

The "Financial Mechanism" (Option B – vouchers) was rejected due to prohibitive administrative complexity during wartime.

Based on the analysis, the brief recommends Option C: Organizational Mechanism (Social Contracting with NGOs). Compared to the rejected alternatives, it demonstrates superior advantages: providing highest effectiveness through immediate access to existing NGO expertise, ensuring equitable access, and allowing for rapid deployment without creating complex new systems

To implement the recommended option, the Ministry needs to execute a phased action plan:

1) Normative-Financial Preparation: Establish a dedicated budget program, accumulate international donor funds, and approve a Ministerial Order defining the standard for the crisis service and strict qualification requirements for providers (certification in evidence-based trauma therapy).

2) Competitive Selection: Conduct a transparent contest to contract capable NGOs with experience since 2014, involving donors in the selection committee.

3) Service Delivery and Monitoring: Launch a direct referral mechanism from security agencies to contracted NGOs and ensure payment for services based on performance monitoring

Expected results include immediate access to life-saving therapy for released civilians, prevention of chronic mental health conditions, and facilitated social reintegration.

Finally, establishing this rehabilitation mechanism directly fulfills Ukraine's international obligations under the UN Convention against Torture, guaranteeing victims the means for rehabilitation

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## **HOW TO ENGAGE VETERANS WITH DISABILITIES IN ADAPTIVE SPORTS AND REHABILITATION PROGRAMS**

This study is dedicated to the urgent problem of the low level of engagement of veterans with disabilities in physical and sports rehabilitation in Ukraine. The client of the analysis is the Ministry of Veterans Affairs of Ukraine, whose strategic interest lies in transforming the current system of veteran sports – oriented toward national teams and one-off events – into a mass,

accessible, and inclusive model for reintegrating veterans with disabilities into the social and economic spheres of society.

The relevance of state intervention is driven by a critical imbalance between supply and demand. Amidst the full-scale war, the number of veterans and persons with disabilities is growing rapidly – over 1.3 million veterans, including over 130,000 persons with disabilities – whereas current state policy covers no more than 1% of the target audience with sports and rehabilitation programs. The causes of the problem lie in the physical deficit of adaptive state facilities, their geographic inaccessibility for residents of small communities, and the absence of a clear "hospital-to-gym" client pathway. Delaying the resolution of this issue threatens the marginalization of the veteran community, the deterioration of the nation's physical and mental health, increasing social tension, and high risks for the country's economy.

Based on a comparative analysis of three alternatives – maintaining the status quo, implementing a service model of integrated physical and sports rehabilitation via medical referral, and a state construction program for rehabilitation centres – Option 2 is recommended: the implementation of the integrated physical and sports rehabilitation service model via medical referral.

This option demonstrated undeniable advantages over the state construction alternative (Option 3). Unlike the long-term and costly construction of new centres, the recommended policy treats sport as an integral part of the treatment protocol. It allows for service scaling at the national level by leveraging existing infrastructure, ensuring sustainable results in the medium term (3–5 years). The model is the most cost-effective, equitable, and administratively feasible.

To implement the recommended policy, the client is proposed to apply a set of instruments aimed at creating a service market. The veteran's sports rehabilitation pathway should be initiated by a doctor at the final stage of inpatient treatment through an electronic referral. The service must be integrated into the eHealth, "E-Veteran," and "Diia" digital ecosystems.

The expected result of the policy implementation is the gradual coverage of up to 40% of veterans with physical and sports rehabilitation services upon full program realization. The target audience will gain free access to quality services near their place of residence, professional support, and a clear recovery plan. The state will benefit from a transparent mechanism for budget utilization and a reduced burden on the medical system in the long term.

Solving this problem directly correlates with Ukraine's international obligations regarding human rights protection and EU social standards, and aligns with NATO practices regarding comprehensive support for service members. Implementing inclusive approaches is part of the National Strategy for Creating a Barrier-Free Space in Ukraine.