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DRC Quarterly Protection monitoring Report

October – December 2025



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Introduction

This report summarises the findings of DRC protection monitoring conducted in Ukraine across Sumy, Kharkiv, Donetsk, Dnipropetrovsk, Zaporizhzhia, Mykolaiv, and Kherson Oblasts between October 1st and December 31st, 2025. This report seeks to identify trends in protection risks and rights violations, challenges facing conflict-affected populations, and barriers to access to services (particularly for the most vulnerable) across surveyed oblasts during the reporting period. Findings inform ongoing and planned humanitarian responses, enable identifying vulnerable people for tailored support, and support evidence-based advocacy on behalf of persons of concern. Findings from protection monitoring are visualised in an interactive dashboard, enabling DRC and all relevant stakeholders to easily access this data.

To view the **Protection Monitoring Dashboard** summarising the main findings for the reporting period, click [here](#).

Key Findings

- Civilian safety continues to deteriorate across all monitored regions, driven by the geographic expansion of hostilities, increased use of FPV drones, missile and aerial strikes, and widespread UXO/ERW contamination. Civilians report persistently low perceptions of safety, with daily life increasingly shaped by fear, self-restriction of movement, and avoidance of public spaces.
- The systematic attacks on energy infrastructure and resulting disruptions to electricity and heating services are impacting the protective environment for civilians, including sense of safety and access to services, with older people and people with disabilities disproportionately affected.
- Displacement remains protracted, fragmented, and largely short distance, with movement driven by escalating insecurity, housing damage, and service disruption rather than access to durable solutions. Self-evacuation and intra-oblast displacement are increasing.
- Returns remain limited, conditional, and non-durable across all regions. Where returns occur, they are often driven by displacement fatigue, financial exhaustion, or attachment to place rather than improved security or recovery conditions, increasing risks of secondary displacement.
- Freedom of movement is severely constrained, primarily due to insecurity, UXO contamination, infrastructure damage, and reduced transport services. These constraints disproportionately affect older persons, persons with disabilities, caregivers, and rural households, undermining access to healthcare, administrative services, livelihoods, and assistance.
- Gender based violence, particularly intimate partner violence, remains widespread and underreported, driven by conflict-related stress, economic pressure, displacement, and harmful gender norms. Stigma, fear of disclosure, limited trust in authorities, and insufficient GBV services continue to prevent survivors from accessing support.



- Housing, Land and Property (HLP) insecurity remains a central protection risk, characterised by widespread housing damage, repeated attacks, and limited access to compensation. Procedural complexity, outdated compensation thresholds, documentation gaps, and digital exclusion prevent many households from restoring safe housing, forcing prolonged residence in damaged or unsafe accommodation.
- Access to legal identity and civil documentation is increasingly constrained, particularly for older persons, persons with disabilities, caregivers, and displaced households. Barriers include cost, transport, procedural complexity, annual re-registration requirements, and reliance on digital platforms such as Diia, which remain inaccessible to many.
- The transfer of social benefit administration to the Pension Fund of Ukraine has intensified access barriers, especially in frontline and rural areas. Long queues, limited outreach, staffing shortages, and poor communication have resulted in delays and exclusion, disproportionately affecting people with reduced mobility and digital access.

Overall trends indicate a shift from episodic crises to sustained pressure, with increasing strain on civilian resilience, administrative systems, and humanitarian response capacity. Without strengthened, inclusive, and area-specific protection interventions, risks of involuntary immobility, repeated displacement, and social fragmentation will continue to escalate.

Methodology

Protection monitoring data has been gathered through a mixed methodology approach, including in-person household surveys, key informant (KI) interviews, focus group discussions (FGDs), and direct observation. The report also reflects the findings of protection monitoring carried out at the Protection Cluster level, which, alongside other protection partners, DRC supports by using structured KI interviews. The diversity of data collection methods allows for gaining holistic information and more in-depth insights into individuals' and groups' perceptions of needs and capacities.

Graph 1. Household respondents per displacement group

Non-displaced member	108	53.7%
IDP	73	36.3%
Returnee	20	10.0%



Focus group discussions help DRC gather insights from communities, enabling a more tailored and responsive approach to support. ©DRC Ukraine, Dnipro, 2025, Krystyna Pashkina.

This collection of data and information is complemented by secondary data review and information shared during coordination meetings at the local, regional, and national levels. DRC protection monitoring activities target a variety of groups, including IDPs, returnees, and non-displaced people directly exposed to and affected by the current armed conflict in both rural and urban areas.

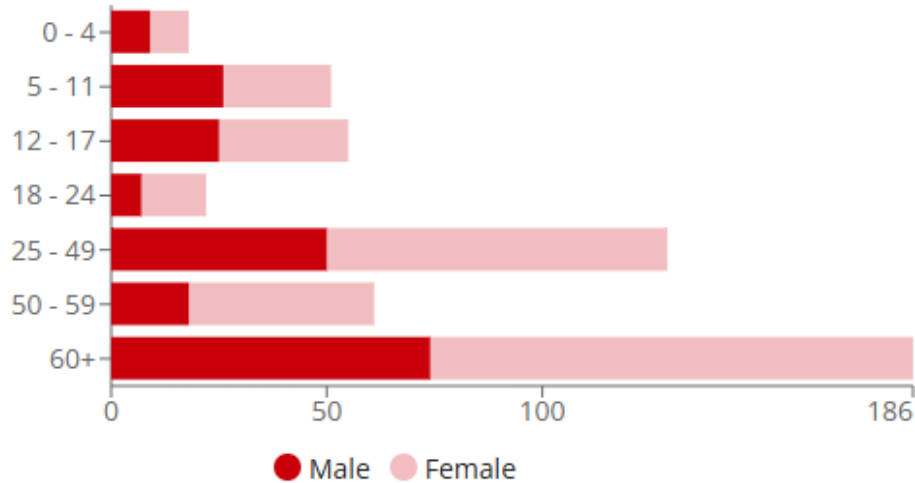
Between October 1st and December 31st, 2025, DRC Protection teams surveyed 201 households corresponding to 522 individuals. Most of the surveyed households were affected, non-displaced (54% - 108 respondents). Of those surveyed, 36% were IDPs (73 respondents) and 10% were returnees (20 respondents). All the surveyed individuals were Ukrainian citizens, of whom 60% were females. The average age of surveyed individuals was 44 years old. The average household size of those surveyed was 2.6 people, an increased household size from the average household size of 2.2 people in the previous reporting period.

To complement quantitative data collection, key informant interviews (KIIs) and FGDs were conducted across all regions. A total of 94 KIIs, including 16 male and 79 female respondents, were conducted, the KIIs targeted representatives of local authorities, community group representatives and community leaders, collective/transit site staff, social workers, humanitarian aid workers, and veterans.





Graph 2. Age and gender of surveyed household members



DRC also conducted 49 FGDs reaching 482 participants from the wider community, including 424 female and 58 male participants. Specific thematic area-level topics were also conducted, including protection monitoring focused on home-based care (Sumy Oblast), the impact of the changes to the pension fund (Dnipropetrovsk), and on the needs of caregivers (Mykolaiv and Kherson). In all locations complementary focus group discussions were conducted by the GBV teams focused on GBV risks for women and adolescent girls.

Context Update

During the period from October to December 2025, Russian Armed Forces (RAF) continued to carry out large scale strikes on Ukrainian cities including Kyiv and other oblasts, including region-specific attacks on energy infrastructure. Across Ukraine, electricity is rationed on a stop-start hourly basis to manage supply and demand. The escalating strikes ahead of winter also led to power outages of up to 16 hours per day. It is anticipated that these strikes will continue and likely escalate, further affecting civilians as temperatures continue to drop.

Civilian casualties remained high during the reporting period, with the highest number of casualties reported in November with 288 civilians killed and 952 injured.¹ The total civilian casualties in Ukraine was at least 2,514 killed and 12,142 injured, which is a 31% increase since 2024 and a 70% increase compared to 2023.

The RAF has also intensified attacks on Ukrainian railway infrastructure. These strikes caused major disruptions to railway infrastructure and have led to temporary changes in

¹ <https://ukraine.ohchr.org/en/Protection-of-Civilians-in-Armed-Conflict-November-2025>

train schedules and delays. Ukrzaliznytsia has ceased functioning on some routes, e.g. the train to Kramatorsk now ends in Barvinkove.

Key Legislative Changes

During the reporting period, several legislative and policy changes were introduced that are relevant to the protection environment and access to rights for conflict-affected populations. While these measures are largely intended to improve continuity of assistance, promote inclusion, and mitigate socio-economic risks, protection monitoring indicates that their practical impact will depend heavily on accessibility, outreach, and the ability of vulnerable groups to navigate administrative requirements under ongoing conflict conditions.

Despite the adoption of Cabinet of Ministers Resolution No 13471 in October 2025, intending to expand remote assessments of destroyed housing, no successful implementation cases were directly observed by DRC teams during the reporting period. Findings from protection monitoring indicate that awareness of the Register of Damage for Ukraine (RD4U) also remains limited, increasing the risk of false expectations and prolonged uncertainty. IDPs in rural areas frequently reside in rented housing or with relatives without formal rental agreements, while uptake of rental subsidy programmes remains low, significantly increasing eviction risks and undermining tenure security.

On 1 October, the Government adopted Decree №1219², extending the deadline for physical identification of recipients of pensions and selected types of state social assistance until 1 November 2025. This measure is particularly relevant for recipients of social assistance who are not entitled to pensions, people with disabilities (including persons with disabilities since childhood), and children with disabilities. The extension also creates an opportunity for individuals who were registered with social protection authorities in temporarily occupied territories or areas of active hostilities at the start of the full-scale invasion and who did not re-apply for benefits after 24 February 2022. From a humanitarian perspective, this extension reduces the immediate risk of benefit suspension for individuals who were unable to complete identification procedures due to displacement, occupation, insecurity, or loss of access to institutions. However, protection monitoring suggests that physical identification requirements remain a significant barrier for older persons, persons with disabilities, caregivers, and residents of rural or frontline communities. Insecurity, transport costs, limited mobility, and lack of accompaniment continue to restrict the ability of some beneficiaries to comply, even with extended deadlines. Without proactive outreach and mobile support, the risk of administrative exclusion and loss of income for the most vulnerable households remains.

In early November, the Ministry of Finance introduced a verification methodology related to the compensation scheme for equipping workplaces/places of economic activity/independent professional activity for persons with disabilities³. This methodology

² <https://zakon.rada.gov.ua/laws/show/1219-2025-%D0%BF#Text>

³ Link to the source: <https://zakon.rada.gov.ua/laws/show/893-2023-%D0%BF#n12>

clarifies procedures for verifying actual expenses incurred in adapting workplaces or professional activities, strengthening transparency and consistency in implementation. The measure has the potential to support labour market inclusion and longer-term self-reliance for people with disabilities by facilitating reasonable accommodation. At the same time, protection monitoring highlights potential exclusion risks. Verification requirements may be difficult to meet for individuals engaged in informal employment, displaced people, or residents of conflict-affected areas where access to suppliers, documentation, or receipts is limited. Without complementary legal and administrative support, those most affected by conflict-related barriers to employment may remain unable to benefit from the scheme.

On 5 November, the Verkhovna Rada adopted as a basis the draft Law of Ukraine on amendments to the Law of Ukraine "On compulsory state pension insurance" regarding confirmation of insurance experience.⁴ This draft law⁵ is aimed at simplifying the confirmation of insurance (work) experience for pension purposes in cases where documentation has been lost or destroyed due to the war. The draft law, currently under preparation for second reading, responds to widespread challenges faced by individuals who cannot confirm employment history, particularly for periods prior to 1 July 2000, before the introduction of personalised insurance records. This initiative is highly relevant in a context where destruction of archives, enterprise closures, and occupation have made traditional proof of employment unattainable for many people. If adopted, the amendments could significantly reduce reliance on court proceedings and lengthy administrative processes, improving access to pensions and long-term income security. Until the legal changes are finalised, however, many affected individuals remain at risk of delayed or denied pension access, reinforcing poverty and dependency among older persons and conflict-affected households.

On 5 November, the Cabinet of Ministers adopted Decree №1433⁶, establishing one-off winter financial support of UAH 6,500 for selected vulnerable groups during the 2025/26 winter period, including IDPs with disabilities (Group 1) and lonely pensioners meeting specific income criteria. Eligible beneficiaries are to be notified primarily through the Diia application or, in its absence, via Pension Fund communication channels. While this measure has clear potential to mitigate winter-related risks by supporting access to heating, food, and essential items, protection monitoring raises concerns regarding accessibility. Reliance on digital notification and application mechanisms may exclude older persons, persons with disabilities, and residents of rural or frontline areas who lack smartphones, stable connectivity, or digital literacy. Monitoring findings consistently show that digital-by-default approaches increase dependence on intermediaries, heighten confusion, and create risks of misinformation or exploitation. Without accessible offline alternatives and assisted application mechanisms, the protective impact of winter support may be uneven and fail to reach those most in need.

⁴ Link to the source: <https://zakon.rada.gov.ua/laws/show/4685-20#Text>

⁵ Link to the source: <https://itd.rada.gov.ua/billinfo/Bills/CardByRn?regNum=13705-%D0%B4&conv=9>

⁶ Link to the source: <https://zakon.rada.gov.ua/laws/show/1433-2025-%D0%BF#n125>

Overall, recent legislative developments reflect positive intent to adapt social protection, disability inclusion, and pension systems to wartime realities. However, protection monitoring indicates that persistent barriers related to mobility, digital exclusion, security conditions, documentation gaps, and limited institutional capacity continue to shape who can access these measures in practice. Without targeted outreach, assisted access, and simplified procedures, there is a risk that reforms may inadvertently reinforce existing inequalities, particularly for older persons, persons with disabilities, caregivers, and displaced populations in rural and frontline contexts.

Liberty and Freedom of Movement

Forced Displacement

Across all monitored regions, forced displacement continues to be primarily driven by the security situation, with shelling/attacks on civilians and aerial destruction/damage to housing and property consistently cited as the main triggers. While the core drivers of displacement remain unchanged, the intensity, patterns, and demographic profiles of displacement vary significantly by region, reflecting differing levels of insecurity, coping capacity, and access to services.

Graph 3. Factors influencing displacement

Shelling, attacks on civilians	64	87.7%
Destruction or damage of housing, land and/or property d...	40	54.8%
Lack of access to essential services (health, water, educatio...	20	27.4%
Infrastructure damage/destruction	18	24.7%
Exposure to UXOs/landmines	14	19.2%
Lack of access to safe and dignified shelter	12	16.4%
Lack of access to livelihoods, employment and economic o...	12	16.4%
Occupation of property	5	6.8%
Seeking family reunification	4	5.5%
Other	3	4.1%
Criminality	1	1.4%

In southern oblasts, including Mykolaiv Oblast and Kherson Oblast, displacement dynamics remained relatively stable compared to the previous quarter. Survey data indicate that conflict-related violence remains the dominant cause of displacement (100% in Mykolaiv and 77% in Kherson), alongside damage and destruction of housing and property. Qualitative findings highlight a clear demographic divide: younger people and families with children are more likely to relocate, while older persons remain in place due to financial constraints, health needs, caregiving responsibilities, and limited access to alternative housing. This pattern contributes to the entrenchment of older persons in high-risk locations, reinforcing protection concerns related to mobility, access to services, and social isolation.

In Sumy Oblast, shelling and missile attacks remain a universal driver, while housing damage and destruction increasingly constrains return options. At the same time, a growing proportion of IDPs report intentions to integrate locally, suggesting gradual adaptation despite ongoing insecurity. However, qualitative data reveal heightened anxiety among both IDPs and non-displaced residents, with communities actively preparing for potential evacuation and expressing fear of insufficient support if displacement occurs.

This anticipatory stress underscores the psychological toll of protracted insecurity, even in the absence of immediate movement. Similar patterns of short-distance and cyclical displacement persist in Kharkiv Oblast, where displacement remains short-distance and cyclical, particularly in frontline and near-frontline hromadas. Drivers of displacement mirror previous quarters – shelling, housing destruction, UXO contamination, and service disruption – but with greater intensity. Older persons, persons with disabilities, and low-income households remain disproportionately affected, reinforcing concerns about unequal exposure to risk and limited capacity to relocate safely, yet intentions to return remain largely unchanged.

In Dnipropetrovsk Oblast, displacement intensified during the reporting period due to the expansion of hostilities into previously less-affected areas and increased use of FPV drones and aerial strikes. Displacement here is largely self-initiated and reactive, reflecting diminishing feasibility of remaining in areas of origin rather than organised evacuation. According to data from the Protection Cluster in Dnipropetrovsk Oblast, the displaced population profile is marked by a high proportion of older people, with individuals aged 60 and above accounting for approximately 34–45 percent of displaced persons, alongside significant numbers of women, persons with reduced mobility. Data suggests that movement remains intra-oblast, suggesting constrained options and reliance on perceived pockets of relative safety rather than durable solutions.

Evacuations

During October–December 2025, evacuation dynamics across monitored regions were shaped by escalating insecurity, uneven implementation of mandatory evacuation measures, and persistent structural and psychosocial barriers limiting civilian movement.



While evacuation frameworks exist in all regions, the feasibility, uptake, and protection outcomes of evacuation vary significantly, resulting in differentiated risk profiles for affected populations.

Participants shared that evacuation from frontline communities, particularly in Donetsk Oblast in Kramatorsk raion, remained constrained. Overall evacuation figures declined while self-evacuation increased, primarily with the largest outflows from Kramatorsk, Druzhkivka, and Kostiantynivka. Barriers include limited access to affordable safe housing, fear of property occupation or looting, strong emotional attachment to homes, and caregiving responsibilities. Mandatory evacuation measures were introduced in selected settlements of Sviatohirsk, Mykolaiv, and Kramatorsk territorial communities, signalling a formal escalation of risk. Despite this, as of December, nearly 193,700 civilians remained in government-controlled areas of Donetsk Oblast, underscoring the scale of unmet evacuation needs amid constrained mobility⁷.

Data from protection monitoring suggests that evacuation patterns in Kharkiv Oblast remain short-distance and reactive, with residents delaying movement until security deteriorates sharply, particularly in frontline and near-frontline hromadas. Barriers include housing availability, livelihood disruption, and uncertainty about conditions at evacuation destinations. Older persons, persons with disabilities, and low-income rural households are disproportionately affected, reinforcing patterns of repeated displacement within the oblast. Overall, protection monitoring indicates that evacuation decisions in Kharkiv Oblast remain closely tied to perceived security thresholds rather than proactive planning, reinforcing patterns of repeated displacement within the oblast.

A significant shift was observed with the introduction of mandatory evacuation for the first time in Dnipropetrovsk Oblast on 2 December 2025, covering Novopavlivska, Velykomykhailivska, and Mezhyvska hromadas in Synelnykivskyi raion. This marked an escalation in risk and displacement, reflecting the expansion of hostilities into previously less-affected areas. In Zaporizhzhia Oblast, mandatory evacuation remained in effect in Kushuhumska hromada, while forced evacuation of children continued in several frontline settlements. Evacuation from Stepanohirsk remained impossible due to sustained shelling, highlighting the limits of evacuation mechanisms under active hostilities. A new transit centre has been opened in Zaporizhzhia city in November 2025 to accommodate evacuations. While this additional reception capacity has facilitated onward movement from southern Zaporizhzhia, concerns were raised regarding the centre's proximity to critical infrastructure. Gaps in evacuation teams' awareness of available services at transit points further complicate referrals and settlement, while the gradual phasing-out of CCCM coordination structures risks fragmentation if government capacity does not scale in line with increasing evacuation needs.

⁷ https://dn.gov.ua/en/news/yak-tryvaie-evakuatsiia-tsyvilnoho-naselennia-na-donechchyni?utm_source=chatgpt.com



In Sumy Oblast, large-scale evacuation has not materialised during this reporting period. However, qualitative data indicate rising anticipatory anxiety, with residents increasingly preparing for potential evacuation while expressing an increased concern that adequate support would not be received should displacement be necessary. Evacuation continues to be perceived as a last resort, contingent on extreme security deterioration and limited confidence in evacuation assistance systems.

In Kherson Oblast, while the security situation remains volatile, no mass evacuation has been observed with most residents continuing to remain. Evacuation is coordinated by the Oblast Military Administration with humanitarian actors, alongside independent departures facilitated by personal transport or volunteers. The barriers, challenges, and evacuee profile remain largely unchanged from the previous quarter, suggesting entrenched constraints rather than transitional dynamics.

Returns

Across all monitored regions, returns remain limited, gradual, and highly conditional, with no observable shift toward large-scale, safe, or durable return during the reporting period. Decisions to return are overwhelmingly shaped by security considerations, housing conditions, and economic feasibility, with notable regional variation in the relative weight of these factors.

Graph 4. Intentions per displacement status

IDPs		
Integrate into the local community	39	55.7%
Return to the place of habitual residence	23	32.9%
Relocate to another area in Ukraine	7	10.0%
Relocate to a country outside of Ukraine	1	1.4%
Non-displaced		
Stay in place of habitual residence	92	85.2%
Relocate to another area in Ukraine	16	14.8%
Refugees and returnees		
Stay in place of habitual residence	13	65.0%
Relocate to another area in Ukraine	7	35.0%

In Mykolaiv Oblast, the return process is ongoing but remains slow and selective. Respondents also emphasised the importance of housing restoration, social infrastructure, and access to livelihoods for returnees. However, many households report financial exhaustion and limited capacity to relocate again, framing return as a constrained choice rather than durable recovery. In Kherson Oblast, the cessation of hostilities and improved security are the dominant drivers of return intentions, reflecting the continued volatility of the security environment. Notably, although some households have since returned where housing was intact or expected to be restored, many report financial exhaustion and limited capacity to relocate again, framing return as a constrained choice rather than durable recovery.

In Sumy Oblast, intentions are increasingly oriented toward local integration rather than return. Over half of surveyed households surveyed reported plans to remain in hosting hromadas on a long-term basis, marking a modest increase compared to the previous quarter. By contrast, the proportion of respondents expressing an intention to return to their place of origin remains low and largely unchanged.

As in other regions, improved security and the cessation of hostilities were identified as the primary preconditions for return, underscoring the continued dependence of mobility decisions on broader conflict dynamics rather than individual recovery trajectories.

In Dnipropetrovsk Oblast and Zaporizhzhia Oblast, no significant changes in return patterns were observed during the reporting period. Displacement dynamics continue to be characterised by outward movement and a strong preference for remaining in host communities. A large majority of respondents expressed an intention to stay and integrate rather than return, reflecting persistent barriers to return. These barriers are primarily economic and structural, particularly for older persons with limited mobility and low pension income, as well as the anticipated withdrawal of displacement-related assistance upon return. Combined with ongoing insecurity in areas of origin, these factors render return largely unfeasible and unsustainable, with no indication of progress toward durable solutions during the quarter.

Similarly, in Kharkiv Oblast, returns remain limited and often short-term, consistent with previous quarters. Intended return drivers remain consistent over time, with improved security and cessation of hostilities cited almost universally, followed by compensation for damaged or destroyed property and infrastructure restoration. Qualitative findings reinforce that while the desire to return remains strong, it is tempered by an acute awareness of ongoing risks and limited service availability in areas of origin. In Donetsk Oblast, no substantive change in return dynamics was observed. Returns remain rare, short-term, and highly constrained by persistent insecurity, widespread housing damage, and limited access to services. As in other frontline regions, conditions for safe, voluntary, and dignified return are not yet in place, and return intentions remain largely aspirational rather than actionable.



Freedom of Movement

Across all monitored regions, freedom of movement remains severely constrained, primarily due to insecurity, explosive ordnance contamination, and the cumulative effects of damaged infrastructure and limited transport options. While the nature of restrictions varies by region, a consistent pattern emerges of security-driven self-restriction, compounded by structural and logistical barriers, resulting in reduced access to services, livelihoods, and assistance, particularly for older persons, persons with disabilities, and individuals with reduced mobility.

In Mykolaiv and Kherson Oblasts, freedom of movement continues to be systematically restricted by mine contamination and the presence of UXO, consistent with previous reporting periods. Residents shared that they deliberately avoid agricultural fields, forest belts, coastal areas, and secondary roads previously used for daily activities, significantly constraining livelihoods and access to natural resources. In Kherson Oblast, over half of respondents identified UXO as a key barrier to movement, with incidents of civilian injury continuing to be reported. As one FGD participant noted, **“Collecting firewood in forested areas is dangerous due to mine contamination.”**

These risks contribute to a persistent sense of insecurity even in areas perceived as relatively stable. Transport-related barriers further compound mobility constraints, particularly in Kherson Oblast, where limited availability and irregularity of public transportation restrict access to medical care, social services, and markets. In Mykolaiv Oblast, respondents highlighted the inadequacy of subsidised transport schemes for pensioners, which are limited in duration and frequency and do not correspond to actual mobility needs. Older persons and individuals with chronic illnesses or reduced mobility face additional barriers, often being physically unable to reach pharmacies, health facilities, or administrative services independently. In the absence of accessible infrastructure and reliable transport, these groups become increasingly dependent on informal support networks, reinforcing patterns of isolation and vulnerability.

In Sumy Oblast, restrictions on freedom of movement are driven predominantly by active hostilities and extreme security risks rather than formal limitations. Constant shelling, drone activity, and guided aerial bombs have led to widespread fear, resulting in civilians voluntarily confining themselves to their homes. Residents reported actively avoiding locations perceived as repeated targets, such as hospitals, service centres, shops, and railway stations, leading to restricted access to healthcare and basic services. Older persons were particularly affected, with some reporting effectively living in confinement due to fear, transport disruptions, UXO contamination, and the absence of accessible shelters. Some transport providers have reduced or ceased operations in high-risk areas, leaving entire villages effectively isolated. As one service provider explained: **“People are afraid to leave their homes... many elderly people actually live in confinement; they are afraid even to walk around the village or step outside their yards... Therefore, any trip is a risk.”** UXO contamination further restricts movement within and between



settlements, transforming routine activities into life-threatening decisions and severely limiting access to services, assistance, and livelihoods.

In frontline areas of Dnipropetrovsk Oblast and Zaporizhzhia Oblast, freedom of movement is increasingly constrained by perceived insecurity and self-imposed confinement, rather than explicit administrative restrictions. Residents report avoiding open spaces, public areas, and movement after dark due to the threat of FPV drones, guided aerial bombs, and loitering munitions. In some communities, proximity to military personnel and potential targets has further heightened anxiety and reduced daily movement. These security-driven behaviours are reinforced by infrastructural and logistical barriers. Public transport services operate irregularly or only on specific days and are frequently disrupted by shelling, effectively trapping residents within their settlements. In some locations, such as Stepanohirsk, movement and evacuation have become impossible due to constant hostilities, while in others, access restrictions and special pass regimes have been introduced due to frontline proximity. Disruptions to mobile communication further undermine safe movement by limiting access to emergency services and information. These constraints disproportionately affect older persons, persons with disabilities, women, and caregivers, increasing barriers to accessing healthcare, assistance, and livelihoods.

In Kharkiv Oblast, ongoing shelling and EO contamination continue to severely restrict freedom of movement, particularly in border and frontline hromadas. Some communities are described as effectively divided into habitable and uninhabitable zones due to infrastructure damage and proximity to hostilities. Civilians adapt their daily routines to insecurity, limiting movement to specific times of day. Transport costs, distance, and insecurity further restrict access to specialised services, including psychological support, particularly in rural areas. During the reporting period, FGDs and KIs conducted across Kharkiv Oblast confirm that ongoing shelling and EO contamination continue to severely limit safety and freedom of movement, particularly for older persons, people with limited mobility and persons with disabilities. In Zolochivska hromada, participants described the community as effectively divided into “Zones where it is possible to live and zones from which people must evacuate,” with some villages remaining uninhabitable due to damage to critical infrastructure and proximity to the border and active hostilities. Additionally, civilians adjust daily routines due to insecurity, limiting movement to perceived safer times of day. In Zolochivska hromada, FGD participants noted: ***“We try to resolve all issues—visiting the ASC, shops and post office—before noon, because shelling most often starts in the evening”***. Access to specialised psychological support remains limited, particularly in rural and near-frontline settlements, where distance and transport costs further reduce help-seeking», KI from Mala Danilivka reported.

In Donetsk Oblast, freedom of movement remains critically constrained by sustained hostilities, frequent shelling, air raid alerts, and widespread mine and ERW contamination. Civilians reported significantly limiting movement outside their homes, especially in the evenings, with older persons, persons with disabilities, and low-income households facing compounded barriers due to physical limitations, lack of affordable transport, and



insufficient assistance. The full suspension of railway connections toward Kharkiv Oblast has further reduced safe and affordable mobility options. While shuttle services to alternative railway stations have been introduced, participants shared that they are insufficient to compensate for the loss of regular rail transport and present accessibility challenges for vulnerable groups. High transport costs, irregular services, and the absence of social transport in many communities increase reliance on private or informal options, heightening the risk of involuntary immobility in high-risk areas.

Threats, Violence, and Harm

During October–December 2025, the overall security environment across monitored regions continued to deteriorate, with an expanding geographic reach of hostilities, increasing intensity of attacks, and diversification of threat types. Across all regions, civilians reported a persistently low sense of safety, driven by near-daily exposure to shelling, missile and drone attacks, explosive ordnance contamination, and damage to critical civilian and energy infrastructure.

Graph 5. Factors influencing the sense of safety

Bombardment/shelling or threat of shelling	99	99.0%
Landmines or UXOs contamination	12	12.0%
Presence of armed or security actors	12	12.0%
Fighting between armed or security actors	4	4.0%
Risks of eviction	3	3.0%
Intercommunity tensions	2	2.0%

Across frontline and previously occupied areas, particularly in Kharkiv Oblast and Kherson Oblast, the threat of violence from the conflict itself is a daily reality shaping perceptions of safety. Participants consistently described living under constant fear of shelling, airstrikes, and mines. Areas that were previously considered safe, such as forests, agricultural fields, and village streets, are now widely perceived as dangerous or inaccessible due to UXO and mine contamination. This transformation of everyday spaces into perceived “no-go zones” has significantly constrained civilian life and contributed to a pervasive sense of insecurity.

In Donetsk Oblast, the sense of safety remains extremely fragile with 61% of respondents reporting feeling very unsafe or unsafe. Residents across most communities report daily

or near-daily shelling, drone activity, and periodic missile and ballistic strikes, with the advance of the front line toward settlements in Kramatorsk Raion markedly increasing civilian exposure to hostilities. A critical protection concern remains the absence of adequate bomb shelters; participants shared that civilians rely primarily on private basements that do not meet safety standards and are often inaccessible or unusable for older persons and persons with disabilities. Intensified attacks on the Sloviansk Thermal Power Plant during the reporting period further exacerbated risks by disrupting electricity supply, with cascading impacts on water and heating services. Widespread housing damage, UXO/ERW contamination, and mined areas continue to restrict movement and heighten exposure to harm. Despite these risks, most participants report no intention to evacuate due to financial constraints, fear of property loss, and caregiving responsibilities, often without having any concrete evacuation plans, creating a situation of involuntary immobility under extreme threat.



*DRC provides support to people affected by explosive ordnance in Kharkiv, Kharkiv Oblast.
© DRC Ukraine, Kharkiv, Kharkiv Oblast, November 2025, Olena Vysokolian.*

In Kharkiv Oblast, household-level data indicate a significant reduction in perceptions of safety, from 21% in the previous reporting period increasing to 43% in this reporting period. Shelling was cited by all respondents as the primary factor undermining safety, followed by UXO contamination and the presence of armed actors. Attacks on civilian infrastructure increased, including damage to kindergartens, hospitals, and electrical transformer stations in Kharkiv city, reinforcing concerns over the safety of essential services. While residents in urban centres report having “adapted” to living under wartime

conditions, qualitative data show that this adaptation reflects risk management rather than improved safety. Urban insecurity is further compounded by infrastructure damage. Due to energy disruptions, street lighting is frequently switched off early, forcing residents to move through damaged streets in darkness. ***“Now the lights are turned off earlier, and people have to walk home in the dark,”*** noted a Kharkiv city resident. Similar conditions were reported in rural areas, including in Zaporizhzhia Oblast, where participants described the absence of street lighting since the start of the full-scale invasion. These conditions disproportionately affect women and girls, who reported avoiding public spaces after dark due to fear of harassment or attack, effectively imposing a gendered, self-imposed curfew that further limits freedom of movement and access to services.

In Dnipropetrovsk Oblast and Zaporizhzhia Oblast, the security situation further deteriorated, with increased frequency and lethality of attacks. A majority of households (68%) reported a persistently poor sense of safety, with fear of armed violence remaining a dominant stressor. Insecurity is driven by recurrent shelling, missile strikes, FPV drones, loitering munitions, and guided aerial bombs, which have become increasingly unpredictable. Risks remain particularly acute in frontline and near-frontline hromadas, while major urban centres, including Zaporizhzhia, Dnipro, Kryvyi Rih, Samar, and Pavlohrad, continue to experience repeated strikes and infrastructure damage. In Zaporizhzhia city alone, authorities report damage to every fourth apartment building and nearly 2,500 private houses, often repeatedly⁸. FGDs highlight evolving threat patterns, including targeted FPV drone strikes on illuminated residential areas, prompting reports of widespread light-masking measures. The increased presence of military personnel within some settlements has further complicated perceptions of safety. While no specific incidents of GBV perpetrated by soldiers were reported, women and adolescent girls consistently associated the presence of armed personnel with heightened unease and reduced freedom of movement. As a result, many women reported limiting movement to essential activities only, particularly after dark, reinforcing patterns of confinement and isolation.

In Sumy Oblast, residents were exposed to extreme and multifaceted security threats, including intensive shelling, drone and missile attacks, and grave protection incidents such as the abduction of civilians. More than 4,000 attacks were recorded during the reporting period, with border hromadas particularly affected. Attacks on residential buildings, agricultural areas, and railway infrastructure resulted in casualties and widespread fear. ***“Roads are under fire, drones are often hovering in the sky. The territory of the village and the surrounding area is literally covered with explosive remnants of war, people have been injured multiple times. Therefore, any trip is a risk.”*** shared a KII.

⁸ <https://www.ukrinform.ua/rubric-vidbudova/4054596-u-zaporizzi-kozen-cetvertij-bagatokvartirnij-budinok-poskodzenij-cerez-ataki-rf.html>



In October 2025, large-scale shelling in Shostka caused prolonged disruptions to electricity, gas, and water supplies, significantly affecting civilian wellbeing⁹.

In the southern regions of Kherson Oblast and Mykolaiv Oblast, security risks remain acute and increasingly complex. Since late October, monitoring and Protection Cluster reporting indicate increased use of cluster munitions in Kherson Oblast, alongside targeted attacks on volunteers, civil society organisations, and humanitarian assets. These incidents have directly constrained humanitarian access and reduced civilians' ability to safely seek assistance. Intensified shelling of energy infrastructure has resulted in prolonged blackouts and disruptions to heating and water supply during winter, significantly exacerbating protection risks. Qualitative findings highlight divergent perceptions of safety: while IDPs arriving from areas of active hostilities often perceive host hromadas as relatively safer, long-term residents report sustained fear due to missile and drone overflights and nearby explosions. A persistent protection gap identified in Kherson Oblast remains the lack of properly equipped and accessible shelters in rural areas, particularly for older persons and people with disabilities. ***“People are reluctant to use basements because they seem even more dangerous – in case of a collapse,”*** FGD participant. In several settlements, there are no stationary air-raid alert systems, so residents rely exclusively on mobile applications or signals from neighbouring hromadas. Such dependence on digital channels complicates timely information for certain population groups, particularly older people and those without access to smartphones or stable internet, especially during power outages.

Gender Based Violence

Intimate partner violence was identified as the most prevalent form of GBV across all assessed communities. Women from every oblast reported that tensions at home have heightened since the escalation of conflict. The reasons are multifaceted: families are dealing with constant fear for their lives, the trauma of displacement or occupation, loss of jobs, and long periods of being confined together in small spaces. It was shared that arguments that might have once blown over now quickly intensify. In the words of one participant, ***“even small things can cause conflicts in families”*** under these conditions. Unfortunately, these conflicts sometimes escalate into verbal or physical abuse. Psychological violence (insults, threats, controlling behaviours) is widespread and often normalised – many women described it as something that ***“just happens”*** and is rarely talked about openly. Some gave examples of men's extreme irritability or aggressive outbursts that they attributed directly to war stress or combat trauma.

In communities with high military mobilisation (e.g. parts of Kharkiv Oblast), women noted a concerning pattern when men return from combat or service. ***“When a man comes back from the army, he can be very aggressive. Sometimes women have to run away from home,”*** said a participant from Kharkiv oblast, illustrating how unaddressed trauma and wartime experiences can spill into domestic spheres. Conversely, it was

⁹ [121 injured and 8 killed — details of the attacks in the Sumy region — Tsukr](#); [41 injured and 9 killed — details of Russian attacks on the Sumy region — Tsukr](#)



reported that men who have not gone to fight face social pressure that also feeds household conflict. One woman explained that if a husband or son is of conscription age but staying home, **“he is often told that he is not a man, and this creates many conflicts at home.”** Traditional gender expectations that **“real men”** defend the country can fuel frustration and shame, which can manifest as violence toward family members. Harmful social norms around masculinity in conflict settings can drive GBV. Men returning from the conflict with unaddressed trauma, as well as men who experience stigma for not participating in fighting, both contribute to increased household tension and reports of violence in the home. Addressing these risks requires social and behaviour change programming, alongside targeted psychosocial and reintegration support for veterans, to reduce GBV risks for women and girls.

Another cross-cutting theme is the culture of silence and stigma that surrounds GBV, keeping much of this violence hidden. In almost every FGD, participants stressed that women do not normally speak out about abuse. GBV is widely seen as a private matter to be endured or resolved within the family. **“Women are afraid that if they speak out, everyone in the community will know and judge them,”** one participant explained. Fear of gossip and blame is a powerful deterrent against reporting or even sharing one’s experience. In small communities, especially, survivors worry about being ostracised or shamed. Multiple women noted that **“everyone knows”** which families have violence, **“but no one says anything”** publicly – reflecting an environment of tacit acceptance or at least non-interference. This stigma extends to help-seeking: many survivors will only consider accessing services in the most extreme cases (e.g. severe physical injury), preferring to keep silent otherwise.

Gender norms in these communities have traditionally been conservative, and the war’s upheaval has had a dual effect: on one hand, necessity has forced some shifts toward more egalitarian roles (as discussed in the next section), but on the other hand, many patriarchal attitudes persist or have even been aggravated by stress. For example, some women mentioned that community members still often dismiss domestic violence as **“the family’s business”** or blame women for provoking men. Likewise, norms of masculinity discourage men from showing **“weakness”** or seeking help – which means male victims of violence or acute stress rarely reach out for support. As one participant observed, **“Men do not go for help. They think they must deal with everything themselves.”** The result is that men’s mental health struggles often go unaddressed, which can further exacerbate anger and violence within households. This indicates broader harmful norms affecting the entire household: the same stigma that silences women’s voices also tell men to suppress vulnerability, creating a dangerous cycle.

Notably adolescent participants in some areas are questioning these norms. In Hlukhiv (Sumy Oblast), teenage girls in the FGD were acutely aware of how lack of education and open dialogue about topics like healthy relationships, sexuality, and rights contributes to GBV. They pointed out that they feel neither schools nor families are adequately fulfilling the role of educating youth about these issues. One 17-year-old girl advised that in school, even a teacher **“couldn’t talk about [sexual health] – it was laughable”** and said **“we**



really wish there was more information available for us... meetings with a gynaecologist, and not just for girls – boys should be educated too”. The girls argued that their personal safety *“directly depends on the level of awareness of the boys around us,”* calling for *“mirror”* education for boys and girls about consent and mutual respect. Such comments underline a crucial point: gaps in early education and taboo around discussing bodies and rights can create barriers to seeking support in later in life. If a girl grows up learning that it’s shameful to talk about sex, health, or boundaries, she is less likely to recognise, or report abuse in adulthood.

GBV survivors' access to services

Protection monitoring continues to reveal significant gaps in the GBV service and protection environment across all regions. In many communities, especially smaller towns and villages, survivors have nowhere to turn except the police, and even that option is fraught with issues. Participants in multiple FGDs stated that there are no specialised services such as women’s centres, hotlines, psychosocial counselling, or legal aid in their locality. *“Only the police”* is available, as women in Zaporizhzhia Oblast emphasised. However, police response was described as a band-aid solution at best. Women from various oblasts recounted that police might come and *“calm down”* a violent incident or remove the perpetrator overnight, but there is no long-term protection. As one survivor noted, the abusive partner is often back the next day and *“everything starts again.”* Furthermore, in some rural areas, calling the police is not seen as a viable solution at all. In Kherson oblast, women expressed deep mistrust in the police, citing cases where officers refused to intervene in domestic disputes or did nothing after taking reports. *“They don’t come, or if they come, they do nothing,”* one woman described her local police, leading many to feel it is pointless to seek their help. By contrast, in another Kherson community participants noted the police were active and did respond when called, showing that local variability is high. In the Kyselivka collective centre (also Kherson), residents said they view police as a last resort, preferring to rely on neighbours or the on-site volunteer guard for intervention. These differences underscore that trust in authorities is highly context-dependent, often correlated with whether people have seen tangible results from reporting in the past.

Beyond police, it was reported that formal GBV support services are extremely limited in these oblasts. Government social services are overstretched and, in many cases, personnel have been reduced due to the war (through displacement or mobilisation). Key informants noted a lack of qualified staff for GBV case management in Kherson region, for example, and an identified need for specialised training for first-line responders. There are also no long-term shelters for survivors in Kherson oblast; crisis rooms exist for short stays, but if a woman needs to escape her community for safety, she often must relocate to another region (a solution many are reluctant to accept). In all four Kherson locations assessed, women reported *“no access to comprehensive healthcare in their village”* – they must travel to the oblast centre (Kherson city) for services like OB/GYN care or forensic exams. This travel not only incurs cost but also exposes them to security risks on the road. The high cost of contraception was mentioned as a barrier everywhere in Kherson, limiting women’s ability to control their reproductive health. Similarly, in more

remote parts of Kharkiv and Sumy, it was reported that access to menstrual hygiene products and reproductive health supplies is harder; women have to plan ahead or travel to find supplies. Humanitarian distributions have helped fill some gaps, especially for newly displaced women, but these are intermittent.

Even when services or information exist, women's awareness of them is low, and utilisation is even lower. In Muzykivska and Mala Shestirnia (Kherson), participants admitted they barely know what GBV support is available, if any. In the Kyselivka collective centre, information (flyers, hotline numbers) was more visible, yet women advised that they rarely reached out, indicating that barriers like shame, fear, and acceptance of violence persist beyond mere awareness. A telling example of under-utilisation came from Zaporizhzhia where it was noted that although the *number of police calls has increased* during domestic disputes, as soon as authorities arrive many families dismiss the issue, saying ***“it was just a quarrel, everything is fine”***. This suggests that even when help is at the doorstep, societal pressure leads survivors to downplay the violence, resetting the cycle.

Women and girls overwhelmingly voiced the need for more accessible, trust-worthy support structures at the community level. Many advocated for local safe spaces and women's centres where they could seek help or at least share problems confidentially. ***“It would be good to have a place just for women, where we can relax, talk, and do something creative,”*** one focus group participant said. Such women-and-girl-friendly spaces were envisioned not only for recreation but also as points of information and psychosocial support. In fact, participants in several regions clearly expressed that current services are too centralised or external – as one woman put it, ***“Organisations help a lot, but they can leave, and then only local services remain, and they do not have enough resources.”*** This highlights a sustainability concern: humanitarian agencies have provided critical aid (e.g. mobile psychosocial teams, material assistance) but these are temporary and dependent on funding.

Infrastructure improvements were also mentioned as part of protection: for instance, women in Hlukhiv in Sumy recommended installing street lights on key routes and even public USB charging stations for phones, so that women and girls can maintain communication in emergencies. The idea of integrating childcare into any community activities or safe spaces came up frequently, as the lack of someone to watch children prevents many mothers from attending support groups or trainings.

Infrastructure and Digital Vulnerabilities

Compounding the issues above are the infrastructure deficits and digital risks that uniquely affect women and girls in the conflict environment. One striking finding, especially from the Sumy and Kharkiv areas, is the role of basic infrastructure like lighting and power in shaping GBV risks. As noted, the lack of street lighting has increased fear and curtailed mobility after dark. In addition, damaged infrastructure has created mundane but consequential challenges: for example, in Hlukhiv the unreliable power supply means





mobile phones often cannot be charged, yet for girls a charged phone is seen as a “guarantee of survival.”. Adolescent girls in Hlukhiv spoke of a new **“technological fear”** that has arisen – the fear that their phone battery might die when they most need it. **“If suddenly the phone runs out of charge – in Hlukhiv there is nowhere to charge it,”** one 15-year-old participant warned. For her and her peers, a dead phone is not just an inconvenience; it represents losing their last tool of protection, since a phone light or a quick call for help is their fallback during threats.

At the same time, the technology has introduced new forms of GBV. Participants (especially younger women) reported that online harassment, cyber-bullying, and sexual content sent without have become part of daily life. **“Digital facilitated violence... has become routine,”** the Hlukhiv FGD noted, including cases of adult men sending obscene photos in community chats or spreading rumours and blackmail on social media. The lack of digital literacy and safety awareness leaves many girls and women unprepared to protect themselves online. For instance, some girls mentioned falling victim to fraud or not knowing how to handle persistent online harassment. This calls for immediate efforts in digital safety education- training in privacy, security settings, recognising online abuse, and where to report it. Women in older age groups face different digital threats: some in Sumy oblast voiced fears of phone tapping and online scams targeting them. Both young and old participants agreed that the digital dimension of GBV is an emerging challenge they face.

Another infrastructure issue impacting protection is the condition of community spaces and shelters. In Kherson’s assessed villages, none have a proper women’s centre or even a consistently available meeting place – one uses a small auditorium occasionally, another only has the village council office, and a third has an unheated building under repair. These physical limitations mean women have few places outside the home to gather, share information, or support each other. In Kniazivka, women themselves tried to organize activities but the lack of a warm, safe venue hindered sustained engagement. By contrast, in the Kyselivka collective site, there are shared spaces but severe overcrowding and lack of privacy make those unsafe or ineffective for confidential support. In that collective centre, children witness violence directly because families live side by side with thin partitions. These environmental factors differ by setting – rural isolation versus overcrowded displacement centres – but both demonstrate how physical infrastructure shortcomings amplify GBV risks. Women in remote villages feel **“isolated with nowhere to turn”**, while women in crowded shelters feel **“exposed with nowhere to hide”**.

Changing Gender Roles and Resilience

FGDs highlighted that women have taken on new roles both by choice and necessity. With so many men absent due to military service or avoiding conscription, women have become the heads of households and key community actors. Female participants described how they are now driving cars, doing physical labour, managing finances, and making decisions that were previously male-dominated domains. In Hlukhiv, it was





observed that adult women have become the **“only active subjects in public space”** as men withdraw due to fear of mobilisation. This empowerment has a positive side: communities benefit from women’s leadership, and many women have demonstrated remarkable resilience and competence in keeping their families afloat. **“Now, if a man stays at home, he does the housework and looks after the children,”** a woman in Kharkiv noted, implying that even within households, gendered duties have become more flexible out of necessity. Some participants saw these changes as a step toward equality, **“Whoever can work, works”** regardless of gender, and an opportunity for women’s voices to be stronger in the community. However, participants highlighted that the burden on women has increased enormously, and this carries protection implications. Women are effectively doing double duty: maintaining the home under harsher conditions and filling in for men in the public and economic sphere. Participants across regions reported exhaustion and burnout.

Generational differences emerged in how these gender role changes are experienced. In Sumy’s FGDs in Hlukhiv, adolescent girls and adult women both acknowledged the shifts but had different perspectives on safety and priorities. Teen girls viewed safety mainly in terms of personal physical safety, fearing darkness and potential attacks and expressing a desire for autonomy and peer support. Older women (mothers and grandmothers) emphasised social cohesion and infrastructure, feeling safe when familiar people are around, shelters are available, and electricity is stable to cook and care for family. Despite these differences, FDG participants in Hlukhiv agreed that their town has a strong sense of “mutual help” and neighbourly support – **“they will help you cross the road, invite you into a shop during an air raid”** – a form of collective protection that somewhat eases the fear of war. This highlights that community solidarity can be a protective factor. It is also worth noting that engaging men and boys came up as a necessary part of the solution in participants’ discussions. Women do not want to shoulder everything alone, and many recognise that without addressing male attitudes and needs, GBV will persist. Some positive examples were given in Kharkiv, participants mentioned that now when men are at home (not at the front), they contribute more to domestic tasks than before. This suggests openness among some men to adapt their roles.



Coping Capacity and Dignity

During the reporting period, protection monitoring across all regions indicates persistently high levels of psychosocial distress, with limited evidence of recovery or improvement in coping capacity. Ongoing exposure to armed violence, prolonged uncertainty, displacement-related stressors, and disruptions to basic services continue to erode individual and community resilience. While communities demonstrate adaptive coping strategies, these are increasingly strained, particularly among older persons, persons with disabilities, caregivers, and households experiencing separation due to displacement or mobilisation.

Graph 6. Major stress factors

Fear of being killed or injured by armed violence	94	47.2%
Fear of property being damaged by armed violence	77	38.7%
Worries about the future	75	37.7%
Worries about the children	52	26.1%
Displacement related stress	51	25.6%
Lack of access to specialized medical services	20	10.1%
Lack of access to employment opportunities	17	8.5%
Lack of access to basic services	13	6.5%
Fear of conscription	4	2.0%
Other	4	2.0%
Stigmatization/discrimination	2	1.0%

In Mykolaiv and Kherson Oblasts, FGDs highlight widespread emotional exhaustion driven by constant shelling, drone attacks, and prolonged uncertainty.

This distress manifests through persistent fear and anxiety, sleep disturbances, mood swings, and chronic fatigue. As one participant described, ***“I hear the sounds of gunfire and explosions, often wake up at night, and cannot fall asleep again.”***



Separation from family members due to evacuation, mobilisation, or displacement abroad continues to exacerbate loneliness and social isolation, particularly among older persons, persons with disabilities, and IDPs. Caregivers for persons with disabilities and older people reported increased emotional strain, often intensified by limited formal support. Shortages of social workers were noted, contributing to high caseloads, reduced quality of engagement, and emotional burnout among service providers themselves. One key informant described a newly recruited social worker experiencing severe emotional exhaustion within months of starting work, highlighting secondary trauma and systemic strain within care systems.

In Sumy Oblast, fear of being killed or injured due to armed violence remains the primary stressor, consistent with previous reporting periods. Psychological distress is strongly linked to constant worry about relatives exposed to hostilities, particularly family members serving in the armed forces or residing in high-risk areas. As one participant explained, ***“What kind of psychological state can there be when your son is fighting? I am constantly waiting for a call and do not sleep at night.”*** Prolonged blackouts and disruptions to electricity, heating, water, and gas supplies significantly worsened psychosocial wellbeing, particularly among older people and persons with disabilities who rely on electrical medical equipment. Rural elderly people living alone reported heightened anxiety related to fears of occupation, isolation, and limited communication. Social workers often represent their only stable source of support, with beneficiaries relying on frequent contact for reassurance. At the same time, social workers themselves reported emotional exhaustion due to excessive workload and unmet expectations. Families of persons with disabilities identified the complexity of medical and disability assessment procedures as a significant and recurring source of psychological strain. Despite these challenges, respondents consistently highlighted the positive impact of informal psychosocial support, small group activities, and home visits. As one service provider noted, ***“Even 5–6 people together—and they already feel less alone. Sometimes a short conversation works wonders.”***

In frontline communities of Dnipropetrovsk Oblast and Zaporizhzhia Oblast, residents experience sustained and heightened psychosocial distress linked to deteriorating security conditions, recurrent shelling, FPV drone threats, and housing damage. Older residents reported increased anxiety, emotional exhaustion, sleep disturbances, and apathy, alongside a persistent sense of danger. Disruptions to mobile communication exacerbate distress by limiting contact with family members, reinforcing feelings of abandonment and helplessness. As one participant shared, ***“I am very concerned about the safety of my family and try to call them, but I can’t get through.”***

In Kharkiv Oblast, psychological distress remains high and unchanged compared to the previous quarter. Fear of being killed or injured, concerns about the future, fear of property damage, and worries about children were the most frequently reported stressors. FGDs and KIIs indicate chronic stress, anxiety, emotional exhaustion, and social withdrawal across population groups, particularly among older persons living alone, people with disabilities, women-headed households, and families separated by



displacement or mobilisation. As one participant observed, ***“People live in constant tension; even when there is no shelling, they expect it to start at any moment.”*** Access to MHPSS remains extremely limited in frontline and rural hromadas. While stigma surrounding mental health support has reportedly decreased, availability has not kept pace with need. As one key informant stated, ***“People are no longer ashamed to see a psychologist, but where can they find one?!”*** This gap leaves psychological distress largely unaddressed and reinforces psychosocial strain as a key protection risk.



*Individual psychological support provided to a woman caring for a daughter with a disability in Sumy, Sumy Oblast.
© DRC Ukraine, Sumy, Sumy Oblast, May 2025, Krystyna Pashkina.*

In Donetsk Oblast, protection monitoring indicates persistently high levels of psychological distress, particularly among older persons. Fear of property destruction and physical harm remains the dominant stressor, followed by concerns for children’s safety, uncertainty about the future, and displacement-related challenges. Frequent shelling and exposure to destruction contribute to chronic anxiety, emotional exhaustion, sleep disturbances, and a pervasive sense of gloom. As one participant noted, ***“When there are a few days of silence, we feel calm. When the shelling starts again, our mood darkens.”*** Loneliness and social isolation are especially pronounced among older people with limited mobility, whose social networks have diminished over time. Financial hardship and difficulties accessing healthcare further compound stress and feelings of powerlessness. While some resilience is evident—through neighbour support, routine maintenance, and mutual assistance—access to structured psychosocial support remains limited, and stigma or reluctance to seek professional help persists.



Legal Status and Rights

Across all monitored regions, access to legal identity and civil documentation remains uneven and constrained, with significant implications for the enjoyment of housing, social protection, care arrangements, and displacement-related rights. While core administrative systems continue to function in many locations, procedural complexity, cost, mobility barriers, digital exclusion, and structural gaps in administrative frameworks prevent large segments of the population, particularly older persons, persons with disabilities, caregivers, and conflict-displaced households, from realising their legal rights in practice.



Legal consultations provided in Zelenyi Hai, Mykolaiv Oblast. © DRC Ukraine, Zelenyi Hai, Mykolaiv Oblast, July 2025, Svitlana Koval.

In Mykolaiv and Kherson Oblasts, individuals shared that they continue to face persistent challenges in obtaining and restoring housing, land, and property (HLP) documentation, including ownership certificates for houses and apartments, land ownership documents, and inheritance certificates. Quantitative data indicate that in Mykolaiv Oblast, transport distance or cost and the length of administrative procedures were the most frequently cited barriers, while lack of information, limited access to legal support, and distrust of public institutions remain significant.

In Kherson Oblast, financial barriers are more pronounced, with the cost and duration of administrative procedures reported as the primary obstacles, alongside widespread information gaps. Digital exclusion has emerged as a cross-cutting barrier, especially

during the implementation of state programmes relying on online platforms such as Diia. Older persons frequently lack smartphones, digital skills, or confidence to navigate online systems independently, and alternative mechanisms (such as applications via Ukrposhta) are not consistently understood or accessible. As one participant noted, **“Not everyone knows how to use online state services like Diia, so many people rely on others for assistance... some still use basic mobile phones.”** These barriers limit independent access to documentation and reinforce dependency on informal support.

In Sumy Oblast participants highlighted challenges related to the arrangement of non-professional care for persons with disabilities and older people. All interview and FGD participants emphasised the complexity, frequency, and emotional burden of care-related documentation, which requires annual re-registration. For persons requiring care support, access to medical advisory commissions and mandatory psychiatric assessments presents a critical barrier, as relevant specialists are often only available in distant cities. Transport is not only costly but can pose health risks. As one caregiver explained, **“The patient must personally visit the psychiatrist... transportation is dangerous for her health.”** Inconsistent use of remote consultations further exacerbates exclusion, effectively preventing some families from completing required procedures. Combined with low compensation levels, these barriers lead some eligible households to forgo care arrangements altogether. Caregivers also reported losing payments due to poor communication about procedural changes, underscoring weaknesses in information dissemination and administrative accountability.

In Dnipropetrovsk Oblast and Zaporizhzhia Oblast, a critical protection concern relates to structural mismatches between displacement realities and administrative frameworks. Residents from several hromadas in Synelnykivskiy raion have been forced to flee due to insecurity and infrastructure damage but remain unable to obtain IDP certificates because their areas are not officially designated as subject to mandatory evacuation or active hostilities. Without formal IDP status, displaced persons are excluded from state benefits, housing options, and, in some cases, humanitarian assistance, increasing reliance on informal coping mechanisms and heightening protection risks. Loss of civil documentation and reduced access to administrative services further undermine access to rights and compensation. Documentation inconsistencies, including language differences or spelling errors in personal records, frequently result in refusals or prolonged procedures. As one participant recounted, **“They pointed out that the name on the birth certificate... was written in Russian. That was the reason for the refusal.”** Resolving such issues often requires additional costs or court proceedings, placing an undue burden on already vulnerable households.

In Kharkiv Oblast, households most frequently report challenges related to pensions and disability certification. While monitoring indicates a slight reduction in reported barriers compared to the previous period, procedural length, lack of information, and distrust of authorities remain prevalent. Older persons and persons with disabilities face compounded obstacles due to limited mobility, transport costs, and dependence on accompaniment. As one participant noted, **“The nearest notary is in Chuhuiv... only a**



taxi, which I cannot afford.” Although expanded digital procedures have facilitated access for some, digital exclusion persists for those without smartphones, digital skills, or stable internet connectivity. As a key informant emphasised, **“People who do not have smartphones, digital skills or a stable internet connection remain excluded.”** This exclusion directly affects access to pensions, disability status, and housing compensation.

In Donetsk Oblast, access to administrative procedures is generally feasible when documentation is complete, but significant barriers arise in more complex cases, such as insufficient work history or failed online applications. While core institutions continue to operate in Sloviansk, residents of smaller or remote communities remain dependent on physical travel to urban centres to resolve documentation issues. As one participant explained, **“We know about government online services, but in practice... we still have to go to the institutions.”** Legal assistance is heavily centralised in Sloviansk and in high demand from surrounding districts, limiting access for residents facing mobility constraints, transport costs, and security risks. This concentration of services reinforces geographic inequality in access to legal remedies and documentation.

Access to Social Benefits Following the Transfer of Administration to the Pension Fund of Ukraine

Since 1 July 2025, the transfer of responsibility for 39 types of state social benefits to the Pension Fund of Ukraine (PFU) has generated new and intensified access barriers, particularly for older persons, IDPs, and residents of frontline and rural areas. While the reform was designed to be automatic, protection monitoring indicates that information gaps, physical access constraints, and limited outreach capacity have undermined effective access. Across FGDs and KIIs in Dnipropetrovsk and Zaporizhzhia oblasts, beneficiaries consistently reported a lack of clear, proactive communication about the transition. Information was primarily obtained through informal channels, creating confusion and anxiety. As one participant noted: **“No one explained what exactly would change. All the information appeared only in a local online group.”** This uncertainty discouraged help-seeking and increased reliance on intermediaries, undermining autonomy and dignity.

Physical access barriers at PFU service centres were widely reported, including long queues, limited appointment availability, and extended waiting times. These challenges disproportionately affect older persons and individuals with reduced mobility. One respondent explained: **“I was fifth in line at 7:30 a.m., but only saw a specialist at 2:00 p.m. The bus had already left.”** In insecure or rural settlements, beneficiaries must travel to safer administrative centres, increasing exposure to security risks and transport costs: **“There are settlements under constant shelling. People still live there, but they go to Bilenke for services.”** Staffing constraints further exacerbate delays, as PFU human resources have not increased proportionally to the expanded mandate.

For households reliant on social benefits, even short interruptions heighten financial stress and increase the risk of negative coping strategies. While PFU digitalisation has improved administrative efficiency, digital exclusion remains a major barrier. Reinforcing



dependency on in-person services: ***“Not everyone can use the portal. Many people still need to come in person.”***

Housing, Land and Property (HLP): Loss, Damage, and Tenure Security

Across all monitored regions, HLP concerns remain a central and escalating protection issue, driven by widespread housing damage, repeated attacks, displacement, and persistent barriers to compensation and tenure security. While state mechanisms for compensation and recovery exist, access remains uneven, procedurally complex, and exclusionary, particularly for households lacking formal documentation, residing in frontline or non-designated areas, or facing mobility, financial, and digital constraints. As a result, many conflict-affected households remain in damaged, unsafe, or insecure accommodation, with limited prospects for durable housing solutions.

Graph 7. Concerns about the current place of residence

Accommodation's condition	68	44.7%
Security and safety risks	61	40.1%
Lack of functioning utilities	23	15.1%
Lack of support for damaged housing	13	8.6%
Risk of eviction	12	7.9%
Overcrowded/Lack of privacy	7	4.6%
Not disability inclusive	6	3.9%
Lack or loss of ownership documentation	6	3.9%
Lack of connectivity	1	0.7%

In Mykolaiv and Kherson Oblasts, lack of formal ownership documentation continues to be a primary barrier to accessing compensation under the state eRecovery programme. This includes cases where housing was acquired through informal arrangements without notarised sale agreements or registered ownership.

Even where compensation is approved, respondents consistently report that allocated amounts are insufficient to restore housing to a habitable standard, as calculations are based on 2022 construction material prices and do not include contractor labour costs. As one participant noted, ***“With this money, I was only able to renovate two rooms, even though it was supposed to cover the entire house.”*** Repeated shelling further compounds housing insecurity. Households that previously repaired damaged homes reported sustaining new damage, requiring compensation procedures to restart from the beginning. This cycle contributes to financial exhaustion and prolonged exposure to unsafe living conditions. Some residents continue to live in damaged houses or relocate to non-residential outbuildings. Limited access to construction materials and heating fuel has led to negative coping strategies, including dismantling parts of damaged homes for heating: ***“I live in a damaged house. I will remove the beams to heat the outbuilding where I have taken shelter.”***

In Sumy Oblast, quantitative data point to systemic gaps in access to title documentation, with a notable proportion of households lacking documents for housing or land. The cost of administrative procedures was identified as the dominant barrier, followed by lack of information, indicating that formal ownership rights do not automatically translate into effective legal protection.

Shelling and the ongoing threat of occupation continue to drive displacement from border areas. Preserving or proving property ownership documentation remains a critical barrier to accessing compensation, particularly in rural hromadas where homes were never formally registered. As one participant shared, ***“There is nowhere to return to—everything is destroyed... My house was not registered in my name. I still need to prove ownership.”*** Housing insecurity also intersects with protection and GBV risks, particularly in inheritance and succession disputes following deaths related to the conflict. Service providers reported cases where housing loss or uncertainty triggered threats or abuse within families, while survivors often refrained from disclosure due to fear and dependency. Monitoring findings highlight the need for continued awareness-raising on property formalisation, GBV risks linked to housing insecurity, and targeted legal and financial support, especially for older persons and households in difficult circumstances.

In Dnipropetrovsk and Zaporizhzhia Oblasts, data indicates that the full-scale invasion has resulted in a housing crisis, characterised by extensive damage, a shortage of municipal housing, and heavy reliance on the private rental market. Most IDPs face high rental costs, insecure tenure, and limited access to adequate accommodation. In frontline settlements, damaged housing often remains unrepaired due to restricted access to compensation and repair resources, forcing households to remain in unsafe conditions, particularly during winter. Access to compensation is closely linked to property documentation and the formal legal status of hromadas. Communities not officially designated as areas of active hostilities or mandatory evacuation face significant barriers to state compensation, despite ongoing damage and displacement. Although progress under the eVidnovlennia programme is evident in Zaporizhzhia, respondents shared that access remains uneven,



and documentation requirements continue to exclude some of the most vulnerable households.

In both Dnipropetrovsk and Zaporzhzhia, housing choices remain highly constrained. Many households are forced to choose between damaged homes, overcrowded collective centres, and substandard rentals. Economic disparities are pronounced: households with financial resources secure private rentals early, while low-income households, especially older persons, persons with disabilities, and women living alone, remain excluded from the housing market. Strong attachment to place further shapes decisions, with older residents often reluctant to leave damaged homes due to fears of dependency and loss of dignity: ***“Where can we go? Who will need us and where? At least I am in my own home.”***

In Kharkiv Oblast, housing insecurity persists and has intensified in several dimensions. Households continue to face delays in compensation due to lengthy reviews by state commissions and security-related constraints on site visits. While digital compensation channels are perceived as faster, they remain inaccessible for many older persons due to digital exclusion. Repeated damage to repaired housing remains a key concern in frontline areas, prompting uncertainty about whether rebuilding is viable. Most households who lost homes rely on rental accommodation, with IDPs spending a high proportion of income on rent and facing elevated eviction risks. Monitoring data show that dissatisfaction with housing is driven by security risks, overcrowding, lack of privacy, and poor winterisation. Compared to the previous period, accessibility and mobility barriers have become more visible, further constraining housing options for older persons and people with limited mobility.

In Donetsk Oblast, protection monitoring indicates that ongoing insecurity, widespread housing damage, and severe economic constraints continue to trap civilians in unsafe living conditions across communities. Protection monitoring data show that the majority of households reside in partially damaged accommodation, with 68% reporting the need for light to medium repairs, while 7.9% live in severely damaged housing requiring major structural repairs, and 3% report fully destroyed homes. Only 21% assessed their housing as being in sound condition. Displacement is constrained not by the absence of risk but by the absence of viable alternatives. Limited access to repair materials and financial resources prolongs exposure to unsafe conditions. At the same time, unresolved property documentation issues significantly hinder access to state compensation mechanisms, even where damage is extensive. Many older persons who repaired homes independently remain ineligible for compensation due to documentation gaps, increasing dependence on humanitarian assistance. High rental costs, lack of free or subsidised housing, minimal pension income, and limited evacuation assistance leave many households with **“nowhere to go.”**

Cross-Cutting Protection Risks Affecting Older Persons and Persons with Disabilities



Protection monitoring findings consistently indicate that older persons face heightened and intersecting protection risks across all monitored regions, driven by reduced mobility, chronic health conditions, social isolation, low and fixed incomes, and limited ability or willingness to evacuate. These vulnerabilities significantly increase exposure to threats, limit coping capacity, and undermine access to essential services and assistance.

In Mykolaiv and Kherson Oblasts prolonged power outages following attacks on energy infrastructure have had a disproportionate impact on older people, particularly during winter. Outages lasting 7–8 hours disrupted heating, water access, food preparation, and healthcare, resulting in exhaustion, sleep deprivation, and deteriorating health conditions. As one older person explained: ***“I don’t sleep at night – I do everything while the power is on.”*** These conditions exacerbate pre-existing vulnerabilities and increase reliance on negative coping strategies. In Donetsk Oblast particularly around Sloviansk and surrounding hromadas, key informants reported that older persons increasingly live without reliable access to medicine, heat, food, or clean water, surviving on minimal pensions and often unable to react quickly during shelling. Physical decline has reportedly accelerated under prolonged stress and insecurity. At the same time, refusal or inability to evacuate, frequently linked to attachment to homes, fear of abandonment, or responsibility for pets, further increases exposure to hostilities and service disruption. Monitoring also identified hidden neglect and underreported violence against older women, which remains largely invisible due to stigma, dependency on family members, and limited access to confidential reporting pathways.



*DRC teams provided a family with cash support to purchase firewood in Kamiana Yaruha, Kharkiv Oblast.
© DRC Ukraine, Kamiana Yaruha, Kharkiv Oblast, January 2026, Oleksandr Ratushniak.*

In Sumy Oblast, digital exclusion constitutes a significant and systemic protection barrier for older persons, directly undermining access to social assistance, state support programmes, and emergency aid. Monitoring findings indicate that most older people rely on basic button phones or lack the digital skills and confidence required to use smartphones and online platforms. As a result, digital-by-default services, most notably the Diia application, are effectively inaccessible. This barrier has directly affected access to seasonal and emergency assistance, including winter support. As one respondent noted: ***“A lot of questions arise regarding the winter assistance in the amount of 1,000 UAH... because there is no access to the Diia application due to the lack of modern gadgets.”*** Even among those who technically possess smartphones, fear of making mistakes, low digital literacy, and mistrust of technology reinforce exclusion: ***“Even those who have smartphones are still afraid to install this application. What if you press something wrong?”*** Social workers consistently reported that older persons remain highly dependent on external assistance for basic digital tasks such as photographing and submitting documents, often requiring in-person visits to village councils or administrative centres. This dependency increases transaction costs and delays access to assistance, which contributes to feelings of helplessness and loss of dignity.

Right to Education

Across all monitored regions, children’s right to education remains severely constrained by insecurity, damage to educational infrastructure, displacement, and unequal access to protective learning environments. While education is consistently perceived by communities as a fundamental right and a key element of resilience, the ability to realise this right in practice remains uneven and increasingly fragile, particularly for children with disabilities, internally displaced children, and those living in frontline or remote areas.

In Mykolaiv and Kherson Oblasts, armed conflict has caused extensive damage to educational infrastructure, including schools, kindergartens, and playgrounds. As a result, most children continue to rely on online education, with blended or in-person learning only possible in hromadas where facilities have been repaired and equipped with shelters. Even where in-person learning is formally available, access is constrained by ongoing security risks and limited transportation options, undermining consistent attendance. During the reporting period, Digital Learning Centres (DLCs) and Student Learning Support Centres supported by UNICEF provided safe and structured learning spaces, offering both educational continuity and psychosocial support for children in frontline contexts. These centres were widely recognised as a positive and stabilising intervention. Nevertheless, overall access to education remains critically affected, and learning-related gaps extend beyond formal schooling to include reduced opportunities for socialisation, play, and informal learning.



In Sumy Oblast, qualitative monitoring highlights that care responsibilities themselves constitute a major barrier to the right to education, particularly for caregivers of children with disabilities. Continuous caregiving requirements, often extending into adulthood, severely limit caregivers' ability to pursue education, professional development, or employment. The absence of alternative or respite care options effectively excludes these caregivers from both formal and non-formal education opportunities. As one caregiver explained, ***"I am with my son 24/7... I take some free online courses, but sometimes they call you offline, and I cannot."*** This dynamic reinforces intergenerational vulnerability and long-term social and economic exclusion.

In Dnipropetrovsk and Zaporizhzhia Oblasts, ongoing hostilities continue to directly undermine access to education, particularly in frontline and near-frontline hromadas. The requirement for equipped bomb shelters as a prerequisite for in-person learning has resulted in prolonged suspension of offline education in many rural and hard-to-reach areas where such infrastructure is absent. Even where shelters exist, access is not always equitable. FGDs in Novomykolaivska hromada revealed that school shelters are closed outside school hours despite being designated as community safe havens: ***"After 5:00 p.m., classes end and everything closes. But the school shelter is designated as a safe haven for each local too."*** Internally displaced children and children with disabilities face repeated interruptions to schooling, loss of learning materials, unstable digital access, and frequent changes in learning environments.

While Zaporizhzhia Oblast demonstrates strengthened protective capacity through the establishment of underground schools under the LEARN programme, enabling over 60,000 students to access offline education, these initiatives remain geographically limited and highly dependent on security conditions.

In Kharkiv Oblast, barriers to education persist and have become more disruptive in practice compared to the previous reporting period. Continued reliance on online or blended learning, combined with shelling, air raid alerts, and frequent power outages, significantly affects learning continuity. These challenges disproportionately impact IDP children, children with disabilities, and those living with older caregivers who have limited digital capacity. As one participant noted, ***"Children study online most of the time, but alarms and electricity cuts constantly interrupt lessons."*** Monitoring findings point to accumulating learning gaps, declining motivation, and increasing social withdrawal, particularly among adolescents. While some localised improvements were reported, such as partial school repairs or limited provision of devices, these remain uneven and insufficient to address systemic barriers.

In Donetsk Oblast, children who remain in affected communities experience profound educational disruption and social isolation. Mandatory evacuation of families with children across most settlements has resulted in very small numbers of children remaining in situ, leading to full reliance on online education and the near-total absence of extracurricular activities, clubs, or community events. Parents restrict children's outdoor movement due to shelling and safety concerns, further limiting opportunities for play and peer interaction. As one respondent explained, ***"There are no children on the***



streets... and because of the shelling, parents are sometimes afraid to let them go outside. From a protection perspective, the combination of prolonged isolation, fragmented peer networks due to evacuation, and sustained reliance on remote learning significantly heightens risks of emotional distress, particularly in younger children and adolescents.

Right to Health

Across all monitored regions, access to healthcare remains severely constrained by insecurity, structural degradation of health services, transport barriers, and high out-of-pocket costs. While basic health services formally exist in most locations, the ability to access timely, specialised, and continuous care is highly uneven and increasingly dependent on geography, mobility, income, and digital literacy. Older persons, persons with disabilities, people with chronic conditions, and low-income households are consistently the most affected.

In Mykolaiv and Kherson Oblasts, monitoring confirms that the lack of specialised healthcare services remains the primary barrier to access. High transportation costs and the cost of medical services and medications further restrict access, particularly for elderly people, persons with disabilities, and low-income households.

Graph 8. Barriers to access to health services

<u>Lack of specialized health care services</u>	70	76.1%
<u>Cost of the services provided/medication</u>	40	43.5%
<u>Lack of available health facility</u>	30	32.6%
<u>Distance - lack of transportation means to access facilities</u>	28	30.4%
<u>Cost associated with transportation to facilities</u>	26	28.3%
<u>Safety risks linked with access to/presence at facilities</u>	9	9.8%
<u>Long waiting time</u>	4	4.3%
<u>Lack/shortage of medication</u>	3	3.3%
<u>Not accessible for persons with disabilities</u>	2	2.2%
<u>Discrimination/restriction of access</u>	1	1.1%
<u>Requirement for civil documentation</u>	1	1.1%

These trends are consistent with the previous reporting period, indicating a persistent and structural access gap. Although respondents are generally aware of and use the state Affordable Medicines programme, they report that it predominantly covers low-cost or less effective drugs, requiring additional out-of-pocket spending for adequate treatment. Significant price variation between pharmacies further exacerbates inequity: ***“In one pharmacy, the necessary medicine costs 380 UAH, in another – 200 UAH. That’s a significant difference if you live only on a pension.”*** In rural areas, limited pharmacy availability and reliance on private transport amplify financial strain.

In Sumy Oblast, health needs are particularly high, with over half of respondents reporting serious medical conditions and nearly one-third identifying as persons with disabilities. Despite general awareness of where to seek care, both quantitative and qualitative data reveal multiple systemic barriers, including lack of specialised services, inaccessible medical facilities, high costs, long distances, and limited transport availability. Healthcare access is especially acute in remote villages, where family doctors or midwife points are absent. In the absence of public transport, residents rely on taxis, which are financially inaccessible for most. A critical challenge concern is the reported delay or refusal of emergency medical services, with residents reporting long ambulance response times or being advised to manage emergencies independently. Limited access to medicines compounds these challenges. Not all settlements have pharmacies, and not all pharmacies participate in the Affordable Medicines programme, forcing travel to other localities. Respondents consistently reported that subsidised medicines do not meet therapeutic needs, requiring additional expenditure that many households cannot afford.

In Dnipropetrovsk and Zaporizhzhia Oblasts, healthcare access remains fragile and highly location dependent. In frontline hromadas, it was reported that primary healthcare operates at a minimal level, often reliant on a single overstretched provider, while emergency response is delayed by insecurity, health system reforms, and communication outages. Residents frequently must travel long distances for referrals, diagnostics, or specialist care, creating insurmountable barriers for people with limited mobility. The suspension of supported living and inpatient care services in some locations due to shelling has further reduced options for long-term and specialised care. Economic constraints intensify these barriers, as pensions are insufficient to cover medicines, transport, and utilities, leading to delayed treatment or rationing of care. NGO mobile medical teams provide partial mitigation but are increasingly constrained by security risks, leaving access unstable and unpredictable.

In Kharkiv Oblast, access to healthcare remains uneven, with barriers becoming structural. All surveyed households reported the presence of persons with disabilities, and key barriers include lack of specialised services, transport constraints, and high costs. While primary care formally operates, staffing shortages, power outages, limited opening hours, and reliance on referrals to urban centres undermine effective access. It was reported that healthcare delivery is increasingly remote, risking exclusion of older persons



and those with limited digital skills or mobility. Transport-related barriers and out-of-pocket expenses have become more pronounced compared to the previous period, particularly for follow-up care, rehabilitation, and access to pharmacies participating in subsidy programmes.

In Donetsk Oblast, basic health services remain formally available, but access to comprehensive and timely care is highly uneven. Barriers include lack of specialised services, safety risks linked to explosive hazards and armed actors, long waiting times, and high costs of medicines and diagnostics. While urban centres such as Sloviansk offer specialised care, residents of smaller communities must travel under insecure conditions, often incurring unaffordable expenses. For survivors of conflict-related injuries or those requiring advanced diagnostics, care frequently necessitates travel outside the oblast, significantly increasing protection, financial, and logistical barriers. Limited pharmacy hours, reliance on referrals, and overcrowded facilities further constrain access.

Right to Work

Across all monitored regions, the right to work remains severely constrained by insecurity, displacement, economic contraction, caregiving responsibilities, and structural barriers to labour market participation. While regional dynamics vary, a common pattern emerges: shrinking employment opportunities, widespread reliance on social assistance, and limited pathways toward dignified and sustainable livelihoods.

Graph 9. Main sources of income

<u>Social protection payments</u>	136	68.7%
<u>Salary – Formal Employment</u>	45	22.7%
<u>Humanitarian Assistance</u>	20	10.1%
<u>Casual (Temporary) Labour</u>	19	9.6%
<u>Savings</u>	14	7.1%
<u>Assistance from Family/Friends</u>	6	3.0%
<u>No resources coming into the household</u>	5	2.5%
<u>Other</u>	1	0.5%
<u>Business/Self Employment</u>	1	0.5%



In Mykolaiv and Kherson Oblasts, monitoring data indicate that social protection payments remain the primary source of household income (71%), while salaried employment accounts for less than one quarter of income sources. Rising food prices, utility costs, and winter-related expenses have significantly eroded purchasing power, particularly for pensioners receiving the minimum pension. As one respondent noted, ***“We economise on food and medicine, knitting socks and sweaters to avoid spending money on clothing.”*** During the winter period, reliance on humanitarian assistance increased due to higher heating and electricity costs. In Mykolaiv Oblast, reported delays in winter assistance from multiple humanitarian organisations combined with damaged housing and lack of heating fuelled some households to adopt negative coping strategies, including living in uninhabitable spaces or dismantling damaged housing for fuel. In Kherson Oblast, respondents more frequently reported rejection of assistance applications without clear explanations, contributing to distrust in assistance mechanisms and heightened community tensions. Care responsibilities for older persons and persons with disabilities further restrict access to paid work, particularly in Kherson Oblast, where low social payments, limited job availability, and transport constraints converge. Caregivers consistently reported that full-time care leaves no opportunity for employment or rest: ***“Any other employment is impossible for me because all my time and resources provide care... the person needs assistance every day.”***

In Sumy Oblast, social benefits remain the dominant income source for households (68%), reflecting very limited labour market access. Older persons and caregivers of relatives with disabilities reported that benefits fall far short of covering basic needs, forcing severe rationing of food, hygiene items, and medicines. Qualitative data illustrate extreme deprivation: ***“The money is only enough for bread... instead of diapers, I use rags.”*** Caregiving responsibilities for persons with disabilities and older people constitute a critical structural barrier to employment, education, and social participation. Many caregivers reported being unable to leave relatives unattended, making paid work virtually impossible. Even where remote or flexible opportunities exist, these are feasible only for a small minority with family support. Importantly, prolonged absence from the labour market directly undermines long-term social protection: caregivers reported reduced employment histories and resulting low pensions, perpetuating intergenerational poverty and dependency.

In Dnipropetrovsk and Zaporizhzhia Oblasts, two-thirds of households surveyed rely primarily on social protection payments, while only a small proportion report work-related income, largely from the public sector. Pensions are frequently the sole income source and are widely described as insufficient to meet basic needs amid rising costs. Coping capacity remains weak: most households report no active coping mechanisms, increasing reliance on humanitarian assistance and heightening the risk of negative strategies. Displacement-related administrative barriers, including disrupted employment records and documentation gaps, further restrict access to work and entitlements. While digitisation has enabled some individuals to recover work histories, many still face





lengthy and costly procedures, including court processes, to have employment periods recognised.

In Kharkiv Oblast, displacement, proximity to hostilities, and reduced economic activity continue to impact job availability, while irregular public transport and documentation requirements further restrict access, particularly for rural residents and IDPs. Household income data indicate persistent precarity: half of households report monthly incomes below 9,000 UAH, with continued reliance on social assistance and informal income. Qualitative findings point to widespread engagement in short-term, informal, or insecure work, often without contracts or timely payment. Damage to infrastructure, mined agricultural land, and loss of equipment continue to disrupt agricultural and seasonal livelihoods. Women caregivers, older persons, and persons with disabilities remain disproportionately excluded due to mobility constraints, care responsibilities, and inaccessible workplaces, reinforcing negative coping strategies such as depleting savings and reducing essential expenditures.

In Donetsk Oblast, the right to work remains critically constrained by displacement, ongoing insecurity, and the evacuation or suspension of enterprises. The main driver of unemployment is the lack of available jobs, compounded by age-based discrimination for people between 50- 60 years, health-related limitations, and caregiving responsibilities. While employment centres report vacancies, these are largely confined to low-skilled or municipal roles that offer limited income stability and are not accessible to all job seekers. Structural barriers, including transport constraints, limited mobility, health conditions, and a mismatch between skills and available work, disproportionately affect women with caregiving roles, older persons, persons with disabilities, and low-income households. As a result, many residents remain dependent on social assistance or informal, short-term work, undermining the realisation of the right to work under conditions of dignity, safety, and equality.



Recommendations

To the authorities

Strengthen access to social protection, compensation, and documentation

- Improve proactive, accessible communication at community level on social protection, compensation, and evacuation-related entitlements (eRecovery/eVidnovlennia, RD4U, IDP status, caregiving benefits), using offline, low-tech, and disability-inclusive formats.
- Increase the frequency of compensation threshold revisions under housing damage schemes to reflect market prices for construction materials and labour (ideally quarterly or semi-annually).
- Urgently revise the official status of hromadas affected by deteriorating security to enable access to IDP registration, social benefits, housing assistance, and compensation for factually displaced populations.

Improve access to services in frontline and rural areas

- Strengthen coordination between the Pension Fund of Ukraine (PFU), Administrative Service Centres (ASCs), and local authorities, including clear algorithms, staffing reinforcement, and outreach capacity to address delays, information gaps, and inconsistent procedures.
- Expand regular, subsidised transport services, including social taxi schemes and adapted transport, to facilitate access to healthcare, rehabilitation, PFU/ASC services, and medical commissions.
- Decentralise and scale mobile or outreach services (healthcare, pensions, legal and administrative procedures) to reduce travel requirements for vulnerable populations.

Support caregivers, inclusion, and protection-sensitive services

- Improve social protection for caregivers by increasing benefit levels, expanding eligibility, simplifying procedures, and ensuring caregiving periods are counted toward pension insurance records.
- Develop and fund professional care services, including day care and temporary respite care, to enable caregivers to work, study, or recover.
- Scale community-based MHPSS and social inclusion programmes, including regular social activities and outreach for isolated older persons.

To the humanitarian community

Strengthen access to services through outreach and accompaniment

- Scale up mobile, outreach, and accompaniment services (Protection, Legal, HLP, MHPSS, GBV, assisted digital support) in frontline, rural, and evacuation-affected hromadas, prioritising older persons, persons with disabilities, caregivers, and IDPs.



- Enhance the provision of legal counselling and case management for documentation, HLP, social benefits, and compensation mechanisms, complemented by cash assistance to cover related administrative costs.
- Expand transport and accompaniment support to enable access to medical, administrative, and rehabilitation services, including referrals to specialised care in neighbouring oblasts.

Support livelihoods, caregivers, and vulnerable groups

- Develop dedicated support programmes for caregivers, including psychosocial support, respite options, and targeted cash or in-kind assistance.
- Promote livelihoods and income options with a protection lens, including retraining, remote or home-based work opportunities, and documentation support linked to employment.
- Provide targeted assistance for older persons and persons with disabilities, including hygiene items, assistive devices, rehabilitation support, power banks, and solid fuel or winterisation assistance.

Promote inclusion, dignity, and accountability

- Strengthen two-way communication and transparency with communities by clearly explaining targeting criteria, decision-making processes, and reasons for inclusion or exclusion to reduce tensions and rebuild trust.
- Promote digital literacy and assisted digital access for older persons and persons with disabilities to enable access to e-government services while maintaining offline alternatives.



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