of full restriction of legal capacity, develop and implement appropriate decision support mechanisms, and make changes to legislation that restricts legal capacity, aiming to restore the legal capacity of all people.

The above-mentioned data collected by Fight for Right and other NGOs are not exhaustive and require thorough analysis and considerable attention from the relevant departments of local authorities and the Ministry of Social Policy of Ukraine. From our perspective, if the state lacks comprehensive information about people in institutions, planning and effectively implementing deinstitutionalization will remain impossible. As Ukraine prepares to implement the Deinstitutionalization Strategy adopted by the Ministry of Social Policy in late December 2024, the state must examine the reasons why people with disabilities enter institutional settings and analyze the situation of those already in institutions.

## Growing trend of institutionalization in war conditions

Over the past three years, a dangerous trend has emerged, scaling up Ukraine's institutional system. In the context of the full-scale war in Ukraine, the number of people with disabilities entering institutional settings for the first time has increased. Evacuation processes have significantly increased the risks of reinstitutionalization or first-time institutionalization, as the lack of affordable and accessible housing, combined with the unsuitability of temporary accommodations such as schools, kindergartens, dormitories, and other municipal facilities, has led to more people being placed in residential care institutions. In 2022-2023, the number of residents increased by approximately 7,790 adults. Of these, at least 4,553 are internally displaced persons with disabilities.

Since the beginning of the full-scale invasion in February 2022, the government of Ukraine has simplified the procedure for admitting older people and people with disabilities to state institutions.<sup>17</sup> Before the war, older people and people with disabilities could enter an institution only with the required package of documents, which included, among other things, a certificate of eligibility for placement in a residential care institution based on a medical commission's conclusion involving a psychiatrist, in the form established by the Ministry of Health, as well as copies of an individual rehabilitation program for persons with disabilities, if applicable, in the form approved by the Ministry of Health. However, due to the introduction of a state of emergency or martial law in Ukraine, people with disabilities and older citizens can enter an institution simply by applying themselves or through an application submitted by an official guardian or guardianship authority. No additional medical or other identity documents are required.

Back in the summer of 2022, the Ministry of Social Policy reported that more than 4,000 older people had been placed in institutional settings as part of the accelerated policy, providing them with “a roof over their heads, food, medicine, and care—sometimes even in cases where they had no documents with them.”<sup>18</sup> The Ministry emphasizes that these individuals previously lived independently and had no experience of institutionalization, yet, in the context of war, the state found no better solution than depriving them of personal freedom and isolating them in institutions.

<sup>17</sup> Resolution of the Cabinet of Ministers of Ukraine on Amendments to the Procedures Approved by Resolutions of the Cabinet of Ministers of Ukraine No. 576 of June 26, 2019 and No. 587 of June 1, 2020 // <https://zakon.rada.gov.ua/laws/show/294-2022-%D0%BF#n10>

<sup>18</sup> The government, following the proposals of the Ministry of Social Policy, has expanded employment opportunities for displaced social workers and supported communities in providing social services to IDPs // <https://www.msp.gov.ua/news/22025.html>

Unfortunately, this is not about providing temporary housing or social services but rather about a person with a disability from among IDPs acquiring the status of a resident—or, as it is still commonly said, a “ward”—of an institutional setting. In the absence of affordable social housing, necessary social services, and adequate state support, people with disabilities and older individuals who previously lived independently become prisoners of the residential care system, losing the ability to choose and control their own lives. For local authorities, placing a person in a residential care institution remains a simple, long-standing, and quick “solution” to the problem. At the same time, creating conditions that allow IDPs and other war-affected people to continue living independently requires resources, time, and effort. The practice of placing people with disabilities and elderly people in residential care institutions due to difficult situations applies not only to IDPs but also to local residents of communities. For example, in January 2025, as a result of Russian shelling, a house in the village of Sknyliv, Lviv region, where two older women lived, was seriously damaged. The first solution proposed by the village council was to place the women in a hospice or a home for the elderly.<sup>19</sup>

At the same time, Ukraine still lacks effective and proven mechanisms and systems to support people transitioning from institutions back into communities. In practice, people in institutional settings face numerous obstacles when trying to leave and start an independent life. Common problems include refusals to deinstitutionalize due to a person's lack of housing, resistance from both the institution's administration and social protection agencies, and the refusal to review the conclusions of the medical and social expert commission. This process is particularly difficult, long-term, and not always successful for people deprived of legal capacity by the court. In the vast majority of cases, a person leaves the institution with the full support of public organizations and activists, as state programs and mechanisms are completely absent.

Institutionalization of people with disabilities, who agree to it solely due to the lack of affordable housing, is an unacceptable practice for Ukraine and represents a significant obstacle to the successful implementation of the recently approved Deinstitutionalization Strategy. The UN Committee on the Rights of Persons with Disabilities also highlights the ongoing issue of institutionalization in its second and third periodic reports. In its Summary Observations, the Committee emphasizes that, despite the declared intentions to implement deinstitutionalization reform, Ukraine continues the practice of institutionalizing people with disabilities in closed, isolated institutions.<sup>20</sup>

19 “Our house no longer exists, everything is destroyed” A woman from Sknyliv talking about morning shelling of the Lviv region // <https://suspilne.media/lviv/925541-hati-nemae-vse-poniseno-meskanka-sknilova-pro-rankovij-obstril-lvivsini/>

20 Committee on the Rights of Persons with Disabilities – Concluding observations on the combined second and third periodic reports of Ukraine // <https://documents.un.org/doc/undoc/gen/g24/175/19/pdf/g2417519.pdf>

A direct recommendation from the Committee in this context is the introduction of a moratorium on the admission of people to institutional settings. The moratorium can serve as a crucial foundation for implementing deinstitutionalization, as it will help limit the expansion and scaling of the residential care system. The government's version of the DI Strategy does not include any provisions for prohibiting, restricting, or limiting the admission of new residents to institutions, which represents a significant drawback and an obvious obstacle to its effective implementation. The absence of a moratorium will result in the continuous and rapid expansion of the institutional system, leading to an increase in the number of institutionalized individuals, a rise in funding for the system, and a growth in its staff size. This trend will hinder and delay the reform process, as the growing scale of the problem will demand increasingly more resources and efforts to address it.

In this context, it is also important to highlight the concerning tendency of the state to restore and establish new residential care institutions. In the report "Rapid Damage and Needs Assessment February 2022 – February 2023," jointly prepared by the World Bank, the European Union, the United Nations, and the government of Ukraine, the government declares the need to raise funds for the restoration of residential institutions damaged and/or destroyed as a result of military operations.<sup>21</sup> Ukraine is requesting 1,127.5 million, which is planned for the restoration of institutional settings. However, the use of assistance and support from international partners is crucial to initiate fundamental changes in the social system, develop social services, and ensure the right to an independent life for all citizens.

A striking case that caused concern not only in the public sector but also for the UN Committee was the use of international and private donor funds for the restoration and creation of new psychiatric institutions. The Committee's concluding observations reference the case study of the Mukachevo Psychoneurological Institution. In recent years, the state has been working on the restoration of institutions, including with the involvement of UN resources, as evidenced by the sign on the newly reconstructed building.<sup>22</sup> However, the institution has regularly drawn the attention of human rights defenders and the media for years due to the cruel treatment of residents, numerous human rights violations, and blatant non-compliance with food, medical, and other standards.

The practice of rebuilding and creating new infrastructure for the institutional system continues at the community level. Through the efforts of local authorities, infrastructure was provided for the Atynske Psychoneurological Institution, which was relocated from the border area of the Sumy region due

21 Rapid Damage and Needs Assessment February 2022 – February 2023 // <http://surl.li/sdwpnc>

22 Committee on the Rights of Persons with Disabilities – Concluding observations on the combined second and third periodic reports of Ukraine // <https://documents.un.org/doc/undoc/gen/g24/175/19/pdf/g2417519.pdf>

to constant shelling by the Russian Federation and threats to the lives of residents.<sup>23</sup> In the safer Bilopillia community, the administration of the relocated institution, together with local authorities, created new infrastructure for the residential care institution almost from scratch, building a boiler room and establishing heating, water supply, and sewerage systems in the premises that were previously a school and kindergarten. The creation of the new institution was supported, in particular, by the International Organization for Migration (IOM), which provided funds for the purchase of furniture. Further development of the institution requires significant funds, but the local community remains optimistic about its presence, seeing it as an opportunity to create new jobs.

Such cases of rebuilding and establishing new institutions—viewed by the state, communities, and sometimes international partners as a quick and effective solution to the uncertain future of people displaced from occupied or front-line territories—are, in reality, merely “symptomatic treatment” that will, in the medium and long term, deepen the problems of Ukraine’s institutional system. Restored and/or newly established institutions are embedded in communities and receive broad support from the local population, which in the future may pose a significant challenge for the reduction and disbandment of these institutions as part of deinstitutionalization efforts.

It is also worth noting that such efforts to restore and establish new institutions are not aligned with EU humanitarian practices and may hinder Ukraine’s access to financial resources from EU humanitarian aid projects. As stated in the European Commission’s recommendations on independent living and community inclusion for people with disabilities, presented in November 2024, funding for projects and activities that perpetuate institutionalization in the EU and partner states will be completely restricted.<sup>24</sup> Thus, Ukraine should immediately implement measures to limit institutionalization and the development of the institutional system under wartime conditions, while redirecting both its own and partner funds to create conditions for deinstitutionalization and ensure a decent, independent life for people in communities.

---

23 They lived just a kilometer from the Russian border: a psychoneurological institution in the Sumy region was evacuated and relocated to a new home// <https://shotam.info/zhyly-za-kilometr-vid-kordonu-z-rf-na-sumshchyni-evakuiuvaly-psykhonevrolohichnyy-internat-ta-znayshly-yomu-novyy-dim/>

24 Commission adopts guidance on independent living for persons with disabilities // [https://employment-social-affairs.ec.europa.eu/news/commission-adopts-guidance-independent-living-persons-disabilities-2024-11-20\\_en](https://employment-social-affairs.ec.europa.eu/news/commission-adopts-guidance-independent-living-persons-disabilities-2024-11-20_en)

## **Consequences of the current evacuation approach for institutional residents**

During the three years of full-scale war, the only approach to evacuating residents of institutions has been to maintain the format of institutionalized life, either in safer regions of Ukraine or, in rare cases, in partner states. Most often, evacuated people are resettled in similar institutions, without consideration for their individual needs or the importance of maintaining social ties. As a result, this approach turns evacuation into a significant challenge and stressor for those institutionalized.

One of the most serious problems is the disruption of social ties resulting from the evacuation. Residents are often evacuated in small groups of 10-20 people, with individuals from one institution being placed in several different ones. This leads to the disruption of established social ties with other residents and staff. Since institutionalization directly harms the socialization process, impairs communication skills, and creates a very limited circle of interaction for residents, breaking this circle and abruptly changing the environment can have a detrimental effect on their psychological and emotional well-being.

An important problem that arose from placing evacuated residents of institutions in similar institutions in safe areas was the overcrowding of the institutions receiving these individuals. Establishments in safer regions have already become overcrowded due to the influx of evacuees since 2022. The further deterioration of the security situation only exacerbates this problem, threatening the ability to meet even the most basic needs of people with disabilities and older individuals living in these institutions.

A significant problem is the lack of staff in institutions that receive evacuated people. Employees of evacuated institutions do not always agree to evacuate, resulting in a shortage of specialists and staff who are familiar with the specific needs of residents and have developed a rapport with them. Additionally, changes in staff and the lack of consistency lead to the disruption of residents' daily routines, adding extra stress to their lives.

The additional burden on institutions that accept evacuees also extends to their budget and material support. Institutions face a shortage of resources, including medical supplies, specialized equipment, and adequate housing facilities, to accommodate the increased number of residents. Local communities and services in safer regions are also under pressure to support the influx of additional people, which could reduce their capacity to provide necessary services and assistance to both new and permanent residents.

The numerous negative impacts of evacuation, coupled with the continued institutionalization of people, provide a strong argument for the immediate implementation of deinstitutionalization measures. Placing and providing care for people with disabilities and older persons in institutions in safer areas requires significant additional financial investments, expansion of existing staff, and increased housing funds and material support for these institutions. A much more appropriate and effective approach to evacuation would be to create conditions for supporting and providing services to people with disabilities and older persons within communities. This will limit and halt the expansion of the institutional system, marking the beginning of the development of practical approaches to deinstitutionalization in Ukraine. In addition, it will attract funds from various EU support programs for initiatives and projects that will not perpetuate the practice of institutionalization, but instead help create conditions for independent living in communities for people with disabilities.

## Institutional settings under occupation and the uncertain status of their residents

The onset of the full-scale war and the rapid deterioration of the security situation revealed significant systemic issues within the functioning of the institutional settings system in Ukraine. One of the most acute issues was the failed evacuation campaign from the Zaporizhzhia, Luhansk, Kherson, and Donetsk regions. Plans for the evacuation of people with disabilities from institutional settings located in areas near military operations were neither developed in terms of timeliness nor accessibility.

As a result, as of 2023, according to the resource [Deep State](#), there were 25 residential care institutions for adults and 1 children's residential care institution in the temporarily occupied territories (TOTs) of Ukraine, housing about 4,000 residents:

- **3 institutions with a planned capacity of 630 residents in the TOTs of the Donetsk region:**
  - Bakhmut Psychoneurological Institution (Bakhmut)
  - Mariupol Residential Care Institutions for War and Labor Veterans No. 1 and No. 2
- **4 institutions with a planned capacity of 1,132 residents in the TOTs of the Zaporizhzhia region:**
  - Mykhailivka, Orlivka, Preslav Psychoneurological Institutions
  - Berdiansk Geriatric Care Institution
- **10 institutions with a planned capacity of 1,288 residents in the TOTs of the Luhansk region:**
  - Dmytrivka, Nova Astrakhan, Nyzhnie, Popasna, Starobilsk, and Teple Psychoneurological Institutions
  - Bilokurakyne, Kreminna, Svatove, and Troiitsk residential care institutions for the elderly and people with disabilities
- **9 institutions with a planned capacity of 1,124 residents in the TOTs of the Kherson region:**
  - Oleshky Children's Home
  - Dnipriany, Kaiiry, Oleshky, and Kherson Psychoneurological Institutions
  - Hola Prystan, Kakhovka, and Chaplynka residential care institutions for the elderly and people with disabilities
  - Specialized residential care institution in Chumatskyi Shliakh village

As of June 2024, the situation has improved somewhat due to the liberation of large territories from Russian occupation and their return to Ukrainian control. However, according to the regional military administration, there are still 20 residential care institutions, housing about 3,000 people with disabilities and older persons:

- **4 institutions and 1,013 residents in the TOTs of the Zaporizhzhia region:**
  - Berdiansk Geriatric Care Institution (Berdiansk)
  - Mykhailivka, Preslav, and Orlivka Psychoneurological Institutions
- **8 institutions and 839 residents in the TOTs of the Luhansk region:**
  - Teple, Dmytrivka, Starobilsk, and Nova Astrakhan Psychoneurological Institutions
  - Troiitsk, Bilokurakyn, Kreminna, and Svatove residential care institutions for the elderly and people with disabilities
- **8 institutions with 993 residents in the TOTs of the Kherson region:**
  - Hola Prystan, Kakhovka, and Chaplynka Geriatric Care Institutions
  - Oleshky, Ushkalka, Dnipriany, and Kaiiry Psychoneurological Institutions
  - Specialized Residential Care Institution for Men
- **2 institutions with 156 residents in the TOTs of the Donetsk region:**
  - Mariupol residential care institutions for the elderly and people with disabilities No. 1 and No. 2

According to the responses from RMAs to public information requests, it became clear that evacuation measures had not been carried out in advance in these areas. Military administrations cite the rapid pace of military events and the swift occupation of territories as the reason. It is known from the requests that only the administration of Mariupol Residential Care Institution No. 2 attempted to evacuate residents to the safe, controlled territory of Ukraine. However, this attempt was unsuccessful, and the occupation authorities of Mariupol deported 88 residents to Donetsk, which is controlled by the Russian Federation.

The question of the reasons behind the failed, or even not initiated evacuation remains one of the most critical issues. It is not known whether evacuation measures were developed for people with disabilities and residents of institutions, or if their individual needs were considered, and safe, accessible places for evacuation or relocation were provided. Additionally, it remains unclear who is responsible for the fact that more than 4,000 people with disabilities and older persons were left under occupation, with their status remaining unknown.

As of June 2024, Ukraine had no specific information about the current status of residents in institutions remaining under occupation. According to the military administrations of the Donetsk and Kherson regions, residents of some institutions were illegally deported to Donetsk, the Autonomous Republic of Crimea, and certain regions of the Russian Federation under the guise of health and recreational activities. Since September 2022, the heads of the Orlivka and Preslav Psychoneurological Institutions in Zaporizhzhia region have sided with the occupation authorities and cut off communication, leaving Ukraine without any information about the residents of these institutions.<sup>25</sup> It is difficult to understand the status and situation of people who remain in institutional settings in the TOTs, especially since most institutions operate with data on planned capacity and the number of beds, rather than on the actual number of residents, as evidenced by responses to requests for public information. Accordingly, the actual number of people who remain in institutions in the TOTs is also uncertain. During the exchange and return of civilians between 2022 and 2024, there were no residents of institutions from the occupied territories. Information on the health status, needs, and problems of people with disabilities and older individuals who remain in institutional settings in the TOTs is still unavailable to Ukraine.

Currently, there is no register of residents in residential care institutions under occupation in Ukraine. Also, programs and mechanisms for the return of institutionalized people have not been implemented, and the body responsible for these processes has not been designated. In response to requests regarding the status of people under occupation and the prospects for their return to Ukraine, the relevant ministries and the Office of the Verkhovna Rada Commissioner for Human Rights have stated that this issue is not within their area of responsibility.

---

25 [“They solicited collaboration and then “deported” people.” Life of Zaporizhzhia psychoneurological institutions under occupation](#)

## Negligent approach to security in institutions

Institutions still operating in territory controlled by Ukraine are also unable to provide proper security or timely and affordable evacuation measures for people with disabilities and older persons. An illustrative example of the negligent attitude toward the safety of residents of institutions by both the management of the institutions and relevant departments of regional military administrations was the case of a guided aerial bomb hitting the Sumy geriatric residential care institution in September 2024. There were 221 people in the institution at the time of the missile strike, one of whom was killed and 12 others were injured.<sup>26</sup>

Since June 2024, the security situation in the Sumy region has significantly worsened, with enemy attacks using guided aerial bombs becoming increasingly frequent. In this regard, Fight for Right has repeatedly raised concerns with the Sumy region authorities regarding the evacuation, relocation, and accommodation of people with disabilities living in institutions in safer regions of Ukraine. In response to official requests, representatives of the Sumy region assured that appropriate evacuation plans had been developed and would be implemented if necessary. However, for several months, no evacuation measures were carried out, and evacuation plans were only implemented after the tragedy at the Sumy geriatric residential care institution.

It is also important to note that the issue of criminal liability, or at least an internal investigation into the negligent attitude toward the life, health, and safety of residents of institutions, the disregard for the direct threat to security, and the untimely implementation of evacuation measures, did not appear on the agenda and remained without proper attention. As of June 2024, there were 12 residential care institutions in the Sumy region, housing 1,599 people who were not included in evacuation measures, despite the threatening security situation.

An extremely common problem that has become evident during three years of full-scale war is the inability of institutional settings to guarantee basic security for their residents. In the reports of the Verkhovna Rada Commissioner for Human Rights and the National Preventive Mechanism on the results of visits to institutional settings, the lack of available equipped shelters or even basements that could be used as basic shelter is noted as a typical violation.<sup>27</sup> The presence of protective structures and air alert systems in residential care

<sup>26</sup> [Missile hit a residential care institution for the elderly in Sumy, September 19, 2024 – Suspilne Sumy](#)

<sup>27</sup> [https://www.ombudsman.gov.ua/news\\_details/fakti-nenalezhnogo-povodzhennya-vidsutnist-ukrittya-i-primusova-pracya-monitoringovij-vizit-do-barabojskogo-psihonevrologichnogo-budinku-internatu-na-odeshchini?utm\\_source=chatgpt.com](https://www.ombudsman.gov.ua/news_details/fakti-nenalezhnogo-povodzhennya-vidsutnist-ukrittya-i-primusova-pracya-monitoringovij-vizit-do-barabojskogo-psihonevrologichnogo-budinku-internatu-na-odeshchini?utm_source=chatgpt.com)

institutions is extremely rare.<sup>28</sup> In many institutions, residents do not have access to information about the war, the security situation, current events, or security measures. This creates additional risks for people with disabilities, as the protection of their life and health is entirely in the hands of the institution's management. During our monitoring visits, Fight for Right also discovered that residential care institutions were unable to protect people with disabilities from military threats. For example, in psychoneurological institutions in Cherkasy and Dnipropetrovsk regions, there are no protective structures, and the technical basements are inaccessible and unable to accommodate all residents and staff of the institutions.<sup>29</sup> As of 2023, at least 25 institutions were damaged due to shelling and/or hostilities, and among the residents of these damaged institutions, there were both wounded and deceased individuals.<sup>30</sup>

---

28 Special Report of the Verkhovna Rada Commissioner for Human Rights on the Progress of Implementation of the National Preventive Mechanism in Ukraine for 2022 // <https://ombudsman.gov.ua/storage/app/media/uploaded-files/specialreportnpm-2.pdf>

29 <https://www.facebook.com/fightforright.ua/posts/5489500354499498>

30 Analytical Report "Invisible Victims of War" // [https://ffr.org.ua/wp-content/uploads/2023/05/Analichnyj-zvit\\_Nevydymi-zhertvy-vijny\\_lyudy-v-mistsyah-nesvobody\\_web.pdf](https://ffr.org.ua/wp-content/uploads/2023/05/Analichnyj-zvit_Nevydymi-zhertvy-vijny_lyudy-v-mistsyah-nesvobody_web.pdf)

## Conclusions

Ukraine took its first steps toward the deinstitutionalization of people with disabilities and older persons by approving the government's deinstitutionalization strategy in December 2024. For the qualitative and effective implementation of the reform, the state needs to undertake large-scale work to assess the true extent of the institutional system in Ukraine and, consequently, determine the actual number of institutionalized people who should be the focus of deinstitutionalization measures. This primarily requires the implementation of the UN Committee on the Rights of Persons with Disabilities' Guidelines as a tool for identifying institutional settings. This will ensure that the reform includes the maximum number of people held in institutions due to disability and/or old age.

An equally important aspect of preparing for the implementation of the strategy is collecting detailed, disaggregated statistics on institutional residents, as well as high-quality information about them. Understanding the broader background of individuals in institutions—such as their family relationships, housing, education, work experience, and history of independent living—as well as their current status, skills, and abilities, is crucial for assessing the community-based support needs. More detailed, disaggregated data by age, gender, formally recognized disability, legal capacity, and other factors will also aid in the development of services and in identifying opportunities for education, employment, and civic engagement for people in communities.

It is also important to identify high-risk groups for institutionalization among people with disabilities and older persons. To do this, it is necessary to conduct a detailed analysis of how people enter institutional settings. Currently, there is a clear understanding of only a few risk groups. For example, some people with disabilities transition from children's institutions to adult institutions without ever gaining minimal experience of independent life in communities. Other groups include people with mental, intellectual, and complex disabilities who have undergone long-term inpatient treatment in psychiatric institutions under the Ministry of Health. A high-risk group recognized by the Ministry of Social Policy includes people with intellectual and/or psychosocial disabilities who have been deprived of legal capacity by the court, with decisions regarding their placement in residential care institutions made by a court-appointed guardian or the state. Other groups at increased risk of institutionalization include people with disabilities and older individuals from internally displaced persons, as well as war veterans who have acquired disabilities. However, this list of risk groups, along with the reasons for institutionalization, is quite general and not exhaustive.

The state should have a clear understanding of the most common causes of institutionalization and the most affected groups to develop effective and diverse preventive measures aimed at reducing institutionalization and preventing the institutionalization of people who previously lived in communities. Therefore, one of the key tasks in the first stage of implementing the DI Strategy should be to collect this data and conduct the necessary research, particularly with the involvement of NGOs and international partners who are interested in promoting deinstitutionalization in Ukraine.

The impact of the war and the worsening security situation in Ukraine have highlighted the urgent need to immediately begin the deinstitutionalization of people with disabilities and older persons. Since the provision of residential care services through residential institutions remains the foundation of the social services system in Ukraine for adults with disabilities and older people, the challenges of the war have exacerbated the problem, resulting in an increase in the number of institutionalized individuals. Against the backdrop of war, the institutional system is being reinforced through the restoration, rebuilding, reconstruction, and development of new infrastructure, including with the support of international partners' resources. This creates significant obstacles to ensuring the right of people with disabilities to live freely in communities and only increases the number of challenges that will need to be addressed during the reform.

The conditions of war have revealed the institutional system's inability to provide an adequate level of security or timely and effective evacuation measures for its residents. Thousands of institutionalized people were left in the temporarily occupied territories of Ukraine, without proper access to social support and services. The state has lost contact with them and does not yet have any information about their status, needs, and situation. Cases of evacuation have only confirmed the fallacy of the current approach, which involves relocating people to similar institutions in safer territories. Based on this, Fight for Right calls for a moratorium on the restoration, rebuilding, or creation of new institutions and their branches/units to accommodate evacuated people.

**FIGHT  
FOR  
RIGHT**