“I USED TO HAVE A HOME”
OLDER PEOPLE’S EXPERIENCE OF WAR, DISPLACEMENT, AND ACCESS TO HOUSING IN UKRAINE
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MAP

Map showing the regions visited by Amnesty International and where the interviewees are from. Some regions visited by Amnesty International are also the same regions interviewees are from.
1. EXECUTIVE SUMMARY

Russia’s full-scale invasion of Ukraine, which began on 24 February 2022, has been characterized by a flagrant disregard for civilian life and frequent war crimes. Russia has indiscriminately attacked Ukrainian cities, including with banned weapons, committed extrajudicial executions in areas under its control, and targeted clearly-marked civilian infrastructure in places like Mariupol. More than 16,000 civilians in Ukraine have been killed or injured – a number the United Nations says is likely an undercount – and millions have been forced from their homes.

Ukraine, where people over 60 years old make up nearly one-fourth of the population, is one of the “oldest” countries in the world. According to HelpAge International, the proportion of older people affected by the war in Ukraine is higher than that of any other ongoing conflict. This report shows how intersecting challenges, from disability to poverty to age discrimination, are compounded in emergency situations, putting older people at heightened risk.

Often reluctant or unable to flee their homes, older people appear to make up a disproportionate number of civilians remaining in areas of active hostilities, and as a result they face a greater likelihood of being killed or injured. Amnesty International documented several cases in which older people who stayed behind were hit by shelling or sheltered in harrowing conditions.

Even when they succeed in escaping such dangers, older people face distinct challenges in displacement. In particular, this report explores how the war has negatively impacted the rights of older people in Ukraine to adequate housing and to full inclusion and participation in their communities. Once displaced by the conflict, older people are often locked out of the rental market by pensions that are well below real subsistence levels, particularly since rental prices have increased at an alarming rate. Support for older people who have disabilities is rarely provided in temporary shelters. As a result, at least 4,000 older people have been given no option but to live in state institutions for older people and people with disabilities. While the goal of this policy is undoubtedly benevolent, it is in conflict with the rights of older people with disabilities, segregating them in isolated settings where they can be subject to abuse.

Those older people who remain in their homes in conflict-affected areas often do so because they have no alternative housing options or face greater difficulty evacuating. Many live in partially or fully destroyed
housing that is dangerous to inhabit, lacking functional roofs, windows, electricity or heating, and without access to healthcare facilities, grocery stores or pharmacies. Information about evacuation plans, and evacuation routes themselves, are not always accessible to older people or adapted to their needs. In addition to the risk of being killed or injured, older people experienced health emergencies that went untreated as a result of staying in conflict-affected areas.

“Svitlana,” 64, who spent the first four months of the war in a Russian-occupied village near Kharkiv, said that her 61-year-old brother collapsed from a stroke in late April 2022. He was hospitalized, but the hospital did not have electricity or running water. He was discharged the next day: “They couldn’t do anything, they couldn’t do an electrocardiogram, they couldn’t do an encephalogram, they had no medications.” Less than a week later, Svitlana’s brother died from a second stroke, according to a death certificate seen by Amnesty International.

In total, Amnesty International interviewed 226 people for this report. Research was carried out between March and October 2022 and included a four-week trip to Ukraine in June and July 2022 as well as remote interviews. Amnesty International interviewed 87 older people living in shelters or in their homes, many of whom had health conditions or disabilities or were caring for those who did. Amnesty International also conducted seven in-person visits to state institutions, where many older people have been housed since the war began; delegates interviewed 105 people there, including staff and 83 residents, more than half of whom were over 60 years old. Finally, Amnesty International interviewed family members who had first-hand information about the situations of older people during the war, as well as advocates, volunteers, and those running shelters for the displaced.

Under international law, there is no specific definition of older age. While chronological age – such as 60 – is often used as a benchmark, this does not always reflect whether a person is exposed to risks commonly associated with older age. Amnesty International prefers a context-specific approach to older age, which takes into account the ways in which people are identified and self-identify in a given context, consistent with the approach taken by the UN Office of the High Commissioner for Human Rights (OHCHR). In this report, most interviewees were over 60 years old, but several cases of people in their 50s who spoke of themselves as older people are also included.

**RISK FACTORS IN DISPLACEMENT**

According to the UN High Commissioner for Refugees (UNHCR), nearly one-third of Ukrainians have been displaced by the conflict: 6.2 million people remain displaced within Ukraine, and 7.8 million are estimated to be refugees across Europe. According to the International Organization for Migration (IOM), about half of internally displaced families have at least one member who is over 60 years old. While there is no reason to believe that older people have experienced more damage to their homes than other groups, many face several intersecting risk factors, including poverty, employment discrimination, disability and health conditions, that make accessing housing more challenging for them in displacement.
Older people are more likely than other groups to have a disability. In the European Union (EU), nearly half of people over 65 report difficulties with at least one personal care or household activity, and the numbers are higher among newer member states in eastern Europe. In Ukraine, more than half of those people registered as having a disability are of pension age.

Before the war, many older people with disabilities interviewed for this report had lived in apartments or homes that were adapted to their physical needs, such as with ramps or handrails. Older people with disabilities relied on formal and informal networks of family members, friends, neighbours, paid care workers or social workers to provide them the support they needed at home. Displacement shattered those support systems.

“Nina,” who is 65 and uses a wheelchair, lived with her daughter, who also cannot walk, in Donetsk region. Her husband, who regularly travelled to Mariupol for seasonal construction work, paid a caretaker to support Nina and her daughter when he was away. At the start of the war, Nina’s husband was in Mariupol, and she had not heard from him since. In late May, with fighting approaching their city, the caretaker told Nina she was planning to flee, and would be unable to care for her anymore. Nina had no choice but to evacuate, and at the time of interview was living in one of the few temporary shelters accessible to people with disabilities in Dnipro. “I need a permanent home,” she said.

Kateryna, a 92-year-old from Kramatorsk with limited mobility, decided to stay in her home after her daughter, who lived in the same building and brought her food and other necessities, fled in mid-March. A male neighbour who was staying in the apartment building to look after his older father would bring her food, water, and blankets. But with her health declining, Kateryna worried about relying on him for more support.

“As my legs started getting weaker, I worried about staying there by myself,” Kateryna said. “If my legs totally refused me, what if I can’t go to the toilet by myself? Is [my neighbour] really going to clean me up? … It was getting so hard for me to stand, my legs were so swollen… I knew I needed to leave now.”

Because the shelter where she was staying in Dnipro had limited beds, Kateryna was sent to a state institution for older people in Rivne, in western Ukraine, with six other older women. She could not join her daughter, who had found an apartment in western Ukraine that was crowded and not accessible to someone with limited mobility.

Several older people said that before the war they received regular visits from social workers, who brought them groceries and medications, accompanied them to the doctor’s office, and helped them with light chores. While it is unclear how many social workers have fled conflict-affected areas during the war, interviews underscored that the disruption to such services was a key factor in some older people’s decision to leave their homes. The Ukrainian government has passed several decrees in an effort to secure the continuation of social services in conflict-affected areas, and says that 9,500 older people have received urgent at-home care during the war.
Poverty has posed additional risks to older people. Pensions in Ukraine are unsustainably low. While the real subsistence minimum for one person as calculated by the Ministry of Social Policy is 4,666 hryvnia (US$126) per month, pensions consistently fall well below that: about half of pensioners receive 3,000 hryvnia (US$82) or less per month. According to the Ukrainian Parliament Commissioner for Human Rights, nearly 80% of older people in Ukraine received pensions that put them below the poverty line before 2022.

Older women, who on average receive pensions that are 30% lower than men, typically as a result of shorter careers and time taken off due to caretaking responsibilities, are even more likely to face entrenched poverty. Women in Ukraine live 10 years longer than men on average, and older women interviewed for this report lived alone more frequently than older men.

Almost all older people interviewed for this report had owned their homes, which is a result of Ukraine’s privatization policies in the 1990s. Most would have been unable to afford to rent an apartment even before the war. But mass displacement has resulted in skyrocketing rents: in some western regions, rental prices have increased by 96 to 225%. Monthly support from the Ukrainian government and one-time payments by UN and other organizations have largely been inadequate to bridge the gap between extremely low pensions and high rental costs. Accessing financial support, which requires using an online app called Diya or requires in-person visits to various government offices, can prove challenging for some older people, who may not have a smartphone and who may have disabilities that make such in-person visits challenging without support.

Nina Silakova, 73, from Luhansk region, first lived in a school outside of Dnipro after her house was destroyed by shelling, likely by Russian forces, in March. In August 2022, the school required displaced people living there to leave ahead of the academic year. Nina, whose pension is 3,500 hryvnia (US$95) per month, verbally agreed to rent a part of a home in the same village for 1,800 hryvnia (US$48) per month plus utilities. But on 24 August, she had a heart attack. Her landlady evicted her because she feared having to care for Nina if her health worsened. Nina went to live with her 63-year-old sister, who had been renting a one-bedroom apartment for 3,500 hryvnia (US$95) in Kropyvnytskyi since March. But in October, the landlord, with whom they also had a verbal agreement, said he would evict them at the end of the month. Nina said: “Now there are no places for that price in the city because there are so many [displaced people]… I don’t know where to turn… Should I go out into the street, stand there and ask people? People will just pass by and think I am an ill old grandmother.”

Older people who were employed when the war started expressed concerns about finding work in displacement. Employment rates in Ukraine begin falling for those over 50 years old, and fall steeply after 60. In surveys, older people in Ukraine report being turned down for jobs on the basis of their age much more frequently than younger people. For many older people, the task of rebuilding careers or businesses in displacement has been a daunting one.
“At this age, it’s very hard to start from scratch,” said Olena Nikitchenko, 59, who had started a dental business in Mariupol after being displaced by the conflict in Donetsk in 2014. “When you’re 30 or 40 it’s easier, but for people our age we don’t even know how we are going to get jobs.”

The war and resulting living conditions undermined the health of older people, leaving them with disabilities and health conditions that further complicated their lives in displacement. Some were injured in attacks, overwhelmingly by Russian forces, while others lived in areas where they lacked access to medication or lived in unsanitary conditions. Health problems older people spoke about included untreated urinary tract infections, concussions or diminished hearing as a result of shockwaves and explosions, reduced mobility as a result of prolonged periods of isolation at home, and severe bronchitis and pneumonia after spending days without physical exercise in an unheated apartment without windows. In two cases, older men had their legs amputated because they did not have access to medication or sanitation during the war.

“One day [my husband] couldn’t feel his leg,” said Larysa, who was sheltering with her 67-year-old husband in a basement in Mariupol during the first month of the war. “I checked and it really looked awful. The skin was peeling off. It looked dead… We brought him to the closest hospital. The doctors there said immediately that the leg had to be amputated. He said the problem was gangrene.”

Amnesty International also interviewed five older people with psychosocial or intellectual disabilities who had lost their homes during the war: two were living in shelters, three in a psychiatric hospital. Amnesty International found that these and other older people with psychosocial or intellectual disabilities frequently struggled in displacement, as information on how to seek help was not accessible to them, and typically volunteers or shelter staff did not have the resources or skills to support them.

RISING INSTITUTIONALIZATION

After older people were displaced from their homes, many struggled to find suitable accommodation. Pushed out of the private market by poverty, many older people turned to temporary shelters in schools, administrative buildings, train stations, former medical facilities, and sanitoriums. However, shelters were largely physically inaccessible to older people with disabilities and did not have staff with the capacity or skills to support people with disabilities. Sometimes, shelters said they could only take an older person with a disability if they were with somebody who could support them. Capacity at shelters that did have support services was extremely limited.

As a result, older people sometimes had no choice but to enter an institution for older people or people with disabilities after being displaced. Olha Volkova, who runs a physically accessible shelter in Dnipro, a hub for many people fleeing the war, estimated that 80% of the 926 people who had passed through her shelter as of early July were older people with disabilities. She said that due to a capacity of 170 beds and
the lack of similarly-equipped shelters elsewhere, her organization often had no choice but to facilitate their transfer to an institution for older people or people with disabilities.

“About 60% of the people [get sent to institutions],” Olha said. “They can’t afford to rent housing, to pay for utilities, to eat. And so we have to send them to an institution.” Olha said her organization was able to facilitate some evacuations abroad of people with disabilities in the first month of the war, but that organizing the financing and logistics of such journeys largely fell on volunteer organizations like her own, making them a rare occurrence.

According to the Ukrainian Ministry of Social Policy, as of July 2022, more than 4,000 older people in Ukraine had been placed in state institutions in a simplified process after losing their homes. This does not include the number who may have been placed in private nursing homes or other types of facilities such as hospitals or psychiatric wards. Amnesty International interviewed 11 older people, both with and without disabilities, who had been institutionalized after losing their homes during the war, as well as 13 people in shelters who were about to be sent to an institution, often that same day, or were at risk of being institutionalized.

The Convention on the Rights of Persons with Disabilities (CRPD), which both Russia and Ukraine have ratified, guarantees the full inclusion of people with disabilities, including older people with disabilities, in the community. While the goal of Ukraine’s policy to place older people in institutions is undoubtedly to provide them with urgently-needed shelter, food and warmth, according to the CRPD Committee this practice nonetheless violates the rights of people with disabilities, effectively segregating them in isolated settings where they are more at risk of neglect and abuse. Once placed in an institution, it can be very difficult – and sometimes impossible – for people with disabilities, including older people with disabilities, to leave. In a September 2022 report, the CRPD Committee expressed concern about the high rates of institutionalization in Ukraine and urged authorities there to “expedite deinstitutionalization of all persons with disabilities who remain in care institutions”.

Most older people who had been institutionalized since the war were adamant that living in an institution was not their choice. “Maryna,” 75, who was living in an institution for older people in Kharkiv region with her husband, said the couple were the last to flee the basement of their nine-story apartment building. When they were evacuated, they were not offered any accommodation but the institution, even though neither had a disability and both had lived fully independent lives before the war.

“I want to live at home, where I can go out whenever I want, without control. Here you need permission to go out,” Maryna said. “We sit as if we are in the waiting hall of a train station… We are waiting for the end, what kind of end we don’t know... We are despondent with uncertainty.”

Nina, 70, had to be hospitalized for severe bronchitis and pneumonia after fleeing her home in Sieverodonetsk, where she was finally rescued after spending 10 days alone in her apartment in below-
freezing temperatures. She was told by staff at the shelter where she was staying that she would most likely be sent to an institution.

“Why should I go to a nursing home? I had my own home, it was totally equipped to my needs… I could happily live on my own,” she said. “Why do I need to go to a nursing home when I can do everything for myself?”

Some worried about the conditions in institutions once they arrived there. Halyna Dmitriieva, 51, whose main caretaker is her 85-year-old aunt, has cerebral palsy and uses a wheelchair. She worried about the impact that life in an institution would have on her health.

“They [shelter staff] say we’ll be sent to a nursing home,” she said. “I have a lot of friends with cerebral palsy, they have ended up in institutions and they have told me about it. I know that there won’t be staff who will lift me up and put me in the wheelchair every day, that I will spend all my time in bed, I will get bedsores… Lying down all day is not a life.”

Halyna’s concerns are justified: Amnesty International visited seven state institutions for older people and people with disabilities in Ukraine. While this report is not meant to provide a comprehensive account of conditions in institutions, Amnesty International found several disconcerting trends, including neglect, isolation, and restrictions on freedom of movement. In one institution, residents reported physical abuse.

Neglect in institutions was particularly acute for residents with limited mobility. They were almost never moved from their beds or provided with any kind of support or engagement beyond feeding and basic sanitation. This often appeared to be because there were simply not enough staff to care for residents, as typically three or four caretakers provided support to groups of 30 or 40 residents. The National Preventive Mechanism (NPM) of Ukraine, whose monitors can visit places of deprivation of liberty including institutions, said in its 2020 annual report that 99% of residents with limited mobility were denied the opportunity to take walks outside.

“In an institution there is basically no rehabilitation,” said Olha Volkova, who runs an accessible shelter in Dnipro. “A person will lie down until they die.”

Given these conditions, and the fact that, as concluded by the CRPD Committee, institutionalization inherently violates the rights of people with disabilities, it is of utmost importance that the Ukrainian government monitor the situation of people placed there, and ensure they have access to alternative housing as soon as it becomes available.

This issue is particularly urgent given the risks that people with disabilities may end up trapped in institutions. For example, “Vira,” 82, who had been admitted to an institution for older people after being hospitalized for pneumonia in February 2022, said that she had been sent there after her grandson told the doctors he was not willing to care for her anymore. “I do not agree [with this decision]. Nobody asked...
me,” she said. She described the challenges of leaving: “They told me if I didn’t like it, I can go home. And here I don’t know the director. I don’t know the doctors. In general, I never leave this floor.”

While Amnesty International delegates were unable to travel to Russia or Russian-occupied parts of Ukraine because the Russian authorities severely restrict access to international human rights organizations, delegates documented several cases of older people in those areas being institutionalized. This raises concerns about the scale of this issue in Russia or Russian-occupied areas, particularly as institutionalization makes it more difficult for older people there to reunite with family members or to leave Russia.

**LIVING IN DANGEROUS CONDITIONS, DESTROYED HOUSING**

Many older people have not fled: sometimes because they were reluctant to abandon their homes, sometimes because they did not know where else to go, and sometimes because evacuation routes were not accessible to them. As a result, older people appear to make up a disproportionate number of people remaining in some of the most conflict-affected parts of Ukraine, posing risks to their safety and health.

According to OHCHR, which collects information on civilian casualties in Ukraine, older people make up a disproportionate number of civilian deaths and injuries in the war: in cases where the age of a victim was recorded, people over 60 years old made up 34% of people killed and 28% of people injured from February to September 2022, as well as around 30% of total civilian casualties in the 2014-2021 war. People over 60 make up 23% of Ukraine's population.

Amnesty International documented several cases in which older people who stayed behind were killed or injured in the hostilities. Mykola Trukhan, 86, decided to stay in his home in Hostomel, Kyiv region, after the rest of his family fled on 11 March 2022. His niece, Lidiya Yarosh, said: “My mother-in-law ran to him when we were evacuating… She tried to convince him to leave, but he said, ‘No, I’m not going to leave, I don’t want to leave my dog and my home.’” Mykola was killed a few days later, when a shell landed on his house, neighbours told Lidiya.

For others, staying in conflict-affected areas meant regular close misses. Amnesty International spoke to several older people whose apartments had been directly impacted by shrapnel from nearby explosions. After a cluster munition fired by Russian forces sent fragmentation flying into their ground-floor apartment, one older couple in Kharkiv described sleeping for several months in their bathroom, with a board placed over the bathtub, as it was the only windowless room in the house.

Older people sometimes stayed in areas under Russian occupation, often for reasons including family connections and concerns about losing property. Some sources suggest older people stay behind in larger numbers than other groups: in Mariupol, for example, city officials said the percentage of pensioners as part of the city’s population had doubled since the war began. Under international law, Russia, as the occupying power in these regions, has an obligation to ensure the maintenance of medical services, hospitals, public health and hygiene.
This demographic imbalance in occupied areas is particularly problematic given that Russia has continued to prevent the access of humanitarian aid to those areas, in flagrant violation of international law. Interviewees told Amnesty International that there were dire shortages of medications and, in some areas, few functioning health facilities. This is of particular concern to older people, who are more likely to have health conditions.

Other older people stayed in homes that, due to damage from the war, did not have roofs or windows to protect them from weather conditions. While some older people received support from volunteers or local authorities to do repairs, there is currently no legal mechanism in Ukraine for providing people compensation for property destruction or damage. It is unclear how most older people in such situations, who almost invariably could not afford to pay for repairs themselves, will survive the winter conditions.

Amnesty International also interviewed older people living in areas without electricity, water, heating, or access to grocery stores and pharmacies. “Mykola,” 63, who lives in the Saltivka neighbourhood of northern Kharkiv, said he was the only person living in the 40 units in his block of flats. “We haven’t had electricity, gas, or water from the first days of the war,” he said. “It’s hard to wait in lines for aid, the lines are very long, I usually spend two to three hours per day in the line… There are no shops in my neighbourhood to buy food.”

While many older people chose not to leave their homes, some older people said they had wanted to leave, but that evacuations were not physically accessible to them, or information was distributed in ways that excluded them.

Liudmyla Zhernosek, 61, who lived in Chernihiv with her 66-year-old husband, who is an amputee and uses a wheelchair, said: “I saw every day younger people walking alongside my building with backpacks on. Only later I found out from others in the stairwell that they were going to the centre of the city, there were still evacuations from there. But that would have been 40 minutes on foot, I couldn’t get there with my husband. Nobody told us about evacuations, I always found out only afterwards.”

The challenge of evacuating was particularly acute for older people in cases where more than one family member had a disability. “Leonid,” who is 76 and blind and lives with his wife, who cannot walk due to a stroke, said: “It’s one thing just to be blind. You can take a person by the arm and lead them. For me, I also need to bring [my wife]. In evacuations they don’t give you any kind of accompaniment.”

THE WAY FORWARD

Russia’s invasion of Ukraine, which has had a devastating impact on civilians of all ages, threatens the physical security of older people and has forced millions of them from their homes. Ultimately, the most expedient way to protect the rights of older civilians in Ukraine is for Russia to end its unlawful war.

But older people in Ukraine faced numerous issues that placed them at risk before the war, from disability to poverty to age discrimination. The war has only amplified those vulnerabilities, making it effectively
impossible for many of them to access safe and accessible housing. Older people are locked out of the private rental market by poverty-level pensions, unable to live in temporary shelters if they have disabilities, and are forced into institutional settings that violate their rights. It should be no surprise that in such circumstances, many older people choose to stay behind in homes that are in dangerous areas, lack functional roofs or windows, or do not have electricity, heat, or running water.

The Ukrainian government has made significant efforts to evacuate people from conflict-affected areas, including by announcing the mandatory evacuation of around 200,000 people from Donetsk region ahead of the winter. These are important efforts which may save the lives of many older people. However, it is clear that once in displacement, older people are often stranded without access to adequate housing. Support for older people, particularly those with disabilities, should not end with evacuation: older people must be offered support and safe, accessible accommodation in non-institutional settings on a priority basis.

The cost and logistics of ensuring housing for older people displaced by the war should not be Ukraine’s alone. Other countries should facilitate the evacuation of older people, with special attention paid to older people with disabilities, to accessible accommodation abroad where possible. International organizations, partner nations and non-governmental organizations should do more to financially support older people so that they can afford to rent homes, and, working together with the Ukrainian authorities, include them among those prioritized for placement in any newly-built accommodation.

At present, there is no global treaty on the rights of older people. The findings in this report clearly show that older people have intersecting identities, which taken together put them at heightened risk during an emergency. So far, older people’s rights are protected by a patchwork of international treaties that are universal in scope or pertain to other groups. But existing law provides inadequate protection, and has done little to increase the visibility of human rights abuses against older people.

The war in Ukraine must serve as a wakeup call for the international community. Only an international convention specific to older people can truly safeguard their rights.
2. METHODOLOGY

This report is based primarily upon field and remote research undertaken between March and October 2022. Amnesty International delegates undertook four weeks of on-the-ground research in Ukraine in June and July 2022 focused on the war’s impact on the rights of older people and people with disabilities. During that research, Amnesty International delegates travelled to and conducted in-person interviews in Kharkiv, Sumy, Dnipro, Kyiv, Chernihiv, and Khmelnytskyi regions. Amnesty International also conducted some remote interviews with displaced older people or their relatives between April and October 2022.

In total, Amnesty International interviewed 226 people for this report, including 67 older women and 20 older men who were living in the community, and 27 older women and 16 older men living in state institutions. The larger number of women among the interviewees reflects Ukraine’s demographic disbalance in older age, as women have a life expectancy that is on average 10 years longer than that of men.

A diverse group of interviewees was sought, including by age. The older people who were interviewed were between 58 and 96 years old: six were in their 50s; 42 in their 60s; 39 in their 70s; 38 in their 80s; and five in their 90s.

Of those living in the community, 46 older people interviewed had a disability of some kind, including limited mobility, hearing loss, vision loss, and dementia or other forms of cognitive loss. Eight older people did not have a disability themselves but supported spouses or other relatives who were living with a disability. Most, but not all, older people living in institutions had a disability.

Amnesty International conducted seven in-person visits to state-run institutions, including four Geriatric Institutions or Institutions for Older People and People with Disabilities, and three Psychoneurological Institutions, in Kharkiv, Sumy, Chernihiv, Kyiv, and Khmelnytskyi regions. Amnesty International conducted 105 interviews at these institutions, including with 83 residents, 11 of whom had been institutionalized since losing their homes during the war. Residents were between 22 and 91 years old, including 43 who were over 60 years old. They had a wide range of disabilities, including physical, intellectual, and psychosocial disabilities. Some people did not have a disability, but were institutionalized on the basis of

1 Seven people were unable to state their age to Amnesty International delegates.
their age. Amnesty International also interviewed 22 staff, including directors, medical staff, caretakers, and social workers.

In addition to older people and people living or working in institutions, Amnesty International interviewed nine relatives with first-hand information about older people who had been killed, injured, or forcibly transferred to Russia or Russian-occupied parts of Ukraine. Amnesty International also interviewed 15 advocates, representatives of organizations defending the rights of older people and people with disabilities, and volunteers or staff running shelters for displaced people.

Amnesty International informed interviewees about the nature and purpose of the research and how the information would be used. Delegates obtained oral consent from each person prior to the interview. People were told they could end the interview at any time and could choose not to answer specific questions, though nobody chose to do so. No incentives were provided to interviewees in exchange for speaking. All of the interviews were conducted in Russian or Ukrainian.

The delegates made efforts to ensure privacy during interviews, including privacy from other relatives living with the older person, so that they could feel comfortable speaking openly. Several exceptions were made, with the interviewee’s consent, in situations where crowded living conditions or disability made it impossible for relatives or others to leave the room where an interview was being conducted, including in institutions where there were communal living arrangements. In several cases, older people were unable to understand the delegate, whether due to hearing difficulties or cognitive loss, or because the interview was being conducted remotely via technology the older person could not use independently. In these cases, a relative was present to support the person during the interview.

Everyone interviewed was given the opportunity to express themselves anonymously, if they had security or privacy concerns. Some interviewees preferred to have only their first name used. Others preferred not to have even their first name used; in those cases, Amnesty International has given the person a pseudonym, denoted by quotation marks on the first mention in each chapter. In the case of everyone whose first and last names were used in the report, Amnesty International contacted them again by phone in October and November 2022 to conduct a follow-up interview and reaffirm that they were comfortable with their full names being used in the report.

People living and working in institutions often face particular security and privacy risks. To ensure the safety and security of residents and junior staff, and to safeguard them from potential retaliation, Amnesty International has omitted or used pseudonyms for their names and has omitted the names of the institutions where they were living. Specific institutions will not be named in this report, so as to better protect the safety of residents, who could be easily identified by their age or other characteristics.

On 6 July 2022, Amnesty International delegates met in Kyiv with representatives from Ukraine’s Ministry of Social Policy (MSP) to discuss this research. On 15 July 2022, Amnesty International sent a letter to
the same ministry requesting some statistical information about institutions. On 19 July 2022, Amnesty International sent letters to the Departments of Social Protection (which are responsible for implementing social policy at the regional level) for 24 oblasts, or regions, of Ukraine, requesting information about the number of people who had been institutionalized in a period of 2022 compared to the prior year. Amnesty International received 17 letters in response, which have been reflected in the report’s findings. On 2 November 2022, Amnesty International sent letters to the Ukrainian Ministry of Social Policy and the Ministry of Reintegration of Temporarily Occupied Territories, detailing the main findings of this report and requesting relevant information. Finally, on 8 November 2022, Amnesty International sent a letter to the Ministry of Foreign Affairs of the Russian Federation containing questions about abuses documented in the report.

Amnesty International also interviewed 10 people with disabilities living in the community between the ages of 33 and 52. These included people who were blind, deaf, had limited mobility, and those with psychosocial disabilities. These interviews provided vital context about the challenges people with disabilities face during the war in Ukraine. However, the primary focus of this report is on the rights of older people, including older people with disabilities. This research focus was chosen due to the numerous, intersecting risk factors that older people face in situations of crisis. This choice of research focus by no means diminishes the significance of the issues faced by younger people with disabilities, many of whom have endured extreme hardship during the conflict. Further research is needed in this regard.
An older woman with a disability being evacuated in Kharkiv region, Ukraine.
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3. BACKGROUND

Russia’s war with Ukraine began in February 2014, when it invaded and subsequently annexed the Black Sea region of Crimea. An armed conflict in Donetsk and Luhansk regions began soon after in April 2014, leading to an estimated 14,000 civilian deaths as of early 2022. A full-scale Russian invasion of Ukraine began on 24 February 2022. As of 31 October 2022, the Office of the UN High Commissioner for Human Rights (OHCHR) has recorded 16,295 civilian casualties in the country: 6,430 killed and 9,865 injured. The true numbers are likely much higher. This report focuses primarily on the impact that the 2022 war has had on older people.

Approximately one-third of Ukraine’s population has been displaced by the war. Despite what began as an all-out assault on Ukraine’s north, east, and south, in March Russia withdrew from Kyiv and Chernihiv regions, and by early April Ukrainian forces reclaimed control over all of Sumy region and some parts of Kharkiv region as well. In early September 2022, Ukrainian forces launched a counteroffensive in Kharkiv region, reclaiming control over almost all of the region and some parts of Donetsk region. However, as of October 2022, Russia still occupied approximately 18% of Ukrainian territory, including Crimea, which was illegally annexed in 2014, and large swathes of Donetsk, Kherson, Luhansk and Zaporizhzhia regions. In October, Russia illegally annexed the parts of Donetsk, Luhansk, Kherson, and Zaporizhzhia over which it has control.

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8 Reuters, “Ukraine makes surprising gains in swift counteroffensive” (previously cited).
Russia’s invasion of Ukraine is an act of aggression that is a crime under international law. Amnesty International has documented numerous war crimes and other violations committed by Russia in Ukraine, including the relentless and indiscriminate bombardment of Kharkiv, war crimes including extrajudicial executions and unlawful strikes in Kyiv region, and what was likely a deliberate targeting of the hundreds of civilians who were sheltering in Mariupol’s Drama Theatre in March.

3.1 OLDER PEOPLE IN UKRAINE

As of January 2022, Ukraine had a population of 41.1 million. Nearly 10 million, or more than 23%, are over 60 years old. As of 2019, Ukraine had the third-highest old-age dependency ratio, or the ratio of persons over 65 to persons 20 to 64 years old, in the world. According to HelpAge International, Ukraine has the largest percentage of older people impacted by any ongoing conflict in the world.

Average life expectancy in Ukraine is 72 years, but there is a significant disparity between men, who on average live to 66.9 years old, and women, who on average live to 76.9 years old.

Ukraine has a universal pension system that covers all people above a certain age. In recent years, as part of reforms required by the International Monetary Fund, which has contributed funds to Ukraine’s budget, the country started gradually increasing the pension age. As of January 2022, those eligible for old-age pensions include: people over 60 who have worked in the formal economy for 30 years or more; people over 63 who have worked in the formal economy for 20 to 30 years; and those over 65 who have...
worked in the formal economy for less than 20 years.21 Those who have worked in the informal economy still receive pensions, though are likely to receive lower pensions if they have worked fewer years in the formal economy.

According to the country’s pension fund, 10.8 million people were receiving age-based pensions as of January 2022.22 People can choose to receive their pension directly to a bank account, or via the post. The average monthly pension in Ukraine as of January 2022 was 3,991 hryvnia (US$108).23 About half of Ukrainian pensioners receive 3,000 hryvnia (US$82) or less per month.24 As will be discussed below in Section 4.3 on “Financial Pressures”, these payments do not meet real subsistence levels in Ukraine.

According to official statistics, 2.7 million Ukrainians are registered as having a disability, including 163,900 children.25 In order to register as having a disability, a person must undergo examination by a group of medical professionals called the Medico-Social Expert Committee (MSEC), which can determine whether a person is first, second, or third group disability: in general, first group disability is meant to include those with the highest support needs, whereas third group disability includes those with the lowest support needs.26 As of January 2020, there were approximately 222,000 adults with first group disability, 900,000 adults with second group disability, and 1.4 million adults with third group disability.27

According to Ukrainian law, registering as having a disability entitles a person to financial support, social support, rehabilitation services and assistive devices (including wheelchairs, walkers, hearing aids, etc.).28 After Russia’s full-scale invasion of Ukraine began in February 2022, the government issued a decree allowing people with disabilities to apply for or extend their disability status without appearing in-person to the medical expertise commission as long as hostilities last.29

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24 Pension Fund of Ukraine, “Середній розмір призначеної пенсійної виплати” (cited previously).
27 The Ministry of Social Policy of Ukraine, Особам з інвалідністю (cited previously).
28 The Ministry of Social Policy of Ukraine, Особам з інвалідністю (cited previously).

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"I USED TO HAVE A HOME": OLDER PEOPLE’S EXPERIENCE OF WAR, DISPLACEMENT, AND ACCESS TO HOUSING IN UKRAINE Amnesty International | 19
OLDER PEOPLE AND INTERNATIONAL LAW

Compared to other groups with specific risks in situations of armed conflict and humanitarian crisis, older people’s experiences and perspectives have historically been absent from reporting. In humanitarian responses, donors and aid organizations have likewise neglected older people, including in undertaking assessments and allocating resources.30

A key reason for the lack of attention on older people’s rights has been the absence of an international treaty dedicated to this group. In 2010, the UN General Assembly established the Open-Ended Working Group on Ageing (OEWG), which meets with the mandate to present a proposal containing the main elements that should be included in an international legal instrument to promote and protect the rights and dignity of older persons, which are currently not addressed sufficiently by existing mechanisms and therefore require further international protection.31 A 2021 report for the UN High Commissioner on Human Rights (OHCHR) lays out how existing international law fails to protect the rights of older people in many situations. The report points out that older people “are rarely mentioned in United Nations human rights treaties, and there is generally no explicit reference to older age as an impermissible basis of discrimination”.32 There has been no significant increase in the focus of human rights mechanisms on older persons since the OEWG was established.33 While international humanitarian law34 as well as existing human rights treaties offer some protections to older persons – including the CRPD for older people with disabilities and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) for older women – ultimately, the report concludes, “the fragmentation of existing norms and procedures and their conceptual and operational limitations have resulted in an overall failure to provide adequate recognition and protection of the human rights of older persons at the international level”.35

OHCHR promotes a context-specific approach to older age, recognizing that “age is a social construct based on custom, practice, and the social role a person plays in his or her community”.36 From a rights perspective, an arbitrary minimum age cut-off is misguided, as it risks failing to respond based on individual rights and needs. “Older age” should be considered, as OHCHR does, according to context, and, in addition, take into account individuals’ self-identification. In Ukraine, for example, many people in their 50s describe being discriminated against in employment on the basis of their age, a phenomenon which will be explored more below.

30 For more on under-resourcing, see HelpAge International, End the neglect: a study of humanitarian financing for older people, 2016.
32 UN High Commissioner for Human Rights, Report: Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons (previously cited), para. 21.
33 UN High Commissioner for Human Rights, Report: Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons (previously cited), para. 30.
35 UN High Commissioner for Human Rights, Report: Normative standards and obligations under international law in relation to the promotion and protection of the human rights of older persons (previously cited), para. 54.
Older people are more likely to have a disability than other groups: in the EU, nearly half of people over 65 have reported difficulties with at least one personal care or household activity; the numbers are highest among newer members to the EU, such as Romania (80.1%), Lithuania (67.4%), Slovakia (66.2%) and Latvia (65.5%), whose demographics Ukraine is more likely to mirror than other EU countries.  

According to the Ukrainian State Statistics Service, 1.5 million people of pension age are officially registered as having one or more disabilities, or 56% of those registered. While Ukrainian law qualifies older people as one of the groups eligible to receive assistive devices, many people interviewed for this report spoke about their disability as a natural part of getting older, and therefore had not registered with the government as having a disability and often did not have access to assistive devices. Olha Volkova, who runs a shelter in Dnipro for people with disabilities who have fled the hostilities, said the vast majority of people in her shelter were older people with disabilities, but almost none of them were registered as having a disability: “Most older people who come here don’t have disability status; they laid down after a stroke, and for the most part they will lie down until they die. The first thing we do is help them get disability status.”

### 3.2 Institutions in Ukraine

An estimated 41,000 adults live in state institutions for older people and people with disabilities in Ukraine. These long-term care facilities are divided into institutions for people with psychosocial disabilities, known as Psychoneurological Institutions, and institutions for people with physical or other types of disabilities, known as Geriatric Institutions or Institutions for People with Disabilities. Both types of facilities fall under the Ministry of Social Policy, which, according to a 2020 report by the UN Human Rights Monitoring Mission in Ukraine (HRMMU), oversees 282 institutions for older people, people with disabilities, and children. According to publicly available information, over 80 institutions for older people and adults with disabilities are in regions that have been the most directly impacted by the hostilities. Dozens

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39 Interviews with older people with disabilities, June and July 2022, Ukraine.
40 Interview in person with Olha Volkova, director of Okean Dobra, 22 June 2022, Dnipro, Ukraine.
44 According to publicly available information from the Ukrainian authorities, before February 2022 there were 10 such institutions in Donetsk region; nine in Zapoizhzhia region; 10 in Luhansk region; 16 in Kharkiv region; 10 in Kyiv region; nine in Mykolaiv region; 10 in Sumy region; and eight in Chernihiv region.
are in areas that came or are still under Russian occupation. Amnesty International was able to confirm that residents from at least 10 institutions have been evacuated, either to safer parts of Ukraine or abroad.45

Geriatric Institutions or Institutions for People with Disabilities largely house people with physical, rather than psychosocial or intellectual, disabilities. In most institutions of this kind visited by Amnesty International, the majority of residents were over 60 years old. These institutions can admit anyone who is within 1.5 years of pension age regardless of disability, or anyone over the age of 18 who has a disability and who “requires outside care, social services, medical care, and a complex of rehabilitation measures”.46 All people being admitted to these institutions must undergo a medical evaluation from a doctor finding that their placement in an institution would be appropriate; people registered as having a disability must present a conclusion from the MSEC (mentioned above) stating that that person requires additional care or rehabilitation that is provided by the institution. The MSEC also develops an “individual programme” for their rehabilitation, which should be implemented by the institution.47

People with first group disability – or those with the highest support needs – can live in such institutions for free.48 Almost all older people interviewed by Amnesty International contributed 75% of their pensions toward the costs of staying in the institution, and were allowed to keep 25% of their pension as long as they still had legal capacity.49 For people who were denied legal capacity by a court ruling, their guardian received the remaining 25% of their pension.

Psychoneurological Institutions, by contrast, are meant to house “older people or people with disabilities from the age of 18 with persistent intellectual or psychological” diagnoses, according to Ukrainian law.50 Just as in other institutions, a medical evaluation and MSEC evaluation for those registered as having a disability are required.51

All people with disabilities in institutions must undergo a periodic review by the MSEC at least once every two years to evaluate their placement there; however, there is an exception for “mental disorders with

45 In Donetsk region, the residents from seven out of 10 institutions – one of which is still operation and two of which, in Mariupol, were forcibly transferred to Donetsk – have been evacuated elsewhere, including abroad. Letter from Olena Tokareva, Director of the Donetsk Oblast Department of Social Protection, to Amnesty International, 25 July 2022, on file with Amnesty International; and interview by voice call with Olena Tokareva, 2 June 2022. In Luhansk region, two out of 10 institutions were evacuated; the remaining eight are under occupation. Interview by voice call with official from the Luhansk Department of Social Protection, 25 July 2022. In Kharkiv region, only one institution, a psychoneurological institute in Oskil, was evacuated. Interviews in person with residents and staff evacuated from Oskilsy Psychoneurological institution, July 2022. In Kherson region, no institutions were evacuated. Interview by voice call with official from regional Kherson administration, 14 July 2022.
46 Ukraine, Cabinet of Ministers Decree No. 772 (cited previously), Article 13.
47 Ukraine, Cabinet of Ministers Decree No. 1317, “Положення про медико-соціальну експертизу”, 3 December 2009, https://zakon.rada.gov.ua/laws/show/1317-2009-%D0%BF#Text, Articles 11(1) and 11(2); Ukraine, Cabinet of Ministers Decree No. 772 (cited previously), Article 62.
48 Interviews with older people in institutions, June-July 2022.
50 Ukraine, Cabinet of Ministers Decree No. 957 (cited previously), Article 16.
persistent, significantly pronounced psychopathological syndromes” including dementia, schizophrenia, epilepsy, and a wide range of intellectual, psychosocial, hearing, visual, and other disabilities.\textsuperscript{52}

As of January 2019, there were 102,570 children residing in state institutions, including orphanages, special boarding schools, and various types of institutions for children with disabilities.\textsuperscript{53} In 2017, Ukraine passed its “National Strategy on the Reform of the System of Institutional Care and Caretaking of Children from 2017-2026,” pledging to significantly reduce the number of children in state institutions.\textsuperscript{54} In 2021, the government amended the plan by excluding institutions for children with disabilities from deinstitutionalization plans, including special boarding schools, education and rehabilitation centres, and sanitorium boarding schools.\textsuperscript{55} The move was criticized by the UN Special Rapporteur on the Rights of Persons with Disabilities and a number of disability rights organizations.\textsuperscript{56} At present, Ukraine does not have a plan to reduce the number of adults in institutional settings.

In 2006, Ukraine ratified the Optional Protocol to the Convention against Torture (OPCAT), and under its aegis established a National Preventive Mechanism (NPM) in 2012.\textsuperscript{57} According to OPCAT, an NPM should be empowered “to regularly examine the treatment of the persons deprived of their liberty in places of detention” with the purpose of protecting them from torture and other cruel, inhuman, or degrading punishment.\textsuperscript{58} Places of deprivation of liberty include police stations, prisons, institutions for people with disabilities, and psychiatric hospitals. In Ukraine, NPM visits are conducted by representatives of the office of the Ukrainian Parliament Commissioner for Human Rights, as well as by members of an expert council, independent human rights organizations, and trained volunteers.\textsuperscript{59} In 2020, for example, Ukraine’s NPM conducted 815 visits to places of deprivation of liberty, 271 of them to institutions under control of the Ministry of Social Policy.\textsuperscript{60} In total in 2020, the NPM received 3,154 complaints, resulting in 24 criminal investigations.\textsuperscript{61}

\textsuperscript{52} Ukraine, Ministry of Health Decree No. 561, “Про затвердження Інструкції про встановлення груп інвалідності”, 5 September 2011, https://zakon.rada.gov.ua/laws/show/z1295-11?find=1&text=%D1%81%D1%82%D1%80%D0%BE%D0%BA#w1_7. Article 3(1).


\textsuperscript{55} Ukraine Cabinet of Ministers Order, “Про внесення змін до Национальної стратегії реформування системи інституційного догляду та виховання дітей на 2017-2026 роки”, 2021, https://www.msp.gov.ua/projects/645/?fbclid=IwAR2WqBDC1p9W2G0_aJ_Rw4npuM9ODDA9mpPKG1fnnBIAwqnlw3dEaY


\textsuperscript{58} Optional Protocol to the Convention against Torture (OPCAT), Article 19(a).


\textsuperscript{61} National Preventive Mechanism of Ukraine, “Спеціальна доповідь” (cited previously), p. 11-12.
Private nursing homes also operate in Ukraine, though there are no available statistics on the number of them or the number of residents living in them. According to a 2020 report commissioned by the Council of Europe, most of these enterprises do not register as licensed private social service providers, but rather “operate on the basis of artificially fragmented private contracts (accommodation, medical care, care services)”, as a result of which they do not fall under the control of the Ministry of Social Policy and are subject to virtually no regulation or oversight.62

Ukraine ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2010. As will be discussed in greater detail below, the CRPD recognizes the equal right of all persons with disabilities to live in the community, and the right to full inclusion and participation in the community, including by not being obliged to live in particular living arrangements, such as institutions.

4. OLDER PEOPLE AND DISPLACEMENT

“I don’t have a backup option.”

Valentyna, an 80-year-old woman in Chernihiv, who is living in the bomb shelter of a school after her house was destroyed in a Russian attack63

“There was nobody to take care of us. We were healthier before the war. My legs don’t work so well now, my fingers are stiff. Before the war I walked… I want to go home.”

‘Oksana,’ a 93-year-old woman who lost her home in Kharkiv during the fighting and is now living in an institution64

“At this age, it’s very hard to start from scratch. For people our age, we don’t even know how we are going to get jobs.”

Olena Nikitchenko, a 59-year-old woman who was displaced from Mariupol65

According to the UN High Commissioner for Refugees (UNHCR), nearly one-third of Ukrainians have been displaced by the conflict: 6.2 million people remain displaced within Ukraine, and 7.8 million are estimated to be refugees in Europe.66 The International Organization for Migration estimates that 49% of internally displaced families have at least one member who is over 60 years old.67

Dozens of the older people interviewed for this report were forcibly displaced from their homes. In some cases, their homes were partially or completely destroyed in Russian attacks. In other cases, older people

63 Interview in person with Valentyna, 3 July 2022, Chernihiv, Ukraine.
64 Interview in person with “Oksana” (anonymous), 16 June 2022, Kharkiv, Ukraine.
65 Interview by voice call with Olena Nikitchenko, 21 April 2022.
left out of concerns for their safety, as ongoing fighting posed a constant risk. Some left their homes after
the areas where they were living came under the occupation of Russian forces. While there is no reason
to believe that older people have experienced more damage to their homes than other groups, they face
intersecting challenges that place them at particular risk in displacement.

First, as noted above, more than half of the people registered as having a disability in Ukraine are older
people. The war has not only forced them from homes that were often physically equipped to their needs,
but has also shattered the formal and informal support networks of friends, neighbours, social workers,
and others who had provided them with assistance before the war.

Second, poverty has exacerbated the plight of older people in displacement. Even before the war, 80%
of older people in Ukraine received pensions that put them below the country’s poverty line.68 Home loss,
including loss of land that could be used to harvest food, has deepened this poverty and placed older
people at greater risk of going unhoused or living in inadequate conditions. Almost all of the older people
interviewed for this report said they could not afford to pay for any kind of rental accommodation, and
many were staying temporarily in shelters for displaced people or other temporary housing without any
security of tenure there. Older women, who on average receive pensions that are 30% lower than older
men, are at particular risk of entrenched poverty, as will be discussed in greater detail below.69

Financial support by the Ukrainian government, the UN and other organizations has been insufficient to
bridge the gap between older people’s pensions and their real financial needs, particularly with regards
to housing.

Finally, some older people were injured in the fighting, lost access to medication and other healthcare,
or were forced to live in unsanitary and freezing conditions in unheated apartments and basements for
extended periods of time. This led to and compounded disabilities and health conditions, further
exacerbating the challenges older people face in displacement. Older people with psychosocial and
intellectual disabilities, such as dementia, are particularly at risk of being unable to secure safe
and accessible housing.

4.1 LOSS OF HOMES

Almost all older people interviewed for this report owned the homes in which they had lived prior to the February 2022 invasion. This is primarily a legacy of Ukrainian privatization efforts in 1990s, in which people were allowed to privatize the state-owned property in which they were living free of charge during Soviet times. As a result, before the war 93.5% of families privately owned their homes, versus 3.9% who lived in rental accommodation – a significantly higher rate of home ownership than in other European countries.

As of early August, Ukraine’s Ministry of Defense said at least 140,000 residential buildings had been destroyed by the war, leaving an estimated 3.5 million people homeless. There is no data to suggest that home loss has been higher among older people than among other groups. However, for most older people, inadequate pensions and a lack of employment opportunities mean that their homes are often their most valuable asset, and they are less likely to rebuild enough wealth to rent or rebuild homes elsewhere (see “Financial Pressures” section below). Disabilities and health conditions make it more difficult for many older people to find new housing in the community, even when they can afford rent or find free accommodation.

Nina, 70, lived alone in an apartment in Sieverodonetsk, a city in Luhansk region that Russian forces fully occupied. When the war first started, an acquaintance came to visit Nina, who uses a walker, bringing her food and other essentials. Around 8 March, with no electricity in her apartment, he took her mobile phone away to charge it for her. He never returned, and Nina spent the next 10 days alone in her apartment, where the windows were shattered and temperatures dropped to -15 degrees Celsius. She told Amnesty International:

I was terrified of my legs freezing off. I sat in what I thought was the safest corner of the kitchen in case of a shockwave, and brought over all the bedding and pillows I had in the house, and I sat there for 10 days.

All I had was a small torch. I spoke to it. I pulled a blanket over my head and lit the torch under it, and I begged it not to go out.

Nina was rescued when a Russian shell hit the apartment next to hers, and she was able to flag down emergency workers who had come to put out the resulting fire. They took her to a shelter in a school, where she was provided with food and water. However, the 10 days in her apartment had left her with severe bronchitis and pneumonia, and there were few medical facilities still operating in the city. Nina

72 New York Times, “As the fighting spreads, 140,000 residential buildings have been damaged, leaving millions homeless, Ukraine says”, 2 August 2022, https://www.nytimes.com/live/2022/08/02/world/ukraine-russia-news-war#as-the-fighting-spreads-over-140000-residential-buildings-have-been-damaged-ukraine-says
73 Interview in person with Nina, 24 June 2022, Dnipro, Ukraine.
eventually fled to Dnipro, where she was hospitalized for 14 days. She said the doctor told her that if she had spent three more days without medical treatment, she could have died.

“Svitlana”, 70, lived by herself in Mariupol before the war. She is estranged from her only son. The fighting did not initially impact her neighbourhood directly, but it gradually grew closer. Svitlana saw her neighbours who had cars fleeing starting in mid-March, but didn’t leave: “Everyone grouped together with their relatives, and I had nobody to go with. I sat there and thought, where can I go? Nowhere.”

On 2 April, Svitlana, who lived in a one-story house, said she heard a humming sound. Terrified, she ran to her bedroom for cover. She heard an explosion:

> It seemed like my house turned over three times and then stood in its place. I cried and said please somebody help me, but there was nobody to help me. When I went to the kitchen, it was totally destroyed. I had a fridge there but on the wall where the fridge had been, I could see out to the street, there was an enormous hole… The ceiling fell into the kitchen. An exploded shell was lying in the yard, there was a tube and it had torn in two parts.

Svitlana fled to a friend’s house nearby. On 8 April, she saw a column of smoke rising above where her house had been. It had been completely destroyed in a second Russian attack. Soon afterwards, volunteers helped her and her friend evacuate the city. When interviewed in May 2022, Svitlana was staying with a friend in Lviv region; she said she felt “in the way” but had no means to rent accommodation.

Valentyna, 80, was living in the bomb shelter of a school in Chernihiv when interviewed in early July 2022. On 2 March, Valentyna was hospitalized when an explosion from an incoming shell shattered the windows of her one-story home, leaving her with deep cuts on her face. A friend took her in, urging her not to stay home. In late March, Valentyna went back to check on her house and found it destroyed. Reluctant to stay at her friend’s small house together with seven others, she moved into the school. According to Valentyna, the director of the school warned her that she could not remain once the school year started in September. Valentyna was offered accommodation in an institution for older people, which she said was far from her home, or a place in a dormitory, where she said there was inadequate sanitation and, due to her reduced mobility, was physically inaccessible.

“I don’t want to live far away from my neighbourhood, all my friends are here. The institution is very far from any transport, and I wouldn’t be able to walk the distance to the bus stop,” Valentyna said. “My pension is 2,700 hryvnia (US$73). This is not enough to pay for an apartment… I don’t have a backup option.”

74 Interview by voice call with “Svitlana,” 18 May 2022.
75 Interview by voice call with “Svitlana,” 18 May 2022.
76 Interview by voice call with “Svitlana,” 18 May 2022.
77 Interview in person with Valentyna, 3 July 2022, Chernihiv, Ukraine.
78 Interview in person with Valentyna, 3 July 2022, Chernihiv, Ukraine.
79 Interview in person with Valentyna, 3 July 2022, Chernihiv, Ukraine.
ATTACKS ON CIVILIAN OBJECTS AND FORCED DISPLACEMENT

Russia and Ukraine are parties to the principle international humanitarian law treaties that apply to situations of international armed conflicts: the four Geneva Conventions of 1949 and their Additional Protocol Applicable to the Protection of Victims of International Armed Conflicts (Protocol I). In these situations, international humanitarian law provides special protections to older people and people with disabilities, among other groups, including related to prioritizing their evacuation. Far from affording these protections, Russia has repeatedly carried out unlawful attacks on civilians and civilian infrastructure throughout Ukraine, with no visible efforts to ensure the protection of any group, including older people.

All older people interviewed for this report were civilians. International humanitarian law prohibits attacks on civilians and on civilian infrastructure, and calls on all parties to a conflict to “at all times distinguish between the civilian population and combatants and between civilian objects and military objectives”. Corollary to this, international law prohibits indiscriminate attacks, meaning attacks that are of a nature to strike military objectives and civilians or civilian objects without distinction.

It is beyond the scope of this report to analyse each individual strike recounted by older people, as the goal is to provide a broader picture of the challenges older people face during the conflict and displacement.

However, as Amnesty International’s reporting has shown, Russia has repeatedly committed war crimes and other violations of international humanitarian law during its war of aggression against Ukraine. In Kharkiv, hundreds of civilians have been killed in unlawful attacks, many of them carried out with inherently-indiscriminate, internationally banned cluster munitions; in Mariupol, Russian forces most likely intentionally targeted the Donetsk Regional Academic Drama Theatre, as hundreds of civilians sheltered inside; and in Odesa region, the reckless use of anti-ship missiles in a densely populated area with no Ukrainian military presence resulted in the deaths of 21 civilians. It is likely that many of the attacks described by older people in this report fit with this broader pattern.

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80 Fourth Geneva Convention, Articles 16, 17, 27, 85, and 119. See also ICRC, Customary IHL Study, Rule 13B.
81 Protocol I Additional to the Geneva Conventions, Article 48; Customary IHL, Rules 1, 7.
82 Protocol I, Article 51(4); Customary IHL, Rules 11 and 12.
“Oksana,” 93, who has pain in her legs and difficulty walking, and her husband, who has significant hearing loss and limited mobility, had lived in a five-room house in Kharkiv. Oksana could not remember the exact details, but at some point in March 2022 a Russian shell hit her house, destroying the kitchen and the two neighbouring rooms. Oksana and her husband were in another room, and survived.84

They continued living there without gas or electricity for another month. Their son brought them food and other supplies, but eventually decided to move them away from their home. Oksana said the couple stayed for a few months with her son, but that there was little room in his three-bedroom apartment with six people already staying there, and that it was difficult for her son’s family to care for them. In June, he brought her to an institution for older people and people with disabilities (see Section 5.1 for more on institutionalization).85

4.2 LOSS OF SUPPORT NETWORKS

Many older people, particularly those with disabilities, were forced to flee not due to direct damage to their homes, but because the war shattered the formal and informal support networks of social workers, relatives, neighbours, friends, caretakers and others whose assistance allowed them to live independent lives. Sometimes, older people lost homes that they had outfitted to be more physically accessible, including by placing grab-bars along the walls or in the bathrooms or ramps at the entrances. In many cases, municipal authorities turned off the lifts in apartment buildings where older people and people with disabilities were living during the height of the hostilities for safety reasons, leaving them unable to leave their apartments without additional assistance.86

Before the war, “Nina”, a 65-year-old woman who uses a wheelchair, lived in Soledar, a city in Donetsk region, with her daughter, who is 43 and also cannot walk since being hit by a train. Nina’s husband, a seasonal construction worker, was in Mariupol when the war began. Nina had not heard from her husband since, and she and her daughter had no income besides their respective pensions. Before the war, Nina, who can go to the toilet and get dressed independently but cannot leave the home without support, paid a caretaker who assisted her and her daughter.87

84 Interview in person with “Oksana”, 16 June 2022, Kharkiv, Ukraine.
85 Interview in person with “Oksana”, 16 June 2022, Kharkiv, Ukraine.
86 Lifts were largely turned off with the goal of preventing people from being stranded there during an attack or in the event that electricity was affected by an attack (See: Kharkiv Today, “В Харькове запускают лифты, которые отключали из-за войны (График)”, 18 May 2022, https://2day.kh.ua/ru/kharkiv-v-kharkove-zapuskyat-lifty-kotorye-otklyuchali-iz-za-voyny-grafik; Zaporizhzhia City Council, Про причини відключення ліфтів у Запоріжжі”, 31 March 2022, https://zp.gov.ua/ru/articles/item/12180/pro-prichini-vidklyuchennya-lifitiv-u-zaporizhzhii). While in some regions, such as Kharkiv region, the authorities have turned on lifts in many areas that are not under regular attack, in places like Mykolaiv, for example, reports state that many lifts were still not operating several months into the conflict (See: Suspilne, “Ліфтові компанії в Миколаєві не підключають ліфти в багатоповерхівках”, 16 June 2022, https://suspilne.media/250937-liftovi-kompanii-u-mikolaevi-ne-pidklucuat-lifit-u-bagatopoloverkhivkah/).
87 Interview in person with “Nina,” 22 June 2022, Dnipro, Ukraine.
As fighting approached Soledar in late May, the caretaker said she was planning to flee the city. Nina had no choice but to leave, and, when interviewed a month later, was living in one of the few shelters in Dnipro that provided accessible accommodation to people with disabilities. “What I need is a permanent home,” she said.88

Kateryna, a 92-year-old from Kramatorsk in the Donetsk region, used to live in the same apartment building as her daughter, who brought her food and other necessities every day. On 14 March her daughter fled the city for western Ukraine, and a male neighbour who was staying in the apartment building to look after his older father with a disability helped take care of Kateryna as well. She said:

> For three months during the war I lived by myself. My neighbour looked after me, he brought me food sometimes and things I needed like blankets, water. But as my legs started getting weaker, I worried about staying there by myself. … If my legs totally refused me, what if I can’t go to the toilet by myself? Is he really going to clean me up? That’s why I left. 89

In early June, Kateryna fled to a shelter in Dnipro. But, several weeks later, the shelter staff told her there was not sufficient capacity to continue housing her; on the day she was interviewed by Amnesty International, Kateryna was being sent, together with six other women, to a state institution for older people in Rivne region. Her daughter was living in an apartment in western Ukraine with five other displaced people, but Kateryna could not live there because the apartment was too crowded and not physically accessible. Kateryna said she had requested to be moved to an institution in Vinnytsia: “I wanted to live closer to my daughter, but they said there were no spaces.”90

Some older people said that many social workers, who had provided support services before the war including by delivering them groceries and medications, helping them with paperwork and doing light chores, had fled areas affected by the fighting. In Ukraine, social workers can provide at-home services to older people and people with disabilities, among other groups, though they only provide free services to those who do not have younger relatives who, in theory, are designated as responsible for their care and support.91

“Leonid”, who is 76 and blind, was living in a third-floor apartment in the north of Kharkiv with his wife, who is 74 and cannot walk due to a stroke. During periods of intense shelling, Leonid, who was unable to carry his wife by himself down three flights of stairs and to a basement, sheltered with her in their building’s corridor. When Amnesty International interviewed Leonid in late June, the situation in his neighbourhood was quieter, but the couple was struggling to access food, medication and other healthcare, because most neighbours had evacuated, and social workers could not reach his home. Leonid said:

88 Interview in person with “Nina,” 22 June 2022, Dnipro, Ukraine.
89 Interview in person with Kateryna, 22 June 2022, Dnipro, Ukraine.
90 Interview in person with Kateryna, 22 June 2022, Dnipro, Ukraine.
Before I needed help to get [my wife] down the stairs because the wheelchair doesn’t fit in the lift, but I could go into the courtyard and ask somebody to help, there were always people around, now there is nobody to ask… Before the war, we had a social worker. She would come once a week and bring us food and wash the floors. Now there is no transport, so she called to say she can’t come…

Previously there were 12 [social workers] in Kharkiv who accompanied [blind people] if we needed to go to the doctor, or to the bank. We could call that line and tell them when we had an appointment at the clinic… Now I called, and they say they don’t have anyone who can accompany us.92

“Olena”, a 64-year-old woman who had limited mobility after two strokes, was forced to flee her apartment in Lysychansk, Luhansk region, in June. Her daughter died of brain cancer several years before, and she lived alone, though before the war had a social worker who brought her food and groceries and helped her with chores around the house.

“I lived on the eighth floor, and on 18 May the lift was turned off. The social workers stopped coming, and I was on my own,” she said. “I couldn’t eat anything. I had no medications. Volunteers found me in June and told me I had to evacuate.”93

The Ukrainian Ministry of Social Policy has passed several decrees in an effort to secure the continuation of social service provision in conflict-affected areas, including providing financial compensation to service providers (typically funded by local budgets) for: hiring displaced people as social workers to increase capacity; providing displaced people with food, hygiene products and other basic goods; and providing displaced people with free utilities.94 According to the Ministry, as of 7 July 2022, 9,500 older people had received urgent at-home care during the war.95

In recommendations to local service providers in conflict-affected areas, the Ministry suggested that people receiving care at home could be temporarily housed together in groups of four or five, so as to ensure no disruption of social services.96 Amnesty International did not interview anyone who had been offered such accommodation.

Amnesty International was unable to find information about the total number of social workers providing at-home support services before the war, nor the number who might have left conflict-affected areas since. For example, in the city of Kharkiv, where the population has dropped by about 50% since the

92 Interview in person with “Leonid,” 20 June 2022, Kharkiv, Ukraine.
93 Interview in person with “Olena,” 24 June 2022, Dnipro, Ukraine.
95 Ministry of Social Policy of Ukraine, “Уряд за пропозиціями Мінсоцполітики розширив можливості працевлаштування переміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО” (cited previously).
war began, there were 460 social workers providing home services to 18,000 older people before the war, but it is unclear how many of them remain in the city. Nonetheless, the interviews in this report clearly underscore that Russia’s war on Ukraine has forced many social workers to flee their home cities or regions, leaving many older people and people with disabilities who remain there without essential support.

4.3 FINANCIAL PRESSURES

The challenges older people face when looking for housing in displacement are often exacerbated by their precarious financial situation. While Ukraine provides universal pensions to all people over a certain age, including those who worked in the informal economy (see Chapter 3), these payments are insufficient to meet their basic needs. The Ministry of Social Policy has calculated a real monthly subsistence minimum of 4,666 hryvnia (US$126) for one person, but pensions consistently fall well below that. As of January 2022, the average monthly pension was 3,991 hryvnia (US$108). About half of Ukrainian pensioners receive 3,000 hryvnia (US$82) or less per month, and the minimum pension in Ukraine is 2,027 hryvnia (US$55). In 2020, the former Ukrainian Parliament Commissioner for Human Rights Liudmyla Denisova said that approximately 80% of pensioners received a pension that put them below the country’s poverty line.

Most older people interviewed by Amnesty International said they would have been unable to afford rental accommodation even before the 2022 invasion. According to an analysis of official data from 2020, the average cost of renting a one-bedroom apartment in Ukraine was 3,890 hryvnia (US$105) per month,

99 Ministry of Social Policy of Ukraine, Фактичний розмір прожиткового мінімуму у 2015-2022 роках, 18 February 2022, https://www.msp.gov.ua/news/12286.html. According to the Law No. 38 “On the Subsistence Minimum,” the monthly subsistence minimum is determined by the Cabinet of Ministers, on the basis of a consumer basket of food-stuffs and other essential goods. This minimum is the standard used to set minimum pensions, a minimum wage, etc. However, amendments to the law in 2012 called on the Ministry of Social Policy to calculate the “real subsistence minimum” as a means of observing real-world changes in consumer prices. The subsistence minimum as set by the Cabinet of Ministers consistently falls below the Ministry of Social Policy’s real subsistence minimum: in 2022, for example, it was 2,589 hryvnia, versus the 4,666 hryvnia as calculated by the MSP (see: MinFin.ua, Прожитковий Мінімум в Україні 2022, https://index.minfin.com.ua/ua/labour/wagemin/). According to a report by the Council of Europe commissioned in 2020, “a revision of the current basket of goods and services seems needed to better reflect the real and actual cost of life so as to provide a genuine reflection of the value of the subsistence level which actually exists in the state and on the basis of which social benefits and pensions should be made.” See: Council of Europe, Assessment of Ukraine’s policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter (cited previously).
101 Pension Fund of Ukraine, Середній розмір призначеної пенсійної виплати та питому вагу пенсіонерів за розмірами призначенних місячних пенсій у загальній їх чисельності станом на 01.01.2022 року (cited previously).
103 EPravda, “80% пенсіонерів в Україні живуть за межею монетарної бідності – омбудсмен” (cited previously).
ranging from just over 2,000 hryvnia (US$54) in some regions to 7,565 hryvnia (US$204) in Kyiv. But the war has created a true housing crisis in Ukraine: there have been huge increases in rental prices from October 2021 to May 2022, particularly in western Ukraine (Zakarpattia: 225%; Lviv: 96%; Chernivtsi: 156%), but also in regions closer to the conflict such as Dnipro (34%) and Zaporizhzhia (41%). As a result, it was impossible for almost all of the older people interviewed for this report to bear the cost of renting an apartment or other type of accommodation once they had been displaced from their homes.

As will be detailed below, the Ukrainian government provides monthly payments to displaced persons, including older people and people with disabilities, and the UN can provide similar monthly payments for up to three months to at-risk groups, including older people. However, while important, Amnesty International interviews underscore that these payments have been largely inadequate to bridge the gap between older people’s pensions and real living costs. In addition to dramatic increases in rental costs, year-on-year inflation in Ukraine overall as of July 2022 exceeded 20%, and raw food prices have increased 37.5%, according to the National Bank of Ukraine.

Tetiana Pryanitska, 77, lived alone in Kharkiv before the war. She fled to Dnipro on 16 March and was living in a school that temporarily served as a shelter to about 60 displaced people. Tetiana worried about what she would do when the school year started in September, as the displaced people had been warned they would have to leave the shelter and find alternative accommodation for themselves.

Tetiana said: “I don’t want to be a freeloader. I used to be a math professor at an institute. After the collapse of the Soviet Union, I worked for the Red Cross. I am a good worker.” Tetiana received a pension of 3,000 hryvnia (US$81). She said UN assistance, which she received for three months, was “an insignificant help, it’s enough to go to the shop once or twice and that’s it”, and that it was insufficient to help her pay for rent:

Just to rent a room or a small hut in this village costs 6,000 to 10,000 hryvnia (US$163 to US$270). There is no way I could afford to pay that. I want to go home. I don’t care if Kharkiv is bombed to nothing, I don’t care if I have to live in a basement.

In a follow-up interview in October, Tetiana told Amnesty International that she was still not able to return to her apartment in Kharkiv, as there was no electricity, heating or running water in the building, but that an 83-year-old woman in the village where she had been staying had temporarily taken her in.

107 Interview in person with Tetiana Pryanitska, 25 June 2022, Dnipro, Ukraine.
108 Interview by voice call with Tetiana Pryanitska, 26 October 2022.
109 Interview by voice call with Tetiana Pryanitska, 26 October 2022.
Others have been less lucky in finding even temporary accommodation. Nina Silakova, 73, is from Rubizhne in Luhansk region, which was occupied by Russian forces starting in late March, and was at the same shelter as Tetiana when Amnesty International interviewed her in late June 2022. When the school administration required displaced people to leave in August, Nina, whose pension is 3,500 (US$95), made a verbal agreement with a woman in the village to rent part of her home for 1,800 hryvnia (US$48) per month plus utilities. But on 24 August, Nina had a heart attack. She said she was evicted as a result: “[The landlady] was worried… that she would have an old sick woman on her hands to take care of.”

A charitable organization helped Nina find temporary medical care in a rehabilitation centre, where she recovered from the heart attack until mid-September. She was discharged and was able to live with her 63-year-old sister, who had been renting a one-bedroom apartment for 3,500 hryvnia (US$95) in Kropyvnytskyi since March. But in early October, the landlord of that apartment, with whom they also only had a verbal agreement, said they would have to leave before the end of the month. Nina was at a loss with regards to where she would be able to stay:

> My sister came here in March, you could find those kind of prices then. Now there are no places for that price in the city because there are so many [displaced people], they keep fleeing and fleeing… I have such disappointment, so much pain from all this. I don’t know where to turn. I’m a 73-year-old woman, how do I look [for accommodation]? Should I go out into the street, stand there and ask people? How? People will just pass by and think I am an ill old grandmother.

Lidiya Parshiy, 72, was living with her 66-year-old husband in a shelter for displaced people outside Kharkiv. The couple had previously lived in northern Kharkiv, and said half of the apartments in their building had been destroyed in the fighting. Lidiya said they had “no choice but to stay” at the shelter, adding:

> My pensions is 3,500 hryvnia, his is 2,500. You would need to pay 7,000 hryvnia (US$190) just for a room, not even for an apartment. We just about get by when we live at home.

In 2006, Ukraine ratified the Revised European Social Charter (ESC), which guarantees “[t]he rights of elderly persons to social protection”. The charter calls on states to “enable elderly persons to remain full members of society for as long as possible, by means of a) adequate resources enabling them to lead a decent life and play an active part in public, social, and cultural life; b) provision of information about services and facilities available for elderly persons and their opportunities to make use of them”.  

110 Interview in person with Nina Silakova, 25 June 2022, Dnipro, Ukraine; interview by voice call with Nina Silakova, 13 October 2022.
111 Interview by voice call with Nina Silakova, 13 October 2022.
112 Interview in person with Lidiya Parshiy, 20 June 2022, Pesochyn, Ukraine.
113 European Social Charter (Revised), Article 23.
114 European Social Charter (Revised), Article 23.
According to an October 2020 assessment of Ukraine commissioned by the Council of Europe, “under Article 23, the right to adequate resources, which primarily encompasses the amount of pensions and other benefits, has been the object of criticism by the ESCR [European Committee of Social Rights] since the accession of Ukraine to the ESC”. The assessment points to consistently low pension levels, and recommends that the government put new policies in place “to avoid substantial pension erosion and massive loss of purchasing power over time. A revision of the current basket of goods and services seems needed to better reflect the real and actual cost of life so as to provide a genuine reflection of the value of the subsistence level.” The Council of Europe also urged the Ukrainian government to make a specific assessment of the subsistence level for older persons, who are likely to have “higher heating [costs], medical supplies and equipment, and transport expenses.”

In addition to low pension rates, many older people live in poverty in part because of challenges they face in finding employment. Official statistics on employment show a significant drop after people reach the age of 50: overall employment of people between 35 and 49 years old is more than 75%, but falls to 67.9% between 50 and 59, and 13.2% between 60 and 69 years old. While this is partly driven by voluntary retirements, age discrimination plays a significant role: according to one 2018 study of over 2,000 people, more than one-third of respondents between the ages of 45 and 65 said they had been turned down for a job on the basis of their age, compared to 13-16% of those between ages 26 and 45. Older respondents also cited other reasons that they were turned down for jobs at a higher rate than other groups, such as insufficient knowledge of computer and other technology or health issues.

As a result of the war, unemployment in Ukraine is high, with officials from the Ministry of Economy predicting that it will reach 30% by the end of 2022. Older people in their late 50s and early 60s, some of whom were still working and most of whom did not yet receive pensions, expressed fears about losing their jobs and finding new employment. Before the war, Olena Nikitchenko, 59, lived in Mariupol with her 60-year-old husband and 83-year-old mother-in-law, who has dementia. The family moved to the city in 2014, after fleeing the war in Donetsk. Olena, a dental assistant, set up a small dental business with her husband. Olena’s son and his family, who came to stay with her after Russia’s full-scale invasion in 2022, fled in mid-March, but Olena and her husband were worried about the family’s economic situation and abandoning the business they had built, and waited until mid-April to flee. Olena said:

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115 Council of Europe, Assessment of Ukraine’s policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter (cited previously), p. 36.
I already had to abandon everything in Donetsk [in 2014]. We had to restart everything, and we had just started earning money and getting settled [in Mariupol]. I was in a total state of shock that it could happen again. Many Donetsk people are living through this a second time. And at this age, it’s very hard to start from scratch – when you’re 30 or 40 it’s easier, but for people our age we don’t even know how we are going to get jobs.\textsuperscript{122}

“Maria”, 58, lived in Mariupol with her husband before the war and worked with the national rail company. Amid heavy fighting in mid-March, Maria and her husband fled the city for a village nearby, and in early May managed to flee to western Ukraine, where some of her husband’s relatives lived. Because she had been displaced and was no longer working, Maria continued receiving just one-third of her salary from Ukrainian Railways,\textsuperscript{123} and both she and her husband had been unable to find work in western Ukraine. When she spoke to Amnesty International, she had just arrived in Italy, where she said she was trying to find work as a caretaker for older people:

I still get a third of my salary, but it’s only about 1,000 hryvnia (US$27) and it’s not enough to live on. I’m in a state of shock. There is no work for my husband, he is now with his relatives [in western Ukraine]. We stayed there for two weeks but there is no work there. He hopes they will need builders… It is very stressful. I came here but I’m not sure how it will work with the language. I paid all my money to get here on the bus.\textsuperscript{124}

Older women are at particular risk of entrenched poverty and of related violations of their rights. There is a significant discrepancy in Ukraine between pensions for older men and older women, with women receiving on average 30% less than men.\textsuperscript{125} The Council of Europe assessment attributes this to “generally lower income and shorter careers” among women, “often due to maternity and other childcare leave or family care duties, which significantly affect women more than men”.\textsuperscript{126} Given the difference in longevity between older men and women, women were more likely than men to be living on a single income: of the 67 older women interviewed by Amnesty International outside institutions, 43 were single; the same was the case for only six of 20 older men. When it comes to employment, more women than men in Ukraine say they have been victims of age discrimination.\textsuperscript{127}

\textsuperscript{122} Interview by voice call with Olena Nikitchenko, 21 April 2022.
\textsuperscript{123} According to Ukrainian law passed in 2022, employees who are registered as displaced persons within Ukraine or who leave the country as refugees can keep their employment – without pay – for up to 90 days. However, beyond that, the employer has the right to terminate their contract (see: Ukraine, Law No. 2136, “Про організацію трудові відносин в умовах воєнного стану”, 15 March 2022, https://zakon.rada.gov.ua/laws/show/2136-20#Text). Some employees of state-owned enterprises appeared to be able to continue receiving a certain amount of their salary each month.
\textsuperscript{124} Interview by voice call with “Maria”, 19 May 2022.
\textsuperscript{125} Open Data Bot, “Ukrainian women get 30% lower pensions than men” (cited previously).
\textsuperscript{126} Council of Europe, Assessment of Ukraine’s policy and legal framework related to the rights of older people to social protection in the light of Article 23 of the Revised European Social Charter (cited previously), p. 40.
\textsuperscript{127} Balakireva O.M., Lokteva I I., “Неформальна зайнятість, дискримінація при працевлаштуванні та виміри людського капіталу” (cited previously),p. 46.
RIGHT TO AN ADEQUATE STANDARD OF LIVING

Ukraine and Russia are both parties to the International Covenant on Economic, Social and Cultural Rights (ICESCR), which enshrines the right to an adequate standard of living and the right to work. Article 11 of the ICESCR recognizes the right of everyone to an adequate standard of living, including adequate food, clothing and housing, and to the continuous improvement of living conditions. Article 9 of the ICESCR recognizes the right to social security. This right includes the right to access and maintain benefits to secure protection from a range of adverse circumstances, including a lack of work-related income, unaffordable access to health care and insufficient family support.

The Committee on Economic, Social and Cultural Rights (CESCR), which is charged with providing an authoritative interpretation of the rights contained in the Covenant and monitors the ICESCR’s implementation, has said that state parties should provide pensions to all older persons of prescribed retirement age, including those who have not completed a qualifying period of contribution. For older people, the right to work and the right to social security are integral to realizing the right to an adequate standard of living.

The Committee on the Elimination of Discrimination against Women (CEDAW) has said that state parties to that convention, which Ukraine and Russia have likewise both ratified, “have an obligation to ensure that pension policies are not discriminatory in any manner, even when women opt to retire early, and that all older women who have been active have access to adequate pensions”.

As elaborated above, the European Social Charter (ESC) guarantees the rights of older people to social protection.

Ukraine provides universal pensions to all people of retirement age. But as detailed above, pensions generally fall significantly below the real subsistence minimum in the country, resulting in many older people living in poverty. While some older people receive family support that helps provide for a more liveable situation, that should never be assumed; many older people interviewed by Amnesty

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128 International Covenant on Economic, Social and Cultural Rights (ICESCR), Articles 6 & 11.
129 ICESCR, Article 11.
130 ICESCR, Article 9.
131 UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment 19: The right to social security (Art. 9), 4 February 2008, UN Doc. E/C.12/GC/19, para. 2.
133 UN Committee on the Elimination of Discrimination against Women (CEDAW), General Comment No. 27, 16 December 2010, UN Doc. CEDAW/C/GC/27, paras. 42 & 43.
134 European Social Charter (Revised), Article 23.
International did not have such support. Russia’s invasion of Ukraine and its recurrent unlawful attacks, which have killed civilians, destroyed homes and other infrastructure, and forcibly displaced millions, have significantly worsened this pre-existing poverty among many older people.

The ICESCR also enshrines the right to work, and requires state parties like Ukraine to “take appropriate steps to safeguard this right”. 135 Non-discrimination is part of the protection of all rights, including the right to work. 136 Although age is not mentioned explicitly, the listed grounds of prohibited discrimination is not exhaustive and includes “other status”, 137 which the CESCR has said includes age discrimination. 138 The CESCR has also stressed the need to “prevent discrimination on grounds of age in employment and occupation”. 139 CEDAW has called on state parties to foster the participation of older women in the workplace, and prevent discrimination against them. 140

People who are registered as internally displaced persons and are from certain communities near the frontline or under Russian occupation can apply for monthly assistance from the government – 2,000 hryvnia for all adults and 3,000 hryvnia for people with disabilities or children. 141 Some displaced older people can also access one-time international financial support of 2,200 hryvnia per month for three months. 142 Both these types of support can be applied for via a mobile phone app called Diya (Action), a website run by the Ministry of Social Policy, or an in-person visit to the Centre for the Provision of Administrative Services (TSNAP in Ukrainian). 143

Many, but not all, older people interviewed by Amnesty International had received payments from the government or international organisations. 144 However some struggled to register as displaced persons because they did not have the technology to apply online or the support to go in-person to a TSNAP office. For example, Nina, 70, who has limited mobility and fled from Sieverodonetsk, in Luhansk region,

135 ICESCR, Article 6.
136 Universal Declaration of Human Rights (UDHR), UNGA resolution of 10 December 1948, Article 2 (non-discrimination), Article 23 (right to work); ICESCR, Article 2(2) (non-discrimination), Articles 6 & 7 (right to work).
137 UDHR, Article 2; ICESCR, Article 2(2).
139 CESCR General Comment 6: The Economic, Social, and Cultural Rights of Older Persons (cited previously), para. 22.
140 CEDAW, General Comment 27 (cited previously), para. 41.
141 Ukraine, Cabinet of Ministers Decree No. 332, “Деякі питання виплати домоги на проживання внутрішньо переміщеним особам”, 20 March 2022, https://zakon.rada.gov.ua/laws/show/332-2022-%D0%BF?find=1&text=%D1%85-%D1%80%D0%BE%D0%B7%D0%BC%D1%96%D1%80#Text
142 UNHCR, “Multi-purpose cash assistance for conflict-affected population” (cited previously).
143 UNHCR, “Multi-purpose cash assistance for conflict-affected population” (cited previously).
144 Interviews, June-October 2022.
Larysa Bayda, director of the National Assembly of People with Disabilities of Ukraine, said that information about how to access financial support, whether from government, international, or charity organizations, was not always readily accessible to older people: “People with disabilities who are over 60 years old are not so well-off that they can buy a smartphone or a laptop, there is a purely informational barrier.”147 This issue was particularly pertinent for older people with intellectual disabilities, she said: “How is a person with dementia going to interpret all of these types of [financial] support? It’s not realistic to expect people to do this themselves. And there are a lot of people in this situation.”148

4.4 HEALTH CONDITIONS AND INJURY

The health of many older people was directly impacted by their time in conflict-affected areas. This included cases in which older people were injured during the hostilities, as well as cases where an older person’s health was severely undermined by wartime conditions, including living in cold basements or unheated apartments without regular access to clean water, medications, or healthcare. These situations sometimes led to or deepened existing disabilities and health conditions, making the lives of older people in displacement even more challenging.

Larysa, 65, and Serhiy, 67, lived in an apartment in the city centre of Mariupol before the war. Serhiy had lost one of his legs three years earlier because of a vascular condition. Amid near-constant shelling by Russian forces, neighbours helped the couple take shelter in their building’s basement, where they spent about 25 days in March 2022. Larysa described how Serhiy began having problems with his second leg:

*It was really cold: 8 degrees [below zero Celsius]… There was no electricity or water… My husband’s leg problem happened bit by bit in the basement. One day he couldn’t feel his leg. I checked and it really looked awful. The skin was peeling off. It looked dead. I didn’t want to tell him how awful it looked…*

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146 Interview in person with Nina, 24 June 2022, Dnipro, Ukraine.
147 Interview by voice call with Larysa Bayda, director of the National Assembly of People with Disabilities of Ukraine, 20 October 2022.
148 Interview by voice call with Larysa Bayda, director of the National Assembly of People with Disabilities of Ukraine, 20 October 2022.
We brought my husband to the closest hospital. The doctor there said immediately that the leg had to be amputated. He said the problem was gangrene.  

After Serhiy’s operation, the couple travelled to Manhush, a village near Mariupol. There Serhiy underwent another operation because of an infection to his wound. Larysa said the hospital treated his wound with rubbing alcohol, and that the hospital did not have any anaesthetics for his second operation. Ultimately, the couple fled with their daughter to Germany, via Russia and Estonia. Larysa said that due to Serhiy’s second amputation and recovery, the journey was much more difficult and took much longer than it would have otherwise.  

Another woman from Mariupol told Amnesty International that her father, who is 79 and who had one leg amputated due to deep vein thrombosis 13 years earlier, had to have his second leg amputated after he did not have access to blood-thinning medication for nearly a month during the hostilities. 

In addition to the above cases, Amnesty International interviewed older people who had suffered from a range of health problems due to the war, including untreated urinary tract infections, concussions or diminished hearing as a result of shockwaves and explosions, reduced mobility as a result of prolonged periods of isolation at home, and severe bronchitis and pneumonia after spending days and sometimes weeks in basements or apartments in below-freezing temperatures. In some cases, these conditions were so severe that older people had to be hospitalized immediately upon being evacuated. 

Some older people have been killed or injured as a direct result of the hostilities, including in unlawful attacks by Russian forces, as Amnesty International has reported previously. According to OHCHR, which collects information about civilian deaths and injuries in the war in Ukraine, people over 60 make up 28% of the injured in cases where a person’s age was known. OHCHR estimated that 15% of people injured in the 2014-2021 war in Donetsk and Luhansk region had injuries that resulted in lasting disabilities.  

Viktoria Rusakova, 62, worked full-time as a doctor at a maternity hospital in Mariupol before the war. She planned to continue working, but the hospital decided to evacuate all pregnant women in the first days

149 Interview in person with Larysa, 16 July 2022, Narva, Estonia.
150 Interview by voice call with Larysa, 2 August 2022.
151 Interview by voice call with Olena Sumarok, 26 April 2022.
152 Interviews in person with Kateryna, 22 June 2022, Dnipro, Ukraine; Shura Snezhnova, 23 June 2022, Dnipro, Ukraine; Nina, 24 June 2022, Dnipro, Ukraine. Interviews by voice call with “Svitlana,” 18 May 2022; and “Vadislav,” 18 May 2022.
154 OHCHR Representative, email to Amnesty International, 12 September 2022, on file with Amnesty International. The OHCHR was only able to verify the ages of 2,509 people in cases of a civilian injury, out of a total of 8,199 cases, and thus the statistics do not represent a full picture of civilian casualties among older people.
155 OHCHR Representative, email to Amnesty International, 12 September 2022, on file with Amnesty International.
of the war. As fighting approached her neighbourhood in early March, Viktoria sheltered in her apartment building, but she wanted to reunite with her daughter, who was living a short drive away. On 16 March, Viktoria asked a neighbour to drive her to see her daughter when the car was shot at, she believed by a Russian sniper:

I was lucky because the bullet missed my heart. When the first bullet hit [the car], I immediately turned onto my left side, and a bullet went into my subclavius and then into my rib cage… I was in shock. I drank some water and about 10 minutes later we drove back home. There were no hospitals functioning at that time that I could have gone to. There were no bandages, there were no painkillers or antibiotics. I went all around the building and found only one vial of Diphenhydramine [an antihistamine] that was past its expiration date. They injected me with that and then cleaned out my wound with vodka.\(^{156}\)

Viktoria attempted to leave the city on 18 March, but only got as far as Russian-occupied Berdiansk, where doctors removed the bullet from her body on 23 March but did not have enough supplies to provide her more comprehensive care. She finally reached Ukrainian government-held territory on 26 March, where she was hospitalized. Viktoria had very limited mobility in her arm as a result of the injury.\(^{157}\)

Finally, a prolonged lack of medical care or access to appropriate sanitation may have contributed to the deaths of some older people. Daria Chevychalova, 19, lived in Mariupol and helped care for her 88-year-old grandmother, who had limited mobility due to a stroke. The family was unable to transport her, and feared the journey would further undermine her health. Ultimately, however, they felt they had no option but to leave. Daria said:

She was in a bad state before the war. But it was clear she got worse [during the war]… She had an anti-bedsore mattress, but without electricity it didn’t move. We couldn’t change her diaper often enough because we were running out of diapers. We had enough medication [for headaches and for heart problems], but it was running out… We decided we had to get her out of Mariupol.\(^{158}\)

The family left for Russia, where they had relatives and hoped they would have better access to medications for Daria’s grandmother. They spent three days awaiting processing in the so-called ‘filtration’ process run by Russian and Russian-controlled forces in Donetsk,\(^{159}\) during which time they slept in their car and had no option but to attend to Daria’s grandmother’s personal care and hygiene needs, including changing her incontinence pads, in the open. Daria’s grandmother died before completing the journey. According to Daria, the cause of death was heart failure.\(^{160}\)

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156 Interview by voice call with Viktoria Rusakova, 6 April 2022.
157 Interview by voice call with Viktoria Rusakova, 6 April 2022.
158 Interview by voice call with Daria Chevychalova, 27 July 2022.
160 Interview by voice call with Daria Chevychalova, 27 July 2022.
An older man in his home that was damaged by attacks in Kharkiv region, Ukraine.

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4.5 PSYCHOSOCIAL AND INTELLECTUAL DISABILITIES

Amnesty International interviewed five older people with psychosocial or intellectual disabilities who had lost their homes during the war, two of whom were living in shelters and three of whom were living in a psychiatric hospital; delegates also spoke with staff at institutions and at shelters that were providing care for such individuals. People with psychosocial and intellectual disabilities, including older people, are particularly at risk of human rights violations during armed conflict, as they may be less willing or able to flee, often face social stigma and discrimination that increases the likelihood of being targeted or of being neglected and may require additional support in order to access information about evacuation routes or to navigate evacuation itself.\(^{161}\) In Ukraine, Amnesty International interviews with several older people with psychosocial or intellectual disabilities suggest that they particularly struggle in displacement, as they do not always know where to go to seek help, and staff at shelters or volunteers organizing evacuations do not always have the resources or the specific skills necessary to support them.

Yuliya, 86, lived by herself in Chasiv Yar, a town in Donetsk region, through the first months of the war. She travelled to Dnipro by bus to retrieve her pension, which she said she had not been able to access because banks in Chasiv Yar had closed due to the hostilities there. Yuliya, who had some memory loss, could not say when the banks had closed or when was the last time she had received her pension. She said: “I needed to get my pension, so I came here on the bus. I heard about a church where I could stay but then I couldn’t remember the name when I got there. Then somebody brought me here [to this shelter].”\(^{162}\) Yuliya was staying at a shelter run by the Catholic relief organization Caritas. Staff at the shelter said they were unsure how to support Yuliya, and might have to send her to an institution for older people and people with disabilities if they did not find another option.\(^{163}\) Yulia said: “I want to go back to Chasiv Yar. I’m not sure how.”\(^{164}\)

A staff member of an organization that helps evacuate people from Donetsk and Luhansk regions described a situation in which his team had evacuated 12 people from an institution to a hospital in Donetsk region. He said he later received a call saying the hospital was discharging three of the residents with dementia, because they did not have the ability to care for them. Ultimately, the staff-person said, his organization was able to intervene to prevent them from being discharged without support. They were ultimately placed in a private institution instead.\(^{165}\)

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162 Interview in person with Yuliya, 24 June 2022, Dnipro, Ukraine.

163 Interview in person with Caritas staff, 24 June 2022, Dnipro, Ukraine.

164 Interview in person with Yuliya, 24 June 2022, Dnipro, Ukraine.

165 Interview in person, 22 June 2022, Dnipro, Ukraine.
Amnesty International interviewed three older people with dementia who had been displaced by the war to a psychiatric hospital in Kyiv region. One woman, Klavdiya, 87, had lost her home in Korolivka, a village in Kyiv region, during the fighting there in March. Her daughter told Amnesty International that Klavdiya had lived independently before the war, but that her ability to care for herself had declined rapidly after she experienced the trauma of the war, for most of which she had been in her house alone. Her daughter, who said she hoped psychiatric treatment would help improve her mother’s condition such that she could take care of her at home, said:

"It was a difficult decision [to put her in the psychiatric ward].… [Since losing her home] she runs away, we have to search for her, and she’s very scared of everything." 166

It is beyond the scope of this report to analyse the care older people with psychosocial or intellectual disabilities, including dementia, receive in Ukraine. However, according to an October 2020 assessment by the Council of Europe, “older persons with such conditions have little if no chance at all to receive quality and professional assistance. Limited numbers of institutions able to provide the needed care, geographical distance of patients from such institutions, high costs of treatments, and lack of adequate and correct information about the conditions and the possible treatments are obstacles faced by patients and their families.” 167 The conflict has compounded those problems. Relentless indiscriminate attacks by Russian forces have, in many areas, caused widespread damage to health and other civilian infrastructure. They have also sparked mass displacement, further isolating many older people with psychosocial or intellectual disabilities from their communities and prior support systems, including healthcare providers.

166 Amnesty International interview by voice call, 1 July 2022.
5. RISKS OF INSTITUTIONALIZATION

“I want to live at home, where I can go out whenever I want, without control. Here you need permission... We are waiting for the end, what kind of end we don’t know... We are despondent with uncertainty.”

‘Maryna,’ 77, who has been living in an institution in Kharkiv region since losing her home

“About 60% of the people [get sent to institutions]... In institutions there is basically no rehabilitation. A person will lie down there until they die. This is not acceptable.”

Olha Volkova, Director of Okean Dobra, who runs a shelter for people with disabilities in Dnipro, Ukraine

“I am not an old person. I am an older person, that is, a person who has lived... I had my own home, it was totally equipped to my needs... Why do I need to go to a nursing home when I can do everything for myself?”

Nina, a 70-year-old woman with limited mobility who was displaced from Luhansk region to an institution

After older people were displaced from their homes, many struggled to find accommodation that was suitable for them. Excluded from the private rental market by unaffordable costs, older people often sought accommodation in temporary shelters, including those set up in schools or other administrative buildings, former medical facilities, and train stations.

168 Interview in person with “Maryna”, 16 June 2022, Kharkiv, Ukraine.
169 Interview in person with Olha Volkova, 22 June 2022, Dnipro, Ukraine.
170 Interview in person with Nina, 24 June 2022, Dnipro, Ukraine.
These shelters were largely not physically accessible, meaning that people with disabilities, including older people with disabilities, could not climb stairs, use restrooms, climb onto beds or walk between or around buildings without additional assistance. People interviewed by Amnesty International who ran shelters said they had no staff to support older people with disabilities traveling alone, and those organizing evacuation efforts said that often the only option for older people with disabilities was to be placed in an institution, or in some cases, a hospital.

As of July 2022, more than 4,000 older people in Ukraine have, after losing their homes, been placed in state institutions in a simplified process established after Russia’s full-scale invasion began. This does not include older people who may have been placed in private institutions or other types of state facilities, such as hospitals or psychiatric hospitals. Amnesty International interviewed 11 older people, both with and without disabilities, who were living in institutions as a result of losing their homes during the war. In addition, delegates interviewed five older people at shelters who were being sent that day to live in an institution, as well as eight older people who shelter staff said were at risk of being institutionalized because they had nowhere else to send them.

Ukraine faces a huge challenge in providing housing for the millions of people who have been displaced as a result of Russia’s war of aggression and its repeated unlawful attacks. Undoubtedly, particularly given how few temporary shelters are physically or otherwise accessible to people with disabilities, the intention of the Ukrainian government has been, as stated by the Ministry of Social Policy, to provide displaced older people with “a roof over their heads, food, medication, [and] care”. However, under international law, countries must protect the right of people with disabilities, including older people with disabilities, to full inclusion and participation in their communities. This means preventing their segregation in an isolated setting, such as an institution. The ongoing war with Russia does not obviate this right: in guidelines on deinstitutionalization issued in September 2022, the CRPD Committee stated that during emergency situations, including conflicts, “State parties should continue and accelerate efforts to close institutions” and undertake immediate efforts to identify “internally displaced persons with disabilities… and refugees with disabilities to prevent institutionalization”. According to the Committee, state parties should ensure that support services are available to displaced people and refugees with disabilities.

172 CRPD, Article 19.
173 CRPD Committee, Guidelines on deinstitutionalization, including in emergencies, 9 September 2022, UN Doc. CRPD/C/5, para. 107.
174 CRPD Committee, Guidelines on deinstitutionalization, including in emergencies (previously cited), para. 108.
As will be detailed below, the institutionalization of people with disabilities, in Ukraine as elsewhere, leads to their abuse, neglect and a fundamental violation of their dignity and rights. Rising institutionalization is particularly disconcerting in light of a decrease in monitoring visits to closed institutions in Ukraine since the war began: according to the website of the Ukrainian Parliament Commissioner for Human Rights, as of October just over 100 visits by National Preventive Mechanism (NPM) monitors had been conducted since January 2022, compared to more than 900 in all of 2021.176

Ukraine should not have to face the challenge of housing and supporting thousands of older people with disabilities alone. Some organizations for people with disabilities as well as shelter staff said European Union countries and others could be doing more to facilitate the transfer of people with disabilities to physically accessible accommodations abroad, and construction of temporary housing for displaced people – in large part funded by international partners – have been insufficiently inclusive of people with disabilities.177 The international community must support Ukraine in upholding the rights of older people, both by financing the construction of accessible housing for displaced persons within Ukraine, as well as helping older people with disabilities evacuate abroad if that is their choice.

5.1 DYNAMICS OF INSTITUTIONALIZATION

After February 2022, the Ukrainian government simplified the procedure for older people and people with disabilities to be admitted to state institutions. Prior to the war, older people and people with disabilities could enter an institution only after undergoing an examination by a commission of medical and other professionals, known as the Medico-Social Expert Commission (MSEC). While the war is ongoing, however, older people and people with disabilities can enter an institution simply by requesting to do so, and do not have to supply any additional medical or identification documents.178

On 7 July 2022, the Ministry of Social Policy said that more than 4,000 older people had, as a result of the expedited policy, been placed in institutional care, as a result of which they received “a roof over their heads, food, medication, care, even sometimes in cases where they did not have any [identifying] documents on them”.179 It is unclear how many older people have been placed in institutions since, though interviews with leaders of disability rights organizations suggest this trend has only intensified.180

177 Interview in person with Olha Volkova, 22 June 2022, Dnipro, Ukraine. European Disability Forum, “Ukraine Modular Towns Not Accessible to Persons with Disabilities” (Undated), on file with Amnesty International.
179 Ministry of Social Policy of Ukraine, “Уряд за пропозиціями Мінсоцполітики розширив можливості підтримування переміщених соціальних працівників та підтримку громад у забезпеченні соціальними послугами ВПО (previously cited).
180 Interview in person with Olha Volkova, 22 June 2022, Dnipro, Ukraine; Interview by voice call with Larysa Bayda, director of the National Assembly of People with Disabilities of Ukraine, 20 October 2022.
In an effort to understand the regional dynamics of institutionalization, Amnesty International sent letters to the Departments of Social Protection of all 24 regions of Ukraine, excluding the Autonomous Republic of Crimea and the City of Sevastopol, which were illegally annexed by Russia in 2014.

In these letters, Amnesty International requested information regarding the number of people who had entered institutions from 24 February to 1 July 2022, as well as information regarding the same period in 2021. The letter also requested information about the overall number of adults currently in institutions.

In total, 17 regional administrations provided data in response to these letters. As seen in the table below, almost all regions showed a dramatic increase in the number of people admitted to institutions. Only two regions, Donetsk and Odesa, cited a decline in institutionalization. In Donetsk, all but one of the institutions have been closed, and the people evacuated from the region, due to active fighting there. The response of the Odesa administration said placement in institutions had been almost completely halted due to the absence or inadequacy of bomb shelters in institutions. In total, there were 3,585 admissions in 2022 across the regions that responded, compared to 998 admissions in an analogous period of 2021.

In three out of seven institutions for people with disabilities visited by Amnesty International, older people who had lost their homes due to the war made up the bulk of new admissions. For example, the director of an institution in Kharkiv region with 302 total residents said that during the war, 149 new people had been admitted, 120 of whom were still living there. Almost all of these new residents were older people who had lost their homes during the war; some did not have disabilities, and many had disabilities but were able to live independently at home before Russian attacks forced them from their homes.

“Maryna,” 75, and “Valentyn,” 77, lived at the northern end of Kharkiv’s Saltivka neighbourhood, which has been subject to intense shelling by Russian forces. In the first weeks of the war, the couple sheltered in the basement of their nine-story apartment building under heavy bombardment without electricity, water, or heating. Volunteers occasionally brought them water and food. “We sat in the basement for exactly one month. The neighbours left one by one, and eventually we were the last ones left,” said Maryna.

181 In total, 19 regional administrations responded to the requests for information, but two administrations declined or were unable to provide concrete statistics: In the case of Zaporizhzhia region, officials cited changes to legislation on public information in wartime and said Amnesty International’s questions could only be reviewed when hostilities ended. In Kherson, officials said that due to the Russian occupation of that region, updated statistics could not be provided.

182 Letter from Olena Tokareva, Director of the Donetsk Oblast Department of Social Defense, to Amnesty International, 25 July 2022, on file with Amnesty International. In a separate phone interview with Olena Tokareva on 2 June 2022, she said that residents of two institutions in Mariupol were not evacuated but rather forcibly transferred by authorities of the non-recognized “Donetsk People’s Republic” to Donetsk. Amnesty International confirmed that information with employees of one of those Mariupol nursing homes. For more on forcible transfers, see Amnesty International, ‘Like a Prison Convoy: Russia’s Unlawful Transfer and Abuse of Civilians in Ukraine During ‘Filtration’’; (previously cited).

183 Letter from Tetiana Dementieva, Director of the Odesa Oblast Department for Social and Family Politics, to Amnesty International, 26 July 2022, on file with Amnesty International.

184 Interview in person with the director of an institution, 16 June 2022, Kharkiv, Ukraine.


186 Interview in person with “Maryna”, 16 June 2022, Kharkiv, Ukraine.
## Rates of Institutionalization by Region of Ukraine

<table>
<thead>
<tr>
<th>Region</th>
<th>Institutionalized People, Total&lt;sup&gt;187&lt;/sup&gt;</th>
<th>Number of Admissions, 24 Feb – 1 July 2021</th>
<th>Number of Admissions, 24 Feb – 1 July 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherkasy</td>
<td>2,388</td>
<td>87</td>
<td>292</td>
</tr>
<tr>
<td>Chernihiv</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Chernivtsi</td>
<td>1,133</td>
<td>34</td>
<td>308</td>
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<tr>
<td>Donetsk</td>
<td>76</td>
<td>37</td>
<td>28</td>
</tr>
<tr>
<td>Dnipro</td>
<td>3,509</td>
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<tr>
<td>Kharkiv</td>
<td>2,300</td>
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<td>Kherson</td>
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<td>–</td>
<td>–</td>
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<td>Khmelnytskyi</td>
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<td>–</td>
<td>–</td>
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<tr>
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<tr>
<td>Luhansk</td>
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<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Lviv</td>
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<td>Zaporizhzhia</td>
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<td>Zhytomyr</td>
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<td><strong>Total</strong></td>
<td><strong>26,344</strong></td>
<td><strong>998</strong></td>
<td><strong>3585</strong></td>
</tr>
</tbody>
</table>

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187 Dashes used here indicate cases where regional authorities did not respond to requests for information from Amnesty International.
On 31 March, Maryna managed to phone a friend, who helped them evacuate. The couple, who have no children or other close relatives, said their only option was to live in the institution: the balcony of their home was destroyed, all the windows had been knocked out, there was no electricity or gas in the building and occasional Russian shelling still impacted the neighbourhood. While neither criticized conditions in the institution, they expressed a strong preference to live independently. Maryna said:

I want to live at home, where I can go out whenever I want, without control. Here you need permission to go out… We sit as if we are in the waiting hall of a train station… We are waiting for the end, what kind of end we don’t know. Our home is empty, our neighbourhood is empty, our city is empty. We are despondent with uncertainty. Which is hard when you’re 75. If we were younger, we could go abroad… But I can’t start a new life at this age.188

Some institution staff said that admissions were often lowest in the summer and suggested that rates of admission were likely to increase with the approaching winter, as was typical in most years.189 Given that Amnesty International interviewed many older people who were living in inadequate conditions without heat, water, gas, and often with damaged roofs or windows (see Chapter 6, on Dangerous housing conditions), the risk of institutionalization in the coming winter, as the war still rages, is particularly high.

5.2 NO AVAILABLE ALTERNATIVES

Amnesty International interviews with older people, as well as with people running shelters or organizing evacuations, underscored that there were often no suitable housing options for older people, particularly if they had disabilities and were without a family member or somebody else who could support them in displacement. If they lacked such support, they were at high risk of being placed in an institution. In many cases, people who were institutionalized said they had not been offered alternative housing or support, and while they had not vocally opposed their institutionalization, it was simply because there were not offered alternatives.

Mariya Chupinina, the head of Dobro TAK, an organization that helps evacuate people with disabilities from dangerous or occupied areas, told Amnesty International:

If people are over 80 years old, if they are not a palliative [care] case we take them to the hospital or to a nursing home. We took one man there and once he realized what it was, he demanded to be taken home. He had no home left. We need some kind of housing for all these people…. For people with disabilities, there are no guarantees that they will have a safe evacuation, and even more importantly that their evacuation will have the right kind of ending.190

188 Interview in person with “Maryna”, 16 June 2022, Kharkiv, Ukraine.
189 Interview in person with director of an institution, 5 July 2022, Chernihiv, Ukraine.
190 Interview in person with Mariya Chupinina, 19 June 2022, Kharkiv, Ukraine.
Volunteers and staff at shelters often said they had no capacity to assist people with disabilities or with serious health conditions. Stanislav Paziy is the director of Roshcha (Grove) sanitorium near Kharkiv, which before the war served as a holiday resort. Now, 350 displaced people live there, 70% of them over 60. Stanislav said that older people stayed the longest, as they were reluctant or unable due to disability or health reasons to travel further west in Ukraine or abroad. But he said the shelter could not take on unaccompanied older people with disabilities: “We can only take people with disabilities if they have somebody to accompany them. We simply don’t have the staff to care for them.”

Olha Volkova runs Okean Dobra (Ocean of Kindness), an organization that prior to the war worked with adults with disabilities in Dnipro. During the war, seeing how few shelters were accessible to people with disabilities, she set up a shelter that admits displaced people with disabilities from Kharkiv, Luhansk, Donetsk, and Zaporizhzhia regions. The shelter, which is in a former maternity hospital, has a large lift, ramps, and other infrastructure to allow people with limited mobility to move freely. There was no such equipment in any of the other five shelters Amnesty International visited.

Olha worked around the clock with an all-volunteer staff who lived on the premises. She estimated that 80% of the 926 people who had passed through the shelter since the war started were older people with disabilities, and said most of them had very limited mobility. She said that due to her shelter’s maximum capacity of 170 beds and the lack of accessible shelters elsewhere, the organization often had no choice but to facilitate older people’s transfer to state institutions:

> About 60% of the people [get sent to institutions]. They can’t afford to rent housing, to pay for utilities, to eat. And so we have to send them to nursing homes…

> These people need to be put in wheelchairs, taken out for a walk. Some of them can move about independently, some can get up and walk with a walker. In a nursing home there is basically no rehabilitation. A person will lie down there until they die. This is not acceptable.

Olha said that evacuations abroad for people with disabilities, particularly older people with disabilities, were extremely difficult and therefore rare, as the cost and logistics of organizing evacuation to European Union countries largely fell on volunteer-run organizations like her own, and that some countries had ended free train travel for Ukrainian refugees living there, making it even more costly for older people with disabilities to finance their journeys. As a result, she said, very few people with disabilities who had passed through her shelter had evacuated abroad since the first month of the war.

191 Interview in person with Stanislav Paziy, 20 June 2022, Pesochyn, Ukraine.
192 Interview in person with Stanislav Paziy, 20 June 2022, Pesochyn, Ukraine.
193 Interview in person with Olha Volkova, 22 June 2022, Dnipro, Ukraine.
194 Interview in person with Olha Volkova, 22 June 2022, Dnipro, Ukraine.
195 Interview by voice call with Olha Volkova, 13 October 2022. With regards to European Union countries, including Poland, who have ceased providing free public transportation to refugees from Ukraine, see: In-poland.com, “Бесплатный проезд для украинцев в Европе: где еще действуют льготы для беженцев?”, 10 July 2022, https://in-poland.com/besplatnyj-proezd-dlya-ukrainskikh-v-ev-urope-gde-esche-dejstvuyut-lgoty-dlya-bezhentsev/
Of those interviewed by Amnesty International, rarely were older people offered alternative accommodation or support services before or upon being admitted to an institution. “Oleh”, 73, who had very limited mobility after breaking his leg a few years earlier, moved into an institution for older people and people with disabilities near his home in Sumy region in June 2022. At some point in March, Oleh said, his home was destroyed in a Russian attack. Oleh lived with his sister for two months, but said six people already lived in her home and he worried about “bothering them”.196 “There was nowhere else to turn,” Oleh said. “I thought, I have a pension, I’ll go and sign myself up to the institution… I have grown up and lived in this city my whole life, so I knew it existed.” 197 Asked if he or his sister were offered alternative accommodation or any other types of social support before being admitted to the institution, he responded: “Who would have taken me there [to the Social Protection Department]? It would have been too hard to go back and forth. I just knew this [nursing] home existed and that’s it.”198

Often, older people were brought to institutions by relatives who felt they were unable to care for or house them, and, in many such documented cases, there did not appear to be any meaningful engagement with older people about their preferences over where they lived. “Oksana,” 93, has pain in her legs and difficulty walking. After her four-room house in Kharkiv was destroyed, she and her husband were temporarily taken in by her son, but he did not have enough room at home or the ability to care for them. In June, the son admitted them to a nursing home in Kharkiv.199 Oksana described:

> There was nobody to take care of us. We were healthier before the war. My legs don’t work so well now, my fingers are stiff. Before the war I walked… My son brought us here. My heart hurts, I don’t know where to go or what to do… I want to go home.200

Older people were sometimes unable to join family members elsewhere because of inaccessible or overcrowded conditions. Liudmyla Shapka, 83, who uses canes to walk, lived in Slovyansk, in Donetsk region, before the war. Her daughter and granddaughter lived in the city, but fled to western Ukraine in May. Lyudmila was reluctant to abandon her home and join them, but eventually the fighting grew so intense that she agreed to evacuate. As of late June, she was living in Okean Dobra’s shelter in Dnipro.

> “There’s no room where my family are living, everyone sleeps on the floor. It’s a very small place and there are stairs so I can’t climb up, I cannot climb the stairs even if I’m clutching the railing,” she said.201

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196 Interview in person with “Oleh”, 15 June 2022, Sumy region, Ukraine.
197 Interview in person with “Oleh”, 15 June 2022, Sumy region, Ukraine.
198 Interview in person with “Oleh”, 15 June 2022, Sumy region, Ukraine.
199 Interview in person with “Oksana”, 16 June 2022, Kharkiv, Ukraine.
200 Interview in person with “Oksana”, 16 June 2022, Kharkiv, Ukraine.
201 Interview in person with Liudmyla Shapka, 22 June 2022, Dnipro, Ukraine.
5.3 TRAPPED IN INSTITUTIONS

Almost all older people interviewed in shelters, all of whom had lived independently or with relatives before the war, did not want to live in an institution. They all said they would have preferred to live independently, and voiced concerns about being neglected, isolated, cut off from friends and family and unable to go home or leave the institution more generally. As will be detailed in greater detail below (see Section 5.4, ‘Conditions in Institutions’), these fears are justified.

Nina, 70, who fled her home in Sievierodonetsk amidst Russian attacks on the city, was living in a shelter in Dnipro. Shelter staff, who were facing capacity constraints, were encouraging her to accept that she would have to move into an institution, but Nina adamantly wanted to stay in the shelter and, ultimately, to return home:

I am not an old person. I am an older person, that is, a person who has lived… Why should I go to a nursing home? I had my own home, it was totally equipped to my needs. My toilet was equipped with handrails, even near my bed there were handrails. All so that I could happily live on my own… Why do I need to go to a nursing home when I can do everything for myself?202

In a follow-up interview in September, Nina confirmed that she was now living in an institution. She cried throughout the interview, saying: “In order to leave [the institution] I need somebody to pick me up, they won’t let you out [otherwise]. I’m a free person in this country. Who has the right to let me out or not let me out? Right now I just don’t understand how I’m going to leave this place and ever get home. Is that fair?” 203

Halyna Dmitriieva, 51, has cerebral palsy and uses a wheelchair. Halyna lived with her 85-year-old aunt, who was her primary caretaker, before fleeing their home in Kramatorsk in June. They were living in a shelter in Dnipro, but staff there said they were likely to be sent to an institution soon due to a limited number of beds. Halyna said that she had lived an independent life in Kramatorsk thanks in part to the support of her aunt, social workers, paid caretakers and neighbours. But she and her aunt were forced to flee in June, when neighbours began evacuating and told them there would be nobody left to support them soon if they didn’t also flee. 204 Halyna said:

They [shelter staff] say that we’ll be sent to a nursing home. I have a lot of friends who also have cerebral palsy. They have ended up in institutions and they have told me about it. I know that there won’t be staff who will lift me up and put me in the wheelchair every day, that I will spend all my time in bed, I will get bedsores…

Lying down all day is not a life… I’m worried that I won’t be able to sit [in my wheelchair] again after that. I had Covid in October [2021], and for two weeks I was in bed. It took me two more months to learn to sit in my wheelchair again, your muscles lose tone. I would slip out of my chair.205

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202 Interview in person with Nina, 24 June 2022, Dnipro, Ukraine.
203 Interview by voice call with Nina, 30 September 2022.
204 Interview in person with Halyna Dmitriieva, 22 June 2022, Dnipro, Ukraine.
205 Interview in person with Halyna Dmitriieva, 22 June 2022, Dnipro, Ukraine.
Halyna was moved to an institution on 2 July 2022, where she was still living with her aunt as of September. Halyna and her aunt told Amnesty International that little care was provided at the institution, where Halyna’s aunt was expected to carry out most elements of her care.206

Oleh, 61, who has Little’s Disease and uses a cane to walk, fled Slovyansk in Donetsk region together with his 84-year-old mother, who also has limited mobility. Oleh was temporarily living in the Okean Dobra shelter in Dnipro, but said he would likely have to move to free up capacity in the shelter. A schoolteacher in Slovyansk, he was adamant that wherever he lived, he wanted the freedom to continue working. Asked how he felt about living in an institution, Oleh said: “What, do I have a choice? I have to take whatever they give us. I just hope this ends quickly and I can go home.”207

The Ukrainian government, with support from donors to expand capacity, needs to ensure that it is adequately monitoring the situations of people already admitted to institutions during the war, and ensure that they have access to alternative housing options as soon as they become available. Amnesty International is concerned that many older people and people with disabilities struggle to leave institutions once they are admitted, even if they express a strong desire to leave. For example, “Vira,” an 82-year-old woman with limited mobility, said she was admitted to an institution in Chernihiv in early February after she was hospitalized for pneumonia:

> My grandson said he didn’t want to take care of me anymore, and the doctors decided to send me here… I do not agree [with this decision]. Nobody asked me. I asked, ‘What is this [nursing] home like?’ I told the people in the hospital, ‘I’ve never been there, I don’t know what it’s like there.’

> The doctor told me, ‘We’ve already assigned you there… He said, ‘If you don’t like it, you can go home. Don’t worry.’ That’s how they convinced me. I signed something saying I would come here. But they told me if I didn’t like it, I can go home. And here I don’t know the director, I don’t know the doctors. In general I never leave this floor.”

According to the CRPD committee, family members must not be allowed to interfere in the right of people with disabilities to live independently in the community.209 Adults with disabilities who are deprived of their legal capacity, or the right to make decisions for themselves, and placed in institutions on the basis of their disability against their will are victims of unlawful deprivation of liberty.210 Ukrainian law says people with disabilities or older people who have legal capacity can leave an institution with a written request to that effect.211 Vira’s case, as well several other instances documented below, indicate that older people and people with disabilities often are not given a true choice over whether or not to live in institutions in Ukraine, and are limited in their ability to leave.

206 Interview by voice call with Halyna Dmitriieva, 30 September 2022.
207 Interview in person with Oleh, 22 June 2022, Dnipro, Ukraine.
208 Interview in person with “Vira,” 5 July 2022, Chernihiv, Ukraine.
209 CRPD General Comment 5 (previously cited), para. 47.
210 CRPD General Comment 5: The right to live independently and be included in the community (Article 19), 27 October 2017, UN Doc. CRPD/C/GC/5, para. 20.
211 Ukraine, Cabinet of Ministers Decree No. 772, “Про затвердження Типового положення про будинок-інтернат для громадян віку та особ з інвалідністю”, Article 28.
Halyna Dmitriieva, a displaced woman with a disability who was transferred to an institution in Ukraine.
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DISABILITY RIGHTS AND INTERNATIONAL LAW

The Convention on the Rights of Persons with Disabilities (CRPD), which Russia and Ukraine have both ratified, calls on states to take “all necessary measures to ensure the protection and safety of persons with disabilities” in situations of risk and humanitarian emergencies.212

The CRPD also obliges governments to respect the inherent dignity and individual autonomy of people with disabilities, including by protecting their freedom to make their own choices and their independence.213 One of the touchstone principles of the CRPD is that people with disabilities must be guaranteed full inclusion and participation in their communities, including by protecting their right to choose their place of residence on an equal basis with others, and preventing their segregation in an isolated setting, such as institutions.214 As documented repeatedly by human rights organizations, including Human Rights Watch and Amnesty International, institutions foster numerous human rights violations, including physical abuse, neglect, the use of psychotropic medications to control behaviour, and during the Covid-19 pandemic, violations of residents’ right to health.215 The CRPD makes clear that states also have an obligation “to prevent family members and third parties from directly or indirectly interfering with the enjoyment of the right to live independently within the community”.216

Russia’s war of aggression against Ukraine and its relentless unlawful attacks, many of which amount to war crimes, have displaced millions of civilians from their homes, forcing many Ukrainians to live in temporary communal or other settings. However, even during an emergency, people with disabilities, including older people with disabilities, retain their rights to autonomy, dignity, and independence. According to the CRPD Committee, no one should be forced to live in institutional settings, which foster “stigma, segregation, and discrimination, which can lead to violence, exploitation and abuse in addition to negative stereotypes that feed into a cycle of marginalization of persons with disabilities”.217

212 CRPD, Article 11.
213 CRPD, Article 3.
214 CRPD, Article 19.
216 CRPD General Comment 5 (previously cited), para. 47.
217 CRPD General Comment 5 (previously cited), para. 5.
According to the CRPD Committee’s *Guidelines on deinstitutionalization, including in emergencies*, which were issued in September 2022, states should “continue and accelerate efforts to close institutions” and undertake “immediate efforts… to identify people with disabilities in institutions, and internally displaced persons with disabilities, unaccompanied and separated children with disabilities and refugees with disabilities, to prevent institutionalization”\(^{218}\) According to the Committee, state parties “should provide adequate financial and human resources to ensure that persons with disabilities are not left behind in response and recovery processes”\(^{219}\) In a 2022 report specifically on Ukraine, the CRPD Committee similarly stated that Ukrainian authorities should “expedite deinstitutionalization of all persons with disabilities” and urged “all concerned parties to ensure that international funds” are directed away from residential care institutions and “towards the development of independent living provisions”\(^{220}\) Undoubtedly, the challenge of finding alternative housing for displaced older people with disabilities should not be Ukraine’s alone: it is incumbent upon the international community to ensure that people with disabilities, including older people with disabilities, are adequately included in the humanitarian and development response, thus preventing their unjust and possibly irreversible placement in an institution\(^{221}\)

The right to live independently in the community applies to all people with disabilities, regardless of age or economic or property status\(^{222}\) However, the clear vulnerability of older people to institutionalization in Ukraine underscores the ways in which older people’s rights intersect with but are not fully protected by existing human rights mechanisms like the CRPD. Several of the older people interviewed by Amnesty International in institutions did not have a disability, and Ukrainian law does not require an older person to have a disability in order for them to be placed in an institution, which is not the case for younger people.

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220 CRPD Committee, *Chapter on the situation of persons with disabilities in Ukraine and in countries where they have fled after 24 February 2022, as a result of the aggression against Ukraine by the Russian Federation-to be included in 27th Session Report, 9 September 2022*.
221 CRPD, Article 32; ICESCR Article 2(1).
222 CRPD General Comment 5 (previously cited), para. 8.
5.4 CONDITIONS IN INSTITUTIONS

Amnesty International visited seven institutions in Ukraine, including four geriatric institutions (also known as institutions for older people and people with disabilities) and three psychoneurological institutions, in Kharkiv, Sumy, Chernihiv, Kyiv, and Khmelnytskyi regions. The primary purpose of these visits was to interview residents and staff about their experiences during the war. However, Amnesty International also interviewed people about their experiences in institutions more broadly.

The purpose of this report was not to conduct an in-depth analysis on conditions in institutions in Ukraine. Amnesty International was required to seek the permission of directors of institutions in order to visit institutions, and delegates only visited seven institutions. Therefore, the findings here are not exhaustive and are not necessarily representative of all institutions, or of all abuses that take place within them.

Despite this, Amnesty International found several disconcerting trends in institutions, including the abuse, neglect, isolation, and segregation of residents. These findings underscore the dangers that being placed in an institution poses to older people and people with disabilities, even when envisioned as a short-term response to mass displacement. These abuses make it all the more urgent that the international community support Ukraine to provide short- and long-term housing options to older people and people with disabilities displaced by the war.

These findings are even more concerning in light of the significant drop in NPM visits to closed institutions since Russia’s full-scale invasion: according to the website of the Ukrainian Parliament Commissioner for Human Rights, as of October just over 100 visits had been conducted since January 2022, compared to more than 900 in all of 2021. An NPM monitor told Amnesty International that since Commissioner Liudmyla Denisova was dismissed in May – a move condemned by Ukrainian human rights organizations and the UN Human Rights Monitoring Mission in Ukraine – the new commissioner, Dmytro Lubinet, has not yet appointed a representative responsible for overseeing NPM visits, nor has he appointed the 24 regional representatives of his office, who are essential for implementing visits at the local level.

The monitor told Amnesty International that due to the size of the country, the lack of these critical appointments and the ongoing conflict, it was extremely difficult to conduct regular monitoring visits, particularly to institutions for people with disabilities and older people located in remote areas.

225 Interview by voice call with an NPM monitor, 14 October 2022.
226 Interview by voice call with an NPM monitor, 14 October 2022.
NEGLECT AND ABUSE

While visiting institutions, Amnesty International saw a pattern of neglect in which people with disabilities and older people, particularly those with serious mobility limitations who needed help getting out of bed and into a wheelchair, were almost never moved from their beds or provided with any kind of support or engagement beyond feeding and basic sanitation. This often appeared to be because there were not enough staff to care for residents: in an institution in Chernihiv region, for example, three staff worked to take care of 42 people in the so-called “lying-down ward”, where most people were unable to leave their beds without support.227 Sometimes, displacement due to the war has exacerbated already low staffing levels.228 At one institution in Kharkiv region, the chief nurse estimated there was only one caretaker per 35 residents of the so-called “lying-down” ward; at the same institution, five out of nine doctors had left.229

While staff interviewed by Amnesty International sometimes claimed that rehabilitation or physical therapy were provided onsite, almost all residents of institutions said they had not been offered any such services. “Liudmyla”, 76, has lived in an institution for older people and people with disabilities in Kharkiv region for four years, and is not able to walk due to a series of strokes. Crying throughout the interview, she said she had not been visited by a doctor since arriving at the institution, and did not receive any kind of physical therapy:

There is no kind of medical treatment, there are no massages or anything. Nobody helps me turn over, they turn me over only once when they change my diaper in the morning, once when they change my diaper in the evening… We’re abandoned here.230

“Nadiya”, an 86-year-old woman living in an institution in Sumy region, said she used to move around in a wheelchair, but her health had declined in recent years and as a result she almost never left her bed: “There is no medical treatment here… There are good [staff] here, but some of them I have to ask a hundred times to [help me] pee. They are sick of me. Even if they treated me badly, who would believe me? I wish for death.”231

In interviews with Amnesty International, some staff expressed discriminatory opinions about older people, suggesting that they required less care than younger residents with disabilities. The director of one institution for older people and people with disabilities, where there were about four caretakers for every 60 residents, suggested that such staff ratios were acceptable for older people: “If somebody is a young
person and they got in a car accident they need to have access to rehabilitation. The services we have here are best for grandmas and grandpas.”

Amnesty International’s findings with regards to neglect are corroborated by the work of other monitoring organizations. The NPM, for example, said in its 2020 annual report that in the institutions visited, “99% of [residents with] limited mobility and residents who are bedbound are denied the opportunity to take walks outside.”

In one psychoneurological institution, four residents told Amnesty International that they had experienced or witnessed physical abuse or ill-treatment. One of those residents said that staff hit residents when, for example, they did not take their medications. Another said that in response to perceived behavioural problems, staff used sedatives to punish people: “If you say a wrong word, they inject you.” Other observers, including the United Nations Human Rights Monitoring Mission in Ukraine (HRMMU) and the NPM, have documented cases of torture or other cruel, inhuman or degrading treatment or punishment across a number of psychoneurological institutions in Ukraine, similar to what was described to Amnesty International by the residents of one institution.

Neglect, physical abuse and inappropriate use of psychotropic or other types of medication to control behaviour is common practice in institutions around the world, as has been documented in numerous reports by human rights organizations. A 2019 report by the UN Special Rapporteur on the Rights of Persons with Disabilities found that “deprivation of liberty on the basis of impairment is a human rights violation on a massive scale” that leads to their exposure to “additional human rights violations, such as forced treatment, seclusion, and restraints.” Among other things, the report called on states to introduce deinstitutionalization plans that have “clear timelines and concrete benchmarks, a moratorium on new admissions and the development of adequate community support.”

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232 Interview in person with director of an institution, 5 July 2022.
234 Interviews in person with four residents of an institution in Chernihiv region, 4 July 2022.
235 Interviews in person with four residents of an institution in Chernihiv region, 4 July 2022.
236 Interviews in person with four residents of an institution in Chernihiv region, 4 July 2022.
ISOLATION AND RESTRICTIONS ON MOVEMENT

In all seven institutions visited by Amnesty International, staff said that most people who were admitted there remained in the institution system for the rest of their lives. A social worker at one psychoneurological institution in Kharkiv region, who had worked there for 13 years, only remembered two cases where somebody had left the institution. She expressed, with respect to other people there: “They are not curable.”

The director of an institution in Chernihiv region similarly said there had been no cases of people leaving in eight years. Many residents interviewed by Amnesty International, particularly in psychoneurological institutions, had lived there or in other institutions for decades.

In addition to living in the institution for prolonged periods, older people and people with disabilities in institutions were almost never allowed to leave the institution without permission from staff. Many institutions were in remote rural areas or parts of cities that did not have access to transport. The result was that, in most cases, people living in institutions almost never left the grounds. One 74-year-old resident said he had not been beyond the gates of the institution where he lived in four years. At an institution in Chernihiv region, residents said they were not allowed outside the gates, and one woman said she was transferred to a ward for so-called “disruptive” residents as punishment after she wandered beyond the institution gates.

Denial of legal capacity, which typically meant that people with disabilities were denied access to their pensions or other income, further entrenched the inability of some residents to leave the institution, in part because they did not have money to pay for transport or anything else. A 77-year-old resident of a psychoneurological institution, who had been in institutions for several decades, said: “I don’t go beyond the gates of the institution. I don’t have any money, [with my pension] my son buys me… certain groceries. That’s what legal capacity means, I’m not allowed to control my own money.”

Regardless of disability or age, all people have a right to freedom of movement, which institutions, particularly when they prevent residents from freely leaving the premises, undermine.

241 Interview in person with a social worker at an institution in Kharkiv region, 14 June 2022.
242 Interview in person with director of an institution in Chernihiv region, 4 July 2022.
243 Interview in person with resident of an institution, 14 June 2022.
244 Interview in person with residents of an institution, 4 July 2022.
245 Interview in person with resident of an institution, 14 June 2022.
246 ICCPR, Article 12; CRPD General Comment 5 (previously cited), para 9.
INSTITUTIONALIZATION OF OLDER PEOPLE IN RUSSIA AND RUSSIAN-OCCUPIED AREAS

Amnesty International was not able to travel to Russia or Russian-occupied parts of Ukraine so as to conduct research on the situation of older people who were living or had been transferred there, as access of international human rights and humanitarian aid organizations is highly restricted in those areas. However, interviews with several relatives of older people who had been institutionalized in Russia or Russian-occupied areas raise serious concerns about the fate of older people with disabilities there.

Valentyna, 91, sheltered in her apartment building with her daughter, grandson and 84-year-old husband in Mariupol’s “Livoberezhniy” (or Left Bank) district, the easternmost neighbourhood of the city. Her daughter and grandson fled on foot on 20 March, but could not take Valentyna or her husband, who both have limited mobility, with them. Valentyna and her husband were the last people in their apartment building; on 10 April, Valentyna managed to flag down a Russian soldier to request evacuation. Her husband had to be transported on a stretcher. They were taken to a Russian checkpoint in a village on the eastern outskirts of Mariupol, where they waited in line for several hours. At some point, Valentyna said medical workers from the Russian-controlled “Donetsk People’s Republic” (DNR) arrived in an ambulance and took her husband away:

They didn’t tell me where they were taking him, they just quickly took him and they didn’t say where. They put my things in a different car. I asked them, please take me with you [in the ambulance]… Instead they took me to Starobesheve [in the self-proclaimed DNR].

Valentyna said that after undergoing ‘filtration’, an invasive screening process carried out by Russian and Russian proxy forces, she was told she would be put on a bus to Taganrog, in Russia. She said she was not given a choice over her destination. In Taganrog, she was told she would be sent further to Tolyatti, in central Russia; while she was still in Russia, Valentyna’s daughter, Liubov, was able to find her through volunteers in Taganrog and prevent her transfer to Tolyatti. They spent weeks trying to find Liubov’s father, and ultimately learned that he was in a hospital in Donetsk, from where staff said he would be discharged and placed in an institution for people with disabilities. Liubov, who later left for Estonia, said:

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247 Reference to the self-proclaimed DNR are intended to distinguish this entity from parts of Ukraine that came under Russian control at some point after February 2022, and do not confer any sovereignty or legitimacy on these entities, which Amnesty International recognizes as legally part of Ukraine. As the occupying power, Russia is responsible for violations committed in the areas under its control, including the self-proclaimed DNR.
248 Interview by voice call with Valentyna, 4 October 2022.
249 Interview by voice call with Valentyna, 4 October 2022.
250 Interviews by voice call with Valentyna and Liubov, 4 October 2022.
I couldn’t go there [to get him] because the DNR is a dangerous place. I didn’t want to go alone because I couldn’t have carried him, and I didn’t want to bring my son, he is young [of military age]. What could I have done? It felt like a total dead-end… [When we talk to my father] he cries all the time, he feels he has been abandoned.251

Liubov said her father told her by phone that he had been given Russian citizenship while in the institution, though she was not able to confirm the procedure under which this had occurred.252

Amnesty International interviewed another woman, “Olena”, who was separated from her 82-year-old mother in Mariupol in the first days of Russia’s full-scale invasion. In March, Olena was able to evacuate to Ukrainian government-controlled Zaporizhzhia, but her mother, who had been sheltering in Mariupol’s Left Bank, was forced to flee to the Russian-controlled DNR. “I got a Viber message from Donetsk. It was from [former] colleagues of my mother… They didn’t let me talk to her, but they said she was in a nursing home there,” said Olena. “I asked them if I could talk to her but was not allowed to.”253

Olena was able to speak to her mother briefly by phone in May 2022, after her mother was transported to an institution for older people in Russia that was over 1,000 kilometres from Mariupol. There, according to Olena, her mother had been told to apply for residency documents, a process which would take at least three months. Olena said it was difficult to glean more information from her mother, who did not have a smartphone, and phone calls on an open line were expensive and at risk of surveillance. Olena said that she wanted to travel to Russia to help her mother return to Ukraine, but that as an activist with a public profile on Ukraine, she feared being targeted and detained.254

As Amnesty International has documented previously, Russia is committing the war crime of unlawful deportation and transfer of civilians in Ukraine, including older people and people with disabilities. To the extent that forcible transfer and deportation have been committed as part of widespread or systematic attack against Ukraine’s civilian population it is likely a crime against humanity.255 As these cases clearly indicate, institutionalization of older people with disabilities after their transfer to Russia or Russian-occupied areas likely makes it harder for them to reunite with family members or return to Ukraine or another safe country.

251 Interview by voice call with Liubov, 4 October 2022.
252 Interview by voice call with Liubov, 4 October 2022.
253 Interview by voice call, 18 April 2022 and 2 July 2022.
254 Interview by voice call, 18 April 2022 and 2 July 2022.
6. DANGEROUS LIVING CONDITIONS

“I am scared to leave the house. I have been outside six times in these 114 days of the war… The insomnia is torturing me. At night we don’t want to have the lights on because we are afraid, but then we just lay here in the dark. I just want this war to end.”

Iryna, 71, who lives in an apartment in Kharkiv impacted by a cluster munitions attack by Russian forces

Amnesty International interviewed dozens of older people who despite living in areas directly impacted by Russian attacks, did not want to or could not flee their homes. Sometimes, older people explicitly worried about abandoning their property, their most valuable asset, to neglect and possible looting; others stayed because they expressed a sentimental attachment to their homes and land, because they did not have the resources or ability to move, or because it was difficult for them to access information about evacuations or evacuation routes. As a result, older people often stayed behind in areas where their safety and health were regularly put at risk. Some who stayed behind were killed or injured in the hostilities. Others experienced close misses from shelling that sent shrapnel into the apartments where they were sheltering. Often, older people were not sheltering in basements or bomb shelters at the time of an attack, often because they could not physically access them, at other times because they chose not to.

Older people sometimes stayed behind in areas that came under Russian occupation. While there is little information available about Russian-occupied areas generally, some sources suggest that older people are more likely than other groups to remain there: in Mariupol, for example, city officials estimate that despite an overall plummet in the population, the percentage of pensioners as a part of the city’s population has doubled compared to before the war.257 According to interviewees, in Russian-occupied areas there were

256 Interview in person with Iryna, 17 June 2022, Kharkiv, Ukraine.
few healthcare services available and serious shortages of medication, putting older people, many of whom have health conditions, at greater risk.  

Amnesty International interviewed older people who were staying in homes that, due to damage from the hostilities, did not have functional roofs or windows. It is unclear how these people, most of whom could not afford to pay for repairs themselves, will survive the winter in such conditions. Amnesty International also interviewed many older people who were living in areas without electricity, water, gas, or access to grocery stores and pharmacies. In many of the most conflict-affected neighbourhoods of Kharkiv, for example, older people appeared to make up the majority of those who had not fled. Undoubtedly, as winter approaches, people living in such conditions will be at even greater risk of institutionalization.

### 6.1 RISKS TO SECURITY AND HEALTH

Amnesty International spoke to dozens of older people or relatives of older people who stayed behind in their homes in areas impacted by Russian attacks or occupied by Russian forces, in many cases well after other family members had fled. Their reasons for staying behind varied, but for many, a desire to protect their homes and a lack of viable housing alternatives if they moved played a significant role. As a result, they faced injury or death during shelling or other attacks, or lived in areas that lacked healthcare facilities to care for them.

Some older people have been killed when they stayed behind in their homes. Lidiya Yarosh, 40, is deaf and before the war lived with her partially deaf husband, 16-year-old son, mother-in-law, and uncle in Hostomel, Kyiv region. Most of the family evacuated their town on 11 March, but Lidiya’s 86-year-old uncle, Mykola Trukhan, stayed behind. He was killed when a shell landed on the part of the house where he was staying. Lidiya said:

> My mother-in-law ran to him when we were evacuating… She tried to convince him to leave, he said no, I’m not going to leave, I don’t want to leave my dog and my home… Things were okay for a few days, but about a week after we evacuated… apparently a shell fell on the house and it went up in flames right away.  

As of 31 October 2022, OHCHR has recorded 16,295 civilian casualties in the country: 6,430 killed and 9,865 injured. In an email to Amnesty International, OHCHR said that of the cases in which they had information about the ages of a victim, people over 60 years old comprised some 30% of total civilian casualties, both in the 2014-2021 war and in 2022. Specifically, from 24 February to 5 September 2022,
older people made up 34% of civilian deaths in cases where an age was known, and 28% of injuries, significantly higher than their proportion of the population.\textsuperscript{261}

In Kharkiv, for example, where the pre-war population of 1.4 million people had dropped to around 700,000 or 800,000 as of July 2022,\textsuperscript{262} older people were often the only people who could be seen by Amnesty International delegates in June in the courtyards or in lines for humanitarian aid in the most dangerous parts of the city. Older people were also frequently among the last people remaining in their apartment buildings. For example, “Mykola,” 63, who lived in the neighbourhood of Saltivka, which has been subject to intense Russian shelling, said he was the only person living in his section of a block of flats (around 40 apartments total).\textsuperscript{263}

Numerous attacks in Kharkiv have also resulted in the deaths of older people. Amnesty International documented several cluster munitions attacks by Russian forces in Kharkiv in April, in which older people were killed outside their homes.\textsuperscript{264} Credible media reporting shows subsequent Russian attacks in Kharkiv likewise resulted in the deaths of older people, including an attack on the Chuhuiv neighbourhood that resulted in the deaths of 60- and 68-year-old men and one 70-year-old woman,\textsuperscript{265} as well as an attack on a dormitory for deaf people which left at least 19 dead, apparently including many older people.\textsuperscript{266}

Iryna, a 71-year-old woman who has difficulty walking, lives with her husband in a northern neighbourhood in Kharkiv that has been heavily impacted by Russian shelling. Among the 20 apartments in her building, only two were inhabited in late June, both of them by older people with disabilities. Iryna said she and her husband, who is 80 and has cancer, would have struggled to leave the city due to his health. When a cluster munition fired by Russian forces, previously verified by Amnesty International’s Evidence Lab,\textsuperscript{267} exploded in their courtyard on 28 February, shrapnel flew into the living room and kitchen of the couple’s first-floor apartment. Interviewed almost four months later, Iryna and her husband were still sleeping in the bathroom, which has no windows, on a board placed over the bathtub. Volunteers help bring the couple food and medication. Iryna said:

\begin{quotation}

\textsuperscript{261} OHCHR Representative, email to Amnesty International, 12 September 2022, on file with Amnesty International. From 24 February to 5 September 2022, OHCHR was able to verify the ages of people in 2,193 out of 5,718 recorded cases, and to verify the ages of 2,509 cases out of 8,199 cases of civilian injury.

\textsuperscript{262} Novyny Live, “Стало відомо скільки людей виїхало з Харкова за час війни” (previously cited).

\textsuperscript{263} Interview in person with “Mykola,” 19 June 2022, Kharkiv, Ukraine.

\textsuperscript{264} Amnesty International, “Anyone Can Die at Any Time”: Indiscriminate attacks by Russian forces in Kharkiv, Ukraine (previously cited).


\textsuperscript{267} Amnesty International, Twitter post, 3 March 2022, https://twitter.com/amnesty/status/1499357512193206107?s=20&t=ArkhH-BllmhX-a3XOH6n5HuW: “New thread – @amnesty’s Crisis Evidence Lab documented 3 attacks, possible war crimes, killing at least 9 civilians, including children, in Kharkiv, on 28 February, around the same time that peace talks began at the border with Belarus”
\end{quotation}
I am scared to leave the house. I have been outside six times in these 114 days of the war… The insomnia is torturing me, at night we don't want to have the lights on because we are afraid, but then we just lay here in the dark. I just want this war to end. 268

In interviews, older people from areas that had come under Russian occupation often described the difficulty of choosing to leave their homes, even if they faced extremely difficult conditions there. In Mariupol, which fully came under Russian occupation in May, 269 officials from the mayor’s office estimated that around 46,000 pensioners remained in the city among the 100,000-120,000 remaining residents – while this was still a significant drop in the older population compared to pre-war levels, the overall percentage of pensioners as part of the city’s population had doubled compared to before the war.270

“Bohdan,” 65, lived in Mariupol with his wife before the war. His daughter and grandson, who lived in a nearby building, fled the city soon after evacuations began on 23 March. Bohdan did not want to leave but was ultimately forced to flee on 19 April due to concerns about his health. His wife, who is 63, stayed behind to protect the family’s property, which, as Bohdan described, they were reluctant to abandon:

We ate about once a day, and it wasn’t very much… I have various illnesses since [serving in the military in the 1980s], and my health started to decline… My wife and I talked about it, and considering the risks of looting [of property], we decided that my wife would stay and I would leave because of my health problems.271

Due to a range of issues, including security concerns for those interviewed and the fact that many living in occupied areas had lost electricity or Russian forces had jammed their mobile phones, Amnesty International was only able to interview a few older people who had spent significant amounts of time in areas occupied by Russian or Russian-controlled forces. However, all interviewees from occupied areas said that healthcare services and essential medicines were difficult if not impossible to access during the war. Ukrainian officials from occupied areas such as Kherson, Mariupol, and Kharkiv region have pointed to major deficits of critical medications, including diabetes, tuberculosis, and cancer-related medications.272 This posed particular dangers to older people, who are more likely to have a health condition.273

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268 Interview in person with Iryna, 17 June 2022, Kharkiv, Ukraine.
“Svitlana,” 64, has an apartment in Kharkiv but spent the first few months of the war with her family in a village outside the city that was occupied by Russian-controlled forces within the first days of the invasion. On 28 April, Svitlana’s 61-year-old brother collapsed while he was planting corn. A local nurse came and determined he had had a stroke. She told the family to hospitalize him: ambulances weren’t working but the family paid for a taxi, and he was placed in the intensive care unit. Svitlana told Amnesty International:

In the hospital they didn’t have electricity. We had to pay for any medications and for his meals. They didn’t have running water, so he had to go out to the street to use the toilet. He was discharged the next day. My sister-in-law said, ‘How can you discharge him?’ They said, ‘We cannot keep him here, there is no electricity, no water.’

They couldn’t do anything, they couldn’t do an electrocardiogram, they couldn’t do an encephalogram, they had no medications. They told us to take him [across the frontline] to Kharkiv… How? Then they said to take him home.

The family scrambled to figure out where they could find medications for Svitlana’s brother, as the pharmacy in their village had been closed since the early days of the war. On 5 May, Svitlana’s brother died following a second stroke. Svitlana showed Amnesty International a certificate from a local hospital confirming his date of his death. Svitlana, who herself had run out of blood pressure medication several days after the war started, returned to Kharkiv with the help of volunteers who transported her across the frontline.

Several months into the conflict, representatives of two international aid organizations told Amnesty International that they still had not been guaranteed safe passage for aid delivery to occupied areas, which had a particularly negative impact on healthcare facilities in those areas. In an emergency session in March 2022, the UN General Assembly passed a resolution condemning Russia for obstructing the delivery of humanitarian aid to parts of Ukraine under its control, and the UN said that four months into the conflict, the need to guarantee safe passage for aid had only intensified. Russia’s obstruction and at times outright denial of the delivery of humanitarian assistance is in violation of international humanitarian law, which provides special protections for the free movement of, among other things, medical supplies and equipment.

274 Interview in person with “Svitlana,” 19 June 2022, Kharkiv, Ukraine.
275 Interview in person with “Svitlana,” 19 June 2022, Kharkiv, Ukraine.
276 Death certificate of Svitlana’s brother, dated 5 May 2022. Seen by Amnesty International.
277 Interview in person with “Svitlana,” 19 June 2022, Kharkiv, Ukraine.
278 Interview by voice call with a humanitarian aid organization operating in Ukraine, 15 July 2022; and interview in person with a humanitarian aid organization operating in Ukraine, 30 June 2022.
281 ICRC, Customary IHL, Rule 55; Fourth Geneva Convention, Article 23.
6.2 DANGEROUS LIVING CONDITIONS

Amnesty International interviewed many older people who were living without electricity, gas, running water, or whose windows or roofs were damaged to the point where they no longer provided any protection from rain, snow, or cold temperatures. For those living in areas that continue to come under regular shelling, it is unclear when utilities might be re-established. Many could not bear the costs of repairing their homes independently. In some cases, volunteers or city authorities offered older people alternative accommodations, such as in a dormitory or an institution, but many older people declined, citing lack of sanitation, physical inaccessibility, or the remote locations of these facilities.

Hanna Selivon, 76, lived in a two-story house on the outskirts of Chernihiv. In March, her neighbourhood transformed into a frontline of fighting between Ukrainian and Russian forces. Dozens of houses were destroyed. Hanna said:

Everyone on our street left. The only people left were me and two other older women, both around 70 years old. One had a disability. We just had nowhere to go. I would hide in a hole in my cellar… On 29 March there was a lot of shelling, and when I came out [from the cellar] I just saw that flames were flying… that [my house] was burning. My legs wouldn’t move, I simply couldn’t move from that spot.282

Hanna’s house was almost completely destroyed. At the time of interview in July 2022, the roof was only still standing over part of the bathroom, where volunteers had put a mattress in the bathtub to allow her to sleep. Hanna said she had been offered a place in a dormitory, but that it was too far from the city. Sometimes she slept in the bathtub, sometimes she stayed with a friend nearby. A construction company had told her it would cost 10,000 hryvnia (US$270) just to repair the foundation of her house. She receives a pension of 3,000 hryvnia per month and had received financial support of 2,200 hryvnia for three months from a French organization.283

Olha Kot, 82, lived with her 54-year-old daughter in a one-story house in a part of Chernihiv that was heavily impacted by fighting between Russian and Ukrainian forces. In mid-March, the pair fled their home and took shelter in the basement of a nearby apartment building with 23 others. The group planned to evacuate, but Olha, her daughter, and four other older women were left behind.

Olha described, “They [the other people in the basement] managed to walk to a school on foot, and they were evacuated from there… The soldiers came and told [those of us who were left] that we should leave [the basement]. We wanted to leave, they said a bus would come for us, but nobody came for us.”284

282 Interview in person with Hanna Selivon, 4 July 2022, Chernihiv, Ukraine.
283 Interview in person with Hanna Selivon, 4 July 2022, Chernihiv, Ukraine.
284 Interview in person with Olha Kot, 3 July 2022, Chernihiv, Ukraine.
Iryna in the bathroom where she and her husband sleep during attacks in Kharkiv, Ukraine. © Amnesty International

Iryna and shrapnel from a cluster munitions attack that she found in her home in Kharkiv, Ukraine. © Amnesty International
"I USED TO HAVE A HOME": OLDER PEOPLE’S EXPERIENCE OF WAR, DISPLACEMENT, AND ACCESS TO HOUSING IN UKRAINE

Hanna Selivon in her destroyed home in Chernihiv, Ukraine. © Amnesty International

An older man chopping wood because his home has no electricity or heating in Kharkiv region, Ukraine. © Amnesty International
Alla Sukrenya outside of the garage of her destroyed home in Chernihiv, Ukraine. © Amnesty International

An older man without electricity or gas boils water on a canister in Kharkiv region, Ukraine. © Amnesty International
Olha Kot in front of her home which was heavily damaged during attacks in Chernihiv, Ukraine. © Amnesty International
When they returned to their home in April after fighting in Chernihiv had stopped, the entire structure was riddled with shrapnel. When it rained, water leaked from the ceiling in each of its four rooms. With the help of volunteers, Olha and her daughter had managed to patch up the roof in one room enough so that Olha could sleep there, but the leaking elsewhere continued and there was no electricity, water, or gas in the house.

Alla Sukretna, 58, lived in the same neighbourhood of Chernihiv as Olha with her 68-year-old husband. She was sick with Covid-19 when the full-scale invasion began and were unable to go to a nearby bomb shelter. On 13 March, the couple heard a large explosion, and their house went up in flames; only the garage was spared. Her husband broke his ribs while trying to open the collapsed front door. They fled and, as of July, were living in the basement of a school nearby.285 The school was set to start operating again in September, and the director had asked displaced people still living there to leave. Alla said:

My husband and I decided that as long as our garage remains, we will live in the garage. Unfortunately there is no water or gas there – it would cost 30,000-40,000 hryvnia (US$812-$1,082) to build a water canal that would reach it. [An international organization] gave us 13,000 hryvnia, and we used that to build a small wall to divide the garage into two rooms, so we have a place to sleep. It’s just a one-off payment. There is electricity there… We will buy a [electric] heater, but it’s just a garage and the walls are very thin.286

As of August 2022, the Kyiv School of Economics estimates that at least 129,900 residential buildings have been destroyed or damaged across Ukraine during the war, amounting to more than US$47 billion in damage.287 At present, Ukraine does not have a mechanism to compensate people for lost property – a law that would regulate compensation has been under debate in parliament since April.288 People in Ukraine whose property has been destroyed or damaged can register the damage, including with photographs and other evidence, using the online application Diya or by going in-person to the Centre for the Provision of Administration Services (TSNAP).289 Most older people described struggling to use Diya without support from volunteers or relatives; if an older person had a disability and did not have a relative or other support person to take them to the TSNAP office, they struggled to register damage to their homes in person as well.290

In some cases, older people had replaced windows or made other repairs with help from local authorities or volunteers. But without formal compensation mechanisms in place, older people interviewed by Amnesty International almost invariably had to finance the repairs themselves, and often even simple repairs were unaffordable to those whose main incomes were their pensions. Iryna, whose windows were

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285 Interview in person with Alla Sukretna, 3 July 2022, Chernihiv, Ukraine.
286 Interview in person with Alla Sukretna, 3 July 2022, Chernihiv, Ukraine.
287 Kyiv School of Economics, “The total amount of documented damages has reached $108.3 billion, minimum recovery needs for destroyed assets — $185 billion”, 2 August 2022, https://kse.ua/about-the-school/news/the-total-amount-of-documented-damages-has-reached-108-3-billion-minimum-recovery-needs-for-destroyed-assets-185-billion/
289 BBC Ukrainian Service, “Хто і як повертатиме українцам зруйноване житло” (cited previously).
290 Interviews, June-July 2022.
destroyed in a cluster munitions attack in the courtyard next to her building, said: “There are only private firms who will [fix the windows] for 11,000 hryvnia (US$298). We decided to delay it because we don’t have this money right now.”

In a survey in September 2022 of nearly 3,000 older people and people with disabilities in Ukraine by the National Assembly of People with Disabilities and HelpAge International, 72% of people said that financial assistance was their primary need in preparing for the winter season; more than 60% expressed concerns about low pensions and price increases. Larysa Bayda, the director of the National Assembly of People with Disabilities, said: “The biggest problem with winter [approaching] is that there is not enough money. If people had money, they could buy themselves wood, pay for heating, blankets… If an older person receives a pension of 2,000 hryvnia and spend 700 to 800 hryvnia on firewood, how do they live through [the winter]?”

In some conflict-affected regions, fighting had abated enough to allow for electricity, gas, and water to be restored, and grocery stores and pharmacies were working. However, in many neighbourhoods where the conflict was still an everyday feature of life, re-establishing utility services was challenging, and few businesses were open. Older people who had remained in those neighbourhoods described standing in long lines to get food or water, carrying any food or water by themselves up multiple flights of stairs, and walking long distances to access pharmacies or healthcare services.

“Mykola,” 63, lives in the Saltivka neighbourhood in the northern part of Kharkiv. His apartment building and surrounding neighbourhoods were subject to almost non-stop shelling by Russian forces in February and March, and continued to be impacted by the nearby fighting as of June 2022. Mykola, whose wife, daughter, and granddaughter all fled to Poland in March, did not want to abandon his home. He said:

“Well, we haven’t had electricity, gas, or water from the first days of the war… A friend in the neighbouring building sometimes invites me over and we cook on the grill outside, otherwise I mostly just get free lunches from the people who bring humanitarian aid…

It’s hard to wait in lines for aid, the lines are very long. I usually spend at least two to three hours per day in line, I start standing there at about 10 a.m.… There are no shops in my neighbourhood to buy food. The nearest shop is 30 to 35 minutes by foot, and I don’t walk very fast.”

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291 Interview in person with Iryna, 17 June 2022, Kharkiv, Ukraine.
292 HelpAge International and National Association for Persons with Disabilities of Ukraine, State Readiness for Winter: Assessment of older people and people with disabilities, September 2022, https://app.powerbi.com/view?r=eyJrIjoiNTVkZTMzNzctMDkyYS00MmExLTliMmItNzQyMDVjMTU5NjcwLiwiLCJzcmMiOjE5MDkzODMzMzIiLCJfLCJzcm4iXQ==&sid=UJRA7jOoIEAm9Kx9k-BxwB6SnjW8GZKb (accessed 2 November 2022).
293 Interview by voice call with Larysa Bayda, director of the National Assembly of People with Disabilities of Ukraine, 20 October 2022.
294 Interviews in person, 19 and 20 June 2022, Kharkiv, Ukraine; interviews in person, 3 July 2022, Chernihiv, Ukraine.
295 Interview in person with “Mykola,” 19 June 2022, Kharkiv, Ukraine.
“Viktor,” 81, who lived in the same neighbourhood and had difficulty walking, said it was hard to meet his basic needs: “The pharmacy doesn’t work, the shops don’t work. You’re lucky if you can come here [to a line for humanitarian aid] and get a piece of bread… I need [my asthma medication], I haven’t taken my pills in a long time.”

Disability rights organizations have raised concerns that nowhere near enough temporary housing that is being built for internally displaced people in Ukraine is accessible to people with disabilities. According to an analysis by the European Disability Forum and Ukrainian disability rights organization League of the Strong, “modular towns” that are already being built to provide temporary housing for displaced people in Ukraine do not meet the minimum requirements for accessibility: among other issues, facilities are too narrow to navigate with wheelchairs, they lack ramps and handrails including in bathrooms, and have no colour contrast to help people with visual disabilities navigate them. This report raises concerns about the lack of prioritization of older people and people with disabilities in temporary housing and long-term reconstruction plans.

296 Interview in person with “Viktor,” 20 June 2022, Kharkiv, Ukraine.
297 European Disability Forum, “Ukraine Modular Towns Not Accessible to Persons with Disabilities” (Undated), on file with Amnesty International.
RIGHT TO ADEQUATE HOUSING

As discussed above, Ukraine has an obligation to respect and fulfill the rights to health and to an adequate standard of living, which includes the rights to adequate housing.\(^{298}\)

According to the CESCR, adequate housing is defined as housing that provides residents with, among other things, “facilities essential for health, security, comfort and nutrition” including safe drinking water, energy, heating, and lighting, as well as protection from cold, damp, heat, rain, wind and other threats to health.\(^{299}\) It should also be affordable, meaning that “tenants should be protected by appropriate means against unreasonable rent levels or rent increases”.\(^{300}\) Particularly in the current context, given the scale of destruction after Russia’s invasion, much of it due to unlawful attacks by Russian forces, foreign governments and other donors should assist Ukraine in fulfilling the right to housing, with specific emphasis on older people, given the unique risks they face.

According to a report by the UN Independent Expert on the enjoyment of all human rights by older persons, poverty is one of the main barriers to the right to adequate housing for some older people.\(^{301}\) The report also notes that older people are often unable due to financial or physical incapacity to fix damage to their homes brought about by conflict or other emergency.\(^{302}\)

The CRPD similarly guarantees the right to adequate housing for people with disabilities, including older people with disabilities, and requires states to “take appropriate measures to ensure to persons with disabilities access, on an equal basis with others,” including through the “identification and elimination of obstacles and barriers to accessibility” in housing and other facilities.\(^{303}\)

\(^{298}\) ICESCR, Articles 11 and 12. For more on the right to sanitation in particular, see Committee on Economic, Social, and Cultural Rights (CESCR), Statement on the Right to Sanitation, 19 November 2010, UN Doc. E/C.12/2010/1, para. 7. The CESCR said the right to sanitation is “intimately related” to the rights to health, housing, and water. See also UN General Assembly, Resolution 68/157: The human right to safe drinking water and sanitation, 18 December 2013, UN Doc. A/RES/68/157; and Report of the UN Independent Expert on the issue of Human Rights Obligations related to Access to Safe Drinking Water and Sanitation, 1 July 2009, UN Doc. A/HRC/12/24, paras 64-66 and 70-80, https://www.ohchr.org/Documents/Press/IE_2009_report.pdf


\(^{300}\) CESCR General Comment 4 (previously cited), para. 8.

\(^{301}\) UN Independent Expert on the enjoyment of all human rights by older persons, Report: Older persons and the right to adequate housing, 19 July 2022, UN Doc. A/77/239, para. 36.

\(^{302}\) UN Independent Expert on the enjoyment of all human rights by older persons, Report: Older persons and the right to adequate housing (previously cited), para. 44

\(^{303}\) CRPD, Articles 9 & 28.
7. EVACUATIONS

“I saw every day younger people walking alongside my building with backpacks on. Only later I found out… they were going to the centre of the city, there were still evacuations from there.”

Liudmyla Zhernosek, 61, who lives in Chernihiv with her husband who has a disability, on not being informed about evacuations

It is not the goal of this report, which is primarily focused on the right to adequate housing for older people during the war, to make a comprehensive assessment of evacuation processes. The Ukrainian government has undertaken significant efforts to warn people of the risks of remaining in areas with active hostilities, for example by announcing in late July a complete mandatory evacuation of Donetsk region, where an estimated 200,000 to 220,000 people were still living, with the goal of protecting the civilian population from the fighting as well as from the risk that they could be cut off from heating, electricity, or other utilities during the winter. Ukrainian President Volodymyr Zelensky announced that the government would offer “full support, full assistance, both logistically and financially” to those who left. In August, government officials said they might expand mandatory evacuations to include certain communities in Kharkiv, Mykolaiv, and Zaporizhzhia regions.

Some civil society and volunteer organizations provide free, accessible transport services for people with disabilities, including older people, to leave frontline areas. However, Amnesty International found that in some cases, older people still struggled more than other groups to evacuate. There were various reasons for this, including that fewer older people had cars, physical infrastructure such as trains and buses were largely inaccessible, support to accompany the older person during the journey was not always provided when needed, and many older people lacked access to information, particularly when it was distributed

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304 Interview with Liudmyla Zhernosek, 5 July 2022, Chernihiv, Ukraine.
online, about evacuation routes. While it is true that many older people initially chose to remain in their homes, there were many who said they had simply reached the decision to leave later than other family members or neighbours, and hence were often stranded in dangerous situations with no way out.

Masha Kharchenko, 75, decided with her husband to remain in their home in Hostomel, Kyiv region, when the invasion began. Around 40 neighbours managed flee in their cars in the first days of the war. On 11 March, Masha learned to her horror that one of her few remaining neighbours with a car had left – they had knocked on the door to offer Masha and her husband a lift, but they were sheltering in the basement at the time and didn’t hear them. The only people left on her street besides her and her husband were two men, 59 and 60, one of whom, Valery, could not walk after a stroke.308 Valery’s family had attempted evacuate him by car on 24 February, the first day of the war, but were shot: his wife, Liliya, survived but was injured and hospitalized, and his grandson was killed.309 Masha said:

> We kept waiting and waiting for the green corridor [to open] but it never happened. On 13 March we decided to [attempt to evacuate] through Sinyak, there is a little bridge over the small river there. We brought [Valery, our neighbour who could not walk] in a wheelbarrow. We crossed the bridge but instead of land there were just more and more pools of water... We took the wheelbarrow through, but Valery was getting wet and it was very cold. Then while we were there shooting started. It was machine gun fire, I saw a red bullet fly past me. We decided to return home as quickly as possible. I barely had the strength to return home that day. 310

Some older people said that information about evacuation routes was not distributed in ways that were accessible to older people and people with disabilities: for example, information was distributed online and many older people did not have smartphones, and traditional means of communicating information – such as television or radio – were not working due to electricity outages. Mobility limitations and other disabilities made evacuating more difficult generally.

For example, Liudmyla Zhernosek, 61, who lived in Chernihiv with her 66-year-old husband who has an amputated leg and uses a wheelchair, said:

> I saw every day younger people walking alongside my building with backpacks on. Only later I found out from others in the stairwell that they were going to the centre of the city, there were still evacuations from there. But that would have been 40 minutes on foot, I couldn’t get there with my husband.

> Nobody told us about evacuations, I always found out only afterwards. Later I learned on television that evacuations were happening the whole time... I wish they had thought about evacuations [for older people] during peaceful times [before the invasion]. They should have known who to pick up and where to take them.311

308 Interview in person with Masha Kharchenko, 2 July 2022, Hostomel, Ukraine.
309 Interview in person with Liliya Kolesnikova and Valery Slobodyansky, 30 June 2022, Kyiv, Ukraine.
310 Interview in person with Masha Kharchenko, 2 July 2022, Hostomel, Ukraine.
311 Interview in person with Liudmyla Zhernosek, 5 July 2022, Chernihiv, Ukraine.
An older woman with a disability being evacuated in Kharkiv region, Ukraine. © Amnesty International
Olena, 67, lived in Mariupol and before the war was taking care of her eight-year-old grandson while her daughter was working abroad in the Czech Republic. They sheltered from the fighting in the basement of their home until 11 April, when Olena’s daughter managed to travel to Mariupol with a car to help the two evacuate. Before that, Olena had had no phone connectivity, and did not know where her daughter was or how to escape the city: “I had nobody with me, I had no idea where to go. I am just so grateful that she came. There was nobody who could have helped me, I had nobody to connect to.”

Older people were often part of households with more than one person who had a disability, further deepening the challenges they faced while fleeing. For example, “Leonid”, who is 76 and blind, said it would have been impossible for him to evacuate from Kharkiv with his wife, who cannot walk due to a stroke. He said that his experience differed from that of other blind people that he knew:

> There is a dormitory for blind people where I used to volunteer [before the war]. Some volunteers just helped put [the blind residents] on a bus and took them to Poland, and now they are all in Poland or Germany. But it’s one thing to just be blind. You can take a person by the arm and lead them. For me, I also need to bring [my wife].

> In evacuations they don’t give you any kind of accompaniment. So, say they help put us on a train. What happens if I need to use the toilet while I’m on the train? I’m blind, I don’t know how to get to the toilet, and I can’t just leave her.

In areas that came under Russian occupation, interviewees with disabilities said that Russian or Russian-controlled forces failed to assist people with disabilities, including older people with disabilities, to reach safe areas. Daria Chevychalova, mentioned above, whose 88-year-old grandmother had limited mobility due to a stroke, stayed with her in their apartment throughout the peak of hostilities in Mariupol. According to Daria, at some point in late March, forces claiming to be from the Russian-controlled DNR came to their building to warn civilians remaining there that there would be a “mop-up operation” in the coming hours, and they should quickly evacuate:

> There were just a few people left in our building. They told us we had to leave within an hour, and we knew that with my grandmother we couldn’t take her away within an hour, we had no transport or anything else for her. The other people left in buses… When the mop-up operation began, they started shelling all the time, they hit our building although luckily not my apartment. We had no food and we couldn’t clean my grandmother, we just sat there and prayed to stay alive.

Amnesty International interviewed several other older people with disabilities from Mariupol who remained in areas with active shelling after their relatives had fled due to the lack of physically accessible evacuation

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312 Interview by phone call with Olena, 11 April 2022.
313 Interview in person with “Leonid,” 20 June 2022, Kharkiv, Ukraine.
314 Interview by voice call with Daria Chevychalova, 27 July 2022.
routes, or who were forced to make an extremely difficult journey and flee many kilometres on foot, despite having disabilities including limited mobility and dementia.\textsuperscript{315}

Disability rights organizations have repeatedly pointed to the need for evacuation plans to be made accessible to people with disabilities. In a statement on Ukraine, the International Disability Alliance and the European Disability Forum said: “Evacuation plans are often not designed in accessible ways. Persons with disabilities cannot reach metro stations and bunkers. In many cases, shelters are inaccessible for persons who use wheelchairs to enter and navigate. Information on emergency evacuation, location of shelters, and how to seek assistance are not provided in accessible formats.”\textsuperscript{316} All of these issues are likely to be just as acute for older people, including older people with disabilities, particularly as they are less likely to use smartphones or cell phones that would enhance their access to information during the war, when traditional forms of communication are less reliable.

\textsuperscript{315} Interviews, April-October 2022.

Russia’s full-scale invasion of Ukraine has been marked by numerous violations of international law. It has led to countless tragedies among Ukrainians, with thousands killed, millions displaced, and many more facing the ongoing threats of unlawful attacks and occupation every day.

A greater proportion of older people are impacted by the war in Ukraine than by any other ongoing conflict in the world. Even before the war, older people in Ukraine faced numerous challenges that put their right to live independent, dignified lives at risk: they are more likely to have a disability, to rely on informal networks of support to provide for their basic needs, to live in poverty, to have health conditions and to be discriminated against on the basis of their age in the workplace and beyond.

Russia’s invasion of Ukraine, which has forced many older people to flee their homes, has rendered these vulnerabilities even more life-threatening. Older people often cannot afford to pay for rental accommodations once they are displaced, and struggle to find accessible accommodation if they have disabilities. The informal networks of friends, relatives, and neighbours who supported them before the war have in many cases been shattered. And the war has exposed many older people to injury and serious health conditions, leaving them even more at risk in displacement. Many shelters are not equipped to house people with disabilities, either because they are physically inaccessible or because they lack the staff who could support displaced older people with disabilities who are alone.

In its response to this displacement crisis, the Ukrainian government has simplified the process by which older people and people with disabilities can be placed in state institutions. Undoubtedly, the intentions of this policy are benevolent, the goal being to provide older people with shelter, food, clothing, and support. At least 4,000 older people have had no choice but to enter state institutions. According to the CRPD Committee, such practices violate the rights of people with disabilities to live independently in the community, and isolate them in highly restrictive settings where they are marginalized, neglected, and vulnerable to abuse.

As has been advocated for by Ukrainian civil society organizations working on the rights of older people and people with disabilities, the Ukraine government, with financial backing from international partners,
should urgently replace this policy of placing displaced older people in institutions with a plan to provide non-institutional housing options to older people. It also must ensure unfettered access for NPM and other monitoring agencies to institutions, to help protect older people and people with disabilities there from abuse and neglect. Finally, Ukraine should ensure that those older people who have already been placed in institutions be prioritized for accessible accommodation elsewhere as soon as it becomes available.

The responsibility for providing housing to older people should not be Ukraine’s alone, particularly given the devastation that Russia’s invasion has wrought. Kyiv’s international partners can and should do more to facilitate the safe evacuation of older people, including those with disabilities, to accessible accommodations abroad, and to prioritize them in the construction of housing for displaced people inside Ukraine.

The lack of a sustainable housing solution for older people contributes to a dangerous trend: older people have often made up a disproportionate number of civilians staying behind in the most conflict-affected areas, or in areas that have come under occupation by Russian or Russian-controlled forces. Older people sometimes remained in houses that had no roofs or windows to shelter them from the cold, or in areas that did not have access to electricity, water, heating, public transportation, or pharmacies and groceries. Living in such conditions put their safety and their health at even higher risk.

Despite the growing evidence of the unique ways in which older people’s rights are violated, including in emergencies, and despite years of activism from older people and their representative organizations around the world, there is still no international treaty on the rights of older persons. When references are made to their rights, it is to a patchwork of other international treaties in which they are occasionally mentioned. As the evidence presented in this report clearly shows, older people have multiple, intersecting identities that put them at risk: they more often have disabilities, they more often have health conditions, and in the case of Ukraine and many other countries, they are more likely to live in poverty. Relying on existing international law to protect their rights is an inadequate half measure: only a treaty on the rights of older people can truly bridge the gaps to protect their rights.
**RECOMMENDATIONS**

**TO THE GOVERNMENT OF THE RUSSIAN FEDERATION**

- End the war in Ukraine, which is an act of aggression under international law;
- End all direct attacks on civilians and civilian objects, indiscriminate attacks and other serious violations of international humanitarian law;
- Make clear and firm public commitments to prioritize the protection of all civilians, in line with international law. Given the clear risks to older people documented in this report and the possibility that they may be more likely to remain in conflict-affected areas, ensure particular attention is paid to the risks they face and to their protection;
- In areas under Russian control, facilitate the unrestricted delivery of humanitarian aid, particularly the delivery of medication and other healthcare supplies;
- In areas under Russian control affected by the hostilities, ensure that the civilian population has access to water, electricity, and heating. In areas where it is difficult to re-establish utilities, ensure that older people are among those prioritized for the delivery of supplies that guarantee them water, heat, and means for cooking;
- Ensure that older people are prioritized in moving to safety and that they are meaningfully included in the development of evacuation plans, which should be communicated to them in an accessible manner;
- Ensure that older people with disabilities have access to accessible infrastructure, assistive devices, and personal assistance if any of these are necessary for them to evacuate;
- Ensure that after evacuation, older people have access to shelter that is affordable and physically accessible to them, including to those with limited mobility, limited sight or hearing, and intellectual or psychosocial disabilities such as dementia; do not under any circumstances allow for the institutionalization of older people with disabilities without their consent;
- Ensure that any evacuations are undertaken with the consent of older people, and that they are given safe passage to travel to Ukrainian-controlled territory, if that is their choice; cease the forcible transfer or deportation of all civilians, including older people, to Russian-occupied areas of Ukraine or to Russia; and facilitate the voluntary return to Ukrainian government-controlled territory of all civilians, including older people, who have been deported or forcibly transferred.

**TO THE GOVERNMENT OF UKRAINE**

- Ensure that a delegation from Ukraine attends and meaningfully participates in the UN Open-Ended Working Group on Ageing, and expresses support for the drafting of a treaty on the rights of older persons;
- Replace Cabinet of Ministers Decree No. 294 from 16 March 2022, which simplifies and expedites the process for placing an older person or a person with a disability in an institution, with policies that would provide for non-institutional long-term housing options for older people and people with disabilities who have been displaced;
- For the estimated 4,000 older people who have already been institutionalized since Russia’s invasion, ensure that their conditions are regularly monitored, including by independent bodies like the National Prevention Mechanism (NPM), that they have access to complaint mechanisms, and that they are prioritized for alternative, accessible accommodation in their area as soon as it becomes available; ensure the same for older people in private nursing homes;

- Make clear and firm public commitments to prioritize the protection of all civilians, in line with international law. Given the clear risks to older people documented in this report and the possibility that they may be more likely to remain in conflict-affected areas, ensure particular attention is paid to the risks they face and to their protection;

- Ensure that older people are prioritized in moving to safety and that they are meaningfully included in the development of evacuation plans, which should be communicated to them in an accessible manner and tailored to their needs;

- Ensure that older people with disabilities have access to accessible infrastructure, assistive devices, and personal assistance if any of these are necessary for them to evacuate;

- Ensure that after evacuation, older people have access to shelter that is affordable and physically accessible to them, including to those with limited mobility, limited sight or hearing, and intellectual or psychosocial disabilities such as dementia; do not under any circumstances allow for the institutionalization of older people without their consent;

- In the development of long-term reconstruction plans as well as the construction of temporary accommodations such as “modular towns” for displaced persons, consider requirements that a certain percentage of said housing be physically accessible to and offered on a first-priority basis to older people and people with disabilities;

- To the extent feasible, ensure the continuation of support services to older people and people with disabilities in conflict-affected regions, including by supporting volunteer organizations who have been providing such services during the war;

- Conduct outreach to displaced older people via social workers or community volunteer networks; if conducting needs assessments, interview older people directly so as to avoid overlooking them in household-level surveys;

- Ensure that older people are among those prioritized for any financial compensation for lost property, and that the means of applying for compensation are accessible to them, including by providing a support person to help them apply via the Diya app or in-person at their local Centre for the Provision of Administration Services;

- Ensure that older people are among those prioritized for the repair of their property, particularly if it impacts their ability to shelter from cold, rain, or other weather;

- Ensure that any legal proceedings seeking redress in international courts meaningfully include older people, including those who are survivors of crimes under international law and other serious violations of international human rights and humanitarian law as well as their older relatives. Ensure that any domestic compensation mechanisms are accessible to older people;
• Establish a time-bound plan for raising pensions to the real subsistence level as calculated by the Ministry of Social Policy; ensure that these calculations also reflect needs that are specific to older people, including higher costs for heating, medical supplies and equipment, and transport;
• Establish a time-bound plan to close and limit admission to institutions for older people and adults with disabilities, on par with Ukraine’s deinstitutionalization plan for children.

TO FOREIGN GOVERNMENTS AND DONORS
• Call on Russia to respect international humanitarian law and to end all direct attacks on civilians and civilian objects as well as indiscriminate attacks;
• Increase pressure on Russia to allow humanitarian access to all areas of Ukraine under its control;
• Call on Russia and Ukraine to take particular cautions with regards to older people among other at-risk groups during the hostilities, who may be more likely to stay behind in occupied or conflict-affected areas;
• Help facilitate the voluntary evacuation, including by providing accessible information, transportation and personal assistance, of older people, particularly older people with disabilities, to accessible, non-institutional accommodations abroad;
• Increase humanitarian and development assistance to Ukraine and require that older people are among those prioritized in the distribution of cash assistance, supporting them to pay costs for rent and other essentials in displacement;
• Consider increasing the amounts of financial support offered to older people who have been impacted by the war, allowing them to realize their right to an adequate standard of living;
• Ensure that the construction of any housing for displaced people in Ukraine takes into consideration the needs and rights of older people, particularly with regards to physical accessibility and distance to healthcare and other facilities, and that older people are among those prioritized for said housing;
• In supporting the development of long-term reconstruction plans as well as the construction of temporary accommodations such as “modular towns” for displaced persons, consider requirements that a certain percentage of said housing be physically accessible to and offered on a first-priority basis to older people and people with disabilities.

TO UN BODIES, INCLUDING THE SECURITY COUNCIL AND THE HUMAN RIGHTS COUNCIL
• Advance discussions, particularly at the UN Open-Ended Working Group on Ageing, on a global treaty on the rights of older people, including with concrete timelines and proposals for a draft;
• Increase monitoring and detailed reporting on the situation of older people in armed conflict and request periodic reports on the situation of older people in armed conflict;
• Ensure that any resolution or statement on the situation in Ukraine highlights the situation of older people;
• Make recommendations to states undergoing their Universal Periodic Review to protect the rights of older persons in conflict.
TO INTERNATIONAL AND REGIONAL ORGANIZATIONS, INCLUDING THE UN COMMISSION OF INQUIRY ON UKRAINE, THE UN HUMAN RIGHTS MONITORING MISSION IN UKRAINE, AND UNHCR

- Increase monitoring and detailed reporting on the situation of older people and people with disabilities during the war in Ukraine, including by ensuring that information on civilian casualties is disaggregated by age and disability;
- Increase monitoring and detailed reporting on the situation of older people and people with disabilities in Ukraine as it pertains to housing, including by visiting state and private institutions where displaced older people and people with disabilities are living, and temporary shelters;
- Increase monitoring and detailed reporting on the situation of older people who have been displaced from Ukraine to Russia and Russian-occupied areas;
- Document and report on cases of deportation and forcible transfer to Russia of civilians from Ukraine, with specific focus on older people and people with disabilities. Assist, as appropriate, civilians from Ukraine, including older people and people with disabilities, who have been forcibly transferred or displaced to Russia and wish to return to Ukraine or travel on to a third country.

TO THE COUNCIL OF EUROPE

- Ensure inclusion of closed institutions for older people and people with disabilities, including both state and private institutions, in the agenda of the next periodic visit of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) to Ukraine (originally scheduled for 2022);
- Provide all necessary support and financial assistance to the National Preventive Mechanism (NPM) in Ukraine to ensure it fulfils its mandate during the war and continues to conduct regular monitoring visits.

TO THE EUROPEAN UNION AND ITS MEMBER STATES

- Collect systematic and accurate age and sex-disaggregated data to get a clear understanding of the situation of older persons crossing the borders and relocating in EU countries. This data should be disaggregated by different age sub-groups to reflect the diversity of older persons;
- Implement truly inclusive humanitarian, political, and financial responses, where older persons are not overlooked. Older people must be equally considered in humanitarian planning and funding provided by EU countries and equally benefit from protection measures;
- Provide clear guidelines at EU level to relevant stakeholders, organisations, and volunteers on how to support older refugees from Ukraine. The UNHCR guidelines for older refugees can serve as a baseline;
- Include older persons as much as possible in the design and implementation of EU initiatives and actions on the ground, to ensure that the emergency response reflects the specificity of all age groups, for example regarding older people’s care needs;
• Under the Temporary Protection Directive, ensure that older refugees of working age have equal access to the labour market, educational opportunities and vocational training as other refugees.
• Provide support and assistance to refugees who lack sufficient resources, including older refugees, notably in terms of care and adequate housing;
• Ensure that older persons from Ukraine have access to adequate accommodation in EU countries;
• Ensure that older persons from Ukraine have access to their pensions while living in EU countries. This is crucial not only to maintain their financial independence but also to cover their basic needs;
• Ensure that statements, declarations or resolutions on the situation in Ukraine, including at the UN Security Council and Human Rights Council, address violations against at-risk people including older people;
• Engage in the UN Open-Ended Working Group on Ageing session in 2023 and beyond, in view of supporting the work towards a UN convention on the rights of older persons.

Amnesty International is a global movement for human rights. When injustice happens to one person, it matters to us all.
More than 13,000 civilians in Ukraine have been killed or injured since Russia’s full-scale invasion in February 2022. This report documents the impact of Russia’s attacks on older people, who comprise nearly one-fourth of the population of Ukraine. Often reluctant or unable to flee their homes, older people make up a disproportionate number of civilian casualties. They also struggle to access housing on an equal basis with others once displaced.

This report is based on interviews with 226 people, including older people, activists and volunteers, and staff at state institutions. It examines how older people face heightened risks in displacement: many cannot live in temporary shelters, which are not adapted to the needs of people with disabilities, and they are largely locked out of the private rental market by low pensions. As a result, many older people continue living in dangerous conditions – in damaged homes without electricity, heating, or water – or are placed in state institutions, where they may face neglect or abuse.

The international community should support Ukraine to prioritize older people for accommodation and cash assistance, and thus ensure that older people in displacement can live in the community on an equal basis with others.