



# “Every year it gets harder to hold on”

*Older people in Ukraine want to be seen and heard*



**HelpAge**

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With thanks to:



**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

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# Executive summary

## The oldest crisis in the world

There are nearly nine million older Ukrainians – one quarter of the total population. As a result, the war in Ukraine has become known as the world's oldest humanitarian crisis. Older people continue to endure the brutal impact of this war whilst facing disproportionate barriers to accessing basic needs and essential services, due to financial pressures and limited accessibility of vital services, assistance and information. Older women, older people over 70, and older people with disabilities face even greater risks.

All older people are entitled to the same human rights as others. This includes the right to access humanitarian protection, assistance and information in times of crisis, alongside universal basic human rights that apply to us all; including the right to life, water, food, healthcare and shelter. HelpAge International's decades of experience and numerous research studies show that despite these rights, older people are overlooked during humanitarian emergencies, time and time again.

This report paints a similar picture. It shows that despite increased focus on Ukraine's older people from humanitarian organisations and the Government of Ukraine, and some improvements in services for older people since the research we conducted in 2022, the situation remains extremely difficult for older people, with many of their basic rights not being upheld, their needs going unmet, and the risks they face increasing, not reducing.

***“Over time, the amount of aid has significantly decreased. Meanwhile, the needs of people who have been away from home for years have not.”***

Anatolii, 75

To develop effective solutions, it is essential to understand the specific challenges and barriers that prevent older people from realising their rights and meeting their needs. Even in the event of cessation of hostilities, the demographic and economic context in Ukraine requires a rapid and full-scale acceleration of policies and approaches that properly address the rights and needs of older people. Action is needed now to address these risks and ensure that older people no longer have their basic human rights denied, but instead can live in freedom, with security, safety, dignity and their fundamental rights upheld.

Findings in this report are primarily from a March 2025 national survey of 400 older Ukrainians, as well as focus group discussions (FGDs), key informant interviews, and individual testimonies from older people, conducted by the Ukrainian research firm Info Sapiens and commissioned by HelpAge. Data has been disaggregated

based on age, gender and disability to better understand the specific experiences of different cohorts of older people. The findings have been compared to the first wave of research conducted in 2022, and where possible, corroborated by other sources as part of a literature review. Using this rich data, we can tell the story of older people in Ukraine who, three years into the war, continue to face severe hardship and the denial of their basic human rights.

## What has happened since 2022?

Three years on since our research found that older people's human rights were at risk of not being upheld in the humanitarian response in Ukraine, there have been some positive changes. More older people have been able to access humanitarian assistance, and government and non-governmental organisation (NGO) policies are shifting in recognition of both demographic changes and the scale of need. Some specific areas which were of significant concern in 2022, such as the number of electricity outages and the impact that had on services for older people, have seen significant improvement.

However, overall the situation facing older people is deteriorating and those interviewed for this research recognised that the scale of the assistance directed to older people was not sufficient to meet their increasing needs.

***“I want our problems to be understood. Some older people have sons at war, some can't get out of bed, some, like us, try to hold on. But our needs don't decrease – on the contrary, they grow every year. And we need support not only right after displacement, but after a year, two, three, because the challenges don't get smaller.”***

Liudmyla, 62

Those involved in delivering the humanitarian response know that older people are among those facing the most significant risks; but there is simply not enough resource, or enough targeting of older people and their diverse experiences, to address the risks they face and to fully uphold the rights of older people across Ukraine to live in safety and with dignity.

***“It feels like we've stopped being heard or understood. As if we've become invisible.”***

Valentyna, 97



Without a significant increase in targeted programming, older people will continue to have less access to aid, partly because of isolation, lower access to information, and the lack of accessibility to available services. Despite an improvement in digital literacy amongst some older people, the sharing of information via the internet and online registration for humanitarian support continues to result in older people missing out on available assistance. At the same time, the growing concerns around older people's mental health need a detailed and comprehensive response as the impact of war, financial insecurity and isolation on older people takes its toll. Huge financial pressures on older people currently limit their independence and their ability to live in dignity with access to basic necessities in safe housing. Urgent action is needed now to enable older people to retain or regain their independence, with the right support systems put in place around them.

### Older women are more at risk

Older women in Ukraine continue to face significantly more financial difficulties and barriers to accessing essential goods and assistance, as well as increased mental health concerns:

- 68 per cent of women report that their total income is not enough to cover their basic needs, compared to 51 per cent of men.
- 33 per cent of older women have difficulties with access to medicines and medical supplies, compared to 26 per cent of men.
- Women's average pensions are 30 per cent smaller than those of men and they are less likely to be in work (17 per cent compared to 29 per cent of men).
- Older women are less likely to use the internet than men, by 17 per cent.
- 47 per cent of women live alone, compared to 28 per cent of men.
- 69 per cent of older women reported mental health problems because of the war, compared to 52 per cent of men.

All of the above mean increased risks around poverty, isolation and mental health concerns, and a lack of access to information about organisations providing assistance.

***"Sometimes I wake up in the middle of the night – and can't fall asleep again. Anxiety, despair, helplessness. I often find myself crying for no reason."***

Nataliia, 65



Oleksandr, 60, lost his sight in a workplace accident and now relies on a homemade cane, with no access to treatment.

Maria Kytynska/HelpAge International

### Risks increase with age

The risks facing older people in Ukraine continue to increase as they age:

- Older people over 70 (27 per cent) rely significantly more on modest government pensions, subsidies and payments compared to those in their 60s (18 per cent).
- People over 70 are less likely to work and thus to have salary income. Only 9 per cent had work in the last 3 months, compared to 33 per cent of those aged 60–69.
- People over 70 were almost twice as likely to need help with cleaning, cooking, shopping, and personal care than those aged 60–69, but less likely to apply for state support by 12 per cent.
- People over 70 have much greater difficulties accessing food: 23 per cent reported that they face obstacles compared to 18 per cent of people 60–69.
- Regarding medicines and assistive products, 34 per cent report barriers to accessing them, compared to 28 per cent of those 60–69.
- People over 70 are more than twice as likely to live alone (44 per cent) than those in their 60s (19 per cent).

People over 70 told us repeatedly of difficulties with mobility and a lack of accessibility in reaching doctors and hospitals, making this a significant problem for people aged over 70 accessing adequate and safe healthcare. People over 70 also experienced significant barriers to registering their disability and accessing further support as a result.

***“I can’t walk well; I can only move around with a walker. I haven’t applied for disability status – it’s too difficult, time-consuming, and requires travelling to the hospital and standing in queues. I’m physically too weak for that.”***

Valentyna, 97

Significantly more older people over 70 live alone (51 per cent) than those aged between 60–70 (31 per cent), and people over 70 use the internet much less often than those aged 60–69, with 55 per cent of people over 70 using it compared to 81 per cent of those between 60–69. Both these factors contribute further to isolation as well as low-income levels and barriers to accessing information and assistance.

***“Now – I am alone. The war has taken my home and the ability to communicate with loved ones and my community. That’s what I find hardest. It gets worse over time. Over the past year, I’ve felt more isolated and lonely. What worries me most is what’s next?”***

Anatolii, 75



Liubov, 83, in a shelter in Lviv.

## More barriers for older people with disabilities

Twenty-seven per cent of older people reported having a disability, which is an increase of 4 per cent from 2022. Almost half of the older people we spoke to (44 per cent) said they did not register their disability with the state because of the complexity of the procedure. This is a rise of 9 per cent since 2022, and was cited as the main obstacle to accessing official disability status and associated benefits. Our research found that the number of older people with disabilities who applied for state aid actually decreased by 10 per cent compared to December 2022. More than a quarter (31 per cent) of those who did apply said they faced barriers during the process of receiving aid.

***“I had a workplace injury and suffer serious consequences. I didn’t apply for disability – I didn’t want to get involved with the bureaucracy. Things got really bad – the doctor prescribed medicine costing 5,000 UAH (\$120)! That’s almost my entire pension. I don’t know how much longer I’ll have the strength and energy to look after the house, the land, and my husband, with a disability. My body is breaking down not by days but by hours.”***

Liudmyla, 66

Older people with disabilities have more difficulties in accessing and meeting basic needs:

- 31 per cent struggled to access food compared to 14 per cent of those without disabilities.
- 26 per cent struggled to access hospitals compared to 18 per cent of people without disabilities.
- 31 per cent struggled to access mental health support compared to 14 per cent of older people without disabilities.

Older people with disabilities are less likely to use the internet than those without by 10 per cent, further limiting their access to information, assistance and communication networks.

## Mental health under greater strain

The war continues to have a major and growing impact on the mental health of older people – 63 per cent of older people told us that their mental health has been negatively affected because of the war, up from 55 per cent in December 2022. Only 6 per cent of respondents say that the hostilities have not impacted on their lives at all; fewer than the 11 per cent who said this in the first wave of the research in 2022.

Eighty per cent of respondents reported experiencing anxiety and sadness often or sometimes within a four week period, and 53 per cent said their psychological state affected their ability to perform daily tasks often or sometimes over the same period.

*“At our age, we’ve essentially become poor and homeless... I often feel completely hopeless and in despair.”*

Nataliia, 65

## Not enough money for basic necessities and adequate housing

Financial assistance is the biggest need that older people reported, with many telling us they do not have enough money for the most basic necessities. In this research, 62 per cent of older people told us that their income does not cover basic needs, including food, clothing, hygiene items, utilities, and medical services. This figure has risen by 6 per cent since 2022. This is despite an increase in the number of older people working, and an increase in those receiving humanitarian assistance.

Of the older people who told us that their income does not cover their basic needs:

- 93 per cent struggle to afford food.
- 91 per cent struggle to afford hygiene items.
- 88 per cent struggle to afford medicines.
- 87 per cent struggle to afford warm clothes and shoes.

This financial situation coupled with intense fighting in certain parts of Ukraine, and the limited mobility of a significant number of the older people we spoke to (20 per cent), is severely impacting on older people’s access to the most basic necessities.

This includes housing and accessing the right to adequate shelter. Whether living near the frontline or in rental housing having been displaced, housing was one of the main issues raised by older people. Two-thirds of older people (65 per cent) reported problems with their living conditions, up by 7 per cent from 2022. The cost of renting was reported as a big problem for older people.

*“What worries me the most is the cost of rent. My daughter, son-in-law, and I are all of pension age, and our three pensions barely cover the rent.”*

Valentyna, 97

Eleven per cent of older people said their housing was damaged or destroyed, and 22 per cent said they needed urgent repairs (in December 2022, this figure was 13 per cent).

## Access to information and assistance

More older people access and use the internet since 2022, up to 69 per cent from 56 per cent. The share of those without access has decreased to 11 per cent. This is a positive trend. There remains some distance to go to

ensure no older people miss out on information about assistance, especially for older women, those over 70, and those with disabilities.

## Older people refusing to give up

*“I sing in a choir. You know, I feel very needed. Other people say my energy inspires them. And I’m very pleased with that.”*

Olena, 89

Despite all the challenges older people reported, they spoke of trying to hold on to hope and remaining active, resilient members of their communities. Some described volunteering and teaching they are doing in their villages, whilst others spoke of getting new jobs and finding different ways to support their families. One woman spoke about restarting her business having been displaced, having to endure long journeys to her workshop and shame at the prospect of asking for assistance, but refusing to give up.

*“It is hard for me. But I won’t stop! My advice to older people is look for opportunities to start your own business so you can be independent. I would very much like to see a Ukrainian society supportive of businesses started by older people. I want to run an honest business, pay taxes – and live with dignity, even if the war has turned my life upside down. My message is – older people have strength and experience – don’t give up!”*

Liubov, 64

## The way forward in a changing sector – lessons for the humanitarian system in Ukraine and beyond

As the humanitarian sector goes through reforms and responds to drastically reduced funding levels, it is essential that older people are not left behind. A human rights based approach is the only way to ensure that commitments to localisation and accountability to all people within affected populations are not forgotten, but affirmed and extended. The challenges facing older people relating to the humanitarian system in Ukraine mirror the challenges facing older people caught up in humanitarian crises across the globe.

Specific, targeted, and large-scale programmes and support services are needed to ensure the equal treatment and dignity of older people, and the full upholding of their human rights. For example, to ensure the right to adequate housing, measures should be put in place to ensure older displaced people have the financial means to afford rent and other housing costs. To ensure older people’s right to health is upheld, more mobile



services are needed to overcome mobility and access issues. Support accessing state services may need to be better explained, or information provided in a different format.

These examples alone demonstrate how response programmes need to adjust and adapt to make sure that older people enjoy equal access to essential services and equal enjoyment of their rights.

The scale and intensity of the Ukraine crisis cannot be underestimated. At the same time, the humanitarian community is under more pressure than ever before to make cuts that, time and time again, will impact on groups that need tailored and specific support. To ensure the equal treatment and dignity of older people, humanitarian actors must implement support and policies that protect older people and enable them to fully realise their rights.

## Recommendations

**These recommendations provide a guide to those working in Ukraine and for strengthening humanitarian systems more broadly.**

- The Government of Ukraine, United Nations (UN) agencies and non-governmental organisations (NGOs) and international non-governmental organisations (INGOs) must uphold the rights of older women and men and proactively address their needs in the humanitarian response to the war in Ukraine, paying specific attention to risk areas where needs are increasing, including financial insecurity, housing, and access to food and medicines.
- Building on the increase in older people supported in Ukraine, all humanitarian actors must ensure they specifically prioritise support for older people, systematising and scaling up programmes, in line with their human rights obligations.
- Tailored programming for, and deliberate involvement of, older women, older people over 70, and older people with disabilities, must be a priority for all agencies.
- Humanitarian actors should continue to monitor ceasefire negotiations to prepare contingency plans for a cessation of hostilities, including how to support those older people living near the frontline.
- Humanitarian donors should support programmes that target older people, as an at-risk population who need specific and tailored assistance. In the absence of increasing funding, humanitarian assistance must be better targeted.
- Humanitarian organisations and government services must ensure information is made more accessible.
- Government agencies and any humanitarian actors delivering a health-based response should ensure that all medical facilities are accessible, available, affordable and reachable for older people with disabilities and where this isn't possible, increase mobile healthcare provision.
- Health services and response programmes should include specific attention to the psychological support that older people need.
- The Government of Ukraine should ensure that public sector professionals and volunteers are properly trained in the rights and needs of older people.
- The Government of Ukraine should introduce policies that provide incentives for the retention and employment of older people, and support for older entrepreneurs.
- The basic pension and other safety nets targeting older people should ensure that older people can live in dignity and afford to pay for healthcare, food, housing (including repairs or rental costs) and all other basic necessities.
- Greater support is needed from the Government of Ukraine to ensure safe and adequate housing and better access to state assistance for older people.
- The Government of Ukraine should support the inclusive drafting of the convention on the rights of older people.

# Introduction: Millions of older people still at risk

At the end of 2022, almost a year after Russia launched its full-scale invasion of Ukraine, HelpAge commissioned research that was the first of its kind in Ukraine. A nationally representative study of older people from across the country was carried out to find out how older people had been affected by the war. The results showed that older people's human rights were not being upheld. Basic needs were going unmet, strains on people's mental health were reported, and older people were being left behind.

Three years on, using the same methodology, HelpAge commissioned further research with older people to understand how their situation has changed, and whether the humanitarian system is succeeding in its mission to meet the needs of older people and uphold their basic human rights in these extremely challenging circumstances. Within a changing broader humanitarian system and a shrinking space for human rights globally, particularly for those people most at risk who also suffer the brunt of the impact of huge cuts to humanitarian funding, we sought to understand how older people are being supported in this now protracted crisis and what else can be done to ensure a more inclusive and accessible humanitarian response in Ukraine.

As reported to the United Nations Security Council in May 2025, by the United Nations Office for the Coordination of Humanitarian Affairs “the humanitarian consequences of the war in Ukraine have worsened – marked by forced displacement, the destruction of essential infrastructure, and the disruption of basic services. There is no respite for civilians in Ukraine. The bombs do not stop. The trauma does not subside. The needs do not shrink”.<sup>1</sup>

Our research found that the war continues to wreak havoc with the lives of older people in Ukraine, their families, and communities. Despite an increase in the support available to older people, the findings highlight that the negative impact of the war and protracted humanitarian crisis is growing. This is particularly true for older women and older people over 70. Older people's mental health is worsening further, and it is increasingly difficult for older people to access adequate shelter and meet their basic needs and services. Many older people have lost their homes and the ability to access benefits and entitlements from the state, pushing them below the poverty line. Older people tell us that the situation is only getting worse. The findings of the report reveal continued significant issues with the humanitarian response; older people's human rights continue to be at serious risk because of the war in Ukraine.

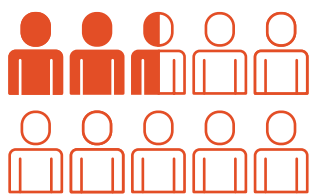


Maria Kyrynska/HelpAge International

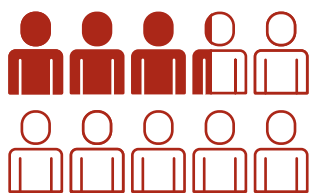
Taras, 84, relocated to an institution in Pidbuzh after losing his home to shelling.

## The oldest crisis in the world

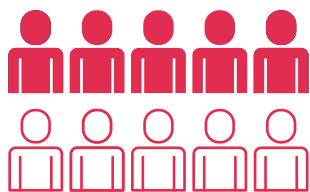
There are nearly nine million older Ukrainians – one quarter of the total population. As a result, the war in Ukraine has become known as the world's oldest humanitarian crisis.<sup>2</sup> Older women make up a significantly bigger share of the older population than men in Ukraine; 64 per cent, or 5.7 million people, are older women, compared to 3.2 million men.<sup>3</sup> They continue to endure the brutal impact of this war. Data from the Office of the United Nations High Commissioner for Human Rights (OHCHR) indicates a disproportionate impact of the war on older people; although people over 60-years-old make up 25 per cent of Ukraine's population, in 2024 they accounted for almost 50 per cent of civilian deaths and more than a third of injuries in frontline communities.<sup>4</sup>



**One quarter of Ukrainians are over 60**



**Over one-third of the injured were older people**



**Nearly half of all civilian deaths were people over 60**

Fighting has intensified in the first half of 2025 and older people continue to be killed, injured, displaced, and left suffering because of attacks on basic infrastructure which disrupt access to vital services such as heating, water, electricity, and medical services.<sup>5</sup> An estimated 12.7 million people in Ukraine need humanitarian assistance in 2025; 30 per cent of those in need are older people.<sup>6</sup> Although official population statistics have not been published since 2022, the Ministry of Social Policy of Ukraine has stated that the percentage of people aged 60 and older has risen, and will continue to do so in the coming years, as a result of low birth rates, a pre-existing population ageing trend, war losses, and massive displacement which has predominantly meant that younger people have left Ukraine, whilst older people have stayed behind.<sup>7</sup> HelpAge's experience in delivering and monitoring humanitarian response programmes in

Ukraine has consistently found that older people have disproportionately stayed behind when others have fled; this is further evidenced by other research, which has found that the large majority of older people, including a high proportion of people with disabilities, have chosen not to leave their homes, either because they did not want to, or were not able to, flee.<sup>8</sup>

All older people, including those with disabilities and those who have been displaced, are entitled to the same human rights as others. This includes the right to access humanitarian protection, assistance and information in times of crisis, alongside universal basic human rights that apply to us all; including the right to life, water, food, adequate healthcare, and shelter. HelpAge's decades of experience and numerous research studies show that despite these rights, older people are overlooked during humanitarian emergencies, time and time again.

To develop effective solutions, it is essential to understand the specific challenges and barriers that prevent older people from realising their rights and meeting their needs. Even in the event of cessation of hostilities, the demographic and economic context in Ukraine requires a rapid and full-scale acceleration of policies and approaches that properly address the rights and needs of older people, building on the Government of Ukraine's demographic strategy and action plan, launched in 2024. Action is needed now to address these risks and ensure that older people no longer have their basic human rights denied, but instead can live in freedom, with security, safety, dignity and their fundamental rights upheld.

## Listening to older people – who we spoke to

This research used the same methodology as used in December 2022, so we could make legitimate and valid comparisons between the data sets and research results. HelpAge commissioned Ukrainian research company Info Sapiens to conduct a nationally representative telephone survey between March and April 2025. A total of 400 older Ukrainian people (256 women and 144 men) were interviewed of whom 107 said they had a disability. The data was further enriched by conversations and FGDs with older Ukrainians who shared their experiences and testimonies with us. Key informant interviews with those involved in humanitarian response in Ukraine were also held to gain further insight; this included speaking with government officials and representatives of NGOs and international humanitarian organisations. A more detailed methodology can be found in Appendix 1, page 41.



## International law

Ukraine and Russia are both parties to several international human rights treaties relevant to this research. The International Covenant on Economic, Social, and Cultural Rights (ICESCR), enshrines the rights to an adequate standard of living, including adequate food, clothing, and housing; to work; to social security; and to the highest attainable standard of physical and mental health.

The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) guarantees these and other human rights protections for women, including older women, and prohibits discrimination against women.<sup>9</sup> This includes an obligation to ensure that pension policies are not discriminatory in any manner.<sup>10</sup>

The Convention on the Rights of Persons with Disabilities (CRPD) guarantees similar protections for older people with disabilities, as well as the rights to accessibility and to live independently in the community, rather than being segregated in institutions or other settings.<sup>11</sup> The CRPD requires states to pay particular

attention to women with disabilities and ensure access to social protection and poverty programmes, especially for older persons with disabilities.<sup>12</sup> Notably, in article 11, it specifies that states must take: “all necessary measures to ensure the protection and safety of persons with disabilities in situations of risk, including situations of armed conflict [and] humanitarian emergencies”.<sup>13</sup>

To date, there is no single body of law guaranteeing the rights of older people. The UN High Commissioner on Human Rights (OHCHR) has reported on how existing international law fails to protect the rights of older people. It notes 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”.<sup>14</sup> Earlier this year, the UN Human Rights Council adopted a historic resolution to establish an intergovernmental working group to draft a new convention on the rights of older persons. This convention would ensure age discrimination is prohibited by law and that services uphold older people’s rights and dignity, including in humanitarian settings.

## Key findings: Older people’s human rights still under threat

Many older people told us of significant and increasing barriers to accessing basic services, including food, medicine, and healthcare facilities and medical care. Where goods and services are available, older people are not able to access them for several reasons. Financial hardship is growing and continues to be the biggest obstacle to meeting basic needs, and although more older people are now in employment than previously, this has not led to a material improvement in the financial position of most older people, with pensions remaining too low to cover essentials.

The number of older people reporting problems with housing increased further and significant numbers of older people also spoke of increasing levels of mental health problems, highlighting anxiety and isolation because of separation from family and support networks. Forced displacement further exacerbates these challenges. These survey findings are corroborated by further analysis conducted into the political, economic, social, and technological context in Ukraine, and align with HelpAge research that has repeatedly established the humanitarian system’s failure at a global level to fully address the rights and unique experiences of older people, and the specific protection risks they face, in humanitarian contexts.

### What has happened since 2022?

Before the full-scale invasion in February 2022, humanitarian response programmes in eastern Ukraine were considered to be leading among humanitarian responses on the inclusion of older people. Subsequently, the sharp surge in needs following Russia’s full-scale invasion of Ukraine resulted in gaps in this response and in meeting the huge needs of older people affected by the invasion. This was evidenced in HelpAge’s previous research, where key informants, including government officials as well as representatives of NGOs, INGOs and UN agencies acknowledged that while there were some programmes and projects directed towards older people, the response fell short. Our latest research results, from speaking with older people, painted the same picture.

Three years on, there have been some positive changes. More older people have been able to access humanitarian assistance, and government and NGO policies are shifting in recognition of both demographic changes and the scale of need. Some specific areas which were of significant concern in 2022, such as the number of electricity outages and the impact that had on services for older people, have seen significant improvement.



However, overall the situation facing older people is deteriorating and those interviewed for this research recognised that the scale of the assistance directed to older people was not sufficient to meet their increasing needs. Those involved in delivering the humanitarian response know that older people are among those facing the most significant risks; but there is simply not enough resource, and enough targeting of older people, including specific groups of older people within that cohort, to address the risks and needs, and to more fully uphold the rights of older people across Ukraine to live in safety and with dignity.

Without a significant increase in targeted programming, older people will continue to have less access to aid, partly because of isolation, lower access to information, and the lack of accessibility to available services. Despite an improvement in digital literacy amongst some older people, the sharing of information via the internet and online registration for humanitarian support continues to result in older people missing out on available assistance. At the same time, the growing concerns around older people's mental health need a detailed and comprehensive response as the impact of war, financial insecurity and isolation on older people takes its toll. Huge financial pressures on older people currently limit their independence and their ability to live in dignity with access to basic necessities in safe housing. Urgent action is needed now to enable older people to retain or regain their independence, with the right support systems put in place around them.

## Income and employment

***“Let me tell you this: the number one need for people like us is money that would allow us to live with dignity.”***

Nataliia, 65

### Income

Financial assistance is the biggest need that older people reported, with many telling us they do not have enough money for the most basic necessities. In this research, 62 per cent of older people told us that their income does not cover basic needs, including food, clothing, hygiene items, utilities, and medical services. This figure has risen by 6 per cent since 2022.

The official minimum monthly subsistence level in Ukraine is currently frozen at the 2024 level, at 2,920 UAH per month (\$70), while the minimum pension is set at 2,361 UAH (\$57). At the time of writing, pension reforms are due to come into place from 1 July 2025, which will introduce a three-tier structure, one of which is the basic pension. This is described as a state-funded safety net providing a minimum pension amount to all eligible individuals. Under this new system, the basic pension is proposed to be set at 30 per cent of the minimum wage.

For example, if the minimum wage is 8,000 UAH (\$192) the basic pension would amount to 2,400 UAH (\$58) per month. Meanwhile, over half of older people (54 per cent) told us they now need more than 6,000 UAH (\$144) in order to meet their basic needs as a result of rising costs and the further losses they have sustained.

As we found in 2022, the situation is worse for older women, and for people with disabilities. Seventy per cent of the older people with disabilities we spoke to said their income was not enough to meet basic needs. The experiences of these specific groups are discussed in more detail in later sections of this report.

Whilst 97 per cent of people over 60 receive a pension, the amount received is generally considered to be too small an amount to meet basic needs. FGD participants, like the respondents to the quantitative survey, said that their main source of income is a pension, which they say is insufficient. Thirty-nine per cent of older people have no other source of income besides their pension, which is another increase from the research in 2022, where 34 per cent of older people had no other source of income.

***“Two thousand is not enough. There is no other income.”***

Feoktista, 73



Maria Kyrynska/HelpAge International

***“I receive a pension of 6,000 UAH (\$144) and IDP assistance – 2,000 UAH (\$48). My 73-year-old son-in-law’s pension is even smaller. My daughter, although already 67, still works – otherwise, we wouldn’t survive. Most of our income goes to rent; the rest is for essentials – medicine and food. If I lived alone, I wouldn’t make it.”***

Valentyna, 97

For those who do have other sources of income these are: salary (28 per cent, which is 3 per cent more than in the 2022 research), subsidies or payments from the state (22 per cent, which is 12 per cent less than in the 2022 research), and financial assistance from relatives or friends (19 per cent, which is 4 per cent more than in the 2022 research). Cash payments or subsidies from NGOs, for example, to pay for utilities, were mentioned by only 3 per cent of respondents, which is 7 per cent less than in December 2022.

***“It’s very difficult. My pension is 3,200 UAH (\$77) and medicines cost almost 3,000 UAH (\$72). Without the help of my children, I could not cope.”***  
Mykola, 72

***“The biggest problem has always been, and remains, access to food. It’s money... People have small pensions, they have no money to buy food. So we are talking about older people living at home.”***  
Let’s Help!, Ukrainian NGO

In 2024, the Government of Ukraine recalculated pensions, increasing them by an average of 8 per cent. However, inflation for the same year, according to the National Bank of Ukraine, was 12 per cent, which effectively offset the increase in payments and led to another decline in the purchasing power of older people.<sup>15</sup> The war is the main barrier to economic development in Ukraine, driving up costs as inflation increases. Increasing interest rates only partly manages the rises in prices resulting from the war.<sup>16</sup> Inflation meant that in 2024 the cost of food products rose by 14 per cent, utilities by 19 per cent and medicines by 14 per cent. These rising costs far outstrip pension increases and explain why older people are increasingly unable to meet their basic needs.

This wider economic context also means it is now harder for older people to be able to rely on others in their household to make an income. Just under half (49 per cent) of all households where older people live alongside family members reported that no one in their household works at all. In addition, older people often cannot rely on the income of other people.

The results of the quantitative survey are confirmed by the respondents who participated in the FGDs. Participants noted that their financial problems are chronic; older people told us that the financial strain caused by rising costs is becoming more acute, even when they are able to access their pensions without any problems.

***“The pension comes steadily, without delays. I would like to have a little more, because prices have gone up.”***  
Leonid, 68

Barriers to receiving pension payments for some older people living in remote areas and in the occupied territories have not been removed (see section on access to assistance).

Respondents indicated that this winter there were fewer outages than in the previous year, which means there is less need for chargers, which are costly to use. Some respondents indicated that they have generators.

***“I live on 5,000 UAH (\$120) a month. 3,000 UAH (\$72) pension plus 2,000 UAH (\$48) assistance from the state, and I already have a debt of 15,000 UAH (\$360) for utilities. I have problems with my teeth... this is a very big problem... dentistry is very expensive.”***  
Volodymyr, 67

Some respondents however indicated that they do not pay for utilities due to their lack of funds.

Respondents living in institutions for older people, despite changing their place of residence, indicated that they are well taken care of and their needs are well met.

## Employment

Increasing the labour market participation rate of older people is a government priority, as it becomes increasingly important for Ukraine, given the dramatic demographic changes that the war has caused. Ukraine’s working age population (15–59 years old) has decreased by 4.2 million people (16 per cent).<sup>17</sup> The proportion of older people working has increased since 2022, with 36 per cent of those surveyed now working, compared to 21 per cent then.

Older people told us that their main motivation for working is financial need: maintaining the family’s financial situation amid low pensions and helping children and grandchildren. Some older people told us that working helped to address financial strains and acted as a coping strategy for stress and anxiety.

Despite this, 62 per cent of those in work say their income is still not enough to cover their basic needs. For older women this figure is even higher, at 68 per cent. When asked whether they had worked in the last three months, the numbers were higher than in 2022, providing evidence that more older people are now working. Seven per cent more older people had worked in the last three months than in 2022. Among the older people who have worked in the last three months, 72 per cent said they were employed in the public or private sector, and

another 16 per cent are self-employed, an increase of 9 per cent from 2022 suggesting a rise in entrepreneurship in older people. Older men were more likely to have worked than older women and older people with disabilities. In eastern Ukraine 91 per cent of older people have not worked in the last three months.

Despite the increases reported in older people working, the vast majority of older people surveyed are not looking for work – only 7 per cent are. Only 1 per cent of older people over 70 are looking for work, fewer women than men, and fewer older people with disabilities than those without, are looking for work. The biggest difference is found in the number of Internally Displaced People (IDPs) looking for work which is 17 per cent higher than the number of older people who are not internally displaced, looking for work.



Maria Kyrynska/HelpAge International

***“Our financial situation is extremely difficult. We’re simply surviving on our two pensions. My husband had to start working – he earns a little as a security guard. He’s nearly 68-years-old, and it’s hard for him to stay up all night – but what can we do? We pay over 10,000 UAH (\$240) just for rent and utilities. What remains is spent on food and medicine. We try to buy the cheapest items.”***

**Nataliia, 65**

Similarly to the findings of the 2022 research, respondents say that age is the main obstacle to finding a job with 64 per cent of those looking for a job citing this as a barrier. Other studies have found that older workers often face age discrimination in the labour market, as a result of employer prejudice towards older people and their perception of whether they can work or study effectively, as well as market pressures to hire younger workers.<sup>18</sup>

***“I also wanted to go back to work – I have a wealth of experience in pharmacies, I was even the head of a branch. I loved that job. But when they see my age and the fact that I’m displaced – they refuse. I was even ready to take on a cleaning job, since my experience and qualifications aren’t valued.”***

**Nataliia, 65**

***“I’ve tried to find a job several times to improve my financial situation and help my children too. I can work both with my hands and with my head. I spent many years in managerial roles and have experience in organising work. But everything stops when you write your age on an application form. I’ve repeatedly faced age discrimination when looking for work. This leaves almost no opportunities for older people.”***

**Anatolii, 75**

However, key informants told us that the trend toward hiring older people is positive. Men aged 60 and over have become the focus of employers’ attention, as more younger men are mobilised as part of the war effort.

***“There is a tendency on the part of the state to involve older people in the labour market; recently there was a conference where they discussed the ‘silver economy’ with access to the labour market and jobs for older people. There is a need for specialists, and now many organisations are trying to engage older people more, and there is a focus on men 60+. Many employees have been mobilised, companies have started to attract men 60+.”***

**Age and Disability Technical Working Group**

During the FGDs, some respondents stated that they were unable to work due to health reasons or caring for their relatives. Some respondents indicated that there are no jobs in the frontline communities and that widespread and intensive military activity creates danger. Some respondents said that they would like to work if they had the opportunity.



In the FGDs, the impact of a lack of adequate income was especially noticeable for single older people and less so for older people living in institutions for older people, such as care homes. Despite older people receiving more assistance than in 2022 (see section on accessing assistance) and receiving pensions, many remain in a very difficult financial position. Key informants told us that whilst they had supported older people financially where possible, there are not currently any long-term or sustainable solutions to the poverty older people are experiencing.

*“We can say that we have helped 20–30,000 people, but this is not a comprehensive and systemic solution to the problem. We have not solved it for 30 years. And there are no solutions yet. We need to recognise that most of our older people (60–70 per cent) are below the poverty threshold.”*

League of the Strong



Katya Moskaluk/HelpAge International

*“Older people face many problems. First is the lack of financial resources to live and eat properly. Pensions are small – this is wrong. A person of that age should feel financially stable. The second problem is health. We also want to live! Therefore, access to doctors should be improved for older people. Third is employment. People of any age should be occupied. If they want to work, there should be no obstacles. And if not, there should be places, communities for older people where they can develop and communicate. A person should feel needed.”*

Olena, 89



### Liubov, who is 64, tells us her story of displacement, disability, restarting her business and not giving up

“I was evacuated together with my husband, sons, daughters-in-law, and grandchildren in the early hours of the war.

In Lviv, we were initially settled in the sports hall of a student dormitory, where for a whole year we lived alongside 1,500 other refugees. Instead of beds, there were wooden pallets separated by partitions. It was very hard – both physically and mentally.

Later, we were moved to a former monks' dormitory. Now we live in a former cell. My husband has cancer, and it is difficult for me to stand and walk – after two strokes, my legs don't respond well. We both have disabilities. The cells are damp, with mould on the walls. To reach the bathroom, I have to manage 120 steps and two floors.

It is very hard to cope with this, especially when my husband is bedridden. But we understand everything, these are the circumstances now.

I lost not only my home and usual life but also my business. However, thanks to grant support, I managed to relocate – I am developing my business here, in the Lviv region. I bought all the equipment, trained workers, and opened a shop. I know my craft well – for many years I was director of a sewing factory in Kyiv, opened the first sewing cooperative, and was a district council deputy. And now, being older and displaced, I am starting all over again...

It is difficult for me to get to my workshop, which is located in a village. I don't have a car, so I have to travel by public transport, with changes. It takes a long time and is hard for me. But I won't stop!

I receive a disability pension of about 6,000 UAH (\$144). Do you think it would be possible to live on this if I wasn't working?

Like 1,000s of other older people who are displaced, I initially received humanitarian aid because I had nothing of my own, everything was left at home. But three years have passed – and now I'm ashamed to ask.

My advice to older people is look for opportunities to start your own business so you can be independent. I would very much like to see a Ukrainian society supportive of businesses started by older people.

I want to run an honest business, pay taxes – and live with dignity, even if the war has turned my life upside down.”

*“My message is – older people have strength and experience – don't give up!”*



Ivanka Kate Yakovyna/HelpAge International



Katya Moskaluk/HelpAge International

Iryna, 61, juggles work and caring for her paralysed husband, with no support from the state.

## Access to basic goods and services

The financial situation of older people is having a direct and acute impact on their ability to access basic services. Among those who reported difficulties with access to such services, a lack of money is the main reason for unmet needs; 93 per cent of older people lack money for food, 91 per cent for hygiene items, and 88 per cent for medicines. Eighty-seven per cent of older people who reported difficulties accessing basic services told us they did not have enough money for warm clothes and shoes, 81 per cent for adequate heating and fuel, and 51 per cent did not have enough money to access legal aid. This financial situation coupled with intense fighting in certain parts of Ukraine and the limited mobility of a significant number of the older people we spoke to (20 per cent), is severely impacting on older people's access to the most basic necessities.

As of early 2025, active hostilities were concentrated in eastern and southern Ukraine in the Donetsk, Luhansk, Zaporizhzhia, and Kherson regions. Particularly intense fighting in the Donetsk region has made it extremely difficult for humanitarian organisations to access the area. Older people who do not leave their homes, often out of fear and because of the long journeys and uncertainties that lie ahead, have found themselves in a critical situation in relation to accessing their basic

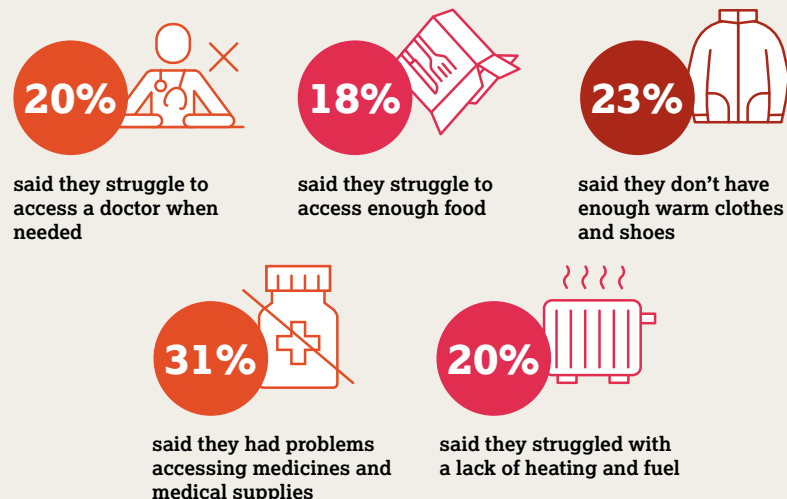
needs, including food, water, hygiene products, electricity, medical and mental healthcare.<sup>19</sup> In the so-called grey zones near the frontline where heavy fighting takes place, humanitarian assistance is virtually inaccessible; international organisations estimate that around 25 per cent of older people in these areas do not have regular access to food and medicine.<sup>20</sup>

In a briefing to the United Nations Security Council at the end of May 2025, UNOCHA said they “remain gravely concerned about the 1.5 million civilians in areas of Donetsk, Luhansk, Kherson and Zaporizhzhia currently under occupation by the Russian Federation. These communities remain largely out of reach for humanitarian actors – not due to a lack of capacity or will, but because of persistent impediments to humanitarian access”.<sup>21</sup>

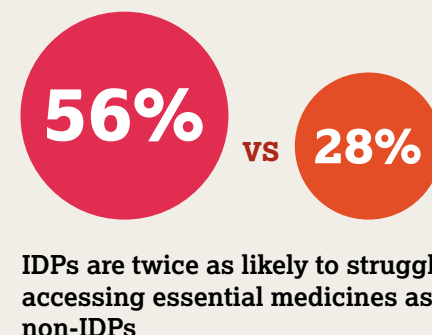
At the same time, missile attacks on critical infrastructure throughout Ukraine have had a particularly negative impact on older people due to disruptions in electricity, heating and water supplies. For people with limited mobility and chronic illnesses this creates additional complications and concerns.

Over a third of older people, on average, say these different problems have emerged because of the war, with an additional quarter of older people saying that these problems have been exacerbated by the war. Older people spoke of having to choose between food and medicine, because they could not afford both.

## Overall level of difficulty that older people have in accessing their basic needs



## Access to basic needs is even more challenging for specific groups of older people



*“Sometimes, I have to forgo, for example, food, to buy necessary medications. Because if I miss a pill for even one day, my blood pressure rises immediately.”*

Liudmyla, 72

humanitarian response across Ukraine. People over 70 years of age have greater difficulty accessing food (23 per cent versus 14 per cent of people aged 60–69) as do people with disabilities, with 31 per cent struggling to access enough, compared to 14 per cent of older people without disabilities. One respondent noted that there is a shortage of food aid and that its availability to IDPs in western Ukraine is decreasing.

For specific groups of older people the situation regarding access to basic needs is even more challenging. People over 70 years of age, and older women, have greater difficulty accessing food and medicines. Fifty-six per cent of IDPs have difficulty accessing essential medicines (compared to 28 per cent of older people who are not IDPs), as well as more difficulty accessing heating and warm clothes. The same is true for older people with disabilities who have more difficulties in meeting the following needs compared to older people without disabilities: food (31 per cent versus 14 per cent), psychological assistance (31 per cent versus 14 per cent), medicines (34 per cent versus 29 per cent), warm clothes (19 per cent versus 10 per cent).

## Food, water and hygiene

According to the Ukraine Humanitarian Needs and Response Plan for 2025, 97 per cent of consumers across Ukraine report that basic food and hygiene products remain available to them.<sup>22</sup> However, nearly 75 per cent of consumers, many of whom are older people, face financial hardship. In fact, according to the Norwegian Refugee Council, the proportion of households reporting a need for food and water assistance along the contact line increased from 44 per cent in September 2024 to 70 per cent in early 2025.<sup>23</sup> Our own research told us that almost one fifth of all older people (18 per cent) struggle to access food and food products. This is only down 1 per cent from December 2022, despite the scaling up of

*“There is almost no assistance with food and groceries... Previously, you could get food in five places, now there is nothing at all... Hygiene products have stopped being provided, I buy them myself... I have a problem with medicines and teeth – I need help, I don't have enough money.”*

Volodymyr, 68

Some respondents from the frontline areas indicated that they regularly receive food aid and hygiene kits, despite the challenges with humanitarian access. Respondents who live in institutions for older people reported that they are mostly provided with everything, including food, although they have to buy specific medicines themselves if they need them.

*“The organisation ‘Smile’ provides food and hygiene. They gave mattresses and underwear to people with disabilities, not to everyone. They gave us food and hygiene materials regularly.”*

Lyudmila, 73



## Heating and fuel

Twenty per cent of older people said they had a problem accessing heating and fuel – 24 per cent of older people who are internally displaced reported this, and 18 per cent said they also struggled to access enough warm clothing (compared to 12 per cent of older people overall). Focus group participants spoke of their needs for warm clothing and adequate footwear. Civilian infrastructure facilities, including power grids, water supply networks and transportation infrastructure, are being systematically targeted which exacerbates the needs of older people, particularly in the frontline regions. As of May 2024, 27 per cent of frontline communities in Ukraine reported damage to power plants and 15 per cent to water supply facilities.<sup>24</sup> Despite these attacks, power outages have decreased, but critical infrastructure remains a target.

## Health services and medicine

Older people, who make up about 30 per cent of the total number of people in need of medical care in Ukraine,<sup>25</sup> are often isolated and face barriers to accessing necessary medical services, including financial and access barriers. Research shows that older people face difficulties during evacuation and are more likely to stay in dangerous areas due to lack of support.<sup>26</sup> Accessing healthcare and medical services in Ukraine depends significantly on where you live. The Medical Guarantee Program (MGP), introduced in 2020, continues to operate in the government-controlled territory of Ukraine. However, specialised care remains less accessible in rural areas due to the concentration of resources in urban areas. For those living in frontline regions, constant shelling and transportation restrictions hamper access. The share of households near the frontline reporting a need for medicines increased from 57 per cent in September 2024 to 69 per cent in early 2025.<sup>27</sup> As of May 2024, 48 per cent of frontline communities in Ukraine reported damage to healthcare facilities. Older people with disabilities face additional barriers to accessing health services. One proposed solution to some of these barriers which is being developed by the Ministry of Health to improve access to emergency care for people with visual or hearing impairments and limited mobility, is the introduction of a barrier-free ‘non-voice call’ so people can access support using other means apart from a telephone.<sup>28</sup>

Thirty-one per cent of our survey respondents said they have difficulties accessing medicines and medical supplies, which is 7 per cent more than in December 2022. Twenty per cent said they struggled to access hospitals (up 1 per cent from December 2022). Twenty per cent of respondents reported mobility problems as an obstacle to accessing doctors. Thirty-one per cent of older people with disabilities told us they had problems accessing mental health support, compared to 14 per cent of those without disabilities. Thirty-four per cent of older people with disabilities also cannot access medicines they need, compared to 29 per cent of older people without disabilities. Women have more difficulties

than men with access to medicines and medical supplies (33 per cent versus 26 per cent). Older people over 70 also have greater difficulty accessing medicines and medical supplies, with 34 per cent reporting this, compared to 28 per cent of people aged 60–69. Unsurprisingly, older IDPs have more difficulty accessing essential medicines, compared to non-IDPs (56 per cent versus 28 per cent).

The older people we spoke to said they face difficulties in purchasing more expensive medicines and/or affording costs of surgeries and dental services.

*“We buy medicines, we choose where it is cheaper... We choose all over Kharkiv... My wife feels very bad. She has headaches all the time... We would use humanitarian aid for medicines.”*

Leonid, 72

*“I would very much like to support my health. Some days I can’t even get out of bed. Treatment is very expensive for us, almost unaffordable. We don’t have money for a full course or examination. Instead, we want to live without fear and pain.”*

Liudmyla, 66

In cities, rural areas or settlements near the frontline, transportation to medical facilities is a challenge.

*“Our hospital is broken, there are no doctors, so we go to the district. There is transportation, but it is risky because of bombardment. Our shops are not open, people are afraid to bring food. The main thing is safety. There are constant explosions, alarms, and bombs flying under the windows. The second thing is housing: I installed windows myself after the explosion. The third is medicines. I need strong drugs, expensive ones, free ones do not work. There are affordable medicines, but I have a heart arrhythmia, I need stronger drugs that cost almost 3,000 UAH (\$72), and my pension is 3,200 UAH (\$77). My children help me financially.”*

Mykola, 73

Some respondents indicated that they could not leave their homes for long periods of time because of caring responsibilities and therefore could not use medical services.

*“As for doctors, there is a family doctor who can be called. It is difficult to get to specialists – I cannot leave my husband.”*

Liudmyla, 73





Katya Moskaluk/HelpAge International

***“I don’t use public transport because I’m afraid of falling. It’s also hard for me to get into the bus because there are no lowered platforms.”***

**Olena, 89**

Focus group participants also pointed out the need for various types of assistance, notably the proper provision of medicines and medical services, including dental treatment, transportation to medical facilities, and charging stations. Older people highlighted the need for full medical care for those civilians injured in the shelling, as people may not have the means to buy medicines or get proper care after these attacks. People also spoke of the need for support with their mental health.

***“The medical system is working, but there is a heavy workload – there are many wounded. I buy medicines myself, because cheap ones no longer work.”***

**Leonid, 68**

***“I was operated on in Lviv. The doctors treated me very well. But this year I had to pay for the drips. For blood pressure, I take [medicine], and it is very expensive. They do not prescribe it.”***

**Tamara, 70**

Respondents living in institutions for older people indicated that they receive all necessary medical services, including specialist consultations and inpatient treatment. Most of the medicines are provided by the institutions older people live in, while some of the medicines are purchased by the respondents at their own expense.

***“They give us everything we are supposed to have, they give us everything. They just don’t have the pills I was prescribed for my blood pressure. I can buy some. And what we need, they give us. We have no problems with this.”***

**Valentyna, 71**

***“We have a dentist and a cardiologist. And the head of the medical unit. We have a therapist, a psychologist, and a rehabilitation specialist. Everything is on site. If there is a need for another specialist somewhere, we are also transported by car. The car is at the boarding house. They take us there for treatment, and that’s it. So there is no such need. Everything is very good. They also do a cardiogram. We have everything we need.”***

**Olena, 62**

### Iryna, 61, tells us her and her husband's story of trying to get the right medical care in the context of war and displacement

"We were evacuated two months after the invasion in 2022. We lost everything we had. We came here with just two suitcases. Our house is no longer there – only a pile of rubble remains.

My husband Valerii, is 73, and is a Chernobyl disaster survivor who has been disabled since 1990. We live in a room in a dormitory. For two years, I've been setting up our new nest. There was nothing here when we moved in. I've even done some repairs. So, we're trying to settle in, despite all the challenges.

Access to medical services has significantly worsened. We cannot find a doctor to take care of my husband. Our main needs are care for my husband and medications. He has been immobile for over a year, needing constant care and significant expenses. After recovering from three strokes at home, the last one left him bedridden. This could have been avoided if not for the war.

An ambulance won't take him to hospital because the lift is broken and we live on the ninth floor. I have called three times, but it's all in vain. They come, look, and leave. We cannot get a consultation with a neurologist or other specialist, and we cannot go for rehabilitation. He just lies there.

Stroke rehabilitation and diagnostics should be here in the dormitory. There are recovery programmes: hand and leg exercises, speech recovery. My husband hardly speaks and cannot move. I understand full recovery is not expected but it could be much better.

Our pensions can't cover medical costs. We urgently need financial support for medication and everyday needs.

My health is worsening because of this situation; I have back problems because I constantly have to lift and turn my husband. I have a disability, hypertension, and bowel problems, but I put my needs aside because I dedicate all my time and resources to caring for my husband.

We've received financial assistance, hygiene items, adult diapers for my husband, a pillow, blanket, and a warm jacket. This help has made a real difference – we've been able to buy fresh food and feel less alone. Our social worker also offered psychosocial support, which helped our wellbeing. We rely entirely on humanitarian organisations and the kindness of other displaced people. The government is not involved; we don't receive any social services from the state.

I wish there was more focus on psychological support and home medical consultations for people with limited mobility. Families caring for bedridden relatives also need regular supplies of cleaning products as they are always needed.

In the meantime, I am fully tied to my husband's immobility. I juggle work with his care, rushing home every three hours to feed and change him. This hectic pace repeats every day. Climbing to the ninth floor without a lift several times a day is especially hard. My son helps now and then, but the main burden of caregiving falls on me.

I have colleagues and friends at work, and there are acquaintances in the dormitory. But I would like more. I would like to go to the theatre and take walks in the park. But I can't be away from home for long so I lead a secluded lifestyle. Support has brought some peace, but emotionally, we are still affected by the war. There is often a feeling that all the negativity, resentment, and dissatisfaction are accumulating. It becomes especially hard when you realise that you have nowhere to return to."



Katya Moskalyyuk/HelpAge International

## Housing and living conditions

Problems with living conditions and housing remain a painful issue for older people. More people are experiencing housing problems as the impact of mass population displacement and three years of bombardment takes its toll. Older people have not left Ukraine at the same levels as young people in the three years of war; according to estimates, refugees aged 65+ account for 6 per cent of the total numbers of Ukrainian refugees abroad, whilst at the start of the full-scale war, people aged 65+ accounted for 18 per cent of Ukraine's permanent population.



Katya Moskalynuk/HelpAge International

***“The most urgent issue now is housing. Many people are displaced, and rental prices are constantly rising.”***

**Liudmyla, 72**

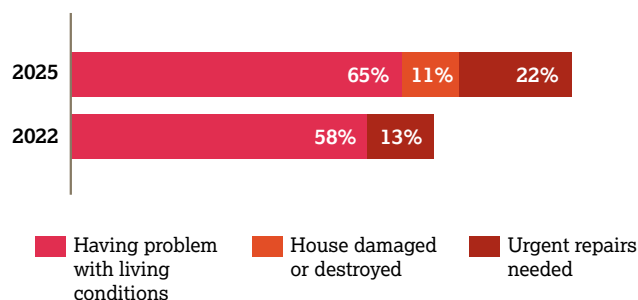
Twenty-one per cent of IDPs in Ukraine are older people who have fled their homes and have no possibility of returning in the near future. There are more older women internally displaced than men – 449,000 women, and 290,000 men. Studies also point to certain patterns which further highlight older people's reluctance to leave their homes, communities and support structures. They are more likely to move within their region than young people. Households with at least one older person are 6 per cent more likely than those without to choose to move within their region. This may indicate the difficulty for older people to leave established social networks despite physical danger, as well as the physical difficulties of travelling long distances.

Forty per cent of older people now live alone, up from 31 per cent in 2022. The majority of older people still live in their own homes with some now residing in compact, modular housing in cases where their own homes have been destroyed. According to Amnesty International, as of January 2025, older people over 60 made up over 50 per cent of those living in temporary shelters having been displaced, despite only making up about 25 per cent of the population.<sup>29</sup> Many older people cannot afford more permanent housing solutions (including renting) once they are displaced due to below-poverty level pensions and wider financial difficulties, as discussed above.

Others now live in institutions for older people and dormitories in other parts of Ukraine away from the frontline. Dormitories are one of the most common types of collective sites that offer temporary accommodation to IDPs. They are set up in existing school or workers' dormitories, or are established in other premises where appropriate to do so.

## Housing conditions, safety and displacement

Two-thirds of older people (65 per cent) reported problems with their living conditions, up by 7 per cent from 2022. Eleven per cent said their housing was damaged or destroyed, and 22 per cent said they needed urgent repairs (in December 2022, this figure was 13 per cent). Urgent housing repairs were named among the main non-monetary needs of respondents, with 11 per cent of older people citing this issue. There was also an increase in the share of respondents who have difficulty paying for household utilities, up from 15 per cent in 2022 to 24 per cent in March 2025.



The number of respondents complaining about the lack of bomb shelters has increased from 21 per cent to 32 per cent since the previous survey. This confirms the findings of other research where older people have reported that bomb shelters are not physically accessible or easily reachable, meaning that those with limited mobility were unable to reach them and were at greater risk during attacks.<sup>30</sup>

For older people living in rented accommodation, aside from high costs, there were problems with accessibility, heating, and their overall living conditions, especially for those people living with a disability.

***“In the apartment, the temperature barely reaches 14C in winter. For our illnesses, this is a catastrophe. Sometimes I go outside to warm up a bit in the sun. But I’m always afraid of falling – the exits are inconvenient, with no ramps. Still, I force myself to move, because I know: if I lie down, I won’t get back up. The apartment, like most rentals, is not adapted to the needs of people with disabilities. We have had to ask the landlady for a long time to allow at least the installation of handrails in the bathroom and toilet.”***

**Mariia, 84**



Speaking about housing conditions and the security situation, some focus group participants living in cities near the frontline talked of the difficulties they face, including bombs hitting and destroying houses, and causing injury and death. Even with these very real threats, older people told us that it was difficult for them to leave their homes, and they don't always feel they can go and live with their families as they don't wish to be a burden. As a result, children and grandchildren often feel forced to leave and older people choose not to go with them. At the same time, some older people reflected that being alone has led to more responsibility which they are grateful for.

*"I live alone. My children have moved away. But they help me financially. I am grateful to them. My role probably hasn't changed, but I have more responsibility – for myself and for everything."*

Mykola, 73

*"My children moved away, and I stayed with my husband. After the war, I have even more responsibility. I sew, do crafts, and give master classes. I teach others, support my children, even if they're now far away."*

Liubov, 70

There were also respondents who had left their hometowns but returned home despite the danger because of the difficulties of living with strangers in dormitories, one of the temporary accommodation solutions to mass internal displacement adopted in Ukraine.

*"My house was smashed, my apartment was smashed, it flew to the third floor... I was blown against the wall... My friend's legs were stitched up, everything was burned. I was placed in a dormitory with two alcoholics, and they hit me on the head... I came back home and am sitting in this apartment, even though there is shelling and rockets."*

Liubov, 62

In settlements near the frontline, shelling is constant, alarms and sirens do not have time to warn of rocket attacks, so the level of danger is very high.

*"We have anxiety almost every day. There was an explosion near the window – it smashed the glass. I had to replace them myself. We were lucky, because the house in front of us took the shock wave. The situation has worsened, many people are leaving. The main problem is security."*

Leonid, 68



Katya Moskalyyuk/HelpAge International

*"The worst thing is the constant threat. A neighbour was killed in the cellar before he could run. My brother was killed by drones. There are constant explosions and strikes at home. Emotionally, it's very difficult."*

Mykola, 73



Some respondents indicated that if the security situation deteriorates, they would consider moving again, but at the same time, respondents do not want to leave their homes and have doubts about their financial ability to maintain housing and basic needs for themselves.

The costs of renting somewhere to live once displaced was one of the main concerns for older people with many telling us they could barely afford to pay rent, even when combining multiple older people's pensions. This is why such a large number of older people are now also living in institutions for older people and in dormitories. When conducting its own research Amnesty International found that 60 per cent of the people they interviewed living in these places were over the age of 60.<sup>31</sup> As in 2022, older people continue to rely on relatives and informal sources of support with housing and other costs.

*"What worries me the most is the cost of rent. My daughter, son-in-law, and I are all of pension age, and our three pensions barely cover the rent. Luckily, my grandson helps us financially – without him, we wouldn't manage."*

Valentyna, 97

## Institutions for older people

Older people who are internally displaced and who had lived in their own homes before the full-scale invasion and now live in institutions for older people or dormitories reported overall satisfaction with their new living conditions and the support they receive. In our FGDs they highlighted the importance of safety, stability, and access to basic needs and services and said these were all provided for in these institutions. However case study interviews and other research suggests an alternative picture where state-run care institutions were described as short-staffed, not able to properly support older people with disabilities,<sup>32</sup> and not where older people really want to be. People spoke of cramped conditions, isolation and a lack of privacy.

*"Such a place is not very suitable. It's a bit cramped, and my roommate and I have different habits. After all, he's not family... Sometimes I just want to be alone, but I can't. There isn't even a room where I can meet my relatives – when my daughter and granddaughter visit, I can't even invite them in. Even prisons have visiting rooms for such occasions – but here, there's nothing."*

Anatolii, 75

*"I would really like the whole world to see how a flourishing, beautiful country has been brought to horror by war. How people in their old age are left without a home, and are forced to live in institutional places rather than their own homes. But also – how people in Ukraine hold on and help each other."*

Taras, 84

*"I miss privacy. You're always in a room with someone. But I've learned to solve that by going outside. If I want to be alone – I go for a walk."*

Olena, 70

Respondents we spoke to were more positive and indicated that their psychological state had improved since living in western Ukraine.

*"Our living conditions are very good. We have clean bedding, we have toilets, we have showers. We have everything here."*

Olena, 62

*"We are surrounded by the warm care of our managers and the other employees. They are very diligent. The technicians, the management, and everyone. Everything is solved very quickly. Any issues are resolved at the highest level."*

Valentyna, 71

Some older people said they would like to return home when the war is over, but some also said that they now had nowhere else to go.

*"I would like to return, but I know I can't make it there on my own. And there's no one left to go back to."*

Olena, 70

*"I really want to go home. If we were at home – I would feel better. That's for sure."*

Mariia, 84

## Mental health concerns and access to psychosocial support services

The war continues to have a major impact on the mental health of older people, as illustrated by both qualitative and quantitative research findings. The proportion of older people suffering from the negative impact of the war on their mental health is growing. During this research, 63 per cent of older people told us that their mental health has been negatively affected because of the war, up from 55 per cent in December 2022. Only 6 per cent of respondents say that the hostilities have not impacted on their lives at all; fewer than the 11 per cent who said this in the first wave of the research in 2022.

Of those experiencing poor mental health as a result of the war, the share is reported as higher amongst older women than men. This could be due to more women than men being willing to acknowledge mental health problems, due to the stigma that still surrounds the subject. It is worth noting that despite this difference between women and men, the share of men who experienced various negative emotions has still increased since 2022. More older people with disabilities also reported mental health problems than older people who did not identify as having a disability, highlighting the increased and intersecting vulnerabilities of different groups of older people.

Compared to the December 2022 survey, the proportion of older people experiencing anxiety, distress or an inability to perform daily tasks has increased. In particular, 80 per cent of respondents reported

experiencing anxiety and sadness often or sometimes within a four week period, and 53 per cent said their psychological state affected their ability to perform daily tasks, often or sometimes over the same period.

*“At our age, we’ve essentially become poor and homeless... I often feel completely hopeless and in despair.”*

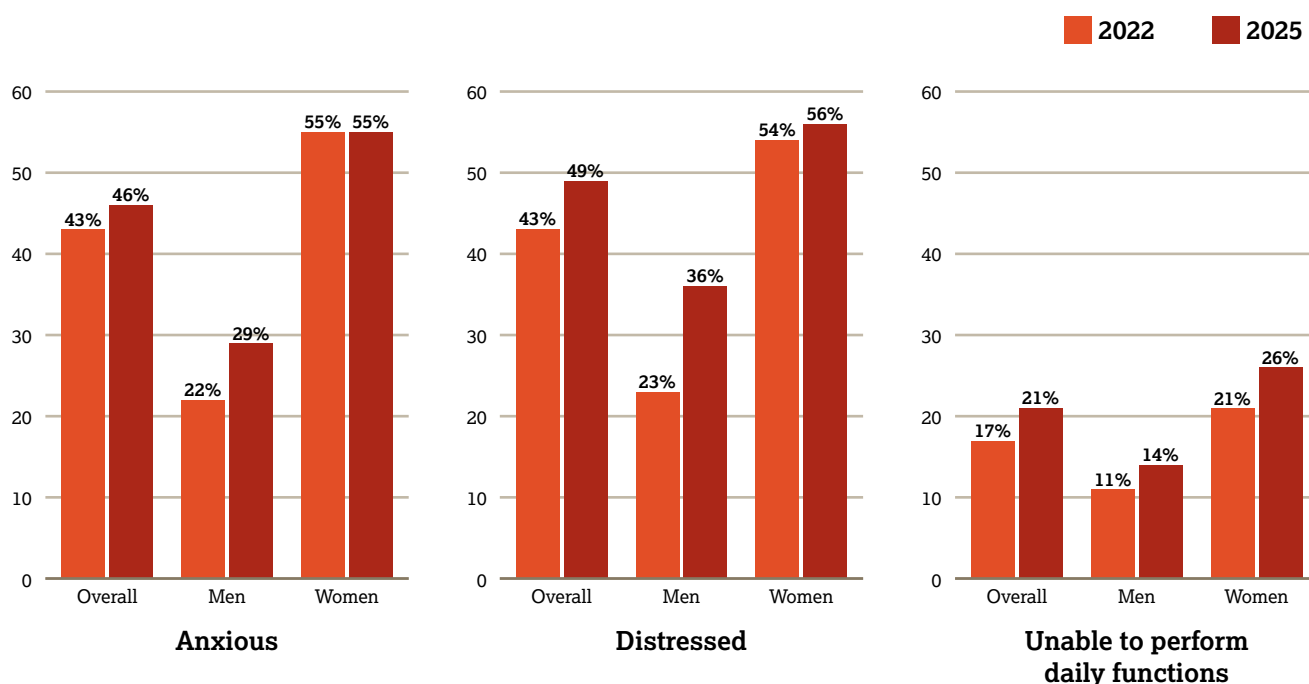
Nataliia, 65

*“The war, the displacement, the losses, the uncertainty – has had a deep impact on me. I’ll put it this way: 100 per cent of displaced people have psychological trauma. All I see ahead is emotional emptiness.”*

Anatolii, 75

As illustrated in the figure below, when asked the question, in the past four weeks how often have you felt anxious, distressed or unable to perform daily tasks, both older men and older women had often felt those various negative emotions more than they had in 2022, with around half of older people often feeling distress and anxiety, and just under a quarter feeling unable to perform daily functions often, on a regular basis. This is an exhausting way to live and highlights the long-term impact on older people’s mental health that this war is having.

### How older people have felt in the past four weeks



*“The main problem for older people is loneliness. That’s why we need to group together. I can see it myself when we meet, how happy people are when they discuss issues or simply talk about films or books. This is extremely necessary, so I advise all displaced people – find similar people, don’t close yourself off, integrate.”*

Olena, 89

## Causes of increased mental health concerns

Reasons for this increased psychological toll include the ongoing separation from loved ones as a result of the war – 38 per cent of older people said they are experiencing this – and the isolation that this separation leads to. Sixteen per cent of older people said they felt isolated with more than 40 per cent of older people living alone. Fifty-one per cent of people over 70 live alone, compared to 31 per cent of people over the age of 60 and more older women live alone than men.

*“My eldest daughter and son-in-law are in the military. My middle daughter is at war, and my son-in-law is at war. My younger daughter’s husband, is gone. There are three small children left.”*

Tamara, 67

The numbers of older people who have lost relatives and friends in the war has also risen since 2022 – from 9 per cent to 22 per cent of older people.

*“My grandson has been missing for two months. He is missing. It’s hard, very hard.”*

Valentyna, 71

Insecurity and fears for the future continue to impact on older people’s mental wellbeing; 14 per cent of older people said they do not know what their housing situation will be like in the next six months (up from 11 per cent in 2022) as a result of damaged and destroyed housing. Older people also reported fear of physical danger, and intensifying attacks continue to play a major part in their increase in stress and anxiety.

*“Every day my house is shelled. I felt more confident in 2022 than I do now.”*

Volodymyr, 67

Under conditions of chronic stress, mental health is threatened, with a significant number of respondents reporting that they have experienced negative emotions and somatic consequences which they put down to stress, such as problems with their blood pressure, heart health, and sleep patterns.

*“Sometimes I want to be alone and remember my family. I remember my family, I remember the way I lived, the way I live today. And sometimes I want to cry in private, so that no one sees. I’ll cry by myself and cheer myself up. I love to sing. That’s my life, I’ve been singing all my life. This is the only entertainment I have, it calms me down.”*

Kateryna, 84

## Access to support and positive coping strategies

Whilst psychosocial and mental health needs are increasing, our research found that access to assistance and support for mental health has reduced, with only 36 per cent of older people accessing support and using coping strategies, down from 44 per cent in 2022. Twenty-eight per cent of older people said they did not have enough money to access support for their mental health. Older people in FGDs told us this reduction in psychosocial support only serves to increase their anxiety.

Only 3 per cent of older people surveyed seek formal healthcare to address mental health concerns. In addition, older people who have problems accessing psychological support cited a lack of information on how to get the service as one of the reasons, with 26 per cent citing this as a significant barrier. Twenty-eight per cent cited cost and lack of money as the most significant barrier to accessing support. In order to cope with their stress, 47 per cent of people talk to family and friends; this is 8 per cent less than reported in 2022.

*“It’s very hard. Stress has a strong impact on health, especially on sugar levels. Now it’s a little easier than in the first days of the war, because at least I have contact with my family.”*

Olena, 63

More than a third (36 per cent – 14 per cent more than in December 2022) work, and cited this as a coping mechanism, as well as a way to try and improve their financial position, which in turn has a more positive impact on mental health. Older people also spoke of activities such as cooking, exercising and spending time outdoors as a way to try to cope with their anxiety and stress.



*“I try to distract myself with my art, and communicate with my daughter and husband. It becomes easier when I work with children. Creativity helps to keep myself in check.”*

Liubov, 73

*“I sing in a choir. You know, I feel very needed. Other people say my energy inspires them. And I’m very pleased with that.”*

Olena, 89

For respondents living in insecure communities on or near the frontline, being able to remain in their own house is key to maintaining better mental health, and the prospect of having to flee causes significant mental stress and strain. Some respondents take anti-anxiety medications as a way of managing mental health challenges. Respondents living in their own housing did not receive specialised psychosocial support; IDPs living in temporary and compact housing have received assistance and gave positive feedback regarding the support they’d received.

All those who have been displaced, including those now living in institutions for older people, despite receiving professional psychological support and giving a positive view of their overall living and care conditions, miss their homes.

*“You get used to good things. But I want to go home.”*

Mykola, 78

*“What matters to me is knowing I have a home, not just a rented flat that we could be asked to leave any time. I want to live the time I have left in my own home.”*

Valentyna, 97

However, in general, respondents away from the frontline reported less stress than those living very close to active fighting.

*“It’s just madness. Stress. We’re just trying to survive. A neighbour was killed. From my house, four children – my daughter’s classmates – died. If I told you who we buried and what I’ve seen, you’ll turn grey...”*

Lyuba, 62

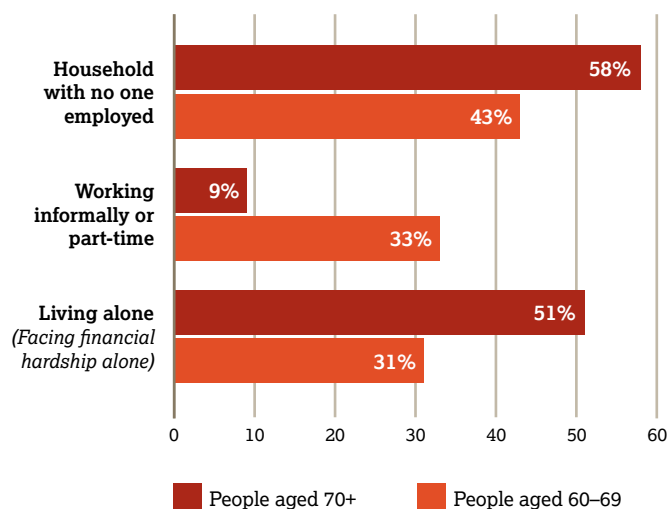
## People over 70 still face greater risks

Older people, just like any group of people, are not homogenous. Within this broad category the experiences of different ages and genders play out. Like in 2022, our research specifically sought to understand the experiences of people over 70, and highlights once more the risks of data collection that only considers older people as a single cohort. In doing so, vital information and risks facing older people including around obstacles to accessing humanitarian assistance, are missed. As mentioned in sections above and explored in more detail below, people over 70 are at greater risk of not having their basic food, medical and other needs met, as well as being more likely to be isolated.

### Financial insecurity

People older than 70 are less likely to live in a household with someone who works. Fifty-eight per cent reported that no one in their household was employed, compared to 43 per cent in the 60–69 age cohort. In the last three months, one-third of those aged 60–69 reported having a job, including informal or part-time work, compared to just 9 per cent of those aged 70+. Twenty-two per cent of people over 70 said they have suffered financially because of the war, even if they continue to receive pensions. Significantly more people over 70 also live alone, (51 per cent compared to 31 per cent of those aged 60–69) meaning rising costs, additional financial burdens caused by the war, and financial pressures and strains fall solely on the individual. With information about aid and assistance also frequently shared by word of mouth, there are real risks that the many older people who live alone, particularly people over 70 and older women, may not access the information that they need.

### Financial vulnerability in older age groups



As a result, people over 70 rely significantly more on government subsidies and payments (27 per cent compared to 18 per cent of people aged 60–69). At the same time they reported potentially higher costs of living, with people over 70 almost twice as likely to need help with cleaning, cooking, shopping, and personal care, and they said they were less likely to apply to the state for certificates which would help them receive further support (42 per cent compared to 54 per cent of people aged 60–69 years). A recent reform of the process of registering and applying for certification is cited as a reason for this change, with people over 70 finding it harder to adapt to the new system.

Fifty-five per cent of people over 70 have a person with a disability in their household; this is 21 per cent more than in December 2022 and 21 per cent higher than households with older people aged 60–69. This is a significant rise since 2022 as well as a stark difference between age cohorts of older people. Households which include a person with a disability can often experience higher overall expenditures, for example, the purchase of assistive devices, specific food and hygiene items, additional or specialised medications, and the cost of using taxis or private cars due to inaccessible transport.

## Access to food, medicine, healthcare, and psychosocial support

Twenty-three per cent of people aged over 70 have greater difficulty accessing food compared to 14 per cent of people aged 60–69. Access to medicines and assistive devices is also more difficult for people over 70 with 34 per cent reporting access as difficult, compared to 28 per cent of other older people. Ten per cent of people over 70 reported mobility problems and lack of accessibility as the main barrier to accessing medicines and assistive devices. This is significantly higher than only 0.5 per cent of people aged 60–69 who face this barrier.

Among all older people who reported barriers to accessing healthcare, more than 28 per cent of those over 70 cited difficulty with mobility and lack of accessibility as barriers to seeing a doctor, and 30 per cent said that such barriers prevented them from going to hospitals. Mobility and lack of access is therefore a significant problem for people aged over 70 accessing adequate and safe healthcare. People over 70 also experienced significant barriers to registering their disability and accessing further support as a result.

*“I can’t walk well; I can only move around with a walker. I haven’t applied for disability status – it’s too difficult, time-consuming, and requires travelling to the hospital and standing in queues. I’m physically too weak for that.”*

Valentyna, 97

## Risks of isolation and lack of communication and information

Significantly more older people over 70 live alone (51 per cent) than those aged between 60–69 (31 per cent), further contributing to isolation as well as low-income levels, as discussed above.

*“The war has turned my life upside down, as it has for many older Ukrainians. I had retired before the war and enjoyed working on the land near my house. Most importantly, I had communication. With friends, with neighbours. Walking down the street – everyone greeted each other. All my children lived nearby. Now – I am alone. The war has taken away the most important things – my home and the ability to communicate with my loved ones and my community. That’s what I find hardest to cope with. And it only gets worse over time. Over the past year, I’ve felt more isolated and lonely. But what worries me the most is – what’s next?”*

Anatolii, 75

Living alone puts people over 70 at greater risk of isolation and limits their access to information, assistance and services. Further exacerbating this risk, is the findings around internet usage. As we found in 2022, people over 70 use the internet much less often than those aged 60–69, with 55 per cent of people over 70 using it compared to 81 per cent of those between 60–69. In both cases, these figures have risen since 2022, although by less for people aged over 70. As in 2022, these findings reflect the continued importance of using different formats to provide information and communicate with older people.

## Older women continue to be more at risk

As noted in the sections above, for the majority of issues covered in our research, we found the situation to be even more challenging for women. As in 2022, women reported more concerns, hardships and greater barriers to access, because of the war than men, highlighting that older women face particular risks, which should be understood, analysed, and incorporated into decision-making and policy-making.

## Income and household decision-making

In Ukraine, women receive pensions that are 30 per cent lower than men on average, typically because of shorter careers and time taken off paid work to carry out care responsibilities. This leaves older women in Ukraine particularly vulnerable to poverty during war and displacement.<sup>33</sup>

A smaller proportion of older women are employed than older men with 17 per cent working compared to 29 per cent of men. This, alongside the lower pension received, compounds income inequality, which has a wider impact on equality and household decision-making.

Among older people who live with others, older men are overwhelmingly considered the head of household, meaning that they are more likely to take the lead in decision-making and control finances and expenditures, potentially leaving women at risk when they are unable to share equally in household decisions. Forty-eight per cent of older men living with older women consider themselves the head of the household, while only 24 per cent of women indicate their husband as head. This disparity highlights women's participation in decision-making and creates a risk of inequality. Decisions were made collectively without a designated head of household in only a quarter of households.

Sixty-eight per cent of women therefore report that their total income is not enough to cover their basic needs. This is 17 per cent higher than it is for men. Older women have more difficulties than men with access to medicines and medical supplies (33 per cent versus 26 per cent) and 88 per cent of those we spoke to told us that the reason for this was overwhelmingly related to their financial situation.

More older women live alone more often than older men (47 per cent versus 28 per cent) which adds to the increased risks faced by older women because of their financial situation. Older women are also less likely to use the internet than men, by 17 per cent. This, plus being less likely to be in work, and more likely to live alone, results in less access to information and connection to networks and organisations providing assistance and support.

## Mental health and isolation

Women are significantly more likely to report mental health problems (69 per cent versus 52 per cent of men) because of the war. Women are much more likely to experience anxiety and stress than men: 87 per cent of women surveyed sometimes or often felt anxious and afraid compared to 68 per cent of men – and 82 per cent of women were sometimes or often upset, compared to 75 per cent of men. These differences between older women and men reporting mental health concerns may be influenced by the stigma attached to mental health. Nonetheless, the statistics paint a worrying picture for older women, many of whom also talked about their caring responsibilities and the impact those responsibilities have on their mental health.

*"I think: if it happens, we will be together. My husband is worried, and I carry him on me – I lift him up and put him down. Everything is on me."*

Liudmyla, 73

*"Sometimes I wake up in the middle of the night – and can't fall asleep again. Anxiety, despair, helplessness. I often find myself crying for no reason."*

Nataliia, 65

Other older women spoke of the impact of the war on them, including losing loved ones and their homes, younger members of the family leaving whilst they stayed behind, and of the isolation they experience.

*"There are very few people left, the community is virtually destroyed. The village is constantly under shelling, most of the people have left, and we feel isolated."*

Mykola, 73



Maria Kyrynska/HelpAge International

*"The war changed my life completely. I used to have 18 acres of garden where I grew cabbage, cucumbers, tomatoes, potatoes. I never had to go to the shop; everything was homegrown. I was very active – I chopped wood for the stove, tended the garden, carried water. That gave me life. Now, I just sit on the bed, and occasionally my daughter helps me go outside for some air."*

Valentyna, 97



# Access to basic goods and services for people with disabilities still a challenge

In this research 27 per cent of respondents reported having a disability, which is an increase of 4 per cent from 2022. Twelve per cent more men reported having a disability than in 2022; the number of women reporting a disability dropped by 1 per cent. Of the 27 per cent reporting a disability, 17 per cent had a certificate which entitles them to state assistance because of their disability, and 10 per cent did not.

Almost half of the older people we spoke to (44 per cent) said they did not register their disability with the state because of the complexity of the procedure. This is a rise of 9 per cent since 2022, and was cited as the main obstacle to accessing official disability status and associated benefits.

*“I had a workplace injury and suffer serious consequences. I didn’t apply for disability – I didn’t want to get involved with the bureaucracy. Things got really bad – the doctor prescribed medicine costing 5,000 UAH (\$120)! That’s almost my entire pension. I don’t know how much longer I’ll have the strength and energy to look after the house, the land, and my husband, with a disability. My body is breaking down not by days but by hours.”*

Liudmyla, 66

Before the war, the process for registering a disability was described as time-consuming, bureaucratic, and requiring multiple visits to different agencies. The war has made these processes even more difficult with government services disrupted by air raid sirens, lack of staff, electricity blackouts, and in some areas damage and destruction of administrative buildings. There has also been a recent reform of the process, which key

informants cited as a major barrier to older people with disabilities accessing support.

*“The reform of the Medical-Social Expert Commission (MSEC) has hit hard because the process, which was a habitual one, suddenly became incomprehensible to most older people, and they still cannot understand it. It will be unrealistic for people in their 60s and beyond. It will be very difficult.”*

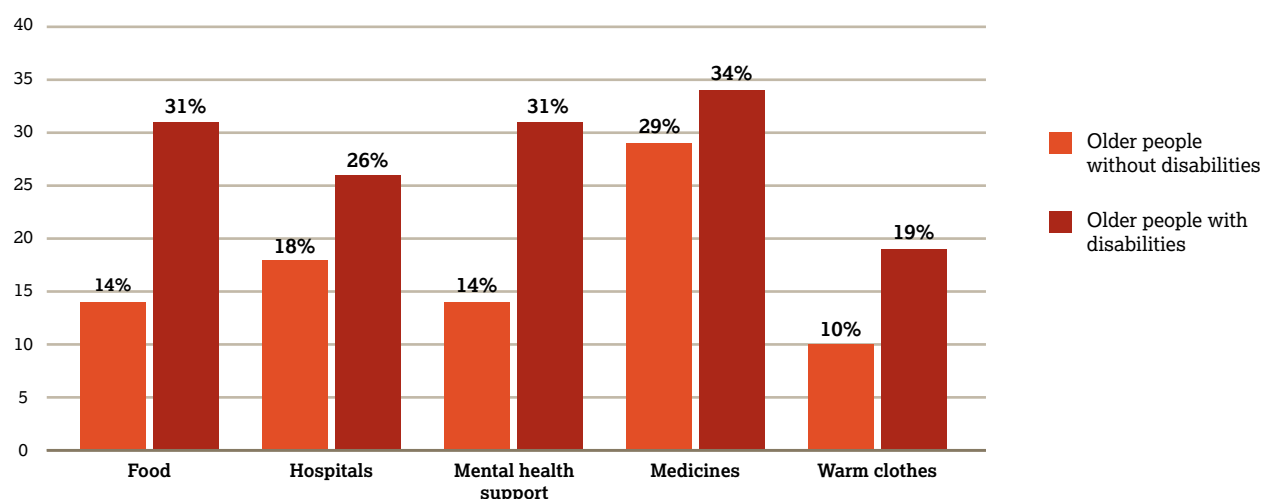
Kyiv Regional State Administration

Despite these obstacles to specifically registering a disability, older people with disabilities are more likely to apply for social benefits or subsidies from the state; 67 per cent compared to 43 per cent of people without disabilities. However, our research also found that the number of older people with disabilities who applied for state aid actually decreased by 10 per cent compared to December 2022. More than a quarter (31 per cent) of those who did apply said they faced barriers during the process of receiving aid.

Unsurprisingly, especially given the barriers discussed above, older people with disabilities have more difficulties in accessing and meeting basic needs compared to older people without. This includes greater issues accessing food (31 per cent versus 14 per cent), hospitals (26 per cent versus 18 per cent) mental health support (31 per cent versus 14 per cent), medicines (34 per cent versus 29 per cent) and warm clothes (19 per cent versus 10 per cent).

A higher proportion of people with disabilities did not work in the last three months (87 per cent) compared to people without disabilities (75 per cent) compounding financial inequalities and problems accessing basic needs. Furthermore, older people with disabilities are less likely to use the internet than people without, by 10 per cent, limiting their access to information, assistance and communication networks.

## Difficulties with access to basic goods and services



Key informants spoke of further barriers and discrimination that older people with disabilities face, specifically around housing, transportation, and access to services.

*“People with severe disabilities find it very difficult to leave their homes. They are actually locked in their homes. We have a colleague in Kyiv, for example, who lives with his mother, who is over 80. But there is no elevator in the building. And he can only go down to the street once a month.”*

National Assembly of People with Disabilities

## Obstacles to information about assistance

In our previous report we found that older people were facing obstacles finding out key information about support and assistance because they were not using smartphones or the internet as much as other groups. In our research this time, we found that more older people are able to access and use the internet since 2022, up to 69 per cent from 56 per cent. The share of those without access has decreased to 11 per cent. Information on accessing social services, benefits and humanitarian assistance continues to be frequently distributed via messenger apps on smart phones and the internet, which is why internet access for older people is important. This is a positive trend, although there is still some distance to go to ensure no older people miss out on information about assistance.

*“We have the internet, even in the buildings, on the floors. So we can communicate with anyone via Wi-Fi.”*

Olena, 62

Previously, older people were three times less likely to use mobile phones and smart phones than the overall population and had less access to the internet. Growing levels of digital literacy and access is therefore a positive thing, although it should be noted that 7 per cent of all respondents said they would still like to learn to use the internet, and there are some significant disparities amongst older people in terms of internet access and usage. Older people over 70 use it less than those under 70 (55 per cent compared to the average of 69 per cent); older women use it less than older men; and older people with disabilities are less likely to use it than people without disabilities. Word of mouth is still an important way for older people to receive information; other research is still finding that older people are missing out on vital information because of digital inequality and an inability to use and access the internet, which is acting as a barrier to accessing humanitarian assistance.<sup>34</sup>

*“I’ve heard from acquaintances that there is a state programme that allows receiving medicines for free or with a small co-payment. But for some reason, my doctor hasn’t informed me about this.”*

Victor, 73

## Discrimination

Nine per cent of the older people we spoke to said that they have faced negative or unfair treatment since the beginning of the war for various reasons, including their age, speaking Russian, having a disability and due to their status as an IDP. This has increased by 3 per cent since 2022.

*“It feels like we’ve stopped being heard or understood. As if we’ve become invisible. I’m lucky – I have my family, and we stick together. But what about those who are alone?”*

Valentyna, 97



Katya Moskalyyuk/HelpAge International

*“Sometimes it feels like people like us are no longer needed by anyone. All that’s left is to wait.”*

Mariia, 84

Focus group participants did not report widespread discrimination, instead indicating that they feel integrated into their communities. In frontline communities, despite the difficulties and danger, respondents said they generally feel supported by the community and international organisations, which creates a sense of belonging and protection. However, some older people and key informants painted a somewhat different picture, describing the discriminatory attitudes and barriers older people face in relation to accessing support and services.

*“Most importantly, the attitude towards older people in society must change. We want to be seen, noticed, and heard. I would like more care from society. From everyone – from officials, doctors, and young people.”*

Liudmyla, 72

*“If you have a person with a disability, there is a lot of stigma. Unfortunately, people do not want to rent an apartment when there is a person with a physical disability. Unfortunately, there are barriers everywhere. And if it’s an older person with a disability, they face difficulties everywhere, from logistics to getting medical and social services. And it also affects the ability to buy groceries, to have some socialisation, which is also important.”*

Age and Disability Technical Working Group

Respondents who live in institutions for older people say they feel protected and integrated into the community and did not mention any cases of discrimination.

*“There is no negativity. We all seemed to come from the same city, like that. Everyone sticks together. Everyone is friendly.”*

Feoktista 73

Maria Kyrynska/HelpAge International



Displaced by war, Olena, 70, has spent the past three years in institutional care.

## Access to humanitarian and other assistance

As discussed above, due to heavy and intense fighting, communities near the frontline receive virtually no humanitarian assistance, with international organisations estimating that around 25 per cent of older people in these areas do not have regular access to food and medicine. For older people not living in those particularly high risk areas, we can see a slightly improved picture in terms of the level of focus on older people in humanitarian and government assistance programmes since 2022. However, almost one in five older people still encounter barriers when trying to access assistance, fewer older people have applied for government assistance, and the scale of need continues to far outweigh the reach of support that is available.

*“Unfortunately, right now pensioners, especially displaced ones, are of no interest to anyone.”*

Olena, 89



Katya Moskaluk/HelpAge International



# Government assistance

In this research, we found that 49 per cent of older people had applied for state social assistance after the outbreak of war. This figure has decreased by 10 per cent compared to December 2022. Of those who did apply, 28 per cent faced barriers or did not receive assistance. At the same time, 63 per cent reported challenges when trying to access legal aid, with slightly more women impacted than men by these challenges. Thirty-one per cent of older people with disabilities who applied for such assistance said that they faced obstacles, and older people aged over 70 were less likely to apply for assistance, due to the barriers they encountered. For those seeking certificates, documents and other administrative support, the number of older people facing barriers was slightly lower than for those seeking other types of government support, at 17 per cent. This may be partly because those older people now living in institutions for older people are assisted by social workers in obtaining certificates.

Access to some government support has been found to be less accessible to older people because it has been administered largely using the internet, for example the process to apply for one-off financial compensation payment available for destroyed or damaged housing is largely managed online. Focus group participants reported specific issues around the processing of payments to repair damage to housing, which, as noted earlier in the report, is one of the main non-monetary needs that older people highlighted.

*“I cannot receive compensation because the neighbours have not registered their part [of the building]. I have not received any help to resolve these issues.”*  
Liubov, 62

In January 2025, the Government of Ukraine announced new payments to IDPs which are specifically designed to help people cover the costs of rental housing. This is a positive step that may help more older people live

independently, rather than having to move into institutions if their houses are damaged or destroyed.

Older people continue to struggle to access their pension payments as a result of the war, particularly those living in the northern, eastern, and southern regions. In these regions accessing banks, post offices and working ATMs to withdraw payments is very difficult, as a result of shelling, services being closed because of damage to their building and staffing issues, and power outages.

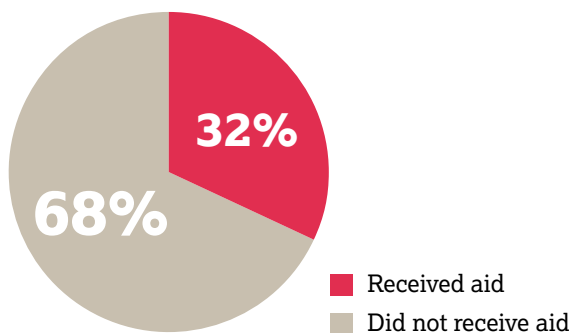
# NGO and INGO assistance

The share of those surveyed who had received assistance from NGOs or international organisations doubled since 2022, from 16 per cent to 32 per cent. This means that two-thirds of older people have not received support from a national or international organisation providing humanitarian assistance. Fewer women have received support than men, with only 13 per cent of women saying they had accessed any humanitarian assistance, compared to 22 per cent of men. This is despite the findings detailed above which highlight how older women are at greater risk.

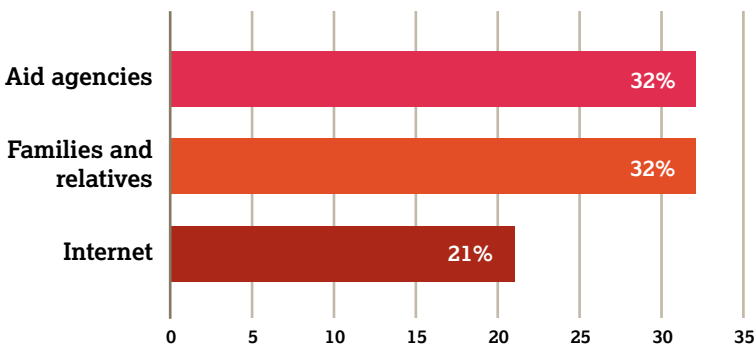
Of those who had received support, the majority were unable to name any specific organisation (77 per cent); in 2022, 63 per cent could not name aid agencies, so although there is more support, there is less awareness amongst those who have received assistance as to where it is coming from. After being shown a list of organisations operating in Ukraine, 87 per cent of older people were then able to identify at least one organisation that supports older people – 32 per cent said they had received assistance from these organisations, alongside support from relatives and via the internet. Only 3 per cent of older people who had specifically applied to NGOs for support said they faced barriers.

Focus group participants spoke of the specific types of assistance that they feel are currently lacking including the provision of medicines and medical services, dental treatment, transportation to medical facilities, and charging stations for essential devices such as hearing aids, blood pressure monitors, and mobile phones.

Access to humanitarian assistance



Where are older people getting their support from?



Accessing aid, particularly for those over 70 and those with disabilities, was still hampered by less use of the internet, with information about aid distributions and other available support only being shared online. Some respondents and people we spoke to during case study interviews told us that there are food shortages, especially for IDPs, and that aid is decreasing.

## Assistance from all sources – trends and challenges

Interviews with key informants told us that there are now more projects aimed at supporting older people. People over 60 have become a specific target audience for both emergency and longer-term humanitarian response programmes. The quantitative survey responses evidence this, with twice as many older people receiving support in 2025 than in 2022. This trend is mirrored within government agencies and policies, as Ukraine's population continues to age and the country's demographics shift.

*“The focus is shifting, everyone is talking about it. I’ve been to a series of conferences organised by the Ministry of Social Policy, the UK government and institutions with the participation of the European Union, the Institute for Democratic Studies and so on. They say, they recognise, they show the trend of how the population will age at a very rapid pace in Ukraine. And the government has produced a demographic strategy looking at ways to address these changes.”*

HelpAge Ukraine country office

Despite this shift, organisations indicated that it was difficult for them to find funding for projects for older people, and that they lacked resources. As older people have long been overlooked in humanitarian response, and because they make up a large number of those needing support, the quality and scale of services and resources available are still insufficient to meet the needs of older people and uphold their rights. One key informant told us that even though there are more programmes focusing on older people, access to support is actually decreasing.

*“I don’t think that access has improved, I think it has unfortunately deteriorated, because the number of older people is growing, their needs are also growing, but unfortunately, there is no access and no superfocus on older people, so we are only on the way to a barrier-free, inclusive environment. What I am talking about is information access, that is, when a person simply does not know about the services to which he or she is entitled, only because he or she does not have a knowledgeable person who could help him or her with this access.”*

Dopomozhemo, NGO

*“Over time, the amount of aid has significantly decreased. Meanwhile, the needs of people who have been away from home for years have not.”*

Anatolii, 75

*“When we first arrived here, humanitarian organisations provided food parcels, clothes, and essentials. But now – almost nothing. And why? Rent is rising, food is getting more expensive, and we can afford less and less. We came here with almost nothing.”*

Valentyna, 97

*“In the first year, we received a lot of humanitarian aid. But now, that’s all quieted down. These days it’s mostly displaced people supporting each other – emotionally and psychologically. And we believe we will survive this disaster – and make it through.”*

Nataliia, 65



Maria Kyrynska/HelpAge International

Liudmyla, 66, and her husband Oleksandr, 60, rely on community and humanitarian support to get by.

In terms of access to basic needs, older people and key informants highlighted a number of crucial areas that need particular focus and which reflected what our survey and focus groups highlighted too. This included the lack of access to assistive devices, affordable medicines and health services, in part due to digitalisation as Ukraine's Affordable Medicine programme is managed electronically, and a lack of funds for treatment. In remote communities, transportation services are usually lacking, making medical services particularly inaccessible for older people.

*"Access to the Affordable Medicines programme is electronic. If people don't have the proper technical means, if they don't have young people or grandchildren or children, then these people don't actually use these devices. In fact, these people have lost contact with half of the people they used to communicate with. They do not go out."*

National Assembly of People with Disabilities

*"When I come for home visits, they show me how many medicines they take per day, how much they cost. I think the amount [they pay for medicines] is more than their pension. This means that they have to save on other things. In order to survive and manage health, you have to give up something."*

HelpAge Ukraine country office

*"We asked them what they needed first and foremost, and everyone said medicine. These are lonely people, people with limited mobility, who have lost their relatives. They need help the most."*

National Assembly of People with Disabilities

*"We still can't get a walking stick. We've applied everywhere – to the city council and volunteers – but there's none. We often hear; 'well, you've already adapted here, you don't need help'.*

*We want to be heard. We only ask for the bare minimum, we try to manage the rest ourselves."*

Oleksandr, 60



Again, accessing information online and digital connectivity was highlighted as an issue for older people in remote communities and people aged over 70 who report lower levels of digital literacy, with key informants corroborating survey and FGD findings that these older people may not use or have as much access to the internet, and therefore may be unaware of opportunities for assistance.

*“When a person is 85-years-old and she wants to make an appointment with a doctor. Do you think she has an iPhone? It’s good if she has a push-button phone with all the buttons in place. So, yes, digitalisation is a good thing, but we still have a category of people who don’t have the money, don’t have a pension to pay for the internet or make an appointment with a doctor via an iPhone. Because they do not have an iPhone and will not have one.”*

Care for Older People in Ukraine

Regarding older people’s mental health, key informants noted that displacement is especially difficult, and that psychosocial services need to be provided in a comprehensive manner along with other medical and social services. Key informants also noted that the capacity of programmes for older people is not sufficient, and remain underfunded, highlighting inequality between the number of programmes for children and young people, compared to those for older people.

*“There are problems with accommodation after the evacuation of older people, many institutions are overcrowded. Some institutions for older people accepted older people at the beginning of the full-scale invasion. And in fact, many of those people had been living on their own, independently in their communities, but they simply have no place to live now, and they stay there. That is, they could have avoided this institutionalisation, but unfortunately, they simply have no place to live.”*

Age and Disability Technical Working Group

Key informants pointed out that communities, even in the largest cities, have an insufficient number of social workers; one social worker can have up to 20 clients, and the quality of services, including home care, is poor. This has a knock-on impact on older people who may wish to go home or avoid entering institutions for older people in the first place.

*“People live in remote communities in rural areas, they have no transportation. This causes people to have limited access to support and state specialists.”*

Right to Protection (R2P)

*“There are many problem areas. If we are talking about deinstitutionalisation, which is a relevant topic now, many groups raise this issue. It’s good that it is being raised, but the problem is that in order for a person to live independently, supported living and home care services are needed.”*

Age and Disability Technical Working Group



Martia Kyrynska / HelpAge International

*“I want our problems to be understood. Some older people have sons at war, some can’t get out of bed, some, like us, try to hold on. But our needs don’t decrease – on the contrary, they grow every year. And we need support not only right after displacement, but after a year, two, three, because the challenges don’t get smaller. Older displaced people in Ukraine are like tin soldiers – we are resilient despite all trials, but at the same time very fragile and vulnerable. We stand till the end. But every year it gets harder to hold on.”*

Liudmyla, 66

# Conclusion

The findings documented in this report highlight that despite some progress, older people's human rights are still at serious risk in Ukraine as a result of the war and associated humanitarian response. Humanitarian needs have in fact, after three years of war, increased across almost all areas, with access to the basics needed to stay alive – food, water, medicines and medical care, and safe housing – limited for millions of older people.

## We need to do better for older people in Ukraine

Older people told us once more of the many different obstacles they face to accessing services and items needed for them to survive, and do so with dignity. They spoke of having to choose between food and medicines, of being isolated and at risk in unsafe housing, without access to information about assistance or support networks and social services. Their financial situation is alarming with 91 per cent of people saying they do not have enough money for food. That shocking statistic alone should be enough to act as a catalyst for change. For older women, older people with disabilities, and those over 70, the situation is even more challenging; yet access to assistance for these groups is still more limited than for those older people without additional intersecting risks.



Valentyna, 85, likes to stay active and committed to supporting others in her community.

## A changing sector – lessons for the humanitarian system in Ukraine and beyond

Despite decades of commitments by the international community to the inclusion of older people through accountability measures such as the *Humanitarian inclusion standards for older people and people with disabilities*, and the Inter-Agency Standing Committee (IASC) Gender with Age Marker (GAM) – HelpAge's new report *Funding for older people in humanitarian crises: reversing continued neglect* shows that older people continue to be among the most systematically excluded, overlooked group in emergency contexts, not least because of the minimal amounts of funding specifically dedicated to programmes for older people.

As the humanitarian sector goes through large-scale reforms and experiences continued shocks and challenges, particularly around drastically reduced funding levels, it is essential that older people are not left behind. Commitments to localisation and accountability to all people within affected populations must not be forgotten, but affirmed and extended. The challenges facing older people relating to the humanitarian system in Ukraine, mirror the challenges facing older people caught up in humanitarian crises across the globe.

Previous research by HelpAge and others has found that, faced with the frequency and scale of today's humanitarian crises, organisations often resort to one-size-fits-all programmes that can be delivered at scale and fail to uphold older people's rights. A people-centred approach is at the core of effective humanitarian action, but whilst resources and decision-making power are not focused where they need to be, and intersecting inequalities are not considered fully in planning and delivering more collective, anticipatory action, older people in Ukraine will not receive the support they need. In the context of a global rollback on gender equality and women's rights, specific attention is needed to ensure that older women's rights, already at greater risk in Ukraine, are deliberately protected and upheld.

Despite some improvements in access to aid, and more tailored support for older people, the humanitarian response in Ukraine continues to fall short of humanitarian principles, as the rights of older people affected by the conflict are not being fully upheld. The scale and intensity of the Ukraine crisis cannot be underestimated. At the same time, the humanitarian community is under more pressure now than ever before to make sparse resources stretch farther and to make cuts that time and time again will impact on groups that need tailored and specific support. To ensure the equal treatment and dignity of older people, humanitarian actors must implement support and policies that protect older people and enable them to fully realise their rights.



# Recommendations

As things stand, structural exclusion amongst humanitarian donors, actors and governments, is eroding accountability to older people, their access to humanitarian services and basic needs in crisis contexts, and older peoples' agency and fundamental human rights. The recommendations shown here are aimed at all those delivering assistance and support to older people in Ukraine. They are borne of the experiences that older people and key informants have shared with us during our research, alongside HelpAge's decades of knowledge and experience in ensuring inclusive, effective and accountable humanitarian action with older people. They also take into account the changing humanitarian system and the need to put older people at the heart of all decisions that affect them.



Ivanika Kate Yakovyna/HelpAge International

## Delivery of humanitarian response and social services to older people

- The Government of Ukraine, UN agencies and I/NGOs must uphold the rights of older women and men and proactively address their needs in the humanitarian response to the war in Ukraine, paying specific attention to risk areas where needs are increasing, including financial insecurity, housing, and access to food and medicines.
- Building on existing programmes and the increase in reaching older people in Ukraine, all humanitarian actors must ensure they specifically prioritise support for older people, systematising and scaling up programmes, in line with their human rights obligations.
- Tailored programming for, and deliberate involvement including in decision-making, of older women, older people over 70, and older people with disabilities, must be a priority for all those agencies responding in Ukraine. This includes addressing the specific risks they face in relation to accessing food, medicines, healthcare, financial assistance, information, in-home care and support services, and psychosocial support services.
- Humanitarian actors should continue to monitor ceasefire negotiations in order to prepare contingency plans for a cessation of hostilities, including how to support those older people living near the frontline.

## Humanitarian funding

- Humanitarian donors should support programmes that target older people, as an at-risk population who need specific and tailored assistance. A major increase from donor countries and agencies in funding levels is needed in order to meet escalating needs. Five months into the year, this year's humanitarian response plan has only been funded to a quarter of the level needed. In the absence of increasing funding, humanitarian assistance must be better targeted to meet the needs of older people.



## **Inclusion and accessibility**

- Humanitarian organisations and government websites, phone numbers, and information hotlines regarding assistance to older people should be widely and frequently promoted; information from humanitarian agencies about who they are and what they are delivering should be made more accessible to counter the large number of older people who cannot name humanitarian organisations, and to improve accountability.
- Government agencies and any humanitarian actors delivering a health-based response should ensure that all medical facilities are accessible, available, affordable and reachable for older people with disabilities and where this isn't possible, increase mobile healthcare provision.
- Health services and response programmes should include specific attention to the psychological support that older people need, given the high levels of mental health concerns that have been reported in this research and the small numbers of older people currently seeking formal support for their mental health.

## **State policies**

- The Government of Ukraine should ensure that public sector professionals and volunteers are properly trained in the rights and needs of older people, to drive forward improvements in the quality and provision of medical and social services, including in-home care and support services.
- The Government of Ukraine should introduce policies that provide incentives for the retention and employment of older people such as flexible working practices, workplace adaptation, training and retraining programmes, and support for older entrepreneurs, in line with its demographic strategy.
- Pensions should be brought in line with minimum wage payments and be enough to ensure that older people can afford to pay for healthcare, food, housing (including repairs or rental costs) and all other basic necessities.
- There should be greater support made available by the Government of Ukraine for older people to ensure their housing is of a safe and adequate standard and to ensure older people can access state assistance and social benefits, including specific and targeted support in navigating the new system for registering with the government as a person with a disability.
- The Government of Ukraine should continue to support the rights of older people by supporting the inclusive drafting of the convention on the rights of older people, ensuring it promotes the rights of older people to the highest standard possible.

# Appendix 1: Methodology

## Quantitative research

Info Sapiens conducted this representative survey of 400 older people between 25 March 2025 and 15 April 2025. Respondents were made up of 211 older people who were 60–69 years old, 117 who were 70–79 years old, and 72 who were 80 years old and older. The researchers spoke to 256 women and 144 men.

The survey was conducted by computer-assisted telephone interviewing (CATI) and random generation of mobile phone numbers of citizens aged 60 and older. The survey was conducted in all regions of Ukraine, except for the temporarily occupied Autonomous Republic of Crimea, the city of Sevastopol and the territories occupied by Russia in Luhansk and Donetsk regions since 2014. The first wave of research which this study builds upon was conducted from 28 December 2022 to 4 January 2023, using the same methodology.

Respondents had the option of speaking Ukrainian or Russian. When asking respondents about the consequences of the war on their lives, we asked them to name only current problems, not past ones that have already been resolved. On average, each interview lasted 29 minutes. The marginal theoretical error for the entire sample is 4.9 per cent.

After completing the survey, we applied weighting by the following parameters: age, gender, region of residence, and size of the settlement of residence until 24 February 2022, using data from the State Statistics Service of Ukraine on the distribution of the population as of 1 January 2022. There has been no further official population statistics published since 2022.



Maria Kyrynska/HelpAge International

## Qualitative research

We also conducted ten online in-depth interviews (IDIs) with key informants involved in the humanitarian response. These comprised nine key informants from NGOs and one key informant from a government agency. Key informants had been working for the organisation for at least six months prior to interview and have participated in or led projects and programmes for older people (60+) since the beginning of the full-scale war in Ukraine. These IDIs were held with the following people:

Organisation	Name
Turbota pro Litnih v Ukraini	Galina Poliakova
Age and Disability Technical Working Group	Yulia Brodska
HelpAge International Ukraine country office	Victoriia Panchenko
Right to Protection (R2P), NGO	Olha Nosova
National Assembly of Persons with Disabilities (NAPD), NGO	Larysa Baida
Let's Help!, NGO	Kareryna Suslich
Kyiv Regional Military Administration	Raisa Golovanova
League of the Strong, NGO	David Davtian
Pomohaem, eastern Ukraine, NGO	Marina Perederii
Ptakha, Lviv, NGO	Galyna Bordun

Three focus group discussions (FGDs) were also conducted via videoconference:

- One FGD with men and women over 60 (three women and three men, people from different types of settlements and different regions: eastern, western and central Ukraine).
- One FGD with men and women over 60 years old who live in or close to where fighting is taking place (three women and three men, people from different types of settlements and different regions: northern, southern, eastern and central Ukraine).
- One FGD with men and women over 60 years of age who are IDPs and who live in institutions for older people (five women and one man living in institutions located in the western regions of Ukraine).

Focus group discussions included older people over 70 and those with disabilities. Case study interviews with twelve older people were also conducted, with a range of older women and men and older people with disabilities aged between 61–97 spoken to. Most were IDPs with some people still living at home.

A PEST analysis was also conducted to further enrich findings and analyse factors which influence and impact on older people's access to basic goods, services, and needs. This approach enables analysis of political and legal (P – political, including security and legislative), economic (E – economic), socio-cultural (S – social) and technological and infrastructural (T – technological) factors that have an impact on older people in Ukraine.

## **Limitations of the study**

- The quantitative survey does not include Ukrainian men and women who have moved abroad.
- The quantitative study does not cover the settlements occupied in 2022, where Ukrainian operators do not provide mobile services.
- The quantitative survey does not include people who do not use mobile communications, among whom there is a disproportionate number of people 60+ after the start of Russia's full-scale invasion.
- Info Sapiens did not conduct face-to-face interviews in frontline areas or areas of active conflict for security reasons. The use of face-to-face interviews meant that those without mobile phones could be included in the survey. Differences in mobile phone use between older Ukrainians and the rest of the population are described in more detail in this report.

## **Research principles and ethical considerations**

Info Sapiens adheres to ICC/ESOMAR research standards. All interviews were conducted voluntarily and confidentially. Respondents gave verbal informed consent. Qualitative interviews were conducted face-to-face. The only personal information collected was the name and phone number of the respondent who was interviewed for follow-up. Personal information was kept separate from the interview data.

During the quantitative survey, interviewers do not see the phone numbers of respondents, which are dialled centrally, and do not have access to personal data of respondents. The data is stored on the Info Sapiens server separately from the respondents' answers. The data will be deleted three months after the project is completed.

Info Sapiens informed the focus group participants and key informants that the discussions and interviews would be recorded. Transcripts were prepared without identifying respondents. During air raid alerts, the interviewers stopped the interview and were required to go to a bomb shelter. If an air raid alert happened during the interview, the interviewer asked the respondents to go to the shelter and continue the interview there (when possible, to do so privately). If the respondent declined to go to a shelter, the interviewer went to the shelter and asked the respondent when a good time would be to continue the interview.



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