INTERNATIONAL RESCUE COMMITTEE

December

2025 Multisectoral Needs Assessment Report Ukraine

Sectors: Health, Protection (Women Protection and Empowerment, Child Protection, Protection and Rule of Law), Economic Recovery and Development

Data Collection: From 29 August - 7 October 2025 (31 days)

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EXECUTIVE SUMMARY

The International Rescue Committee conducted a multisectoral needs assessment across seven most affected oblasts in eastern and southern Ukraine from August 29 to October 7, 2025, in collaboration with local partner organizations Fortitude, Shchedryk, Star Ukraine, and the Ukrainian Education Platform who facilitated data collection across their areas of operation. The assessment surveyed 1,324 households and conducted 57 focus group discussions (FGDs) and 64 key informant interviews (KIIs) to understand humanitarian needs entering the fourth winter of full-scale war.

Health emerged as the overwhelming first priority across all data sources (household survey 71%, FGDs 67%, KIIs 56%), with 80% of respondents highlighting chronic disease being the most prominent health issue in community and mental health conditions affecting 34%. Critical gaps include absence of specialized doctors, lack of diagnostic services, severely limited pediatric and maternal health care, and insufficient mental health support. Over half of households (53%) cannot afford prescribed medications despite 73% being aware of the government "Affordable Medicines" program, which faces barriers including inadequate coverage of essential medicines and absence of participating pharmacies in rural and hard to reach settlements.

Winter heating ranked as the second priority (household survey 60%, FGDs 58%, KIIs 45%), with 64% of households identifying utility payments as their most pressing winterization need, followed by heating items (50%) and winter household items (39%). Nearly half of respondents (48%) reported homes requiring repairs, with damaged walls (22%) and roofs (18%) as common issues.

Food security was the third priority (household survey 49%, FGDs 33%, KIIs 19%), with 57% of respondents relying on less preferred or lower-quality food as a coping mechanism.

The overwhelming majority (86%) identified lack of funds as the primary barrier to meeting household needs, followed by insecurity (19%) and travel or distance (17%). Correspondingly, 88% of respondents prefer money or financial assistance to meet their needs, whereas only 6% preferred in-kind items followed by 5% free service. While 60% reported being able to purchase basic items in local markets, this varied significantly by location. Most households (57%) reported meeting only some of their basic needs, with the most frequently reported coping strategy being reducing essential non-food expenditures (51%), followed by spending savings (28%) and reducing healthcare expenditures (20%).

Protection concerns remain widespread, with 69% of respondents reporting at least one safety concern for women and 66% for men, primarily related to family separation (39% women and 34% men), enlistment/recruitment risks (26% men), freedom of movement restrictions (11% women and 26% men), and forced internal displacement (23% women and 19% men). Gender-based violence remains the most frequently reported protection risk, domestic violence primary GBV threat reported by (56% of FGDs and 48% of KII), followed by emotional or psychological abuse (42% of FGDs and 45% of KII) and physical violence was identified in approximately one-third of focus groups (32%) and over one-quarter of key informant interviews (27%).

The most significant barrier preventing women from accessing GBV services is fear of being identified as a survivor (cited in nearly four-fifths of FGDs), followed by confidentiality concerns and concerns about physical security when seeking help.

Almost half of respondents reported at least one child protection concern for boys (49%) and girls (50%), with family separation (28% boys and 29% girls), bereavement (21% for both boy and girls), and forced displacement (16% boys and 18% girls) as primary concerns. Beyond these immediate concerns, respondents commonly described a broader deterioration in children's well-being driven by caregiver stress, economic hardship, and prolonged exposure to insecurity, resulting in increased risks of neglect, inadequate supervision, and disrupted access to essential services such as education, social services, and healthcare. Several key informants noted that overstretched or absent caregivers often due to military service, displacement, or psychosocial distress have reduced children's daily protection and stability.

Psychological distress, fear, and anxiety emerged as the most widespread concern (cited in two-thirds of FGDs), with caregivers frequently reporting sleep disturbances, regression in younger children, behavioral challenges among adolescents, and difficulties coping with prolonged uncertainty. In parallel, key informants highlighted a rise in school discontinuation, irregular attendance, and limited access to inclusive learning environments, increasing risks of social isolation and reduced protective peer networks.

Additionally, exposure to mines and explosive remnants of war was reported by approximately 45% of key informants and 44% of FGDs as one of critical child protection issues. Financial assistance emerged as the top priority for supporting children (59%), followed by access to child-friendly safe spaces (34%) and psychosocial support (29%). Moreover, across all respondent groups, economic insecurity, lack of safe environments, and insufficient mental health support are mentioned as key drivers of protection risks for children.

Legal challenges affect 32% of surveyed households, with housing, land, and property rights problems (53% of key informants) and loss/destruction/expiry of documents (42%) as the most common issues. Despite these challenges, only 33% of affected respondents sought legal assistance, suggesting significant barriers to access. Digital literacy gaps emerged as the most frequently cited barrier to accessing state services (39% of KIIs), with lack of smartphone ownership, financial constraints, internet connectivity problems, and digital literacy gaps creating exclusion from increasingly digitalized service delivery, particularly affecting elderly people, low-income families, and persons in remote areas.

Information needs are widespread (59% of respondents), with health services as the most critical information need (43%), followed by social services (30%), humanitarian assistance (24%), employment opportunities (22%), and legal aid (22%). However, only 37% reported finding information easily, while 24% did not attempt to look for information at all, indicating need for proactive information dissemination.

Regarding feedback preferences, 54% indicated speaking directly with IRC field staff as their preferred channel, and 48% preferred this channel for reporting sensitive concerns. Safeguarding awareness remains limited, with 45% reporting not knowing what behaviors by humanitarian workers would be inappropriate, indicating significant need for awareness-raising particularly on sexual exploitation and abuse, which only 19% identified as inappropriate despite being the most severe violations.

04 BACKGROUND AND SCOPE

Since 24 February 2022, the eruption of full-scale hostilities in Ukraine has triggered a profound humanitarian crisis across the country, with widespread destruction and massive population displacement. As we are approaching the fourth anniversary of the war, the conflict continues to inflict immeasurable human suffering, death, and destruction, putting millions at risk of serious rights violations, forcing mandatory evacuations of civilians from front-line communities, and generating acute and deepening humanitarian needs.

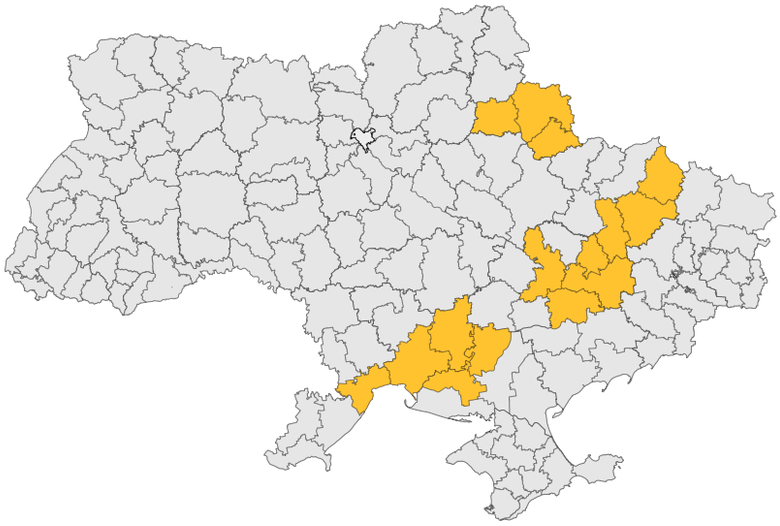


Figure 1: The orange-highlighted areas on the map indicate the locations(rayons) where data collection took place

According to sources, an estimated 12.7 million people within Ukraine (approximately one in three of the population) are in need of humanitarian assistance, including 3.7 million internally displaced. Rates of civilian casualties have risen sharply, and damage to housing, basic services (electricity, water, heating) and infrastructure continue unabated.
Now entering its fourth winter of full-scale war, the conflict continues to further devastate civilian lives and infrastructure. Recent intensified attacks, particularly on energy and civilian facilities, have left millions without reliable access to electricity, water, and heating, and further displacement, exacerbating vulnerabilities as temperatures drop. Intense attacks on populated areas and critical infrastructure are driving the most severe humanitarian needs along the front lines, especially in eastern, southern and north-eastern Ukraine. Moreover, humanitarian actors face serious challenges delivering aid in active hostilities, reaching the most vulnerable (including elderly people, people with disabilities, women, and children), and filling widening gaps in funding and access.

Directly and through partners, the International Rescue Committee (IRC) continues to respond to the life-threatening impacts of the ongoing crisis in Ukraine.

Our response focuses on providing health services, integrated protection support (CP, WPE and PRoL), and economic recovery and development (ERD) assistance, including winterization aid for people living in hard-to-reach areas. Priority is given to internally displaced people (IDPs), returnees, and vulnerable members of host communities.

To better understand the most pressing needs and inform the scale-up of assistance, the IRC conducted a multisectoral needs assessment across seven most affected oblasts, covering 15 rayons and 41 hromadas in eastern and southern Ukraine (Kharkivska, Sumska, Dnipropetrovska, Zaporizka, Odeska, Mykolaivska, and Khersonska) as shown in the map. The assessment focused on frontline-adjacent areas, covering both urban and rural locations. Its aim was to identify unmet humanitarian needs, establish priorities, and develop recommendations for a comprehensive response. Ultimately, the findings will guide efforts to support most vulnerable people particularly IDPs, returnees, and host communities to survive, recover, and gain control of their future.

STATEMENT OF INTENT

Assessment Objective

This Multisectoral needs assessment aims to systematically identify and analyze the scale of humanitarian needs across most conflict affected locations in Ukraine, examining priority needs, service access barriers, and protection concerns affecting conflict-affected populations. The assessment documents sectoral needs across multiple domains and focus on health (including mental health), protection (Child Protection, Women Protection and Empowerment, and Protection and Rule of Law), Economic Recovery and Development (ERD) including Winterization and Social Protection to inform evidence-based humanitarian programming.

Assessment Questions

The assessment sought to address the following core questions:

- What are the most critical and urgent needs identified by affected populations across targeted communities?
- What forms of assistance do households prioritize to address their, identified needs, and what factors influence these preferences?
- What barriers, including physical, financial, informational, and structural prevent affected populations from accessing essential services and support?
- What protection risks and concerns affect women, girls, men and boys within assessed communities?
- What is the specific protection needs facing vulnerable populations?
- What communication channels and feedback mechanisms do affected populations prefer for engaging with humanitarian organizations?

05 METHODOLOGY

Assessment Design

This Multi-Sector Needs Assessment (MSNA) employed a mixed-methods design, integrating both quantitative and qualitative data collection tools to provide a comprehensive understanding of needs across multiple sectors and locations. The seven oblasts (Kharkivska, Dnipropetrovska, Sumska, Mykolaivska, Odeska, Khersonska, Zaporizka) were purposively selected based on frontline proximity and IRC programming considerations. The methodology was adapted to context-specific constraints, particularly limited access in some locations due to security concerns. The data collection was carried out in collaboration with local partner organizations Fortitude, Shchedryk, Star Ukraine, and the Ukrainian Education Platform.

Quantitative Component

A structured household survey was used as the primary quantitative tool. Given security constrains resulting in significant mobility restrictions due to the ongoing hostility in the selected locations, a convenience sampling strategy was adopted. Households were selected based on their availability and willingness to participate, supported by local field teams and enumerators familiar with the communities. To ensure broad representation despite the non-probability sampling, the survey employed quota-based targets across key demographic and geographic variables:

- **Gender:** Aiming for a balanced sample of 50% female and 50% male respondents
- **Geography:** Inclusion of both urban and rural areas in each of the seven selected oblasts
- **Population groups:** Deliberate inclusion of IDPs, returnees, and host communities

The survey sought to gather data from minimum of 160 households per each of the seven surveyed oblasts. The actual result indicated a total of 1,324 households interviewed across seven oblasts using a structured household survey tool, averaging 189 respondents per oblast (see the table below). The demographic distribution showed 67.5% female and 32.5% male respondents, with 41% living in urban and 59% in rural areas; 69% were host community members, 26% IDPs, and 5% returnees.

Distribution of Survey Respondents by Oblast

Oblast	# of respondents	Percentage
Dnipropetrovska	253	19.11%
Kharkivska	295	22.28%
Khersonska	160	12.08%
Mykolaivska	160	12.08%
Odeska	81	6.12%
Sumska	242	18.28%
Zaporizka	133	10.05%
Total	1324	100%

Qualitative Component:

To complement the household survey and triangulate key findings, a qualitative component was integrated into the assessment. This included 57 Focus Group Discussions (FGDs) conducted across the seven oblasts (in average 8 per oblast), with separate male and female groups. Total of 64 Key Informant Interviews (KIIs) were also conducted, with an average of 9 interviews per oblast with stakeholders/experts selected for their sectoral expertise or community insights. All FGDs and KIIs were facilitated by trained IRC sector staff, with female facilitators leading women-only discussions (in the case of FGD) to ensure a safe and comfortable environment for participants. Overall, a total of 623 respondents (64 KII and 559 FGD members) participated in qualitative interviews and discussions.

Limitations

This assessment was conducted under significant operational constraints related to ongoing conflict, insecurity, and restricted access, which imposed methodological limitations requiring careful interpretation of findings. Security conditions necessitated convenience sampling, inviting respondents who were available and willing to participate at the time of interviews. This approach may have introduced selection bias, potentially underrepresenting populations in the most inaccessible or insecure areas, and those facing heightened security risks. The assessed sample may not fully represent all conflict-affected populations in the seven oblasts.

Despite constraints, the assessment employed quota-based sampling to ensure diversity across location, displacement status, gender, and age; achieved substantial coverage (1,324 household surveys across 15 rayons and 41 hromada) and utilized mixed-methods triangulation combining household surveys, focus groups (n=57), and key informant interviews (n=64) to strengthen validity and provide contextual depth.

Therefore, findings should be interpreted as indicative rather than statistically generalizable, given inherent constraints of data collection in complex, insecure environments. Results provide robust evidence of needs in assessed locations, validated through mixed method triangulation, and offer valuable insight for programming, while acknowledging that needs may differ in non-assessed areas or among inaccessible populations.

Ethical Considerations

Key ethical and operational considerations were carefully integrated into the assessment process to ensure safety, inclusiveness, and data quality. Informed consent was obtained from all participants, emphasizing the voluntary nature of participation and the confidentiality of their responses. To promote comfort and openness during interviews, female enumerators engaged with female respondents, particularly in FGD setup when discussing sensitive topics related to protection, health, etc. The assessment team also prioritized do-no-harm principles, ensuring that data collection did not expose participants or staff to unnecessary risks. Additionally, all enumerators were trained on safeguarding and ethical data handling to uphold the highest standards of accountability and protection throughout the process.

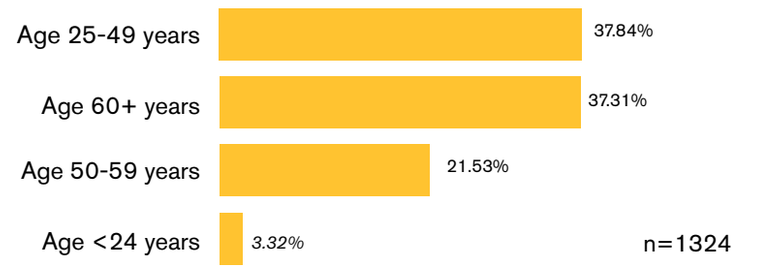
06 KEY FINDINGS

Demography

The multisectoral needs assessment collected data from a total of 1,324 respondents across seven Oblasts, 15 Rayons and 41 Hromada in eastern and southern Ukraine. Women represented the majority of those surveyed, making up 68% of the sample, while 32% were men. Most participants (59%) lived in urban areas, whereas 41% were from rural communities, intentionally planned during the data collection process to capture diverse settings needs. When looking at residence status, more than half of respondents (69%) were from host communities, while 26% were IDPs and 5% were returnees who had recently moved back to their places of origin. Among IDPs, most (87%) reported having stayed in their current location for over four months and would consider staying in the current location for the coming 1-3 months and more, suggesting that displacement for most households is becoming long-term rather than temporary.

Age analysis reveals that most respondents are between 25 - 49 years (38%), followed by 60+ years (37%). The average age of survey participants was 53 years, with women averaging 51 years and men 55 years. The age range of respondents spanned from 15 to 88 years, showing a wide distribution of age groups involved in the assessment.

Age of respondents

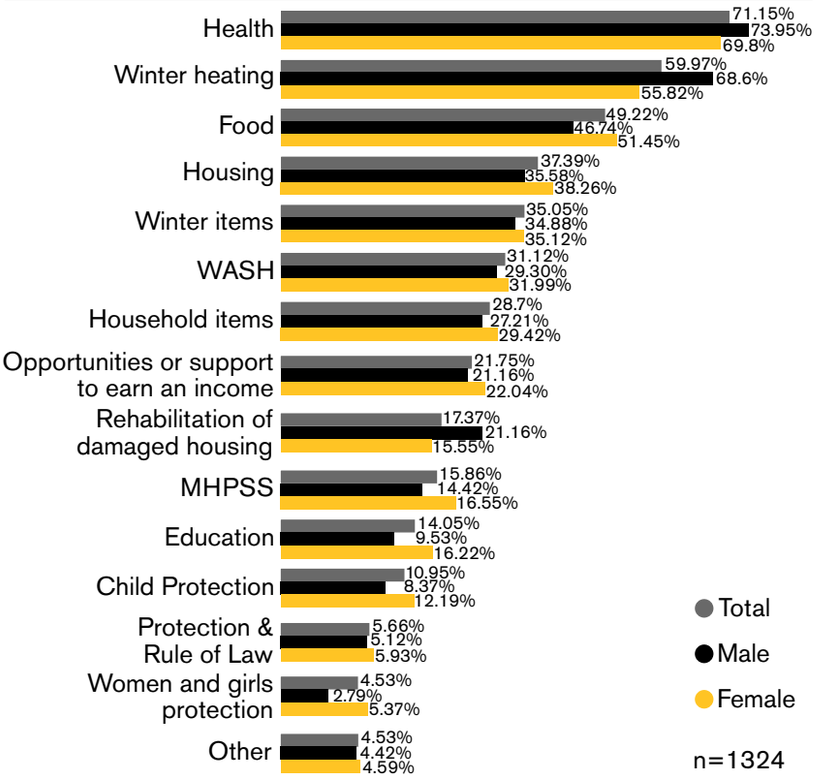


Across all the households surveyed, there were 3,605 household members, resulting in an average family size of 2.7 persons per household. Notably, 18% (n=237) of respondents lived alone (did not have any family members other than themselves); 65% (n=154) of these were women, indicating a significant number of single-person, female-headed households that may face additional challenges in meeting their needs. In addition, 1% of households reported having pregnant or lactating women, while 9% of respondents reported having household members with some form of disability or functional difficulty, such as problems with hearing, vision, walking, memory, or self-care. These findings emphasize the need for humanitarian interventions that holistically approach the specific vulnerabilities of women, people living alone, and individuals with disabilities to ensure assistance is inclusive and accessible to all.

Priority Needs

Survey respondents were asked to identify their most pressing needs. Initially, they were asked to list all the needs affecting their households, and subsequently, to highlight their top three priority needs. Across both questions, the most frequently mentioned were health (71%), winter heating (60%), and food (49%) as top priority needs. These were followed by needs related to housing and winter items (including warm clothing, floor mats, and heaters) and WASH and household items (hygiene kits, kitchen items, sanitary pads, etc.). The chart below titled "Household Priority Needs" illustrates the full distribution of responses across all categories by gender.

Households Priority Needs



According to the household survey, as can be seen on the graph above, **Health** emerged as the first priority need, reported by 71% of respondents overall. Analysis by oblast shows that Zaporizka (91%), followed by Odeska (79%), Sumska (78%), Mykolaivska (71%), and Dnipropetrovska (75%) identified health as their top priority. However, in Khersonska (69%) and Kharkivska (53%), health ranked as the second priority need, with winter heating and food taking first place, respectively.

Winter heating ranked as the second overall priority, cited by 60% of respondents. It was identified as second priority in Dnipropetrovska (62%), Sumska (62%), and Mykolaivska (59%). However, it ranked third in Kharkivska (47%), fourth in Zaporizka (55%), and fifth in Odeska (46%), though these still represent substantial proportions of respondents. These findings indicate that heating remains a major concern across the surveyed oblasts, particularly in areas where infrastructure damage and harsh winter conditions continue to affect daily life.

Food was identified as the third priority need, mentioned by 50% of respondents overall. It ranked as the second priority in Zaporizka (89%), Odeska (60%), and Kharkivska (58%), and third in Sumska (58%). In Mykolaivska (44%) and Dnipropetrovska (32%), food ranked fourth and fifth, respectively. In Khersonska (19%), food was among the least prioritized needs compared to other oblasts. Despite these variations, food remains one of the top three priority needs overall. For further details on priority needs by oblast, please refer to the table below. Overall, there is a slight variation by locality (urban and rural) regarding the top three priority needs. In urban localities the top three priority needs are health, followed by food and housing, whereas rural localities prioritize health, winter heating and food.

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KEY FINDINGS

Priority needs by oblast	Dnipropetrovska	Kharkivska	Khersonska	Mykolaivska	Odeska	Sumska	Zaporizka	Total
Health	75.10%	52.54%	69.38%	70.63%	79.01%	77.69%	90.98%	71.15%
Winter heating	62.06%	46.78%	89.38%	59.38%	45.68%	62.40%	54.89%	59.97%
Food	32.02%	57.63%	18.75%	44.38%	60.49%	58.26%	89.47%	49.92%
Housing	32.81%	38.31%	13.75%	22.50%	30.86%	50%	71.43%	37.39%
Winter items	45.85%	30.51%	31.88%	43.13%	58.02%	27.69%	18.05%	35.05%
WASH	30.83%	34.24%	35.00%	46.88%	22.22%	29.75%	9.02%	31.12%
Household items	27.27%	25.42%	45.00%	25.00%	43.21%	35.95%	1.50%	28.70%
Opportunities/support to earn an income	19.37%	22.37%	23.13%	16.88%	46.91%	24.38%	9.02%	21.75%
Rehabilitation of damaged house	19.76%	13.22%	36.25%	21.25%	24.69%	11.57%	0.75%	17.37%
MHPSS	18.56%	20.00%	31.25%	7.50%	13.58%	9.50%	6.02%	15.86%
Education	13.44%	18.31%	6.25%	15.00%	19.75%	19.01%	1.50%	14.05%
Child Protection	20.95%	11.86%	2.50%	5.00%	9.88%	13.64%	3.01%	10.95%
Protection & Rule of Law	14.23%	3.73%	1.88%	1.25%	6.17%	5.79%	3.01%	5.66%
Other	7.51%	7.80%	0.63%	8.13%	0%	1.65%	0%	4.53%
Women and girls Protection	7.11%	4.07%	0%	5.63%	6.17%	6.20%	0.75%	4.53%

Data triangulation from three complementary data sources (household surveys, focus group discussions, and key informant interviews) shows convergence and divergence on some of the priority needs.

- **Health:** emerges as the overwhelming priority across all data sources (HH survey: 71%, FGD: 67%, KII: 56%), representing the strongest convergence in the assessment. This undisputed identification, despite varying methodologies and respondent types, establishes health as the most critical unmet need requiring immediate intervention in the assessed locations.
- **Winter heating:** ranks as the second priority, with remarkable consistency across all three sources (HH survey: 60%, FGD: 58%, KII: 45%). The slightly lower rating by key informants may reflect their broader perspective on available winter heating sources versus household-level experiences of inadequacy.
- **Protection:** aggregating child protection (CP), women protection and empowerment (WPE), and protection and rule of law (PRoL), demonstrates convergence across data sources (HH survey: 21%, FGD: 23%, KII: 19%). All three methodologies consistently identify protection concerns affecting approximately one in five of the assessed population, validating it as a genuine priority despite lower visibility compared to health or winterization needs.

Several priority areas show substantial variation across data sources, revealing important insights into how needs are perceived, experienced, and reported.

- **Food security:** shows the opposite pattern (HH survey: 49%, FDG: 33%, KII: 19%) with households rating much higher than key informants. This substantial gap reveals a disconnect between household-level food insecurity experiences and key informant perceptions of food availability. This highlights the critical importance of household-level data in food security programming and suggests that KII/experts' assessments alone may significantly underestimate food insecurity.
- **Housing:** presents an interesting inverse pattern (HH survey 37%, FDG 42%, KII 56%), with key informants rating it significantly higher than households themselves. This gap likely reflects households facing multiple acute needs may prioritize more immediate concerns over housing in their responses. This divergence suggests that housing needs are objectively more severe than self-reported.
- **WASH (Water, Sanitation, and Hygiene):** shows notable divergence (HH survey: 31%, FDG: 47%, KII: 38%), with focus groups rating it much higher than household surveys. This difference suggests WASH programming should prioritize community-level infrastructure rather than solely household-level interventions.
- **Mental Health and Psychosocial Support (MHPSS):** show one of the most striking divergences (HH survey: 16%, FDG: 44%, KII: 37%), While only 16% of households identified MHPSS as a priority in individual surveys, this figure rose to 44% in focus group discussions, a nearly threefold increase. This divergence suggests MHPSS needs are significantly higher than individual surveys alone would indicate.

Moreover, KIIs and FGDs across the assessed oblasts revealed that communities continue to face severe and overlapping challenges in meeting their basic needs. Overall, the destruction of infrastructure and housing has left many residents and IDPs without safe or adequate living conditions. Shortages of specialized medical staff, combined with limited transport and high costs of essential goods, have further strained household resilience. They also reported that humanitarian aid has been insufficient to cover these essential gaps, especially ahead of the winter season. Please refer to a brief summary of the main needs/challenge as outlined by key informants and focus groups in the table below.

08 KEY FINDINGS

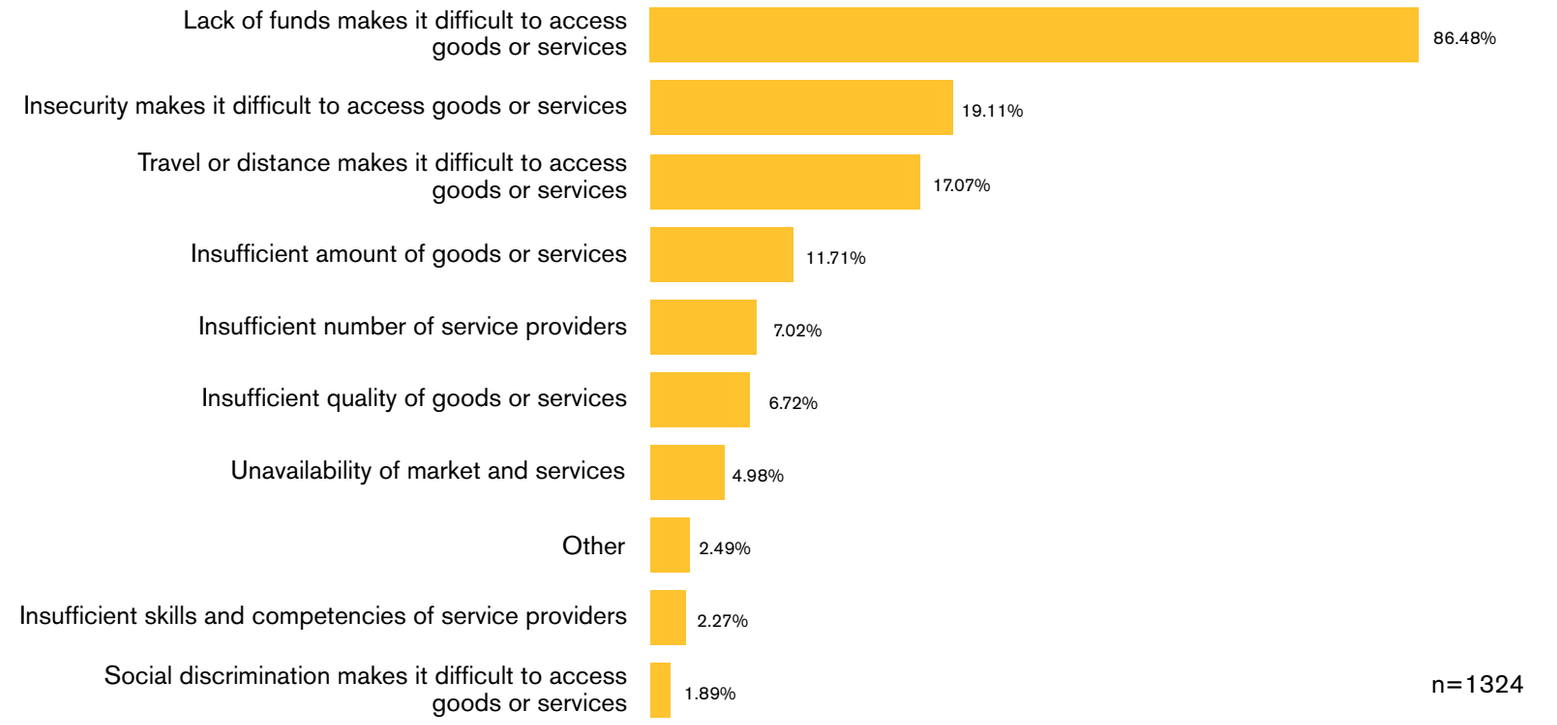
Sector	Main needs/challenges
Health & MHPSS	Limited access to healthcare due to shortage of specialized doctors and medical staff; damaged or non-functional clinics; long travel distances and poor transport connections; lack of pharmacies in remote areas; inconsistent supply of medicines; insufficient mobile health services; high demand for psychological and psychiatric services; health facilities underfunded and damaged.
Winter (Energy & Heating)	High cost and low affordability of heating materials (firewood, coal, gas); damaged or outdated heating systems and boiler rooms; limited heating subsidies; reliance on stove heating due to lack of gas connections or high tariffs; winterization support insufficient; recurring winter hardships especially for families with children and low-income households.
Housing	Severe housing shortage due to destruction and high rental prices; inadequate financial support for repairs; IDPs forced to share accommodation; extensive damage to roofs, heating systems, and structural elements; lack of funds for reconstruction; risk of losing shelter in winter; need for emergency shelter and medium-term rehabilitation.
Food security	Reduced food access because of rising prices and limited affordability; lack of grocery stores in rural/ remote settlements; irregular shop schedules; long-distance travel required to purchase food; elderly persons and IDPs disproportionately affected.
WASH	Acute water shortages due to damaged or non-functional water systems; dried or deteriorated wells; frequent water supply interruptions; many households must purchase drinking water; insufficient hygiene products, especially for vulnerable individuals; inadequate WASH facilities in health centers; high cost of hygiene items.
Education	Damaged or destroyed schools; reliance on online learning limited by poor internet and electricity; absence of bomb shelters in schools; insufficient specialized staff (psychologists, rehabilitation specialists, speech therapists); damaged infrastructure; constrained school schedules; need for safe and inclusive learning environments.
Livelihoods & Financial Needs	High unemployment and low income; rising cost of living and utilities; limited job opportunities for youth, elderly, and persons with disabilities; reliance on low pensions or social benefits; need for cash assistance, livelihood programs, micro-grants, and vocational training; financial insecurity driving multisectoral needs;
Protection	Increased psychosocial stress due to conflict; family tensions among IDPs; insufficient social workers; need for early psychological intervention; legal assistance needed for documentation and compensation; gaps in protection services for children, women, and vulnerable groups; child protection risks in conflict-affected areas.
Transport	Poor road conditions and damaged infrastructure; lack of regular public transport; high transportation costs; isolation of rural and frontline communities; transport barriers limiting access to healthcare, employment, food, and administrative services; damaged infrastructure delaying humanitarian aid delivery.

Barriers to meeting basic needs - Survey respondents identified multiple barriers preventing them from meeting their household needs. The overwhelming majority (86%) identified lack of funds as the primary constraint, making it difficult to access goods or services. This was followed by insecurity (19%) and travel or distance, (17%), both of which further limit access, particularly for those living in rural remote and frontline areas. Other reported challenges included insufficient availability of goods or services (12%), limited number of service providers (7%), and poor quality of available goods or services (7%). See the graph titled "Main bariers HHs face in meeting their needs" for a complete breakdown.

In addition to these general barriers, (KIIs) and (FGDs) across survey locations consistently highlighted that certain groups face heightened challenges in accessing basic services. Elderly individuals, IDPs, and people with disabilities were identified as experiencing the greatest barriers. Other vulnerable groups mentioned include pensioners, single mothers with multiple children, and households living in hard-to-reach areas.

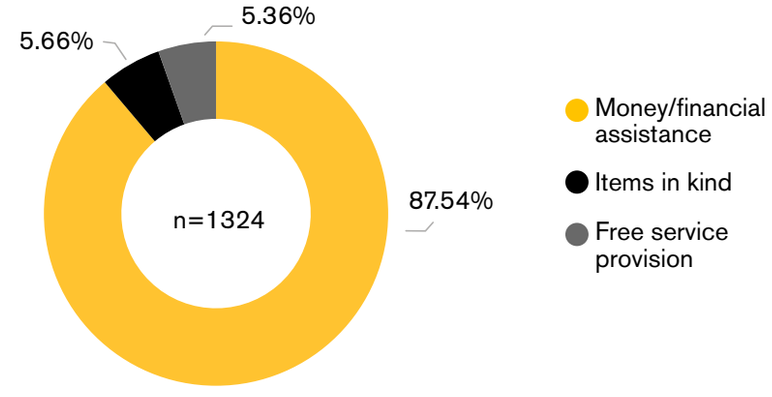
09 KEY FINDINGS

Main barriers HHs face in meeting their needs



Modality of assistance and access to market - Regarding the type of assistance, households prefer to meet their needs, 88% reported money or financial assistance, followed by 6% preferring items in kind, and 5% indicating free service provision. No significant differences were observed by location or gender.

What kind of assistance do you prefer to help you meet your household's needs ?



When asked whether households could purchase all basic items in local markets, 60% reported being able to meet their essential needs (74% urban and 51% rural). However, this varied significantly by location, only 35% in Zaporizka, 43% in Khersonska, 56% in Mykolaivska, and 57% in Sumska Oblasts reported being able to access all basic items locally. These variations highlight the importance of conducting prior market analyses before cash disbursement, as market availability remains uneven across survey locations.

KIIs indicated that most communities have good access to basic shops, with the majority of residents able to reach stores on foot, and some using public transport. Nevertheless, significant challenges were reported in certain areas. In Kharkivska, some remote villages lack local shops, forcing residents to rely on taxis, which are often unaffordable. In other communities, access is severely restricted due to damaged roads, military fortifications, and absence of public transport. In Khersonska, unsafe roads, including mined areas, and long distances to markets further limit access. Many communities depend on weekly markets or itinerant vendors, as formal markets are rare. While oblasts such as Sumska, Odeska, Zaporizka, and Mykolaivska generally have shops within walking distance, settlements close to frontline areas face serious barriers, including high costs, safety risks, and lack of infrastructure.

Surveyed households were also asked about the most convenient options for money disbursement in their community. The results showed the following preferences: 65% opted for PrivatBank, 18% for Oshadbank, 10% for Ukrposhta, 5% for Monobank, and 2% preferred other modalities.

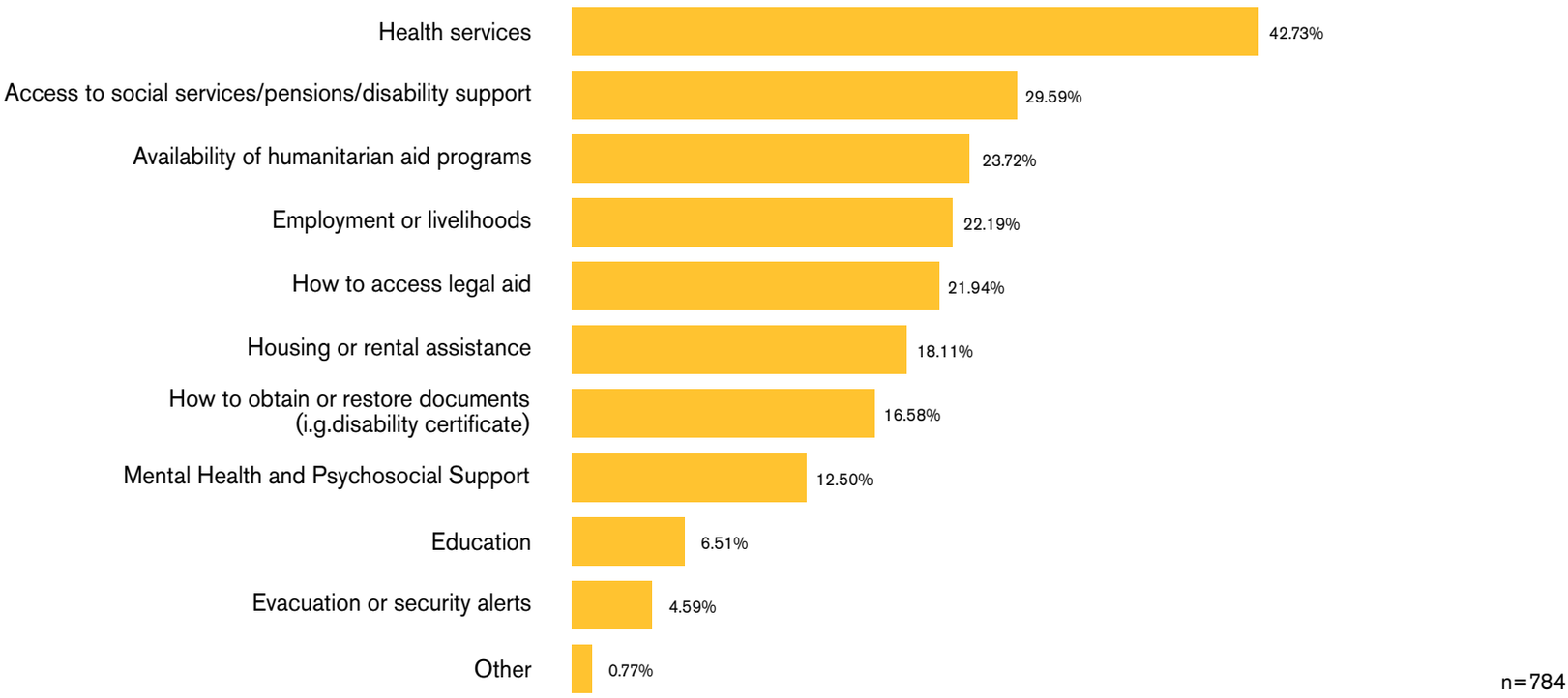
10 KEY FINDINGS

Information need and access - Information needs are widespread among affected populations, with 59% of household survey respondents (n=784) reporting they required information on various topics over the past three months. Health services emerged as the most critical information need, cited by 43% of respondents nearly one in two individuals seeking information. This finding aligns with KII data across seven oblasts, which identified health and mental health care access as a prominent information gap. Beyond health, survey respondents indicated significant information needs regarding social services (30%), availability of humanitarian assistance (24%), employment or livelihood opportunities (22%), legal aid (22%), and mental health and psychosocial support services (13%). KIIs confirmed these priorities, identifying financial assistance and humanitarian aid as the most frequent information needs, followed by strong demand for employment and livelihood information, legal assistance, and access to health services. Additionally, KIIs highlighted critical information gaps around housing and property issues, compensation procedures for damaged or destroyed property, and administrative processes, areas of particular concern for conflict-affected populations.

Despite high information needs, access remains inconsistent. Only 36% of survey respondents reported finding information easily, while 28% obtained it but with considerable effort. More concerning, 11% could not find accurate information, and nearly one-quarter (24%) did not attempt to search for information at all. Triangulated findings from household survey, KIIs and FGDs point to a core package of information needs centered on health and mental health services, cash and relief assistance, property and compensation processes, employment and livelihoods, and navigating legal and administrative systems. Addressing these information gaps through accessible, accurate, and proactive dissemination channels is essential for enabling affected populations to access available services and assistance.

Photo by Tamara Kiptenko for IRC

In the past 3 months, have you needed information on any of the following?



HEALTH

12 HEALTH

Healthcare access and seeking patterns - The health sector in Ukraine remains under significant strain due to ongoing hostilities, widespread displacement, and extensive damage to critical infrastructure. According to HNRP 2024, an estimated 9.2 million people require health assistance nationwide. The findings from the needs assessment show that 94% of respondents reported being aware of the health facility they would visit in case of illness, while 6% expressed uncertainty about where to seek care, most of whom were located in rural areas. A location-specific analysis revealed that Sumska Oblast had the highest proportion of respondents (19%) who were uncertain about accessing health services compared to other oblasts (please refer the table below).

Do you have a health facility that you go to in case of illness?	No	Yes	Total
Dnipropetrovska	4.35%	95.65%	100%
Kharkivska	4.41%	95.59%	100%
Khersonska	0%	100%	100%
Mykolaivska	1.88%	98.13%	100%
Odeska	11.11%	88.89%	100%
Sumska	19.01%	80.99%	100%
Zaporizka	1.50%	98.50%	100%
Total	**6.34%**	**93.66%**	**100%**

Focus group participants and key informants across the seven assessed oblasts reported diverse healthcare-seeking patterns affected by service availability, accessibility, and geographic location. The family doctor emerged as the most common first point of contact when household members become ill, mentioned by the majority of FGD participants. Respondents cited familiarity, convenience, free access, and the family doctor's role as the entry point to the broader health system, including referrals for specialized services and examinations.

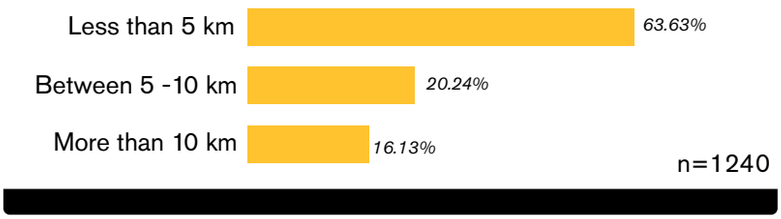
Local health facilities, including health outposts and ambulatories care centers, serve as alternative first points of contact in communities where they are accessible and well-regulated. Participants in these locations reported that local institutions provide quality primary care and first aid. However, in settlements where local health infrastructure is damaged, non-functional, or entirely absent, residents rely on ambulances to reach health facilities in regional centers or nearby cities. Several FGD participants, particularly in rural and frontline areas, reported that when health problems arise, they immediately call ambulances to transport patients to district or oblast-level hospitals due to the absence of local medical personnel or facilities. This is placing an additional burden on already overstretched emergency medical system and secondary level facilities.

Pharmacies were also frequently mentioned as an initial recourse for seeking care, particularly for minor ailments or when access to medical professionals is limited. Some participants noted the practice of self-medication, purchasing medicines directly from pharmacies without prior medical consultation. Home visits by doctors were identified as highly desirable, particularly for elderly individuals and persons with mobility limitations, though such services are limited or unavailable in most communities. FGD participants also mentioned often seeking support from humanitarian organizations, particularly in areas where government health services are severely constrained.

Among respondents who were aware of a nearby health center, 64% indicated that the facility was located within 5 kilometers of their residence (62% rural, 66% urban).

Another 20% reported that their nearest health facility was between 5 and 10 kilometers away (20% rural, 24% urban), while 16% lived more than 10 kilometers from the nearest health center (20% rural, 11% urban), showing a clear gap in access between rural and urban areas. Location based analysis showed that in Sumska Oblast, 29% of respondents estimated that they live more than 10 kilometers from a health facility, with a majority (56%) of these cases reported among rural residents.

How far do you estimate your residence to be from the required health facility



Regarding the accessibility of health facilities, 87% of respondents perceive health centers as accessible. However, for the remaining 13% (n=174) the causes of inaccessibility are: insufficient service quality (25%), lack of public transportation (24%), insufficient skill and competency of healthcare providers (14%), expensive care (8%), absence of social support system to accompany (7%), insufficient quality of service (2%).

Health Issues and Service Gaps

KIIs and FGDs across seven oblasts highlight critical and widespread gaps in health service provision. The most pressing deficiency is the absence of specialist doctors. Specialists such as cardiologists, neurologists, endocrinologists, gastroenterologists, gynecologists, ophthalmologists, urologists, pulmonologists, and rheumatologists either do not practice locally or visit rarely. As a result, patients are obliged to travel to regional centers or oblast capitals for specialist consultations. This shortage is compounded by broader medical personnel gaps, creating systemic challenges in healthcare delivery. Geographic dispersion of specialized care particularly affects elderly individuals, IDPs, persons with disabilities, and residents of rural or frontline areas, where transportation options are limited or unavailable.

Diagnostic services represent another major gap. Communities often lack essential diagnostic equipment and procedures, including ultrasound, laboratory testing, mammography, Doppler ultrasound and other specific diagnostics. Existing facilities frequently operate with outdated equipment, forcing patients to travel to larger cities for examinations, incurring significant out-of-pocket costs for procedures and transportation, which are rarely covered by public health insurance. Poor logistics and limited connectivity between hospitals further delay referrals and restrict access to available services. Health facility infrastructure also requires urgent attention, with pressing needs for repairs, adequate water and sanitation, reliable heating, and functioning medical equipment.

FGDs also highlighted acute shortages in specific service areas. Pediatric care is severely limited, with specialized pediatric services largely absent, and some settlements lacking trained healthcare personnel for children. Maternal health services extend only to basic gynecological care from family doctors, leaving significant gaps in comprehensive maternal care. Mental health and psychosocial support remain critically underserved, despite widespread conflict-related trauma, anxiety, and depression, due to the absence of mental health professionals in most communities. Palliative care for elderly populations, surgical services, and chronic disease management are also inadequate, constrained by specialist shortages and limited availability of modern medications through the “Affordable Medicines” program.[1]

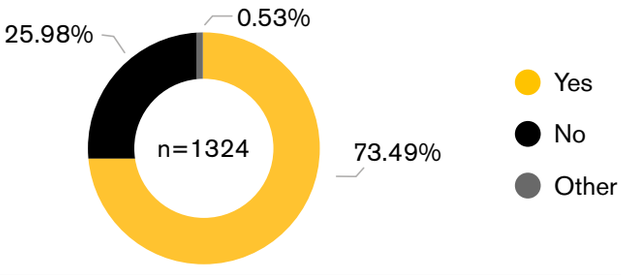
Household survey data further highlighted prevalent health issues in communities. Chronic diseases were reported as the most common concern (80%), followed by mental health conditions (34%), with slight variations across oblasts. In Dnipropetrovska and Kharkivska, infectious diseases and conflict-related injuries or trauma were more frequently reported than mental health concerns.

Types of health problems	Dnipropetrovska	Kharkivska	Khersonska	Mykolaivska	Odeska	Sumska	Zaporizka	Total
Chronic disease	84.98%	72.20%	68.75%	80.63%	74.07%	90.08%	84.96%	79.91%
Mental health	30.83%	25.42%	43.75%	50.63%	32.10%	14.46%	66.17%	34.21%
Infectious diseases	45.45%	15.59%	3.75%	33.75%	17.28%	15.70%	45.86%	25.23%
Conflict-related trauma	11.86%	28.47%	6.25%	16.88%	11.11%	3.31%	6.77%	13.37%
Maternal and newborn health including general Women health	3.95%	3.73%	1.25%	5%	7.41%	6.61%	0.75%	4.08%
Other	5.14%	3.05%	1.25%	11.25%	7.41%	0.41%	0%	3.70%
Violence not related to the conflict	5.93%	0%	0%	0%	0%	0.83%	0.75%	1.36%

Affordability of prescribed medication is a significant challenge. Over half of surveyed households (53%) reported being unable to afford necessary medications. The primary barrier is lack of financial means (93%), followed by local shortages of medications (7%). KIIs and FGDs indicate that pharmacy access is absent in numerous rural and remote settlements, forcing residents, particularly elderly and mobility-impaired individuals, to travel to district centers to obtain medications. Where pharmacies exist, limited medication availability, high costs, and irregular supply chains continue to restrict access.

Government Affordable Medicines Program – Household survey results show that awareness of the national "Affordable Medicines" program is relatively high, with 73% of respondents reporting familiarity and 26% unaware.

Are you aware of the government health program called "Affordable Medicine"?



FGDs confirmed these patterns, highlighting variations in awareness and use across locations and between urban and rural communities. Participants who were aware of the program often reported positive experiences. In areas where the program operates effectively, residents access medications regularly typically every three months with full or partial cost coverage. Free or subsidized medicines were consistently emphasized by participants as essential due to widespread financial constraints. Nevertheless, the gap in awareness signals the need to improve dissemination of health-related information to ensure equitable access, particularly in areas with low awareness and utilization.

Despite these positive experiences, several barriers limit program reach and effectiveness. The most common challenge reported in FGDs was the limited coverage of essential medicines, particularly specialized treatments for chronic conditions. While basic medications are provided households often must purchase critical drugs out-of-pocket at unaffordable prices. Access is also constrained in rural and remote settlements, where participating pharmacies are sparse or located only in regional centers, requiring long-distance travel that is often impossible due to lack of transportation. Even among aware populations, utilization remains low in areas without local participating pharmacies.

Alternative delivery channels, such as Ukrposhta, were mentioned by some FGDs but are underutilized due to payment difficulties, infrequent postal visits, and lack of familiarity with ordering procedures. Mobile pharmacies provide an important service in some areas, visiting settlements periodically to deliver program medications. While appreciated, participants noted that infrequent visits often monthly are insufficient to meet ongoing medication needs, especially for individuals with chronic conditions requiring regular refills.

Photo by Tamara Kiptenko for the IRC

1 The Affordable Medicines program in Ukraine is a national initiative that provides patients with essential outpatient medicines for chronic conditions (cardiovascular diseases, diabetes, respiratory illnesses, mental health disorders, etc.), either free of charge or with partial reimbursement through an electronic prescription system

WOMEN PROTECTION AND EMPOWERMENT

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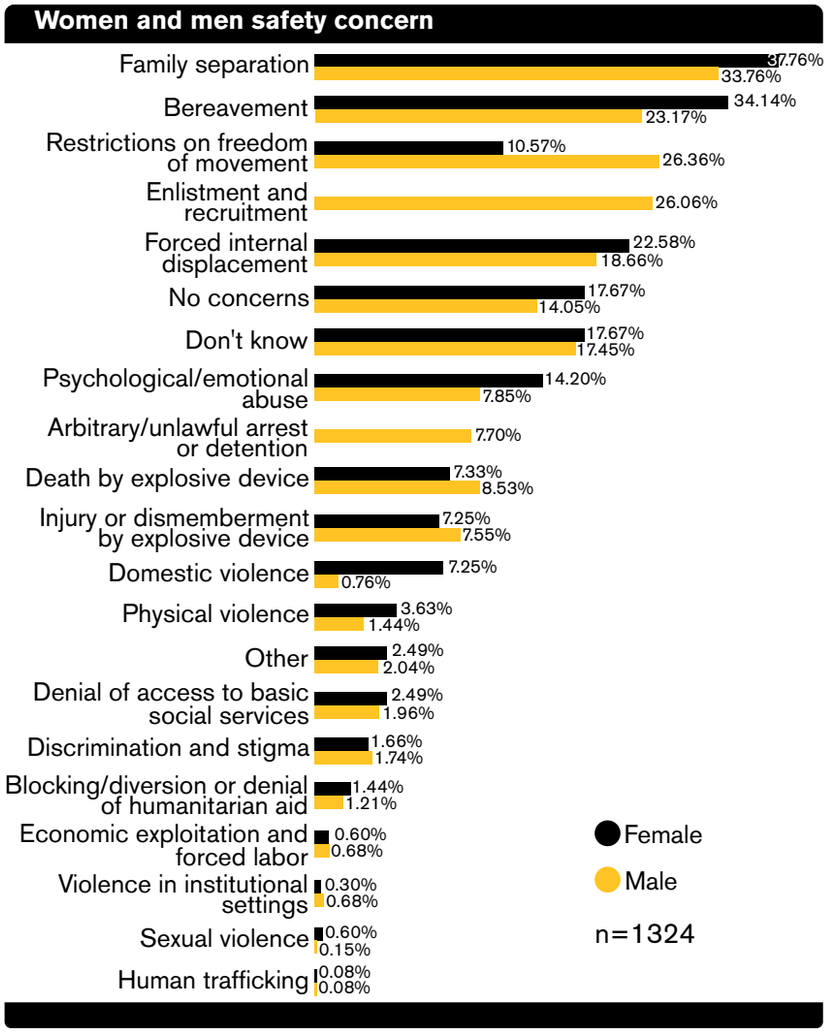
WOMEN'S PROTECTION AND EMPOWERMENT

Women and men safety concerns

Across all surveyed areas, 69% of respondents reported at least one safety concern for women, and 66% reported at least one for men, highlighting persistent protection risks that affect both genders. For women, the most frequently cited concerns were family separation (38%), bereavement (34%), and forced internal displacement (23%). Other reported risks included psychological or emotional abuse (14%), restrictions on freedom of movement (11%), and domestic violence (7%), underscoring the multiple layers of vulnerability faced by women in affected communities.

For men, family separation (34%) remained the leading concern, followed by restrictions on freedom of movement (26%), enlistment or recruitment risks (26%), and bereavement (24%). Particularly, arbitrary or unlawful arrest (8%) and enlistment or recruitment risks (26%) were mentioned more frequently for men than for women, pointing to the gender-differentiated nature of protection threats.



Economic vulnerabilities of displaced women and girls - Across all surveyed oblasts, displaced women and girls primarily rely on social assistance, humanitarian aid, and employment to meet their basic needs. Key informant interviews and focus group discussions converge in identifying employment as a critical livelihood strategy, though opportunities are severely limited in most communities. FGD participants revealed that women are often forced to seek work outside their communities due to limited local job availability, with those who secure employment frequently accepting unskilled, low-paid work, often informally without official contracts or wages below minimum standards. The conflict context has transformed women's economic roles, as many have become primary household breadwinners due to men's military service or fear of mobilization, creating substantial financial stress alongside severely constrained employment opportunities.
Women supplement income through small-scale farming, household gardening, vegetable cultivation, and selling farm products such as milk and other agricultural goods. In frontline or rural areas where formal employment is particularly scarce, social benefits including pensions, disability benefits, and IDP assistance and occasional seasonal work represent primary coping strategies. Lack of childcare facilities, particularly kindergartens, forces many women to remain home caring for young children, preventing external employment. Adolescent girls generally continue their education, predominantly through online learning platforms.

Protection risks facing women and adolescent girls - Gender-based violence remains the most frequently reported protection risk across the seven assessed oblasts, with data sources converging on this finding. The most commonly cited forms include domestic violence primary GBV threat (56% of FGDs and 48% of KII), followed by emotional or psychological abuse (42% of FGDs and 45% of KII) and physical violence was identified in approximately one-third of focus groups (31.6%) and over one-quarter of key informant interviews (27%), while sexual violence showed notable divergence with focus groups reporting it twice as frequently (21%) compared to key informants (11%). Online violence and harassment emerged as a significant concern in focus groups (28%), particularly affecting adolescent girls through cyberbullying, unwanted sexual messages, and exploitation via social media platforms.

Focus group participants emphasized that the conflict context exacerbates GBV risks through increased stress levels from ongoing hostilities, economic insecurity, and displacement, particularly in households where men abuse alcohol or in families of veterans experiencing trauma and readjustment challenges. Reports of sexual violence, denial or limitation of resources, violence in institutions (such as hospitals, schools, and temporary residences) were documented. Online violence and harassment including cyberbullying, unwanted sexual messages, and exploitation via social media emerged as a concern, particularly for adolescent girls. Additional threats include conflict-related harms such as injuries or fear from shelling and bullying among adolescents.
Lack of street lighting emerged as a critical infrastructure-related protection risk across numerous communities. Participants reported that lighting has not been restored in many settlements since early 2022, creating unsafe conditions for women and girls, particularly during winter months. Abandoned buildings and poorly lit streets compound risks of violence and harassment.

WOMEN'S PROTECTION AND EMPOWERMENT

Help-seeking behaviors and availability of support systems for women and girls affected by violence - Across the assessed locations, women and girls affected by violence rely on a mix of formal and informal channels for support, though access and awareness vary widely. Police remain the primary help-seeking pathway, cited in nearly two-thirds of KIIs and the majority of FGDs, making law enforcement the most commonly accessed formal institution for survivors. Social workers and family members serve as secondary sources of support, mentioned in roughly one-third of KII cases and one-quarter of FGD discussions. Community leaders, particularly in rural areas and friends are approached less consistently. Engagement with NGOs supporting women, as well as international organizations, was reported but far less frequently.

The availability of GBV-related services differs significantly across locations. The most commonly available services include specialized psychosocial counseling and case management with individual counseling, reported in about two-fifths of FGDs. Psychosocial support groups operate in roughly one-third of communities, while crisis rooms were reported in approximately one-quarter of FGDs. Shelters offering longer-term accommodation exist but were mentioned in fewer settings, indicating limited coverage. Some oblasts reported access to mobile outreach teams, particularly valuable for remote or transport-isolated settlements.

Despite these existing mechanisms, major service gaps and awareness deficits persist across all data sources. KIIs frequently noted widespread lack of knowledge about available services, particularly in Khersonska, and parts of Sumska and Kharkivska oblasts. Around one-quarter of FGD participants stated they did not know what support systems exist for survivors, and some communities explicitly reported having no specialized GBV services at all.

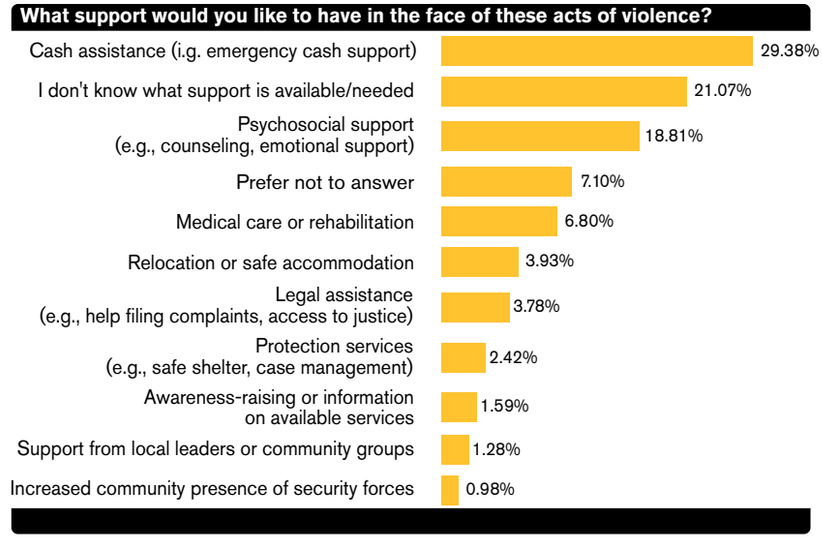
Barriers are further compounded by transportation isolation and limited local resources, preventing women from reaching services located in district or regional centers. In conflict-affected areas, especially those experiencing occupation or sustained hostilities, service systems have been disrupted, reduced, or entirely shut down. Geographic disparities are pronounced, with Khersonska, and segments of Sumska and Kharkivska oblasts facing the most significant limitations in service availability, continuity, and public awareness.

Barriers limiting access to Gender-Based Violence (GBV) services - Across all assessed locations, women and girls face multiple intersecting barriers that limit their ability to safely access GBV services, with strong alignment between key informant and focus group findings. Fear of being identified as a survivor emerged as the most common barrier, reported in nearly four-fifths of FGDs. Women expressed deep concern about stigma, judgment, and the social consequences of disclosure. In small or remote communities, where social networks are tight, participants emphasized that seeking help often feels risky because survivors fear their experiences will become public, leading to shame, isolation, or further harm.
Concerns around confidentiality and privacy form another major barrier. Survivors worry that sensitive information may be disclosed to perpetrators, family members, or community members. This fear is heightened where service providers are personally known or where service sites lack private spaces, making discreet access difficult. Personal security concerns were also frequently mentioned, with many women fearful of retaliation from perpetrators. Participants noted that women in families of veterans are often particularly reluctant to seek support, fearing escalation or believing they may be blamed for provoking violence. Informational barriers are widespread. Both KIIs and FGDs reported that many women lack awareness of available services their locations, or the types of support they offer.
Some survivors do not know where to seek psychological assistance, while others believe police reporting is the only response mechanism. Low awareness of GBV itself, including difficulty recognizing emotional or psychological abuse, prevents some survivors from identifying their experiences as needing intervention.
Financial and geographic constraints also limit access. Women frequently cited lack of money for transport or service-related costs, as well as long distances to service points, especially in rural and remote settlements. Even where services are officially free, travel expenses pose a significant barrier.

Additional obstacles identified across FGDs include shortages of qualified GBV-trained personnel, limited availability of free services, and insufficient female staff factors that reduce both comfort and trust when seeking help. Cultural and social norms further restrict access, shame, embarrassment, reluctance to discuss traumatic experiences, fear of community judgment, emotional dependence, financial reliance on perpetrators, and general feelings of helplessness all contribute to survivors' hesitation to seek support.

Together, these factors create a complex environment in which many women and girls remain unable to safely access the protection and assistance they need.

Preferred types of support for violence and protection concerns - When survey respondents were asked what type of support they would like to have in the face of violence/protection concern, (29%) expressed a need for financial assistance, including emergency cash or other forms of economic support. This was followed by requests for psychosocial support such as counseling and emotional support groups (19%), highlighting the continued mental health impact of ongoing insecurity. Notably, 21% of respondents reported not knowing what support is available or needed, underscoring a significant information gap in awareness of existing services. Other types of assistance mentioned included medical care or rehabilitation (7%), relocation or safe accommodation (4%), and legal aid (3%), reflecting multifaceted needs related to both immediate safety and longer-term recovery. A smaller portion of respondents emphasized protection services such as safe shelter or case management (2%) and awareness-raising on available services (2%). These findings suggest that, alongside financial and psychosocial interventions and other needs mentioned by respondents (see table below), there is a strong need to strengthen community awareness of available assistance and improve access to information and referral pathways, particularly in frontline and newly accessible regions.



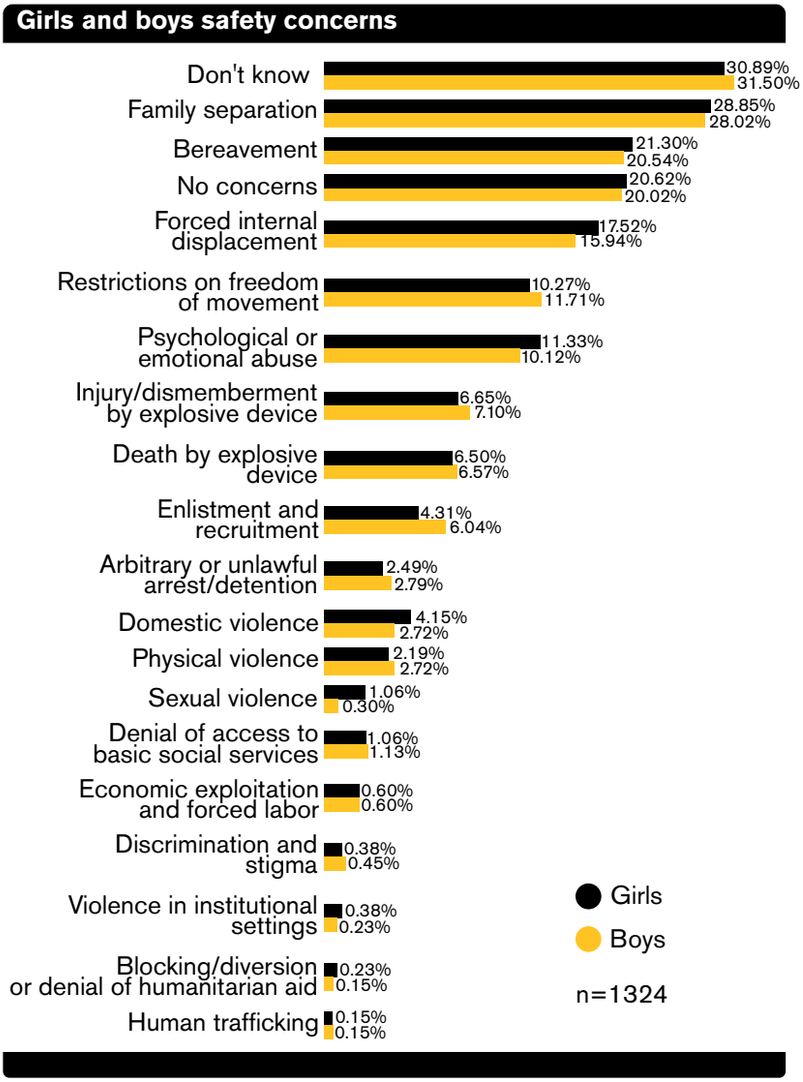
CHILD PROTECTION

CHILD PROTECTION

Girls and boys' safety concerns

Overall, almost half of respondents reported at least one child protection concern for boys (49%) and girls (50%). The most frequently reported concerns included family separation (boys 28%, girls 29%), bereavement (both 21%), and forced internal displacement (boys 16%, girls 18%), illustrating the ongoing impact of conflict, displacement, and disruptions to family structures on children's wellbeing. Additional concerns such as psychological or emotional abuse, caregiver stress, and restrictions on freedom of movement were also commonly cited, showing that both emotional and mobility-related vulnerabilities persist within affected communities. In addition, conflict-related injuries reported for both genders (7%), highlighting exposure to explosive devices and physical risk.

Notably, nearly one-third of respondents replied, "don't know," that shows limited awareness or visibility of child protection risks that require community sensitization and information dissemination to improve early identification and response for children at risk.



Key Child Protection risks affecting children across assessed locations - Key informant interviews and focus group discussions across the seven assessed oblasts consistently identify psychological distress, fear, and anxiety as the most widespread child protection concern. Two-thirds of FGDs described children experiencing chronic war-related stress, sleep disturbances, trauma symptoms, heightened fear of aerial threats such as drones and missile attacks, as well as persistent uncertainty regarding safety of their own and family members.

Exposure to mines and explosive remnants of war (ERW) emerged as another critical conflict-related hazard, reported by approximately 45% of key informants and 44% of FGDs. Heavy contamination in many communities creates daily risks, especially where lack of safe playgrounds pushes children to play near abandoned buildings, fields, or potentially contaminated areas. Conflict-related physical injuries, including those caused by shelling and unexploded ordnance (UXOs), were reported by 38% of KIIs and 44% of FGDs, reflecting the acute physical risks faced by children in areas undergoing frequent attacks.

The finding also highlights the absence of safe, inclusive, and functional spaces for play and learning as a major gap, cited by 44% of key informants and nearly two-thirds of FGDs. Many communities reported that cultural or community centers, youth clubs, sports facilities, playgrounds, and other child-friendly spaces are either damaged, non-functional or entirely absent. This leaves children without structured, protective environments for peer interaction and age-appropriate activities leading to increased isolation risk.

Online risks including cyberbullying, grooming, and exposure to harmful content were reported by 41% of key informants and 42% of FGDs. These risks are heightened by children spending prolonged online time online due to remote learning, lack of offline activities, and limited awareness of digital safety practices among children, adolescents, and caregivers.

Neglect and lack of adequate adult supervision surfaced as a prominent concern, reported by about one-third of key informants and 46% of FGDs. Participants described situations in which children spend long periods alone without caregiver supervision due to caregiver stress, economic hardship, displacement, or substance misuse. FGDs also noted that parental capacity is often reduced due to psychological strain, with some families affected by alcohol use or trauma among veterans.

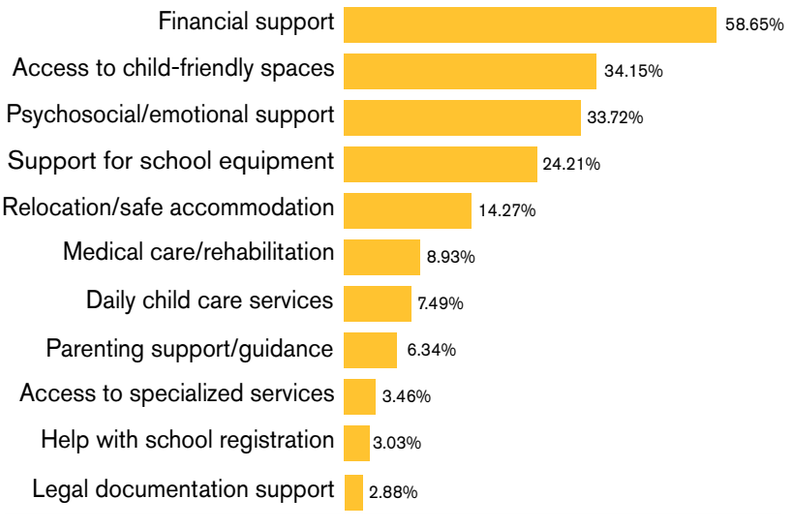
Emotional and psychological abuse, including domestic violence, was cited by 28% of key informants and 42% of FGDs. Increased household stress, prolonged confinement in crowded shelters, men's alcohol misuse, and trauma associated with military service were all highlighted as contributing factors. Family separation and children without parental care were identified by 27% of key informants and 37% of FGDs, often linked to displacement, fathers' military deployment, or broader conflict-related disruptions to family structures.

Additional risks raised in FGDs include lack of street lighting, which creates unsafe conditions particularly during winter and the presence of large numbers of military personnel moving through or residing in communities, heightening protection concerns for children.

Child protection priority needs for supporting children and caregivers- When households with children were asked what support would help them better care for their children (N=694), financial assistance emerged as the top priority (59%), followed by access to child-friendly safe spaces (34%) and psychological or emotional support (34%). Respondents also highlighted needs related to school equipment and educational supplies (24%), relocation or safe accommodation (14%), and medical or rehabilitation care (9%).

CHILD PROTECTION

What kind of support would help your household better care for your children?



Focus group discussions reinforced these findings, identifying access to recreational, structured, and developmental activities as one of the most urgent gaps, mentioned in nearly two-thirds of FGDs. This aligns closely with key informant interviews, where safe learning and play spaces were the most frequently cited missing service (33%). Access to safe, accessible, and quality education was highlighted in over half of FGDs, while one quarter of key informants reported that in-person education or learning support is lacking in their areas. Participants described how many schools, kindergartens, inclusive centers, and preschool facilities have ceased in-person operations due to the absence of bomb shelters or inadequate protective infrastructure, leaving children without structured learning environments.

Child-friendly mental health and psychosocial support (MHPSS) also emerged as a critical gap, identified in approximately half of FGDs and 25% of key informants. Both data sources emphasized that the psychological distress experienced by children due to ongoing conflict remains largely unmet. Limited opportunities for social interaction and peer engagement, noted in nearly half of FGDs, contribute to concerns about children's social isolation and communication difficulties, especially where prolonged online learning has replaced classroom interaction.

Financial and material support continues to be a significant need across communities. 31% of key informants reported financial or in-kind assistance as a major service gap, and 28% of FGDs identified it as a priority need for families.

Access to healthcare and rehabilitation services, particularly for children with war-related injuries, was cited by one-third of FGDs, while 14% of key informants also flagged these services as missing. Specialized services for children with disabilities were identified as an urgent need in approximately 30% of FGDs and by 25% of key informants. Participants noted persistent difficulties in obtaining proper diagnosis, long delays in Medical-Social Expert Commission (MSEC) assessments, limited inclusive service availability, and the absence of specialized pediatric professionals. Survey data further reinforces these findings: 5% of households with children with disabilities reported that their child is not receiving the services or support they need, underscoring a gap in inclusive and specialized care.

Available Services and Access Barriers - Key informants reported a relatively diverse range of child protection services available in the assessed areas, including government-led child protection and social services, inclusive education support, mental health and psychosocial support (MHPSS), child-friendly spaces, and case management. However, both key informant interviews and FGDs consistently highlighted substantial barriers that limit children's ability to access these services.

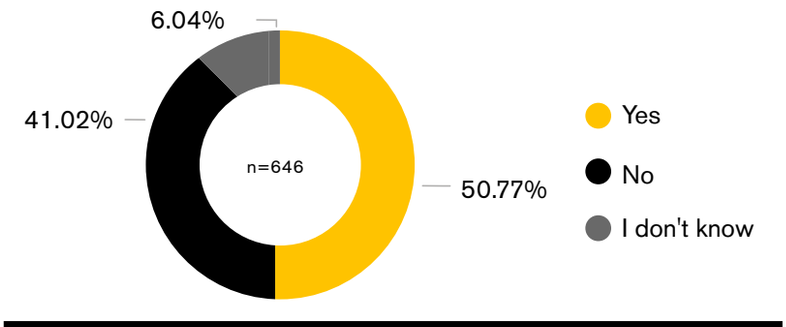
Across FGDs, the most frequently reported barrier was the closure of schools or the absence of safe shelters within school buildings (47%), primarily due to security risks. Insecurity and ongoing conflict were cited in an additional 39% of discussions, directly affecting children's access to education and protection services. Transportation constraints emerged as a critical barrier in both data sources. key informants pointed to high transportation costs and long distances to service points, while FGDs described transport or cost-related barriers (30%) and long distances to service locations (26%), particularly affecting rural communities. Participants emphasized that inadequate or nonexistent transport connections, poor road conditions, and limited household finances often prevent children from reaching available services.

Barriers linked to digital access were also common. Limited availability of devices or internet connectivity was reported in 30% of FGDs, affecting children's ability to participate in online learning when in-person schooling is disrupted. Participants also noted children's low motivation and limited interaction in online learning environments (30%), along with difficulties covering school-related expenses (21%). A lack of information or awareness about available services, noted in 19% of discussions, further restricts service uptake, especially where humanitarian or government services operate intermittently.

Additional access constraints include insufficient tailored support for children with disabilities or trauma, irregular service availability, bureaucratic procedures, and documentation challenges. The absence of preschool facilities, particularly kindergartens, emerged as a cross-cutting issue, limiting early childhood development opportunities and placing a disproportionate caregiving burden on mothers, who often must remain at home due to the lack of childcare options.

Coping mechanisms for children and adolescents – Survey findings indicate notable emotional strain among children and adolescents in the assessed areas. Across surveyed households, 51% reported observing signs of distress or behavioral changes in children, including frequent crying, aggression, withdrawal, or nightmares, while 41% did not notice such changes and 6% were unsure.

If there are children in the household, did you observe any signs of distress or behavioral changes (e.g., frequent crying, aggression, withdrawal, nightmares)?



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CHILD PROTECTION

Focus group discussions further highlighted a range of coping mechanisms children use to manage stress, fear, and trauma. Talking to caregivers, teachers, or peers was the most commonly reported approach, mentioned in two-thirds of FGDs, with strong family ties serving as an important source of stability and resilience.

Online entertainment and social media use were noted in about 47% of discussions, with children spending substantial time online for distraction and social connection, though participants raised concerns about excessive screen time. Access to psychological or social work support was cited by 46% of FGDs, often provided by humanitarian organizations or child protection services, but availability remains inconsistent and children's access was described as limited compared to adults

Negative coping behaviors were also reported. Participants described children showing heightened emotional distress or aggression (25%), social withdrawal or isolation (21%), and, in a smaller but concerning proportion, harmful coping strategies such as self-harm or substance use (14%). These patterns suggest persistent emotional and psychosocial pressures among conflict-affected children and adolescents, compounded by uneven access to appropriate support services.

Photo by Oleksandr Rupeta for IRC

PROTECTION AND RULE OF LAW

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PROTECTION AND RULE OF LAW

Legal challenges and access to legal services - Legal difficulties are widespread across assessed communities, with 32% of households surveyed (one in three households) reporting at least one legal issue in the past six months; most commonly related to accessing social services, employment disputes, and housing or property conflicts.

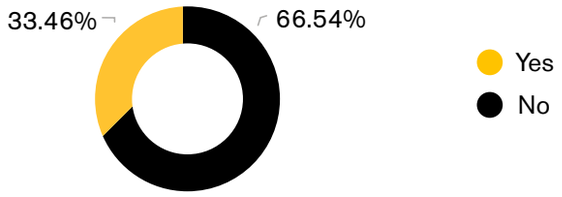
Legal-related requests*	Dnipropetrovska	Kharkivska	Khersonska	Mykolaivska	Odeska	Sumska	Zaporizka	Total
None	67.98%	65.42%	49.38%	75.63%	69.14%	74.38%	72.93%	67.82%
Issues accessing social benefits	19.37%	14.24%	20.63%	7.50%	6.17%	7.02%	16.54%	13.60%
Problems with employment/unpaid wages	11.07%	14.58%	17.50%	3.75%	11.11%	10.33%	2.26%	10.73%
Disputes related to HLP**	10.67%	6.44%	11.88%	6.88%	19.75%	3.31%	3.76%	7.93%
Lack of ID or civil documentation	6.72%	7.12%	3.7%	3.13%	2.47%	0%	6.77%	4.53%
Family reunification issues	3.95%	4.07%	1.25%	3.13%	2.47%	3.72%	0%	3.02%
Detention/military service or veteran status-related issues	1.58%	1.36%	1.25%	3.13%	1.23%	1.24%	0.75%	1.51%
Other	3.56%	0.68%	0%	2.50%	0%	1.24%	0%	1.36%
Issues crossing checkpoints/borders	0.40%	2.03%	0%	3.13%	0%	0.83%	0.75%	1.13%
Violence, injury or harm requiring legal action	0.79%	1.69%	0%	0.63%	0%	0%	0%	0.60%

Key informants and focus group participants consistently identified housing, land, and property (HLP) rights as the most pressing legal concern, noted by 53% of KIIs. Communities described widespread loss of ownership documents due to displacement and military operations, unresolved property disputes, inheritance complications, and the need for land re-registration. Loss, destruction, or expiry of civil and identity documents emerged as another critical challenge, reported by 42% of key informants and frequently emphasized in FGDs directly limiting people's ability to access social payments, healthcare, education, and other essential services.

Access to legal assistance remains uneven. One in five key informants cited limited or costly legal aid and low awareness of free legal services as major barriers. Focus groups highlighted that some settlements receive regular legal consultations from humanitarian actors, while others have no free legal aid at all. Notary services are a particular gap, with many communities lacking state notaries and private services costing 2,500–15,000 UAH, far beyond the means of pensioners and low-income households. Difficulties registering disability status were reported by 19% of KIIs, with FGDs noting that Medical-Social Expert Commissions are often located in distant district centers and involve complex procedures. Additional challenges include obstacles accessing social and pension payments (16% of KIIs), unresolved questions around military service and conscription (9%), and civil registration difficulties for births, deaths, and marriages (8%). Overall, legal and documentation barriers disproportionately affect elderly people, low-income households, IDPs, and residents of remote or frontline communities, who face the greatest difficulty navigating administrative procedures and reaching required services.

Despite these challenges, only 33% of affected respondents sought legal assistance.

Did you seek legal assistance?



Among those who did seek support, state institutions were the main providers (39%), followed by private lawyers (26%) and NGOs or international organizations (20%). Encouragingly, 54% of respondents who accessed assistance found it fully helpful, while 35% reported partial resolution and 11% indicated that their issue remained unresolved.

Among those who did not seek legal help (n=881), 38% preferred not to answer why, while others cited reasons such as inability to afford legal fees (10%), lack of awareness about available services (9%), and not meeting eligibility criteria (5%). The fact that two-thirds did not seek legal help suggests barriers beyond sheer availability (e.g. low trust in institutions, perceived low usefulness of legal aid, fear of bureaucracy or retaliation). Regarding access to broader state social services, 56% of respondents said they could access services without difficulty, whereas 30% faced challenges, and about 10% reported that such services were unavailable or inaccessible. These findings underscore the need to expand free legal aid, improve outreach and rights awareness, and confidential, survivor-centered services that address fears of stigma or negative consequences. They also highlight the importance of strengthening coordination between state and humanitarian service providers to ensure timely and inclusive access to justice and social protection.

***** - Full question was "In the past 6 months, have you or a household member experienced any of the following legal-related request?"
****** - HLP stands for "Housing, Land and Property"

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PROTECTION AND RULE OF LAW

Groups facing the greatest barriers to services and support - Most household survey respondents (82%) reported no discrimination when accessing services in the past six months, while 6% primarily IDPs, persons with disabilities, and older people described experiencing barriers linked to their status, disability, age, gender, or place of origin. The remaining 12% were unsure or preferred not to answer. Triangulated KII and FGD data consistently identified older people as the most affected group, followed by IDPs, persons with physical or mental disabilities, undocumented individuals, and low-income or unemployed households. Additional groups cited included veterans with injuries, residents of remote or frontline areas facing mobility and transport constraints, female-headed households, and large families. Focus groups further highlighted vulnerable sub-groups such as people aged 50–60 with limited livelihood options (who cannot work but do not yet qualify for old-age pensions), isolated elderly people, individuals with addictions or marginalized lifestyles, and single parents.

Social support coverage and barriers to accessing assistance - Across communities, FGDs reported a wide range of social support schemes, with retirement pensions being almost universally received (97%), followed by IDP allowances (77%), disability pensions (72%), support for low-income families (61%), and utility subsidies (54%). Child-related benefits (47%), loss-of-breadwinner pensions (42%), unemployment benefits (37%), veteran allowances (25%), and compensation for civilian war-related injuries (18%) were also noted. Despite this range of programs, access varied depending on documentation, awareness of programs, and the ability to navigate administrative procedures. Barriers to accessing pensions, disability assistance, and social allowances were consistent across KIIs and FGDs. Digital literacy challenges, particularly among elderly people were the most frequently cited obstacle, with many unable to use smartphones or online systems required for applications. The ongoing shift toward digital-by-default procedures was perceived as increasing efficiency for some, while deepening exclusion risks for older people, persons with disabilities, and those without stable internet or devices. Physical access barriers were also substantial, especially in remote or frontline settlements where irregular or absent transport makes travel to district centers difficult and costly.
Limited awareness of available programs, high service and transport costs, and missing or lost documents further restricted access for eligible individuals. Communities also pointed to bureaucratic complexity, long queues at Administrative Service Centers, and service disruptions during air raids as common challenges. When facing difficulties, affected populations often rely on village heads, social workers, Administrative Service Centers, legal aid organizations, or hotlines for support; though these channels cannot always resolve cases, leaving many vulnerable households without timely assistance.

Digital literacy, device access, and barriers to using online services - Focus group discussions highlighted significant variation in communities' ability to use digital tools such as Diia, HELSI, and Pension Fund portals. Key informants identified digital literacy as the most common access barrier. Younger and middle-aged residents who own smartphones generally use government and health applications confidently, with Diia widely utilized across oblasts. The most fundamental barrier, raised in nearly all FGDs, is the lack of smartphones many residents, especially pensioners and low-income households, rely on basic push-button phones or cannot afford newer devices capable of running required applications. Even among smartphone owners, outdated devices and poor internet connectivity in remote or frontline areas limit the use of digital services. Digital literacy gaps remain particularly acute among elderly people cited by (39% of KIIs), many of whom struggle to download apps, navigate interfaces, or manage online accounts, with Pension Fund portals noted as especially difficult. While some communities offer digital literacy courses, these reach only a fraction of those in need. As a result, elderly people, low-income families, residents of hard-to-reach areas, and individuals with limited digital skills remain at elevated risk of exclusion from essential social services that are increasingly shifting to digital platforms. These findings suggest that any further expansion of digital-by-default service delivery should be accompanied by tailored digital literacy support and the continued availability of in-person or web/smartphone-based options for key social services.

Photo by Tamara Kiptenko for the IRC

Economic Recovery and Development

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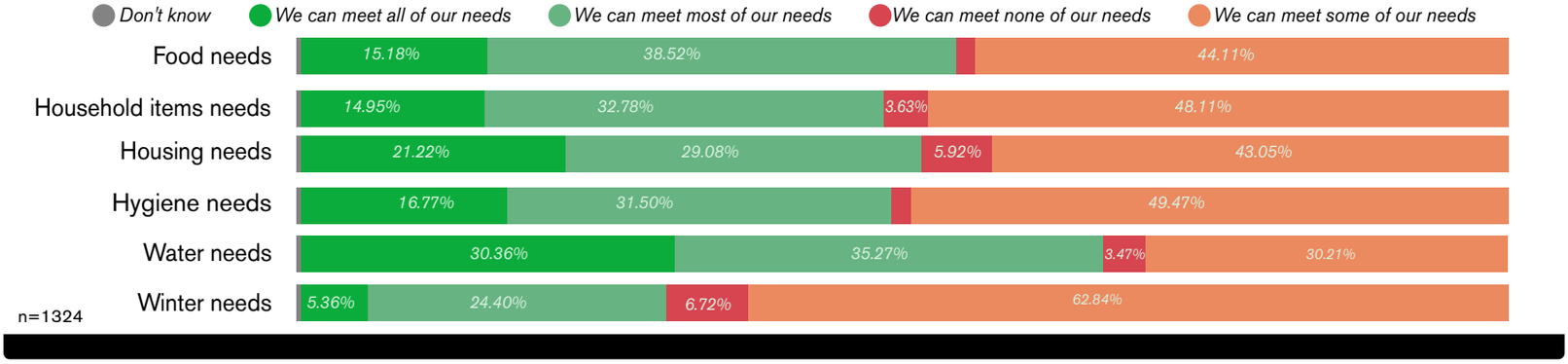
ECONOMIC RECOVERY AND DEVELOPMENT (ERD)

Assessment findings indicate that most surveyed households continue to struggle to meet their basic needs, reflecting ongoing economic pressure and limited availability and access to essential goods and services, particularly in rural areas where distance, transport constraints, and higher prices exacerbate the situation. Over half of respondents (57%) reported being able to meet only some of their basic needs, while one-third (34%) could meet most. Only 7% of households reported meeting all their needs, and 2% said they could not meet any of their essential needs.

To further understand the extent of unmet needs, households were asked to estimate how much of their income covered six essential categories: food, household items, housing/shelter, hygiene, water, and winter needs. Findings show that winterization support (63%), hygiene items (49%), and household items (48%) represent the most critical unmet needs, with nearly half or more households unable to meet these requirements. Food remains another major gap, with 44% of households reporting insufficient resources to meet their food needs. Housing/shelter needs show similarly high levels of unmet need (43%), reflecting the cumulative impact of conflict-related damage, rising living costs, and reduced income-earning opportunities.

These patterns underscore widespread vulnerability across assessed locations, with households frequently unable to meet several essential needs simultaneously and rural populations facing the most acute shortages. For more information please refer the graph below.

Capacity to meet household essential needs

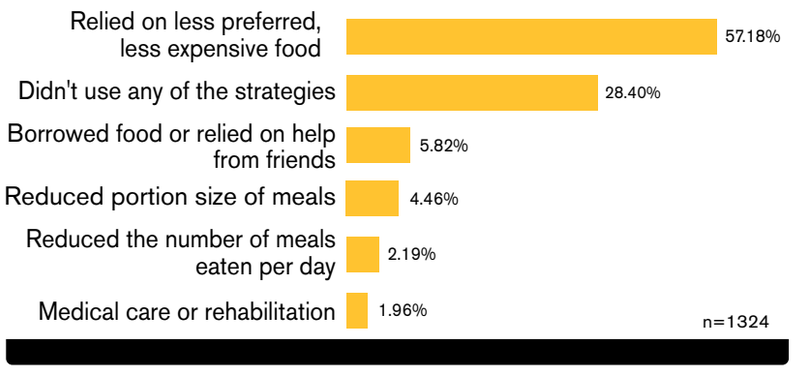


Coping Strategies

The household surevey shows that, households are increasingly adopting diverse coping mechanisms to manage reduced income and rising insecurity. The most frequently reported strategy was reducing essential non-food expenditures (51%), followed by spending savings (27%) and reducing healthcare expenses (23%). In addition, 14% of households reported borrowing money or taking loans, while smaller proportions accepted low-paid jobs (8%) or positions below their qualifications (8%). Respondents also reported skipping debt repayments (6%), moving to poorer-quality housing (4%), or selling transportation assets (2%). These coping behaviors suggest that many families are exhausting their limited resources and engaging in negative strategies that could have long-term socioeconomic consequences.

When asked “did your household have to employ one of the following strategies to cope with a lack of food or money to buy it?” 57% of respondents reported relying on less preferred or lower-quality food as their main coping mechanism. Although 28% reported not employing any coping strategies, others resorted to borrowing food or relying on help from friends/relatives, reducing portion sizes, or skipping meals. Insights from key informant interviews further underline the reliance of displaced populations across the assessed oblasts on government assistance and social welfare schemes particularly pensions as their primary sources of support. Income from employment and personal savings were also reported as important but often insufficient resources. Additional coping mechanisms included taking loans from friends or banks, receiving remittances from relatives abroad, and, in some cases, selling household assets to meet immediate needs.

Did your household have to employ one of the following strategies to cope with a lack of food or money to buy it?



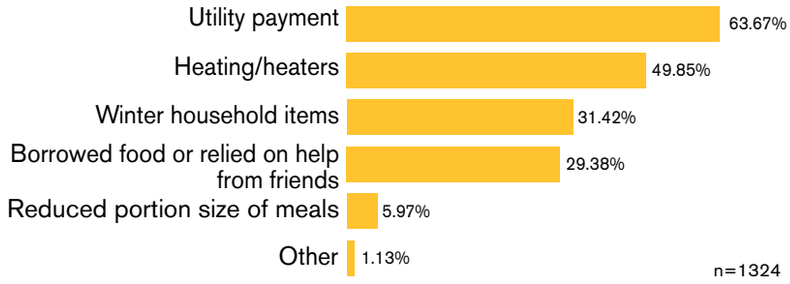
Winter needs

The assessment location expected to experiences severe winter conditions, with temperatures often dropping below freezing. The ongoing conflict has disrupted energy supply chains, damaged housing infrastructure, and strained household finances. Vulnerable populations, including displaced persons and those in conflict-affected areas, face heightened risks of exposure to cold, inadequate shelter, and energy insecurity. Regarding heating sources in the household, gas heating remains the most frequently mentioned (46%), followed by solid fuel (40%) and electricity (11%). A very small proportion (0.38%) reported having no heating source, due to lack of financial means as the sole reason.

ECONOMIC RECOVERY AND DEVELOPMENT (ERD)

The assessment reveals that the most pressing winterization need among surveyed households is the ability to cover utility payments, reported by 64% of respondents. This is followed by a significant demand for heating items (50%) and winter household items such as blankets and warm clothing (31%). Additionally, nearly one-third of households (29%) indicated a need for house rehabilitation.
In addition, almost half of the respondents (48%) stated that their homes require repairs, with the most common issues being sub-standard repairs (29%), damaged walls (22%), and damaged roofs (18%). Insulation needs were also noted by 9% of households.
When asked about preferred assistance modalities, an overwhelming majority (88%) expressed a preference for cash or financial assistance, while only 6% favored in-kind assistance. These findings point to economic constraints, housing damage, and reliance on traditional heating sources as the main drivers of winter-related vulnerability among the affected population.

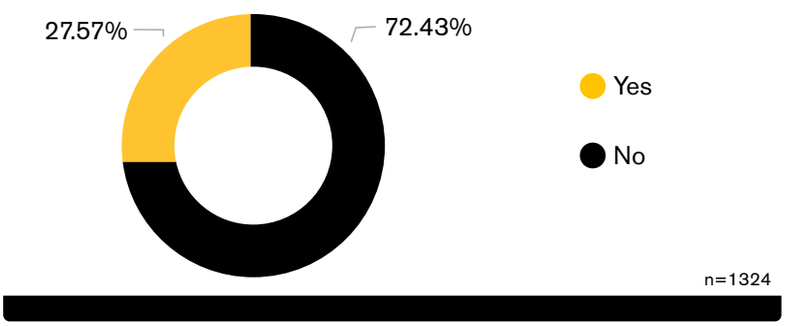
What are the main winter needs in your household?



Social protection

The survey also assessed the social protection needs of respondents. Overall, 72% of surveyed households reported not receiving any form of cash assistance from government programs, while only 28% confirmed receiving such support. Among those who have not benefited from assistance (n=959), 45% indicated that they had attempted to register for government programs since February 2022. Of the 365 respondents who reported applying, the majority (90%) stated that their applications were approved, while 10% remained pending at the time of the assessment.

Are you currently receiving cash assistance from any of the government assistance programs?



Despite these registration efforts, awareness and accessibility gaps persist. A significant 78% of respondents believe that local communities require more information about available government assistance programs, whereas only 13% felt that information was sufficient and 9% were uncertain. These findings suggest that, while government-led cash assistance mechanisms are functioning and accessible to some, many eligible households remain unaware or inadequately informed about how to access them.

Strengthening information dissemination, outreach, and referral systems, particularly in conflict-affected and hard-to-reach areas will be critical to ensuring that vulnerable populations can equitably benefit from existing social protection programs.

Photo by Marek Kowalczyk for the IRC

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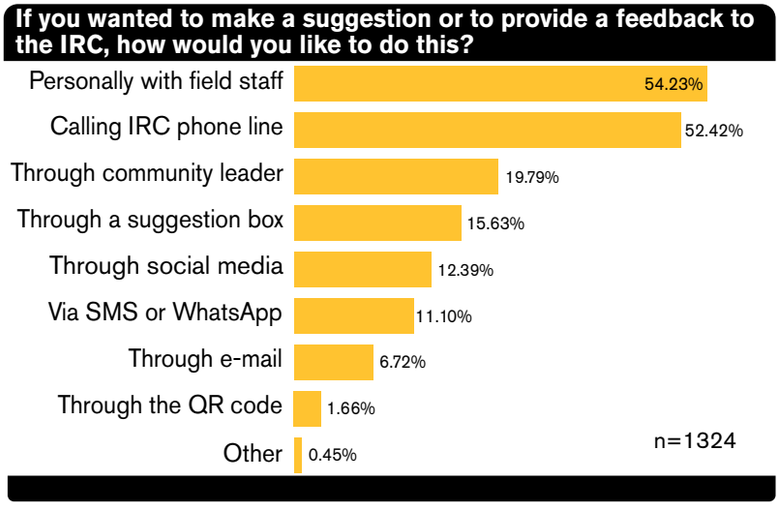
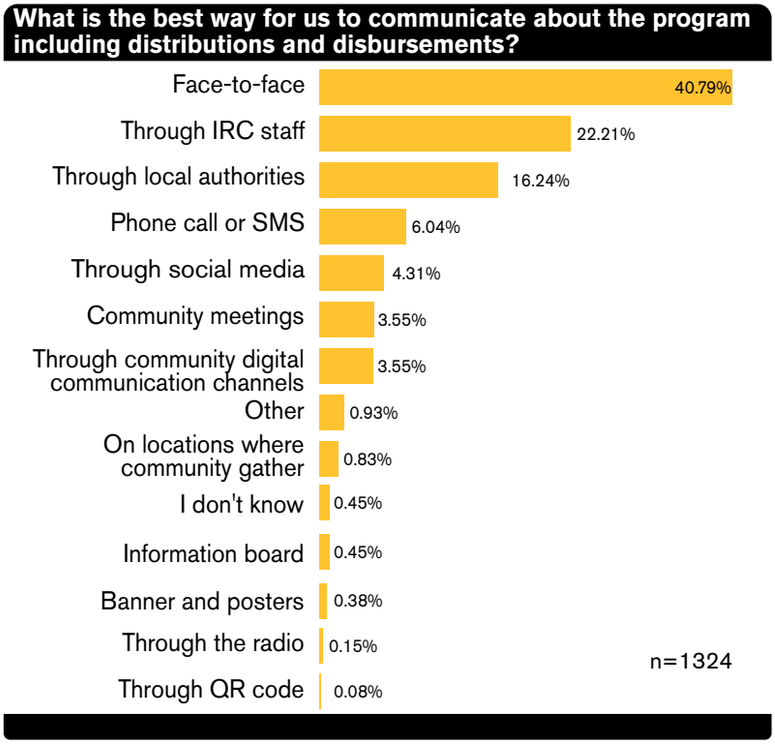
PREFERRED FEEDBACK CHANNEL AND SAFEGUARDING AWARENESS

Preferred Channels for Providing Feedback

Respondents expressed a clear preference for direct communication when sharing suggestions or concerns. Over half (54%) indicated that speaking directly with IRC field staff is their preferred feedback channel, with slightly higher preference among female respondents. Calling the IRC phone number was also widely favored (52%) and noted as the first priority by many male respondents. Engagement through community leaders was preferred by 20% of households.

When asked about the most effective way to receive information about the program including distributions and cash disbursements, 41% of respondents preferred face-to-face communication. This was followed by receiving information through IRC staff (22%) and through local authorities (16%). These patterns reflect a continued reliance on trusted, direct communication sources; highlighting the importance of ensuring that client-facing teams and volunteers are trained to share accurate information and respond safely and respectfully to questions or concerns.





Safeguarding Awareness and Understanding of Inappropriate Behavior

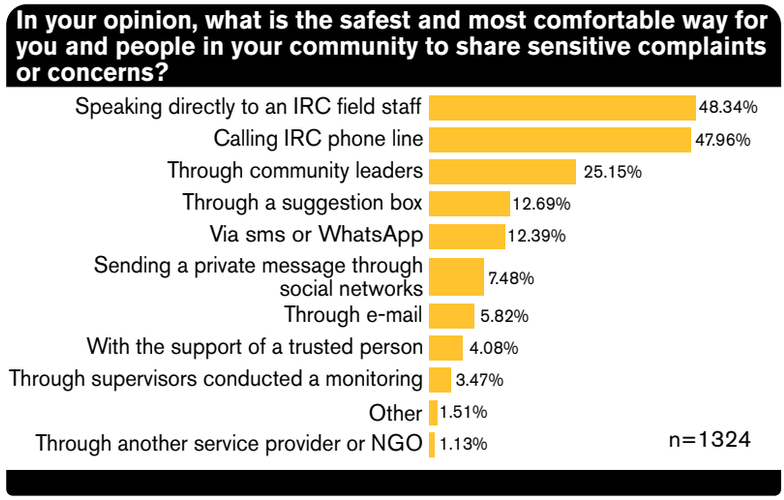
Survey respondents were asked to identify behaviors from humanitarian workers that they would consider inappropriate or unacceptable when receiving assistance, the findings indicate mixed levels of understanding. While 55% of respondents could identify at least one form of misconduct, 45% reported not knowing what behaviors are inappropriate, suggesting that community understanding of obligations for aid workers remains partial and uneven. Disaggregation by age and gender shows awareness particularly low for males (50%) and people above 60 years old (51%).

Among those able to identify misconduct, respondents most frequently cited intimidation, humiliation, or verbal abuse towards people seeking assistance (36%), followed by demanding or accepting favors or money in exchange for aid (28%), refusing assistance based on the person's personal characteristics (27%), physically harming adults or children seeking assistance (26%), and inappropriately sharing personal or sensitive information (24%).

Sexual misconduct was recognized at notably lower levels: only 19% identified any form of sexual contact with beneficiaries as inappropriate, 19% romantic and/or sexual relationships between aid workers and clients, and 18% cited sexual contact with people seeking assistance. Women were more likely than men to mention sexual conduct, indicating a gendered difference in awareness. To close this gap, safeguarding messaging should be clear, contextual and interactive, moving beyond one-off awareness materials towards rights-based communication embedded in all client interactions. This will help ensure safeguarding is not only understood as a compliance concept but as an integrated protection practice that keeps assistance safe and dignified for all.

Preferred Channels for Reporting Sensitive Complaints and Concerns

If they had to report sensitive issues and complaints, communities showed a strong preference for in-person communication. Speaking directly to field staff was identified as the most trusted channel (48%), followed by calling the dedicated phone line (48%). However, feedback channel preferences differ notably by age group. Younger respondents (under 24) show a stronger inclination toward hotline use (61%), followed by direct interaction with staff (34%), SMS/WhatsApp (25%), and private messaging (23%). In contrast, respondents (50+) tend to prefer face-to-face communication with staff (48%) or sharing feedback through community leaders (30%). These differences appear to be influenced by a combination of factors, including access to technology, digital literacy, disability, past trauma, and safety concerns. As a result, there is a clear need for multiple parallel feedback mechanisms both reactive and proactive that are accessible, safe, and adapted to diverse risk profiles. This approach will help ensure that all affected community members, regardless of age or personal circumstances, can safely and effectively communicate their feedback. For more information, please refer to the graph bellow.



28 RECOMMENDATIONS

Based on the assessment findings, the following recommendations are proposed. Overall, there is a clear need for comprehensive multisectoral intervention that recognizes the deeply interconnected nature of humanitarian needs in the assessed locations. The response should integrate health, economic recovery and development, and protection (encompassing child protection, women protection and empowerment, and protection and rule of law) within a coordinated framework that addresses both immediate survival needs and longer-term recovery.

Health

- Health interventions should prioritize expanding mobile health clinics to reach rural and remote settlements with regular visits providing primary care, chronic disease management, and specialist consultations through innovative service delivery models..
- Support access to transportation services for elderly persons and persons with disabilities (PWDs) requiring facility-based care.
- Modular clinics equipped with ultrasound and basic laboratory testing should be deployed to communities lacking local proper infrastructure and diagnostic tools, with established regular visit by specialists.
- The Affordable Medicines program should be strengthened through advocacy for expanded medication coverage, support for establishing participating pharmacies in rural settlements, expanding more frequent mobile pharmacy visits, and direct medication assistance for critical drugs not covered by the program.
- Community-based mental health and psychosocial support programming should be scaled up, with primary healthcare providers trained in psychological first aid and when applicable, mhGAP, while reducing stigma through community specific awareness campaigns.

Economic Recovery and Development

- Winterization response should provide cash assistance to vulnerable households covering utility payments (the top priority for 64% of households), heating costs, and winter household items, prioritizing elderly persons, persons with disabilities, IDPs, and female-headed households.
- Essential housing repairs should be supported through focusing on roof repairs (needed by 18% of households), wall repairs (22%), window and door sealing, and insulation improvements (9%), while for households in areas with limited market functionality, in-kind distributions of solid fuel, electric heaters, blankets, and warm clothing should be provided.
- Food security and livelihood programming should provide multi-purpose cash assistance enabling households to purchase food according to their preferences, with in-kind food distributions or vouchers considered for areas with limited market functionality, prioritizing households employing negative food coping strategies (57% relying on less preferred or lower-quality food).
- Vocational training and skills development particularly for women unable to find employment due to lack of childcare, through micro-grants for small business and income-generating activities. Advocacy for and support to establish childcare facilities is critical to enable maternal labor force participation, addressing a significant barrier identified repeatedly across focus groups.
- Promote strong linkages to the social protection system by delivering cash transfers alongside comprehensive support for household registration. This should include guidance, technical assistance, and legal support where needed, ensuring that all eligible households can effectively access and benefit from social protection programs.

Protection

- Protection programming should scale up GBV case management services with mobile teams reaching remote areas and establish or strengthen women-friendly spaces providing safe environments for survivors to access psychosocial support, information, and referrals.
- Critical barriers to GBV service access must be addressed by ensuring confidentiality through ensuring private consultation spaces and confidential case management systems.
- Provide transportation support or establish protection services closer to communities, offering free services and covering associated costs.
- Conduct community awareness campaigns on available services and how to seek help safely, training additional qualified GBV specialists, and recruiting female staff so survivors have the option to access female service providers.
- Survivor-centered approaches should be strengthened ensuring survivors have agency in deciding what support they access and when, with crisis response mechanisms established including emergency accommodation and safety planning for survivors at immediate risk.
- Advocacy with local authorities for restoration of street lighting is essential, particularly in areas with high concentrations of women and children.

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RECOMMENDATIONS

- Financial assistance and economic empowerment should be integrated into GBV case management recognizing that financial assistance emerged as the top priority for women facing violence (29% of respondents).
- Child protection response should prioritize establishment of child-friendly spaces providing safe environments for recreational activities, psychosocial support, and peer interaction (identified as the most urgent need by 63% of FGDs and 33% of key informants), with spaces equipped with age-appropriate materials, trained facilitators, and structured programming.
- Child-focused mental health and psychosocial support services should be scaled up addressing psychological distress affecting two-thirds of children, with caregivers and teachers trained in recognizing signs of distress and providing basic psychosocial first aid, and specialized support to respond to negative coping behaviors including aggression (25%), social withdrawal (21%), and harmful coping strategies (14%).
- Strengthen community awareness and understanding of child protection risks through structured sessions for caregivers, adolescents, and younger children through schools, child-friendly spaces, and community centers, as a significant proportion of households (30%) reported "not knowing" what risks children face. These activities should include early identification guidance, safe reporting pathways, and practical steps caregivers can take to reduce harm.
- Integrate caregiver-focused MHPSS, as high caregiver stress and limited parental capacity were repeatedly identified as underlying drivers of neglect and inadequate supervision.
- Given high exposure to mines and explosive remnants of war (45% of KIIs, 44% of FGDs), comprehensive mine risk education should be conducted targeting children and caregivers using child-friendly methodologies in schools, CFSs, online platforms, and mobile teams.
- Financial assistance should be provided recognizing this is the top priority for families caring for children (59% of surveyed households
- Establish or support existing community-based child protection committees in high-risk oblasts to monitor risks, identify children requiring urgent assistance, support early referrals, and enhance accountability within the national protection system.
- Develop child-specific digital safety modules addressing online grooming, cyberbullying, and harmful content exposure, integrated into school curricula and community sessions.
- Expand child-sensitive legal services to support children injured by ERW/mine blasts, children in alternative care, and adolescents in contact with the law, ensuring representation and safe participation in legal processes.
- Protection and rule of law programming should expand access to free legal aid to provide regular consultations and assistance (legal case management/secondary legal assistance) in communities currently without access, prioritizing housing, land, and property rights (53% of key informants identified as most common challenge), document restoration (42%), social benefit applications, disability status determination, and family law issues.
- The finding on legal needs likely underestimates the true prevalence, as respondents with limited legal literacy may not recognize their challenges as legal matters, instead characterizing them as administrative or bureaucratic obstacles. This gap reflects insufficient understanding of available social protection and justice mechanisms, suggesting that actual legal service needs considerably exceed those reported. To address this, legal literacy among conflict-affected populations should be increased through information sessions and targeted awareness campaigns on available free legal services to bridge the knowledge gap where only 33% of affected households sought legal assistance. Social protection linkages should be strengthened through information campaigns on available government programs, as 78% of communities believe they need more information on these services.
- Improve the quality and reliability of legal aid by introducing basic quality standards, ensuring follow-up on cases until they are resolved, and strengthening coordination and referrals between state and non-state providers
  Provide comprehensive digital literacy training particularly targeting elderly populations (identified as facing greatest digital barriers in 39% of KIIs) and provide smartphones or tablets to vulnerable households whose exposure to risks is heightened by their inability to access essential digital services.

Information and communication

- Information and communication should establish regular multi-channel information campaigns using face-to-face community meetings (41% prefer this), direct communication through IRC staff (22%), and coordination with local authorities (16%).
- Tailor information to priority needs and program scope, with the highest demand for information on health services (43%), social services (30%), humanitarian assistance (24%), employment (22%), and legal aid (22%), Messaging should make clear what IRC and organizations provide, where they operate and how services can be accessed.

30 RECOMMENDATIONS

- Ensure accessibility across age, literacy and rural settings. Information should be provided in plain language using simple formats, including visual materials and spoken explanations especially for those with limited literacy, elderly, persons with disabilities and those with limited digital access.
- Embed communication into direct service delivery with a focus on clarity and repetition. Invest in localized and sustained communication to build trust and reduce the perception of irregular or one-off aid delivery.
- Coordinate messaging with local authorities and focal points. Local leaders, social workers, teachers and health workers remain among the most effective communication relays in rural areas.

CRA and Safeguarding

- Accountability and safeguarding mechanisms should prioritize direct communication channels given the strong preference for speaking directly to field staff (54% for general feedback, 48% for sensitive complaints), ensuring all field staff and incentive workers across all sectors are trained in safely receive feedback and complaints: active listening, confidentially, non-judgmental response, trauma-informed approaches, clear referral pathways, and safe documentation and escalation.
- Maintain diversified feedback and reporting options. Preserve and strengthen the hotline capacity with trained operators (14% prefer for general feedback, 48% for sensitive complaints), while maintaining multiple alternatives, including community leaders, suggestion boxes, and digital options, to adapt to different needs, mobility or literacy levels, stigma or privacy concerns.
- Close the safeguarding awareness gap: with 45% of households reporting they do not know what humanitarian misconduct looks like, safeguarding communication must be systematic, routine and accessible to all groups of clients. Messaging should emphasize that humanitarian assistance is unconditional and based on need, define inappropriate behavior and abuse of power in plain language, clarify that sexual or romantic relationships between humanitarian workers and beneficiaries are exploitative regardless of perceived consent, and reassure communities that reporting is safe, confidential and will be taken seriously without retaliation.
- Reassure that feedback and complaints will not affect eligibility and that the mechanism is safe, confidential and relies on the analysis of an independent team of specialists. Close the loop visibly and demonstrate how feedback has led to program changes to demonstrate that it is meaningful, valued and acted upon.

Monitoring and Evaluation

- Monitoring, learning, and adaptation should establish feedback loops regularly collecting and analyzing feedback from affected populations on program quality, accessibility, and relevance, with post-distribution monitoring conducted for cash and in-kind assistance to understand how assistance was used and whether it met intended needs, using feedback to adapt programming in real-time.
- Monitoring data should be disaggregated by age, gender, displacement status, and disability to ensure programs are reaching intended vulnerable populations, with investigations conducted if certain populations are under-represented and adaptations made to improve access.

Contacts:
Dinkayew Tessema, Senior MEAL Coordinator, Dinkayew.Tessema@rescue.org

Serdar Yardak, Deputy Director of Programs, Serdar.Yardak@rescue.org

Graphic designer:
Andrii Kopilevych

Authors of Photos:
Tamara Kiptenko
Oleksandr Rupeta
Marek Kowalczyk