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DRC's Legal Alert Special on Assistive Rehabilitation Devices for Civilians, Including Before Disability: Current Rules and Upcoming Changes: Issue 120 | December 2025

1. Introduction:

This Legal Alert Special examines the evolving framework for the provision of assistive and rehabilitation devices to civilians, including individuals who require support before obtaining disability status.

All recent amendments have been adopted during the war, which has generated unprecedented demand for timely rehabilitation and expanded access to assistive technologies.

These legal adjustments mark an essential shift toward better social protection and healthcare systems. At the same time, further progress remains crucial. Ensuring continuity of improvements in 2026 and beyond will be vital for safeguarding the rights and well-being of the most vulnerable populations who rely on early, uninterrupted rehabilitation support.

1.1. Legal Basis:

- **The Law of Ukraine "On the Fundamentals of Social Protection of Persons with Disabilities in Ukraine" №875-XII** (21.03.1991)[1];
- **The Law of Ukraine "On Rehabilitation of Persons with Disabilities in Ukraine" №2961-IV** (06.10.2005)[2];
- **The Decree №1301** "On approval of the Procedure for providing persons with disabilities, children with disabilities, and other specific categories of the population with medical devices and other means" (03.12.2009)[3];
- **The Decree №321** "On approval of the Procedure for providing assistive rehabilitation devices (technical and other rehabilitation devices) to persons with disabilities, children with disabilities and other specific categories

[1] Link to the source: https://zakon.rada.gov.ua/laws/show/875-12#Text
[2] Link to the source: https://zakon.rada.gov.ua/laws/show/2961-15#Text
[3] Link to the source: https://zakon.rada.gov.ua/laws/show/1301-2009-%D0%BF

of the population, and for paying monetary compensation for the cost of such devices purchased independently, and their list" (05.04.2012)[4];

- **The Law of Ukraine "On Rehabilitation in Health Care" №1053-IX** (03.12.2020)[5];
- **The Decree №1268** "On organisation of rehabilitation in healthcare" (03.11.2021)[6];
- **The Decree №1462** "On certain matters of organisation of rehabilitation in the area of healthcare" (16.12.2022)[7];
- **The Decree №1338** "On certain matters of the implementation of the assessment of an individual's daily functioning" (15.11.2024)[8]

1.2. Key Findings:

Rapidly amended legislation over the past five years have brought the interlinks between the Unified Information System of the Social Sphere (UISSS) and the healthcare-based rehabilitation framework. Through this system, rehabilitation providers (no longer limited to disability commissions) gained the ability to enter patients' needs for assistive rehabilitation devices (ARDs) into the healthcare system.

Such amendments gave possibilities for civilians to obtain ARDs based on medical rehabilitation needs, disregarding the disability status. This become possible since the need is defined in the Individual Rehabilitation Plan (IRP).

1.3. Abbreviations and Terminology:

Unified Information System of Social Sphere (UISSS)	**UISSS** is a national electronic system that stores and processes information about a person's social support, including applications, decisions and rehabilitation-related data. It connects social protection bodies, healthcare providers and service institutions, allowing them to enter and track a person's needs for assistive devices and other forms of assistance in one coordinated digital record.
Assistive Rehabilitation Device (ARD)	**ARDs** are technical tools, equipment or products designed to support a person's mobility, daily functioning and independence when illness, injury or disability affects their physical or sensory abilities. They include items such as wheelchairs, crutches, walkers, prosthetic and orthotic devices, anti-decubitus mattresses, seating systems, assistive shoes, personal hygiene devices, communication aids, and many other categories defined in the official state list.

[4] Link to the source: https://zakon.rada.gov.ua/laws/show/321-2012-%D0%BF
[5] Link to the source: https://zakon.rada.gov.ua/laws/show/1053-20#Text
[6] Link to the source: https://zakon.rada.gov.ua/laws/show/1268-2021-%D0%BF#Text
[7] Link to the source: https://zakon.rada.gov.ua/laws/show/1462-2022-%D0%BF#Text
[8] Link to the source: https://zakon.rada.gov.ua/laws/show/1338-2024-%D0%BF#Text

Individual Rehabilitation Plan (IRP)	**IRP** is a structured document outlining the person's rehabilitation goals, services, and needs - including technical and assistive means. It is compiled by a multidisciplinary rehabilitation team at a healthcare facility, or a social service institution authorised to issue IRPs. The IRP has legal force for provision of ARDs and other support services. Inclusion of a specific ARD in the IRP means the person has a documented right to receive it under state programmes.
National Health Service of Ukraine (NHSU, ukr. – NSZU)	**NSZU** is the central body that implements the state's medical guarantees, contracts healthcare providers and pays for services under the Medical Guarantees Programme. It ensures that rehabilitation, treatment and other covered services are delivered according to national standards and are free of charge for patients within the guaranteed package.
Multidisciplinary Rehabilitation Team (MDRT)	**MDRT** is a group of rehabilitation professionals who work together to assess a person's functional needs and provide coordinated rehabilitation interventions. Depending on the case, the team may include a physical therapist, occupational therapist, speech and language therapist, doctors of physical and rehabilitation medicine and other specialists involved in planning and delivering necessary rehabilitation services.
Rehabilitation Therapy Programme (RTP)	**RTP** Is used in simplified cases, particularly: when ARDs are prescribed by a single rehabilitation specialist (e.g. physiotherapist, occupational therapist), not by a full multidisciplinary team. for example, a physiotherapist may independently draft a rehabilitation therapy programme where a basic device (e.g. walker, cane, small orthotic aid) is justified. It is allowed only in legally defined scenarios and must follow professional standards and set procedure. Like the IRP, it is entered into UISSS and serves as a basis for ARD provision or reimbursement.

2. Background Information:

In Ukraine, the rehabilitation pathway for civilians starts in the health-care system and does not depend, at the outset, on whether a person will eventually obtain disability status. After acute and early post-acute treatment, multidisciplinary rehabilitation teams in hospitals and outpatient facilities assess how illness, injury or trauma has affected a person's daily functioning and participation. On this basis they decide which rehabilitation interventions are needed, in what setting (inpatient, outpatient, community, home) and for how long.

However, where long-term functional limitations are suspected, the person may also be referred for an assessment of daily functioning by the special Expert Teams created under the new disability assessment framework[9]. These Expert Teams evaluate functional limitations using standardised criteria and issue a formal assessment and decision on the

[9] For additional information on the disability assessment reform please refer to DRC`s Legal Alert Special on Disability Assessment Reform in Ukraine: Issue 113 | March 2025

level of functioning, which may later be used to establish disability status, but which also contains recommendations on rehabilitation measures, social support and assistive or medical devices.

Within this architecture, the individual rehabilitation plan (IRP) is a standalone coordination tool that may be accessed both, through medical and social application. In the health-care sector, IRPs are developed by the treating multidisciplinary rehabilitation team or other relevant specialist during and after treatment. In the social protection system, IRP's medical part may be drawn up for persons with disabilities or other categories who require structured long-term support. This plan outlines the necessary rehabilitation measures and specifies their scope, sequence, and timelines. It also identifies the recommended forms of work or activity, the required methods of rehabilitation, and the specific assistive or medical devices that should be provided. In addition, the plan designates the institutions or actors responsible for implementation. The individual rehabilitation plan functions as the central document guiding a person's recovery pathway, linking medical needs with social support mechanisms and ensuring coordination between healthcare providers, social protection bodies, and other institutions involved in rehabilitation.

2.1. When Rehabilitation Is Provided Free of Charge (as Basic Ground for ARDs):

Hospitalisation (early/acute stage):
Rehabilitation begins at a healthcare facility contracted with NSZU. Rehabilitation is provided by a multidisciplinary rehabilitation team (MDRT) consisting of rehabilitation specialists.

Intensive inpatient rehabilitation (after stabilisation of the patient's condition):
Provided in rehabilitation departments/centres of healthcare facilities under NSZU and involves a high volume of interventions (typically ≥3 hours/day). Also provided by MDRT in healthcare facilities.

Outpatient/polyclinic or day-care rehabilitation (continuation after discharge or without hospitalisation):

Provided in state/municipal and private institutions, as well as by private practitioners under NSZU. The referral is made by the family doctor or attending physician (electronically).

In hromada and at home (home visits/mobile teams):

Provided by specialists in departments/institutions, as well as 'in local communities' - as part of the MDRT or individually. Some institutions/teams carry out certain rehabilitation interventions at home (especially for people with limited mobility), but this is done either as part of outpatient care or through donor/local programmes.

Home-based rehabilitation is a forward-looking and much-needed step, especially for people with limited mobility, but its development is constrained by major regulatory gaps. Although the law formally allows rehabilitation to be delivered in hromadas or at home, there are no clear procedures, no recognised status for "home rehabilitation" in the core regulations, and no dedicated classifier of economic activities for rehabilitation services. As a result, home-based care

remains mostly confined to pilot projects and donor-supported initiatives, while private practitioners cannot formally register or provide such services within the current legal framework.

2.2. Assistive Rehabilitation Devices:

In 2012, The Cabinet of Ministers adopted the Decree №321, providing possibility for everyone in need to get ARDs free of charge or to obtain a compensation for the devices that were purchased on persons` own cost.

This framework was intended to broaden access to essential rehabilitation equipment, particularly for people with long-term functional limitations, and to ensure that financial barriers did not delay or prevent recovery.

The decree introduced a standardized procedure for registering individuals who require ARDs, defining categories of devices eligible for state funding, and establishing clear rules for compensation. It also outlined the responsibilities of social protection authorities, healthcare institutions, and service providers—aiming to create a coordinated system where a person could be assessed, receive a recommendation, and obtain the necessary device without excessive administrative obstacles.

Through subsequent reforms, this mechanism was connected to the Unified Information System of the Social Sphere (UISSS) and aligned with the healthcare rehabilitation framework. Rehabilitation and other authorised medical providers can now enter medical and functional information about a person's need for ARDs directly into the electronic system, and these entries, together with applications and decisions, form that person's electronic case.

As a result, access to ARDs was changed from being exclusively tied to disability status to civilians being provided with devices or compensation on the basis of documented rehabilitation needs, including those reflected in an individual rehabilitation plan or equivalent medical rehabilitation documentation, even before disability status is formally recognised.

According to the Decree, the rehabilitation aids provided to persons include:

- prosthetic and orthopaedic devices, including orthopaedic footwear;
- special means for self-service and care;
- assistive devices for personal mobility, movement and lifting;
- means of transportation;
- furniture and equipment;
- special means for orientation, communication and information exchange.

2.3. Current procedure. How person can get the ARDs or Relevant Compensation (as of December 2025):

1) Within a healthcare facility: While person undergoes treatment, they in parallel undergo an examination by the relevant:

- multidisciplinary rehabilitation teams
- medical advisory commissions or

- military medical commissions (depending on the facility),

which develop an individual rehabilitation programme/plan or relevant medical conclusions (reviewed in more details below).

2) Out of the healthcare facility: the person may be referred for an assessment of their daily functioning by the family doctor or the doctor who is providing treatment. Thus, the expert teams make decisions and formulate recommendations that immediately become part of the individual rehabilitation plan and are entered into the system.

2.3.1. Eligible Civilians:

- **Persons with disability status**
- **Persons with an Individual Rehabilitation Plan (IRP) or rehabilitation therapy programme**[10]
- **Persons without disability status if the following prerequisites are met:** their medical condition limits mobility, self-care, communication, sensory function or daily activities (eligibility is not linked to disability group) and they have a **rehabilitation need confirmed by a rehabilitation provider**[11]

2.3.2. Procedure for Receiving ARDs (State-Provided Devices):

➢ **Step 1: Medical Confirmation**

Civilian must receive:

- conclusion from a rehabilitation specialist or multidisciplinary rehabilitation team, OR
- IRP with listed devices.

These medical conclusions constitute the legal ground for receiving ARDs before disability status.

➢ **Step 2: Registration in the Unified Information System of the Social Sphere (UISSS)**

The healthcare provider uploads the IRP / rehabilitation conclusion to the Unified Information System. This automatically transmits the need for ARDs to the Ministry of Social Policy, Family and Cohesion's system.

➢ **Step 3: Submission of Application**

[10] Is regulated under Decree №1462

[11] Is regulated under Decree №1268. A rehabilitation provider (a healthcare institution or private provider contracted under the rehabilitation service package) can determine a rehabilitation need within the rehabilitation service, not through the disability assessment system. It allows for provision of ARDs in cases the person is in post-acute or long-term rehabilitation phase, no disability group is yet assigned or planned, rehabilitation services are provided either in a facility or in the community/home-based. The need is confirmed in the rehabilitation provider's medical documentation / conclusion and uploaded to UISSS.

Where:

- Administrative Service Centre (TSNAP/ЦНАП)
- Local Department of Social Protection Authority
- Online (if the Functionality Assessment was completed)

Only if patient has completed the Functionality Assessment by the Expert Teams, his/her application may be submitted through regional electronic services integrated with the Unified Information System of the Social Sphere (UISSS) or via the electronic cabinet of the Ministry of Social Policy, Family and Cohesion. Where available, the applicant must authenticate via electronic signature.

- Authorized representative may apply.

An authorised person may submit the application on behalf of the applicant, provided they hold: a notarised power of attorney (general or specific) or documentation confirming guardianship or legal representation (if the applicant is underage or incapacitated).

Documents:

- Passport / ID
- Tax number
- IRP or medical conclusion
- Application for ARDs
- Contact and delivery details

➢ **Step 4: Selection of Supplier**

Person chooses:

1. State supplier (contracted through the Ministry of Social Policy, Family and Cohesion)
2. Preferred supplier from the Ministry list (if the model of ARD allows free selection)

Some categories of ARDs allow the applicant to choose a supplier from the official list of authorised providers approved by the Ministry of Social Policy, Family and Cohesion. This option is available only for devices classified under models that allow individual selection, as determined by the Ministry's technical specification list.

For standardised models or items supplied only through framework contracts, free choice of supplier is not permitted — the device is assigned automatically based on availability and regional procurement contracts.

➢ **Step 5: Provision of the Device**

The device is:

- delivered to the applicant; OR
- fitted and provided by the supplier at location of services (for prosthetics/orthotics).

2.3.3. Procedure for Receiving Compensation for Self-Purchased ARDs:

➢ **Step 1: Obtain medical confirmation before purchase**

Device must be specifically listed in IRP or medical rehabilitation conclusion.

➢ **Step 2: Purchase the device at own expense**

Allowed only:

- if needed device is absent in the state list,
- OR if waiting time is incompatible with medical needs,
- OR if person chooses a different supplier on physical availability grounds.

➢ **Step 3: Submit application for compensation**

Where:

- Social Protection Department or ASC (TSNAP).

Documents:

- Passport / ID
- Tax number
- IRP / medical conclusion
- Original receipts and device technical documents
- Bank account (IBAN)
- Application form

➢ **Step 4: Calculation and reimbursement**

Compensation is paid:

- up to state cost limit for comparable device type,
- partial reimbursement if device is more expensive.

2.3.4. State Support for ARD Operation and Upkeeping:

According to the mentioned earlier Decree №321 the state also guarantees support for persons in subsequent care for provided ARDs, including:

- free repair and maintenance of state-provided ARDs,
- scheduled replacement based on medical and technical parameters,
- unscheduled replacement if device becomes unusable due to factors beyond user's control.

Replacement[12]:	
Replacement of ARDs is carried out when the device's service life expires. An application may be submitted no earlier than two months before that date. If the person applies later, the replacement is ordered only from the date of the actual application, and the unused period is neither compensated nor converted into the right to an additional device. Standard replacement is requested through the social protection authority, ASC (TSNAP), or the territorial branch of the Fund for Social Protection of Persons with Disabilities.	**Before the end of the established service life, the ARD may be replaced only in the following cases:** • after a re-examination/assessment with the new conclusion, confirming the change in indications and the preservation/increase in the need for the device; • in case of theft or damage due to force majeure (hostilities, combat actions, fire, flood, earthquake, etc.).
Repair:	
A) Warranty repairs, stump-socket replacement, and overall repair cost limits Warranty repairs are carried out by the provider at its own expense, except for replacement of the stump socket due to changes in anthropometric data, which is funded from the state budget even during the warranty period. Any repair requires a medical conclusion and an application submitted to the territorial branch of the Fund, with all information entered into the person's electronic file. If a defect appears during the warranty period through no fault of the person and the provider does not remedy it free of charge, the Fund may terminate the contract and seek reimbursement of paid state funds. It is particularly important that ARDs received by a person abroad are also subject to repair in Ukraine at the expense of the state budget, regardless of the period for which they were issued. Total repair and maintenance costs for one device cannot exceed 70% of its maximum price set by the Ministry on the date of application, except for battery replacement for electric wheelchairs and scooters, which is not counted toward this limit and may be carried out once every two years (1–2 units	**B) Post-warranty repairs and extension of device service life** Post-warranty repairs of lower-limb prostheses are funded no earlier than one year after provision for persons with I–II functional grades and no earlier than two years for grades III–IV (do not mix with the disability groups). For upper-limb prostheses the general rule is after one year. The time limits do not apply to repairs involving replacement of individual fastening elements (e. g. stump socket, etc.). After component replacement the applicability of device gets extension with the service life of lower limb prostheses is prolongated by one year for grades I-II, by two years for grades III-IV, and for upper limb prostheses - by one year. This data is also entered into the person's electronic file. Service life of any other ARDs is extended by one year if post-warranty repair occurs within six

[12] Replacement terms may differ per device category (wheelchairs, hearing aids, prosthetics, orthoses etc.).

depending on the model). If a person receives a new ARD, the previous one is no longer repaired at public expense unless the new device has been formally refused.	months before its expiry, except for minor repairs costing under 20% of the device price.

Technical Maintenance (High Reliability Wheelchairs):

The person or their representative must provide the wheelchair for maintenance every two years after the warranty expires. The provider must accept it, perform any necessary maintenance or needed repairs, while completing the work within one month of receiving the relevant funds from the state. All warranty and post-warranty maintenance or repair records, including detailed service acts, must be entered into the person's electronic file, with one copy of each act kept physically by the person.

2.4. Social Support for Ukrainians Abroad:

Ukrainians abroad often cannot access rehabilitation devices through foreign health systems, as local authorities usually require their own assessments and many countries provide such devices only to citizens or on a paid basis.

For this reason, Ukraine's social protection system remains the primary route for obtaining assistive rehabilitation devices. Ukrainians who are temporarily or permanently abroad retain the right to receive ARDs under the Ukrainian state programme, both if they already have established disability status, and if they do not but still have documented rehabilitation needs confirmed through Ukrainian medical or functional assessments.

2.4.1. Application for ARDs Abroad:

The application can be submitted only online through the Person's Electronic Cabinet or the Web Portal of the Ministry of Social Policy, Family and Cohesion. A person must have a Ukrainian conclusion confirming the need for the specific device, including one issued remotely on the basis of medical documentation or an assessment of daily functioning.

While the procedure is equipped with the necessary confirmation and application point, the major issue here lies with physically obtaining the device. Regulatory acts do not state the guaranteed transfer of ARDs abroad, and such a mechanism is not communicated in the materials of the Ministry/Fund, so a person can obtain those either through an authorised representative in Ukraine, or only after their return to Ukraine.

If it is impossible to obtain ARD physically in Ukraine, a person can purchase the appropriate device abroad and subsequently receive monetary compensation within the price limit, provided that duly executed foreign payment

documents are available. Upon return to Ukraine, medical devices obtained abroad can be registered in the Ukrainian system and repaired at the expense of the state budget.

2.4.2. Application through authorised representative in Ukraine:

A civilian abroad may also authorise a trusted person in Ukraine to submit an application for ARDs or compensation on their behalf.

- The authorised representative submits the relevant application to the Administrative Services Centre (TSNAP), Department of Social Protection or the territorial branch of the Fund.
- The applicant must already have: an Individual Rehabilitation Plan (IRP) or rehabilitation conclusion issued in Ukraine, and their data registered in the Unified Information System of the Social Sphere (UISSS).
- Compensation, if approved, is paid only to a Ukrainian bank account specified in the application.

2.4.3. Caveat:

- State suppliers cannot ship devices abroad, as procurement and delivery contracts cover only Ukrainian territory.
- The burden of arranging assessment and purchase lies entirely with the applicant, and reimbursement may be partial depending on price caps.

3. Changes Expected in 2026 (Decree №1438):

On 7 November 2025, the Cabinet adopted Decree №1438[13], which will enter into force on 1 January 2026, introducing significant changes to the organisation of rehabilitation services and the provision of assistive rehabilitation devices (ARDs). The amendments aim to strengthen community-based rehabilitation, expand access to ARDs for civilians undergoing rehabilitation, and ensure that support is provided in a timely and needs based manner, including for individuals who do not yet have an established disability status.

3.1. Facilitated Access:

From 2026, rehabilitation services will **be provided:**

- in hromadas (local outpatient centres or home visits),
- by local healthcare providers, not just centralised hospitals.

This means civilians with injuries or chronic conditions can receive ARD-related rehabilitation without being hospitalised, making support more flexible and accessible. The changes enable grounds for planning of home-based rehabilitation as a mass service within the Medical Guarantees Programme, with clear rules and requirements for providers[14].

[13] Link to the source: https://zakon.rada.gov.ua/laws/show/1438-2025-%D0%BF#Text

[14] For additional information on the access to healthcare please refer to DRC`s Legal Alert Special on Access to Healthcare System in Ukraine: Issue 119| October 2025

Rehabilitation providers in hromadas must now coordinate not only with health services but also with local social protection bodies, employment centres, educational institutions and sports services.

Prior to amendments, it was already possible to work 'in mobile mode,' including outside the walls of the department, but this appeared to rather be a technical option, depending solely on local resources,. The amendments describe a way of organizing services in the post-acute and long-term periods in outpatient settings outside the rehabilitation department, including in the form of home rehabilitation. It also explicitly states that this form must consider the capacity of local authorities (the hromada`s human and material resources).

The possibility to provide rehabilitation at the person's place of residence was first introduced in Law № 1053-IX and Decree № 1268 even before the reviewed amendments, so some institutions and specialists were already working in the field. However, there were:

- no clear definition of hromada or home rehabilitation,
- no standardized session duration,
- no clearly defined information and navigation functions, and
- no clear link to community resources.

The amendments pave the way for home- and community-based rehabilitation to become a fully-fledged, scalable form of service in the 2026 set of Medical Guarantees, with a clear definition, scope, requirements for providers and expected cross-sectoral impact.

3.2. Medical Staff and Service Providers Must Inform Civilians About Their Rights:

Rehabilitation providers, such as doctors, therapists, and rehabilitation teams, will be legally required to:

- inform patients about their right to receive ARDs during or after rehabilitation,
- help initiate obtaining the necessary documentation (e.g. IRP or conclusion for ARDs),
- explain the available options (provision vs compensation).

This helps ensure that people do not miss out on support simply because they were not informed it is available.

3.3. Long-term Rehabilitation was Enhanced:

Until now, long-term rehabilitation often stopped once acute recovery ended. **Starting from 2026 ARDs will be linked to long-term rehabilitation goals, such as:**

- preventing further decline in mobility or independence,
- helping people maintain the progress they've achieved.

This means a person can continue receiving support, even if they are not actively improving, but need devices to prevent worsening.

3.4. Mandatory "One Hour of Individual Rehabilitation" Rule was Introduced:

Duration of a rehabilitation session provided by a rehabilitation specialist independently to a patient is set to be one hour.

This requirement applies to all types of rehabilitation:

- inpatient rehabilitation;
- outpatient rehabilitation;
- home-based rehabilitation;
- community based rehabilitation.

Rehabilitation institutions must ensure staffing schedules, caseloads, and daily plans comply with these new mandatory timeframes. As previously such single service didn't have any requirements or procedures and was not used, such amendments should be considered as a first step in formalizing and establishing effective process of individual rehabilitation with low intervention rate (rehabilitation monoservice).

3.5. Standard Regulation for Rehabilitation Departments and Teams were Updated:

From 1 January 2026, the composition of multidisciplinary rehabilitation teams must be determined based on the individual needs of the person, as defined in their rehabilitation plan (including social workers, physicians, psychologists or other required specialists), rather than an internal hospital regulation.

Additionally, qualification requirements for prosthetists-orthotists (specialists who measure, fit, and customise ARDs) have been formally approved. Transitional provisions for their certification and employment will remain in effect until 1 January 2028.

The goal is to ensure all specialists involved in ARD provision are properly trained, certified, and up to date with modern practices, and still being aimed at the person's state.

4. Summary:

Recent reforms in Ukraine have significantly reshaped the system for providing assistive rehabilitation devices (ARDs) to civilians, including individuals who require rehabilitation support **before** disability status is issued. Decree №321 remains the core instrument regulating ARD provision and compensation, but its practical application has changed due to the integration of the Unified Information System of the Social Sphere (UISSS) and the alignment of ARD procedures with the healthcare rehabilitation framework. These changes allow rehabilitation providers to enter medical and functional needs directly into the social system, enabling civilians to obtain ARDs based on documented rehabilitation needs rather than disability status alone.

Rehabilitation can now be initiated in multiple settings, involving acute care, inpatient, outpatient, community, or at home, if facilities meet the requirements of the Medical Guarantees Programme and employ multidisciplinary rehabilitation teams. Despite this progress, practical access gaps still remain, especially in community and home-based rehabilitation, where formal procedures are still underdeveloped. Private practitioners face additional limitations due

to the bureaucratic barriers in access to registering economic activities for rehabilitation services, further restricting the scalability of flexible or home-based support.

Civilians abroad remain eligible for ARDs under Ukrainian law. Although foreign systems rarely recognise Ukrainian medical documents, Ukrainian conclusions issued in person or remotely allow applicants abroad to request ARDs or compensation online. The main barrier is the physical receipt of devices abroad, as state suppliers cannot ship ARDs outside Ukraine. Compensation mechanisms therefore play a crucial role for those unable to collect devices in person.

4.1. Recommendations for Humanitarian Organisations:

1. Strengthen referral pathways to state social protection bodies by ensuring that staff and persons of concern understand which ARDs are provided free of charge under national procedures and how to access them.
2. Avoid duplication of state-funded ARDs and rehabilitation services when designing programmes, while maintaining the capacity to address urgent gaps such as temporary device provision, transportation assistance or support for individuals awaiting assessments.
3. Support civilians in completing ARD-related procedures by assisting with applications, electronic submissions, identity verification and document collection, particularly for displaced persons, elderly people and those with limited digital skills.
4. Integrate ARD-related counselling into protection and case-management activities to help individuals understand what qualifies as an assistive rehabilitation device, which documents they need, and what rights they hold under Decree №321.
5. Facilitate access to community-based and home rehabilitation by supporting local mobile outreach or covering mobility barriers for persons with reduced functional capacity, ensuring continuity of rehabilitation while state systems continue to scale up.

4.2. Recommendations for the Government of Ukraine:

1. Expand public awareness efforts on ARD rights and procedures by ensuring clear, accessible communication about which devices are covered by the state, how to apply, and which documents are required.
2. Improve local capacity in communities by supporting social protection offices and healthcare facilities to provide explanations to residents about ARDs, rehabilitation pathways and the difference between medical devices and assistive rehabilitation devices.
3. Finalise and operationalise the 2026 framework for community-based and home rehabilitation, ensuring coherent referral routes, integrated documentation standards and adequate funding at the local level.
4. Develop mechanisms to support Ukrainians abroad who cannot collect devices in person, including structured cross-border delivery options or coordination through consular services.
5. Address regulatory and administrative gaps, including clarifying the role of private rehabilitation providers and ensuring seamless information exchange between healthcare and social protection systems through UISSS.

6. Strengthen oversight and service quality assurance for ARD providers, including transparent monitoring of repair, replacement and maintenance procedures to ensure timely support for persons of concern.

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