Polish Humanitarian Action

PROTECTION NEEDS ASSESSMENT REPORT



2026

Polish Humanitarian Action

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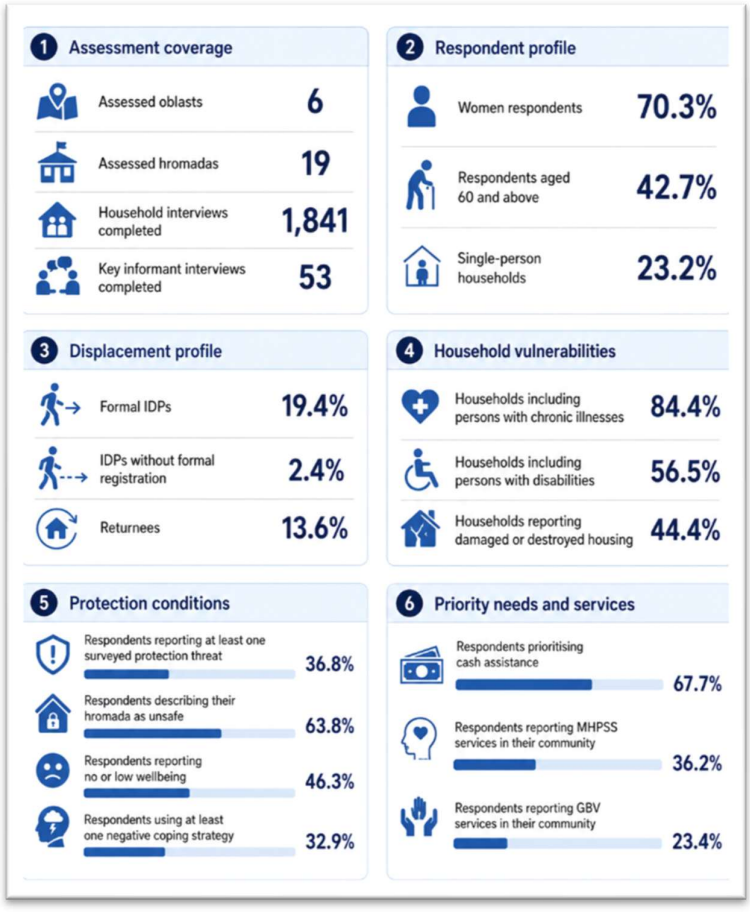
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1.EXECUTIVE SUMMARY

This Protection-Specific Needs Assessment examined protection risks, vulnerabilities, coping capacities, and barriers to accessing protection-related services across 19 hromadas in Dnipropetrovska, Zaporizka, Mykolaivska, Sumska, Kharkivska, and Khersonska oblasts. It was conducted to inform humanitarian and protection programming in 2026, with particular attention to protection outcomes, accountability to affected populations, and support to local systems.

Figure 1.1 Key figures



The assessment applied a mixed-methods approach, combining household survey data from 1,841 respondents collected from 10 to 19 January 2026 with 53 Key Informant Interviews conducted from 9 to 22 December 2025. Findings were triangulated with secondary information available during the assessment period. The findings reflect the experiences and perceptions of the surveyed population in the 19 purposively selected hromadas. They should not be interpreted as statistically representative of the full populations of the six oblasts or Ukraine as a whole. They also constitute a time-bound snapshot of conditions during December 2025 and January 2026. Before informing program decisions, the findings should be validated against current security conditions, population movements, protection monitoring, service functionality, and community feedback.

Protection needs across the assessed locations were persistent, cumulative, and shaped by the interaction of direct conflict exposure, explosive hazards, displacement, damaged housing, disruption of essential services, financial pressure, and barriers to rights and assistance. Although the intensity and manifestation of risks differed between

frontline, border-adjacent, post-occupation, return, displacement-hosting, and comparatively more stable locations, significant protection concerns were identified across all assessed oblasts.

Almost two thirds of surveyed respondents considered their hromadas somewhat or absolutely unsafe. Perceived insecurity was highest in the assessed hromadas of Khersonska, Zaporizka, Sumska, and Kharkivska oblasts, where shelling, drone activity, air alerts, explosive hazards, movement restrictions, and infrastructure damage continued to affect daily life. In Dnipropetrovska and Mykolaivska oblasts, direct exposure to hostilities was generally less immediate, but service disruption, economic pressure, anxiety, and uncertainty continued to undermine household stability.

Explosive-remnants-of-war and unexploded-ordnance contamination represented a defining risk in the assessed hromadas of Khersonska oblast and was also reported in assessed locations in Sumska, Dnipropetrovska, Zaporizka, and Kharkivska oblasts. Explosive hazards restricted movement, access to housing and land, livelihoods, return, and recovery.

Psychosocial distress was widespread. Almost half of respondents reported no or low wellbeing, with the lowest outcomes recorded in the assessed hromadas of Khersonska, Kharkivska, and Sumska oblasts. Women were more concentrated in the lowest wellbeing categories. Anxiety, emotional exhaustion, uncertainty, and social withdrawal were associated not only with direct insecurity but also with displacement, housing damage, disrupted services, financial pressure, and limited prospects for recovery.

Economic pressure was a major driver of protection vulnerability. Respondents reported reducing food consumption, delaying utility payments and healthcare, borrowing at high interest, selling assets, and remaining in unsafe housing. These strategies may address immediate needs but increase longer-term risks of debt, deteriorating health, food and housing insecurity, and dependence on external assistance. Cash was the most frequently prioritized form of support.

Displacement and return did not necessarily indicate protection recovery. IDPs, returnees, evacuees, and non-displaced residents experienced different but overlapping vulnerabilities. Returnees, particularly in Khersonska and Kharkivska oblasts, continued to face insecurity, damaged housing, disrupted services, contamination risks, restricted livelihood opportunities, and uncertainty about future safety. Displacement-hosting areas, particularly in Zaporizka and Dnipropetrovska oblasts, faced additional pressure on accommodation, public services, and community support systems.

Housing insecurity affected displaced, returned, and non-displaced households through physical damage, unaffordable or insecure rental arrangements, overcrowding, accessibility barriers, eviction risks, and difficulties accessing compensation or legal remedies.

The assessment also identified a distinction between service availability, community awareness, practical accessibility, and actual utilization. Medical services were the

most widely recognized, while social services, MHPSS, GBV support, and some legal services were less visible or less clearly understood. Limited awareness should not be interpreted as evidence that services were unavailable. Transport, insecurity, cost, physical inaccessibility, documentation requirements, digital exclusion, stigma, lack of privacy, and limited specialized capacity constrained meaningful access.

Protection risks were most severe where age, gender, disability, health conditions, displacement status, household composition, location, and economic hardship overlapped. Older persons living alone, persons with disabilities or chronic illnesses, people with limited mobility, women with caregiving responsibilities, families with children, people without documentation, and households living in damaged or insecure housing faced heightened barriers to evacuation, services, information, healthcare, social protection, and recovery.

Protection programming should therefore adopt an integrated, area-based, and risk-informed approach. In frontline, border, post-occupation, and return locations, priorities should include civilian safety, explosive-hazard risk reduction, inclusive evacuation, emergency and mobile protection assistance, housing-related support, and continuity of essential services. In displacement-hosting and comparatively more stable areas, programming should address financial strain, harmful coping, housing insecurity, service disruption, psychosocial distress, and pressure on local systems.

Across all assessed locations, priority should be given to mobile and community-based outreach, protection case management, layered MHPSS, confidential and survivor-centered GBV referrals, legal and social protection assistance, protection-sensitive cash, housing support, verified service mapping, and operational referral pathways. All assistance should apply the principles of safety, dignity, meaningful access, inclusion, participation, and accountability.

Service mapping should verify whether providers are operational, their geographic and population coverage, eligibility requirements, accessibility, capacity, confidentiality standards, and referral procedures. This verified information should be analyzed separately from respondents' awareness of services.

2. OPERATIONAL ENVIRONMENT/BACKGROUND

2.1 Key messages

- *Protection needs have intensified and become increasingly layered.* The conflict continues to expose civilians to attacks, displacement, loss of housing, family separation, service disruption and psychosocial distress. In frontline settlements, the share assessed as having severe or higher protection needs increased from 83% in December 2024 to 91% in May 2025. (REACH, *Evolution of Humanitarian Needs in Frontline Areas*, 2025)
- *Safety risks remain acute both near and beyond the frontline.* Short-range drones, shelling, missile attacks and attacks on civilian infrastructure continue to affect

frontline communities, while long-range strikes expose urban centers and receiving areas to casualties, housing damage and disruption of essential services. In 2025, at least 2,514 civilians were killed and 12,142 injured, representing a 31% increase in civilian casualties compared with 2024. (OHCHR, *Protection of Civilians in Armed Conflict: December 2025*)

- *Displacement-related protection risks are increasingly associated with housing insecurity, inadequate access to rights and exclusion from services.* Older persons, persons with disabilities, people with chronic illnesses, single-headed households, IDPs, returnees, evacuees, veterans and families with children face the greatest barriers to movement, evacuation, housing, social protection, legal remedies and digital access. (UNHCR, *Ukraine Protection Survey #2*, November 2025)
- *The practical accessibility of support is as important as nominal service availability.* Financial pressure, documentation requirements, transport constraints, physical inaccessibility, limited digital access, stigma, lack of information, and limited specialized capacity may restrict practical access even where a service provider is formally present. This is particularly evident among older people, people with disabilities and chronic illnesses, and people in rural, frontline or displacement-affected communities.

2.2 Context and evolution of protection needs

Ukraine's protection environment remains shaped by protracted armed conflict, active hostilities, continuing occupation, recurrent attacks on civilian infrastructure and large-scale displacement. The *(Ukraine Protection Cluster Protection Analysis Update: September 2025)* describes a protection environment increasingly shaped by the cumulative consequences of war: reduced resilience, repeated displacement, family separation, economic pressure, exhaustion of coping mechanisms, and disruption of public and humanitarian services. Priority risks identified at national level include restrictions on freedom of movement; forced displacement and unsafe returns; child protection risks; gender-based violence; explosive ordnance contamination; and barriers to legal identity, justice, remedies, and housing, land and property rights. The protection situation is particularly acute in frontline, borders, recently evacuated, and rural communities. At the same time, areas receiving displaced populations, including Dnipropetrovska, Mykolaivska, and other central and southern oblasts, face increased pressure on housing, social protection, healthcare, legal aid, psychosocial support, and local service systems. The assessed oblasts therefore include communities directly affected by hostilities, communities exposed to recurrent long-range attacks, and communities functioning as areas of displacement, transit, and temporary reception. Civilian harm remained high throughout 2025. In September alone, at least 214 civilians were killed and 916 injured; 69% of casualties occurred near the frontline, while missile and loitering-munition attacks also affected urban centers such as Dnipro and Zaporizhzhia. Attacks on energy infrastructure increased, contributing to power outages

and risks to heating, water supply, communications, healthcare and other essential services. (OHCHR, *Protection of Civilians in Armed Conflict: September 2025*)

The conflict environment remains dynamic. The *ACLED Ukraine War Situation Update: September-October 2025* documented 1,437 political-violence events and 110 incidents of violence targeting civilians during one week in late September and early October 2025. The update also recorded attacks affecting Dnipro, Sumy and Kyiv, as well as intensified conflict activity in Dnipropetrovska and Zaporizka oblasts. Evidence from *REACH Ukraine: Humanitarian Situation Monitoring: Evolution of Needs (December 2024 - June 2025)* demonstrates a gradual deterioration in humanitarian conditions between December 2024 and May/June 2025. Across 222 assessed settlements located within 50 km of the frontline or the Russian Federation border, the proportion of settlements classified as having severe or higher multisectoral vulnerability increased from 39 per cent in December 2024 to 44 per cent in May 2025. Deterioration was particularly visible in Donetska and Zaporizka oblasts. In Zaporizka oblast, the number of settlements with severe or higher vulnerability increased from 15 to 20 out of 25 assessed settlements; in Donetska oblast, it increased from 18 to 24 out of 35 settlements. The worsening trend was not confined to locations immediately adjacent to the frontline. While settlements within 20 km of the frontline remained consistently highly vulnerable, the proportion of settlements with severe or higher vulnerability located 21–50 km from the frontline increased from 22 per cent to 30 per cent. This pattern indicates that insecurity, service disruption, displacement pressure, and economic constraints are extending beyond the most directly conflict-affected communities.

Protection needs remained the most acute sectoral concern and showed the clearest deterioration. The proportion of settlements with severe or higher protection needs increased from 83 per cent in December 2024 to 91 per cent in May 2025, while the proportion of settlements classified as having extreme protection needs increased from 71 per cent to 81 per cent. In Dnipropetrovska oblast, all 25 assessed settlements were classified as having extreme or catastrophic protection needs by May 2025, compared with 16 settlements in December. In Sumska oblast, the number increased from 29 out of 37 assessed settlements to all 37 assessed settlements.

The main drivers of this deterioration were exposure to armed violence and shelling, fear of missile and drone attacks, damage to civilian infrastructure and housing, explosive ordnance risks, restrictions on movement, and increasing trauma-related distress. The proportion of assessed settlements in which key informants reported exposure to armed violence or shelling increased from 48 per cent in December 2024 to 66 per cent in May 2025. The threat of missile attacks remained consistently high, reported in more than seven out of ten assessed settlements. Trauma and psychosocial distress were reported in 21 per cent of settlements by May 2025, with 16 per cent of settlements reporting both exposure to armed violence and trauma-related distress.

Economic and service-access constraints intensified these protection risks. The proportion of settlements with severe or higher food security and livelihoods vulnerability

increased from 45 per cent to 50 per cent during the reporting period. Lack of money became an increasingly common barrier to accessing sufficient food, while high prices, reduced access to markets, and limited access to cash, ATMs, and banking services remained particularly significant in frontline and rural settlements. Reported cash-based assistance declined from 12 per cent of assessed settlements in December 2024 to 5 per cent in May 2025, raising concerns about reduced capacity to address the growing financial barriers faced by conflict-affected households.

Health, shelter, and WASH-related needs also contributed directly to protection vulnerability. By May 2025, 16 per cent of assessed frontline settlements reported that at least one quarter of residents were unable to access healthcare. Medicine costs, damaged or non-functional healthcare facilities, and shortages of medical personnel were among the most frequently reported barriers. Although the overall prevalence of severe shelter and NFI needs decreased slightly, unsafe housing and complete shelter collapse remained increasingly reported barriers in the most affected locations, particularly in Zaporizka, Sumska, and Kharkivska oblasts.

At national level, the *REACH MSNA: Overview of humanitarian needs in Ukraine (December 2025)* found that 45% of households had humanitarian needs and 26% were in extreme need. IDP households, households including persons with disabilities, older households, larger households and households with a single caregiver were more likely to experience unmet needs. Protection risks are therefore increasingly influenced by socio-economic conditions and access to rights rather than solely by direct conflict of exposure. The relationship between humanitarian needs and recovery processes has become increasingly important.

According to the *Ukraine - Fourth Rapid Damage and Needs Assessment (RDNA4) : February 2022 - December 2024*, conducted jointly by the Government of Ukraine, World Bank, European Union, and United Nations, housing remains the most affected sector in terms of reconstruction needs. Housing damage influences displacement decisions, return intentions, access to services, community participation, and long-term wellbeing. Consequently, housing insecurity should be considered both a shelter issue and a protection concern. The *Government of Ukraine Recovery Portal* further highlights the central role of housing reconstruction, infrastructure restoration, and community recovery in supporting sustainable solutions for conflict-affected populations. Despite the scale of the crisis, Ukraine has maintained core state functions and social protection systems throughout the conflict. Government institutions continue to provide pensions, disability benefits, social assistance, and support to internally displaced persons. The *Ministry of Social Policy of Ukraine* and the *Humanitarian Needs and Response Plan (January 2026)* emphasize the importance of strengthening social protection systems as a key mechanism for reducing vulnerability. Humanitarian actors increasingly complement state-led systems rather than replacing them, creating opportunities for stronger links between humanitarian assistance, social protection, and recovery programming.

2.3 Civilian safety, freedom of movement and evacuation

Safety remains the most immediate protection concern. The *UNHCR Protection Survey #2* found that 53% of war-affected, displaced and returning respondents did not feel safe. For 29%, insecurity had a high negative impact on daily life. Concerns were linked not only to direct attacks and occupation, but also to poverty, displacement, housing loss and uncertainty about the future. Protection concerns in frontline settlements are predominantly driven by exposure to shelling and armed violence, fear of missile attacks, attacks on civilian infrastructure, explosive-ordnance contamination and psychosocial distress. In REACH HSM monitoring, exposure to armed violence or shelling increased from 48% of assessed settlements in December 2024 to 66% in May 2025. Trauma or psychosocial distress was reported in 21% of assessed settlements by May 2025, while 16% reported both exposure to armed violence and trauma-related distress. Freedom of movement is unevenly experienced. According to the UNHCR survey, 18% of respondents faced mobility barriers, increasing to 31% among older people at risk and single-headed households, 27% among people with chronic illnesses and 24% among persons with disabilities. The barriers reported include insecurity, inaccessible transport and public infrastructure, lack of assistive devices, affordability constraints and documentation-related challenges.

Evacuation may therefore be least accessible to people facing the greatest risk. Only 40% of respondents living in frontline areas intended to evacuate if the security situation deteriorated; 34% were undecided and 19% did not intend to leave. People without evacuation intentions were more likely to be older, living alone and experiencing specific needs or disabilities. Among those intending or considering evacuation, 15% reported that they would not be able to leave independently or with support from family and neighbors. Evacuation and transit therefore represent critical protection moments. In September 2025, around 10,800 displaced people arrived at transit centers, primarily from Donetska and eastern Dnipropetrovska oblasts, many of whom were older persons or persons with disabilities. (UNHCR, *Ukraine Operational Update: 13 October 2025*) Local transit-center risk assessments in Sumy and Dnipropetrovska oblasts identified a number of good practices, including separate accommodation areas, reception procedures, visible humanitarian services, and emergency shelter arrangements. However, gaps were also identified in relation to privacy, safe and accessible sanitation, lighting during outages, winterization, visibility of GBV services, and availability of confidential referral and complaint mechanisms.

2.4 Displacement, housing, land and property rights

Displacement increasingly results in longer-term protection risks rather than short-term emergency needs alone. The *IOM report on Protracted Displacement and Precarious Housing (October 2025)* highlights that prolonged reliance on rental housing, high accommodation costs, informal rental agreements, weak tenure security and limited affordable housing options expose displaced households to eviction, debt, repeated displacement and unsafe return. Housing rights remain particularly affected among

IDPs. The UNHCR Protection Survey found that 62% of IDPs reported that their homes were fully or partially destroyed or occupied, while an additional 15% did not know the condition of their property. Only 4% reported receiving full or partial compensation for damaged or destroyed housing. Barriers included lack of required documentation, insufficient awareness of available procedures and difficulties accessing legal assistance. Housing insecurity should therefore be assessed beyond the physical condition of accommodation. It includes affordability, tenure security, overcrowding, accessibility, safety, ability to register at a location, eviction risk, access to compensation and whether the accommodation permits continued access to social protection, healthcare, education and livelihoods. Collective accommodation and temporary housing remain important for newly displaced and highly vulnerable households. The *REACH/CCCM Collective Site Monitoring, round 17 (July 2025)* identified gaps in privacy, access to bathing facilities and disability-inclusive infrastructure. Such limitations ma y increase risks for older persons, persons with limited mobility, women and girls, people with chronic illness and households with children.

Transit Centers Risk Assessment Report Dnipropetrovska Oblast (March 2025) with coverage of Voloske transit center along with Transit Centers Risk Assessment Report Sumska Oblast Sumy (September 2025) show that reception systems include several good practices, such as separate sleeping spaces, emergency accommodation, humanitarian presence and referral procedures. However, risks remain where sanitation facilities are outside main buildings, lighting or backup systems are insufficient, privacy is limited, winterization is inadequate, or GBV and PSEA information is not visible and accessible.

2.5 Access to rights, legal assistance and social protection

The protection environment is increasingly shaped by barriers to the practical exercise of rights. While social protection, legal aid, healthcare and compensation mechanisms may be formally available, access is often constrained by documentation requirements, long waiting times, lack of specialized staff, insufficient information, digital exclusion, transport barriers and limited household resources. The UNHCR Protection Survey found that 38% of respondents faced barriers in accessing the justice system without assistance. The proportion was higher among people aged 60 and above, at 46%, and among respondents with specific needs, at 44%. Barriers to social protection increased to 13% overall and reached 25% among IDPs with specific needs and older persons. Digital exclusion further limits access to public services, compensation, financial services, and humanitarian assistance. Sixteen per cent of respondents reported no digital access, rising to 30% among older IDPs with specific needs. This group also reported substantial barriers to accessing financial services.

At hromada level, service gaps are most likely to affect persons with disabilities and older people. Key informants reported that gaps persist in assisted living, home-based care, sign-language services, temporary accommodation, day care, childcare close to family,

physical support for persons with disabilities, and other specialized social services. Lack of adequate premises, staff shortages, insufficient technical capacity and security restrictions were identified as major constraints, particularly in frontline hromadas. The *REACH Ukraine: MSNA 2025 : Key Findings from Prioritized Frontline Oblasts* and the *REACH MSNA Overview of Humanitarian Needs* reinforce that protection risks are compounded by disability, age, displacement status, household composition and economic vulnerability. This requires assessment of both whether services exist and whether people can safely, affordably and independently access them.

2.6 Mental health, psychosocial wellbeing and child protection

Psychological distress is increasingly a protection concern rather than solely a health issue. Prolonged exposure to insecurity, bereavement, displacement, family separation, financial pressure, housing instability and uncertainty affects people's ability to cope, seek help, maintain social relations and navigate administrative processes. The UNHCR Protection Survey found that 42% of respondents reported mental health and psychosocial safety concerns. Rates were higher among people with chronic illness and older people at risk, both at 58%, and among single-headed households, at 68%. Among respondents reporting MHPSS concerns, 28% said that the impact on their daily life was high, while 9% reported being unable or barely able to cope.

2.7 Child protection

Family separation further weakens informal support networks. Thirty-five per cent of respondents reported being separated from immediate family members, most frequently due to internal displacement, displacement abroad, war or occupation. Family separation may increase caregiving burdens, reduce practical support for older people and persons with disabilities, and increase social isolation and protection risks for single-headed households. Children experience multiple and overlapping protection concerns related to attacks, displacement, disrupted education, family stress, loss of routines and reduced access to safe spaces. The *UNICEF Humanitarian Situation Report No. 56* estimated that 1.9 million children were in need inside Ukraine in 2025. During September 2025, UNICEF-supported services reached more than 15,900 children and 25,300 caregivers with mental health and psychosocial support.

2.8 Gender-based violence risks

GBV risks are heightened by insecurity, displacement, poverty, reduced privacy, overcrowded accommodation, disrupted support networks, economic dependency and limited access to confidential and survivor-centered services. These risks are particularly relevant for displaced women and girls, female-headed households, adolescent girls, older women, women with disabilities, Roma women and women living in rural, frontline or recently evacuated communities. The *IRC GBV Risk Assessment Sumy region, Ukraine (October 2025)* identifies heightened GBV risks in the context of repeated attacks, displacement and overstretched local service systems. The assessment notes that women and girls face elevated exposure to multiple forms of

violence where insecurity, poverty, service disruption and social isolation reduce their ability to seek support safely. The *IRC GBV Risk Assessment Dnipro region, Ukraine (August 2025)* identifies a significant influx of evacuated populations as the frontline approaches the oblast, increasing pressure on local social services. Women and girls may face heightened GBV risks during evacuation, transit and displacement, especially where there are gaps in privacy, safe accommodation, accessible information and confidential referral pathways. The *IRC GBV Risk Assessment for Mykolaivska oblast (June 2025)* similarly highlights the combination of conflict exposure, displacement, strained social services and socio-economic pressure as factors increasing the risk of violence against women and girls. In these contexts, service availability should be assessed together with accessibility, confidentiality, affordability, survivor safety and capacity to respond to the needs of women and girls with disabilities, older women and women living in remote communities.

Risks are also heightened for groups facing exclusion and discrimination, including older persons, persons with disabilities, Roma communities, LGBTQI+ people, people without documents, survivors of violence, and people living in temporary or collective accommodation. An age, gender, disability, and diversity lens is therefore essential to understanding both exposure to protection risks and the barriers people face in accessing assistance. Domestic violence and intimate partner violence remain key concerns, while adolescent girls may additionally face technology-facilitated violence, online harassment, coercion, and other digital risks. Shortages of specialized personnel, transport barriers, stigma, fear of retaliation, and lack of awareness of available services may prevent survivors from seeking assistance.

2.9 Explosive ordnance and risks in occupied areas

Explosive ordnance remains a major protection concern, particularly in frontline, rural, agricultural, recently de-occupied and return areas. The Protection Cluster notes that the presence of mines and unexploded ordnance limits movement, constrains access to services and livelihoods, inhibits return and creates continuing safety risks for civilians, including children, farmers and people living in isolated communities. Protection risks in temporarily occupied areas are particularly acute and difficult to assess because humanitarian access remains highly constrained. The *REACH Humanitarian Needs in Occupied Areas Brief (September 2025)* identifies high prices, limited livelihoods, restricted access to Ukrainian banking and services, housing and land concerns, exposure to armed violence, mine contamination and limited access to legal remedies as major challenges. Residents of occupied areas reportedly face distinct HLP concerns, including the use of housing or land for military purposes, unlawful occupation of property and looting. There are also barriers associated with passportization, including restricted access to healthcare, banking and other services for people without Russian-issued documents. Evidence from occupied areas should be interpreted with caution because it relies on remote methodologies and may underrepresent sensitive protection concerns and the circumstances of people with the least connection to government-controlled areas. The *Ukraine: REACH HSM: Evolution of humanitarian needs in*

occupied areas (December 2024 to May 2025) September 2025 | Ukraine shows that cash and healthcare remained the most frequently reported unmet needs in occupied settlements, with needs consistently more acute in locations closer to the frontline.

2.10 Groups facing heightened protection risks

Protection risks are not distributed evenly. The desk review indicates a heightened likelihood of multiple and overlapping risks among:

- people living in frontline, border, rural, recently evacuated, hard-to-reach and formerly occupied communities;
- IDPs, returnees, evacuees and people living in collective sites or temporary accommodation;
- older persons, particularly those living alone or dependent on care;
- persons with disabilities, limited mobility or chronic illnesses;
- women and girls, especially female-headed households, survivors of violence and women with caregiving responsibilities;
- children, adolescents and separated children;
- single-headed households and households with limited family or community support;
- veterans and family members of returning service personnel;
- households affected by damaged, destroyed, occupied or insecure housing;
- Roma communities and other groups experiencing exclusion or discrimination.

The interaction between age, gender, disability, displacement status, household composition, location and economic resources should be treated as a central analytical consideration. Protection risks are most acute where several vulnerability factors overlap, such as for an older displaced woman with a disability living alone, a single caregiver in insecure rental accommodation, or a household unable to evacuate due to mobility, financial or documentation barriers.

2.11 Analytical conclusion

The protection situation in Ukraine has evolved from an acute emergency into a protracted and layered crisis in which direct conflict exposure interacts with displacement, housing insecurity, poverty, psychosocial distress, family separation, reduced access to services, and barriers to rights. The evolution of needs between December 2024 and May/June 2025 indicates that protection vulnerabilities are intensifying in frontline and near-frontline settlements, while economic, housing, legal, and service-access barriers remain significant across receiving and non-frontline areas. Protection risks should therefore be assessed as interconnected rather than separate. Exposure to attacks may lead to displacement; displacement may create housing insecurity; housing insecurity may increase financial stress and GBV risks; financial pressure may limit access to healthcare, legal aid, transport, and social protection; and these pressures may in turn worsen psychosocial wellbeing and reduce people's capacity to pursue safe and sustainable solutions. Particular attention should be given

to older persons, persons with disabilities or chronic illness, female-headed households, single caregivers, children, veterans and their families, IDPs, evacuees, returnees, people living in collective or temporary accommodation, and households affected by damaged, destroyed, occupied, or insecure housing.

3. METHODOLOGY

3.1 Assessment Objectives

The Protection-specific Needs Assessment was conducted to generate robust, disaggregated evidence on protection-related risks, vulnerabilities, needs, coping capacities, and service gaps affecting conflict-affected populations across selected oblasts of Ukraine. The assessment aimed to inform strategic, programmatic, and operational decision-making for the PAH humanitarian response in 2026, with a particular focus on protection outcomes, accountability to affected populations, and localization-oriented programming.

Specifically, the assessment sought to:

- Understand the protection environment at the hromada level, including perceptions of safety and security, exposure to protection threats, access to essential services, and the broader socio-economic and institutional factors influencing protection outcomes.
- Identify and analyze key protection risks and their consequences, including physical, psychosocial, legal, social, and material impacts on individuals, households, and communities.
- Assess the differentiated vulnerabilities, needs, and protection concerns of key population groups, including residents, internally displaced persons (IDPs), returnees, women and men, older persons, children (through caregivers), persons with disabilities, and other groups facing heightened protection risks.
- Examine household and community coping strategies and capacities, distinguishing between positive and adaptive mechanisms that support resilience and negative or erosive coping strategies that may increase vulnerability over time.
- Map formal and informal protection mechanisms, service providers, and referral pathways, and examine respondents' awareness of services, perceived presence of providers, reported access barriers, and, where supported by qualitative evidence, experiences of seeking assistance. *The household survey primarily measured awareness, perceived provider presence, and reported barriers. It did not generate a direct utilization rate or systematic measurement of service quality.*
- Identify barriers that prevent affected populations from accessing protection services, exercising their rights, and obtaining timely and appropriate support.
- Support evidence-based prioritization of protection interventions by geographic area, population group, severity of needs, and type of protection risk.

The assessment was intentionally designed to operate across four complementary analytical levels - description, explanation, interpretation, and prescription - to ensure that findings move beyond the identification of needs and risks towards a deeper understanding of underlying drivers, contributing factors, and practical recommendations for humanitarian actors. This approach aims to support more targeted, context-sensitive, and evidence-based protection programming across Ukraine

3.2 Analytical Framework

The Protection-specific Needs Assessment was guided by a structured analytical framework developed to examine protection risks, vulnerabilities, capacities, and service gaps affecting conflict-affected populations across the assessed locations. The framework was designed in line with international protection principles and humanitarian assessment standards and aimed to support a comprehensive understanding of both immediate protection concerns and the underlying factors influencing protection outcomes.

The analytical framework was developed based on the assessment objectives and the protection analysis framework outlined in the assessment Terms of Reference. It enabled a systematic examination of the protection environment across multiple dimensions and ensured consistency between data collection, analysis, interpretation, and reporting.

Table 3.2.1 Assessment Overview

Component	Description
Assessment Type	Mixed-methods Protection Needs Assessment
Geographic Coverage	Hromadas in Kharkivska, Dnipropetrovska, Sumska, Mykolaivska, Khersonska and Zaporizka oblasts
Assessed Hromadas	19
Quantitative Component	Household Survey
Household Surveys	1,841
Qualitative Component	Key Informant Interviews
Key Informants	53
KII Data Collection Period	9–22 December 2025
HH Survey Data Collection Period	10–19 January 2026
Sampling Method	Simple random sampling
Confidence Level	90%
Margin of Error	±5%

Target Population	Residents and IDPs
Analytical Approach	Descriptive, explanatory, interpretative and prescriptive

The assessment adopted a mixed-methods analytical approach combining household survey data, key informant perspectives, and secondary data sources.

The framework recognizes that protection risks do not emerge in isolation but are influenced by broader contextual, institutional, socio-economic, and conflict-related factors. Consequently, the analysis was structured around four interrelated pillars: *Context, Protection Threats, Effects of Protection Threats, and Existing Capacities to Address Protection Risks*. Together, these pillars provide a comprehensive understanding of the protection environment and support the identification of both immediate protection needs and longer-term opportunities for strengthening protective systems and community resilience. The framework also supports the centrality of protection approach by examining not only the risks faced by conflict-affected populations but also the capacities, resources, and systems available to mitigate those risks. This allows for a more balanced assessment that captures both vulnerabilities and existing protective factors within communities. The full analytical framework used for the assessment is presented in *Annex1*.

3.3 Data Analysis

Data from household surveys and Key Informant Interviews were analyzed using a triangulation approach, combining quantitative and qualitative evidence with findings from secondary data sources. Quantitative data were cleaned, validated, and analyzed using descriptive statistical techniques. Findings were disaggregated by oblast, sex, age, displacement status, disability status, and other relevant vulnerability characteristics where sample sizes permitted meaningful analysis. Qualitative data were reviewed and coded to identify recurring themes, contextual factors, emerging protection concerns, and explanatory insights. Qualitative findings were used to complement quantitative trends and provide a deeper understanding of underlying drivers of vulnerability and protection risks.

3.4 Ethical Considerations

The assessment was conducted in accordance with humanitarian principles and internationally recognized ethical standards for protection research. Participation in both household surveys and KIIs was voluntary and based on informed consent. Respondents were informed about the purpose of the assessment, confidentiality measures, and their right to decline participation or discontinue the interview at any stage. No personally identifiable information was collected beyond what was necessary for data quality and operational purposes. Data were stored and managed in accordance with applicable data protection requirements and organizational policies.

3.5 Limitations and challenges

The findings presented in this report should be interpreted in light of several methodological and operational limitations.

Geographic Scope and Representativeness. Assessed 19 hromadas were selected in the six assessed oblasts based on frontline proximity and PAH programming priorities. Consequently, findings are representative of assessed locations only and should not be interpreted as representative of the protection situation across Ukraine as a whole.

Sampling Considerations. The household survey sample was designed to achieve representativeness at the hromada level with a 90 per cent confidence level and ±5 per cent margin of error. Findings should therefore not be over-interpreted at oblast, rayon, or specific subgroup levels as sample sizes are not sufficient.

Several locations were represented by a limited number of interviews, restricting the reliability of detailed territorial comparisons.

*Respondent Profil*e. Women represented 70.3% of survey respondents, while 42.7 % were aged 60 years and above. These characteristics may influence the overall profile of reported protection concerns, service access barriers, wellbeing indicators, and coping strategies.

Assessment of Children and Hard-to-Reach Groups. Information regarding children was collected through caregivers rather than directly from children. Findings therefore reflect caregiver perceptions rather than children's direct experiences.

Similarly, certain highly vulnerable or hard-to-reach population groups may be underrepresented due to methodological and operational constraints.

Assessment Timing and Dynamic Operational Context. The assessment was conducted in a rapidly evolving environment characterized by active hostilities, displacement movements, infrastructure damage, changing humanitarian access, and changes in service functionality. KIIs were conducted from 9 to 22 December 2025, while household surveys were conducted from 10 to 19 January 2026. The findings therefore represent a time-bound snapshot of conditions and perceptions during these periods rather than a description of conditions at the date of publication. The primary findings were not systematically revalidated after data collection. Changes occurring after January 2026 may therefore not be reflected and should be assessed through current protection monitoring, operational information, community consultation, and updated service mapping.

Self-Reported Information. Many findings are based on self-reported perceptions of safety, wellbeing, protection risks, service awareness, and service accessibility. While essential for protection analysis, such data may be influenced by recall bias, stress, fear, social desirability bias, and differing interpretations of key concepts.

Access and Security Constraints. Security conditions and access limitations affected data collection in some locations. Although mitigation measures were applied, certain

communities and population groups may have remained partially inaccessible during the assessment period.

Service-related Indicators. Household findings on service presence are based on respondents' perceptions and were not independently verified through comprehensive service mapping. Responses indicating "do not know" reflect limited awareness or uncertainty and should not be interpreted as evidence that a service is unavailable. The survey collected information on reported access barriers but did not directly measure the frequency, continuity, quality, or outcomes of actual service utilization.

Secondary-data cut-off. Secondary information was used to contextualize and triangulate the primary findings; however, no systematic post-assessment validation was conducted after January 2026. Consequently, the report should be read together with current operational information and protection monitoring when informing program decisions.

Despite these limitations, the mixed-methods design and triangulation of quantitative, qualitative, and secondary data provide a credible evidence base for understanding protection risks, vulnerabilities, service gaps, and coping capacities in the assessed hromadas.

4. FINDINGS

Quantitative findings refer to surveyed respondents in the 19 assessed hromadas. Qualitative findings reflect the perspectives of key informants from the assessed locations. Results should not be interpreted as statistically representative of the full population of the six oblasts.

4.1 Respondent Profile and Displacement Characteristics

Figure 4.1.1 Sex of responders[1]

The respondent sample was predominantly female, with women accounting for 70.3% of all respondents (n=1,294), compared with 29.7% men (n=546). A similar gender distribution was observed across the hromada level respondent sub-samples, suggesting that women were more frequently represented among respondents in each group of assessed locations, rather than this pattern being driven by one specific hromada. The higher participation of women may also reflect their prominent role in household-level decision-making and engagement with community, social, and humanitarian services.

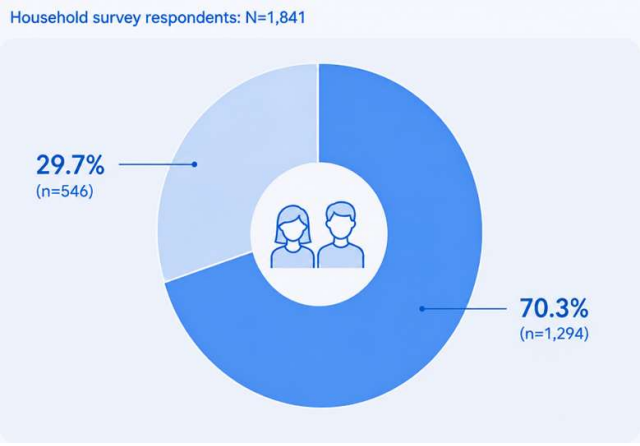
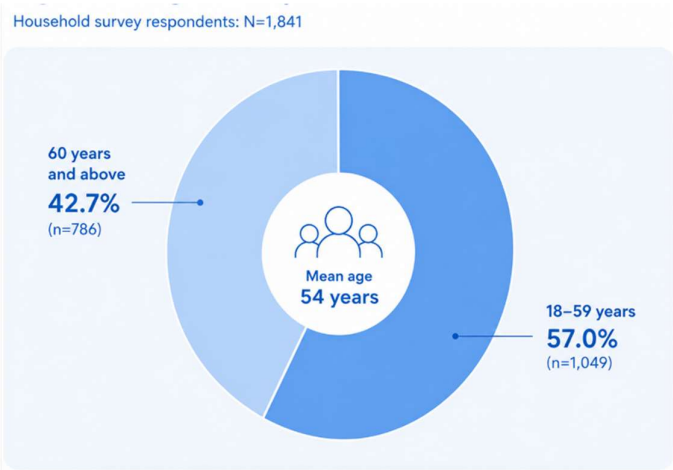


Figure 4.1.2. Age of responders[1]



In terms of age, the sample included a considerable proportion of older respondents. More than half of respondents were aged 18–59 years (57.0%, n=1,049), while 42.7% (n=786) were aged 60 years and above. The mean age of respondents was 54 years, indicating that the survey captured both working-age adults and a substantial older population.

Households were generally small in size, with an average of 2.6 members. Particular attention should be given to the relatively high proportion of single-person households (23.2%). Disaggregation by gender shows that the share of such households is higher among women (24.8%) compared to men (19.4%). At the same time, men are more likely to live in two-member households (40.9%) compared to women (33.4%). The proportion of larger households (4+ members) remains relatively similar across both groups. Families with children represented 32.4% of the sample, and among them, most had one child (18.7%), followed by two children (9.7%).

Table 4.1.3 Household Size by Sex of Household Head

Household Size	1	2	3	4+
Female-headed households	24.8%	33.4%	19.4%	22.4%
Male-headed households	19.4%	40.9%	15.5%	24.2%
Total	23.2%	35.6%	18.3%	22.9%

In terms of displacement status, the majority of respondents (64.7%) were not displaced. People with formal IDP status accounted for 19.4%, while 2.4% were IDPs without formal registration. Additionally, 13.6% of respondents reported having returned to their place of origin after displacement.

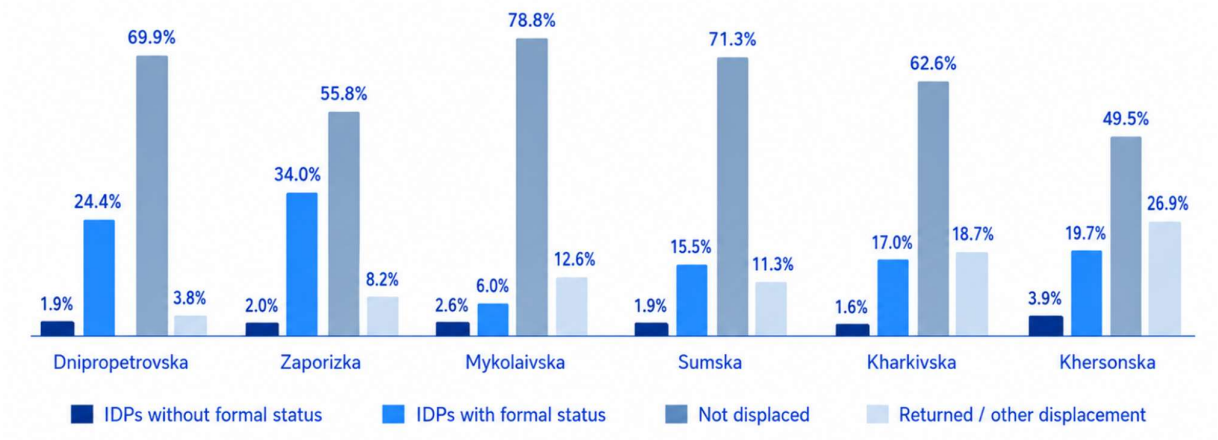
Notable regional differences were observed regarding displacement. The highest proportion of surveyed respondents identifying as returnees was recorded in the assessed hromadas of Khersonska oblast (26.9%), followed by hromadas in Kharkivska oblast (18.7%), indicating active return dynamics in these areas. Among the oblast-level

[1] 6 respondents did not provide their age

respondent sub-samples, the assessed hromadas in Zaporizka oblast recorded the highest share of respondents with formal IDP status (34.0%). In contrast, in the assessed hromadas of Mykolaivska, Sumska, and Dnipropetrovska oblasts, most surveyed respondents reported that their households had not been displaced (78.8%, 71.3%, and 69.9% respectively), reflecting comparatively lower levels of displacement and return.

Hromadas in Khersonska oblast recorded the highest proportion of returnees (26.9%), followed by assessed hromadas of Kharkivska oblast (18.7%). These findings suggest active return movements despite continued insecurity, damaged infrastructure, and ongoing humanitarian needs. The presence of returnees in these hromadas reflects both the desire of affected populations to return to their communities and the complex reality of recovery in conflict-affected areas.

Figure 4.1.4 Displacement status in assessed hromadas by oblast

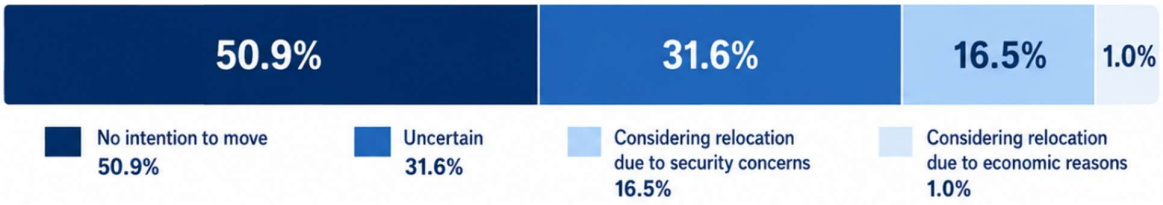


Among hromadas in Zaporizka oblast had the highest proportion of respondents with formal IDP status (34.0%), highlighting its continued role as a major destination area for displaced populations. This finding is consistent with broader displacement trends observed in southern and eastern Ukraine. In contrast, assessed hromadas of Mykolaivska, Sumska, and Dnipropetrovska oblasts were predominantly composed of non-displaced households, accounting for 78.8%, 71.3%, and 69.9% of respondents respectively. While these oblasts continue to experience the effects of the conflict, they demonstrated comparatively lower levels of displacement and return among surveyed households.

4.2 Future Movement Intentions

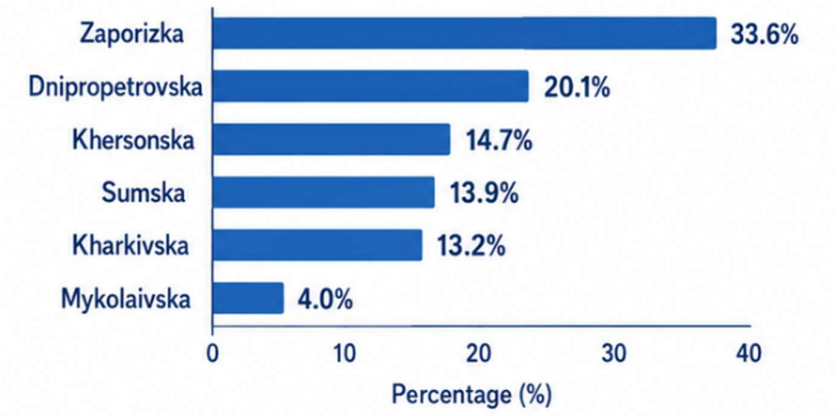
Despite the ongoing conflict and continued security risks, most respondents reported no intention to relocate within the six months following data collection. Overall, 50.9% of respondents stated that they did not plan to move, while 31.6% remained uncertain regarding future relocation intentions.

Figure 4.2.1 Intention to relocate



A smaller but significant proportion of respondents (16.5%) reported considering relocation due to security concerns. In contrast, relocation driven primarily by economic reasons was reported by only 1.0% of respondents. These findings suggest that security considerations remain the principal factor influencing future movement intentions among conflict-affected populations.

Figure 4.2.2 Intention to relocate, in assessed hromadas by oblast



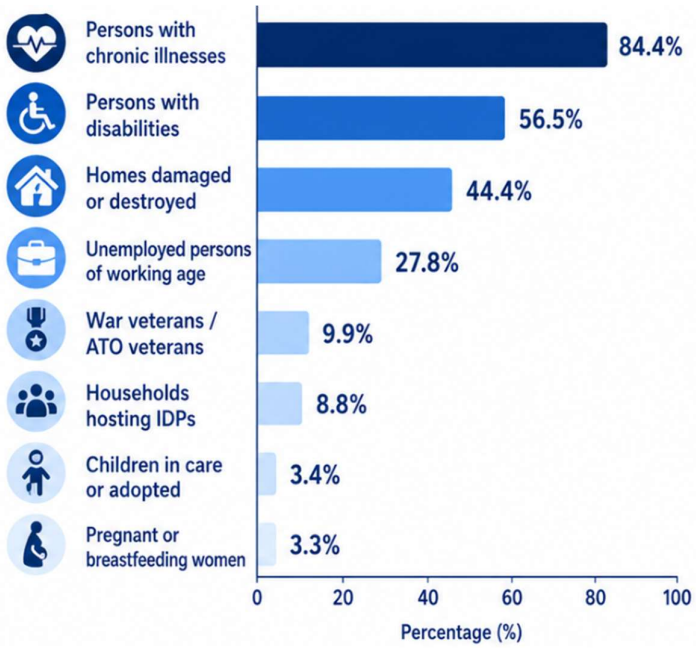
Significant regional differences were observed. Respondents in the assessed hromadas of Zaporizka oblast reported the highest level of intended relocation due to security concerns. (33.6%), slightly exceeding the proportion who reported no intention to move (33.2%). This pattern reflects the continued exposure of communities in the oblast to conflict-related risks and uncertainty.

Among the assessed locations, respondents in Mykolaivska oblast reported the lowest level of intended security-related relocation and the highest proportion indicating no intention to move, with only 4.0% of respondents considering relocation due to security concerns and 68.9% reporting no intention to move. Other hromadas recorded moderate levels of intended movement linked to security concerns, including hromadas in Dnipropetrovska (20.1%), Khersonska (14.7%), Sumska (13.9%), and Kharkivska (13.2%) oblasts.

The respondent profile demonstrates a population characterized by significant age-related vulnerability, diverse displacement experiences, and continued exposure to conflict-related uncertainty. The predominance of older respondents, the high proportion of single-person households, and the presence of both displaced and returned populations highlight the complexity of protection needs across the assessed oblasts.

4.3 Most vulnerable population groups

Figure 4.3.1 Vulnerable population groups

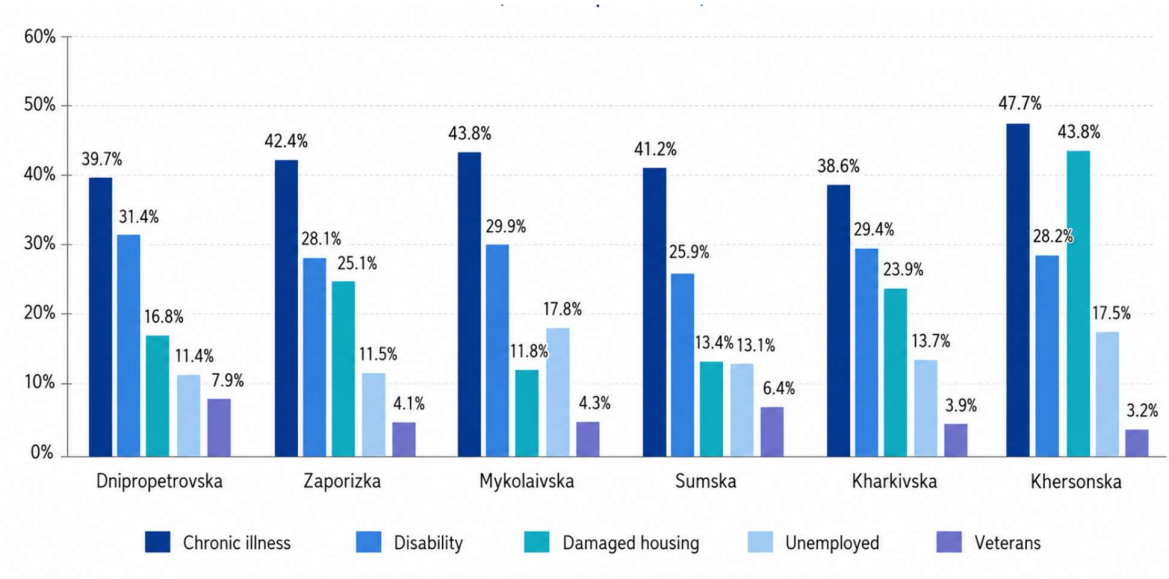


Across both qualitative and quantitative findings, there is strong consistency in the identification of the groups most affected by protection risks. Qualitative informants most frequently highlight older persons living alone, persons with disabilities and chronic illness, internally displaced persons, families with children, and low-income or unemployed households. Women caregivers and domestic violence survivors are also emphasized in several oblasts, particularly in hromadas of Mykolaivska, Zaporizka, and Sumska oblasts.

This profile is clearly reflected in the household-level quantitative data collected on vulnerability characteristics. The most prevalent vulnerability factor overall is the presence of persons with chronic illnesses, reported by 84.4% of households, followed by persons with disabilities (56.5%), households whose homes were damaged or destroyed (44.4%), and unemployed persons of working age (27.8%). Other relevant vulnerability markers include war veterans/ATO veterans (9.9%), households hosting IDPs (8.8%), children in care or adopted (3.4%), and pregnant or breastfeeding women (3.3%).

Regional patterns further support the qualitative interpretation that vulnerability is largely contextual and intersectional. In hromadas of Khersonska oblast, households face a combination of high chronic illness (47.7%), housing damage (43.8%), and unemployment (17.5%), reflecting both conflict exposure and socio-economic strain. In assessed hromadas of Kharkivska oblast, major vulnerabilities include chronic illness (38.6%), disability (29.4%), and housing damage (23.9%), while among hromadas in Mykolaivska – chronic illness (43.8%) and unemployment (17.8%) are prominent. Hromadas from Zaporizka oblast combines high chronic illness (42.4%), disability (28.1%), and housing damage (25.1%). These oblast-level patterns confirm that vulnerability is not driven by a single factor, but by overlapping health, socio-economic, and conflict-related pressures.

Figure 4.3.2 Top 5 vulnerabilities, in assessed hromadas by oblasts



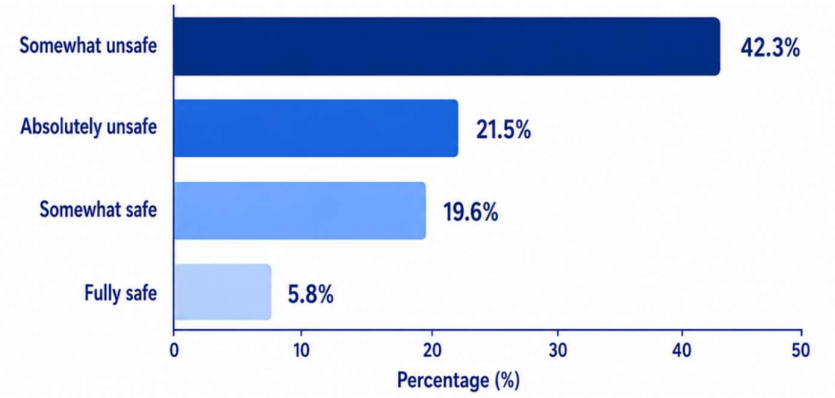
Across both qualitative and quantitative findings, there is strong consistency in the identification of the groups most affected by protection risks. Qualitative information most frequently highlights older persons living alone, persons with disabilities and chronic illness, internally displaced persons, families with children, and low-income or unemployed households. Qualitative data further expands this profile by identifying additional vulnerable groups, including women caregivers and survivors of domestic violence, families of servicemen, missing persons, and fallen soldiers, as well as veterans and demobilized servicemen. Other groups highlighted include persons without documents, isolated rural residents in remote settlements, adults aged approximately 50–60 who are not yet eligible for pensions and face barriers to employment, and youth affected by limited educational and economic opportunities. In particular, families with children are consistently facing education disruption and psychosocial stress.

4.4 Perception of safety and wellbeing

Quantitative findings indicate that perceptions of safety across all assessed hromadas in oblasts are predominantly negative and unstable. At the overall level, only 5.8% of respondents consider their hromada fully safe, while the majority perceive it as either somewhat unsafe (42.3%) or absolutely unsafe (21.5%). An additional 19.6% describe their environment as somewhat safe.

Regarding regional differences, hromadas of Khersonska oblast reports the highest levels of acute insecurity, with 44.8% of respondents describing their hromada as absolutely unsafe, rising to 55.2% in hromadas of Khersonskyi rayon.

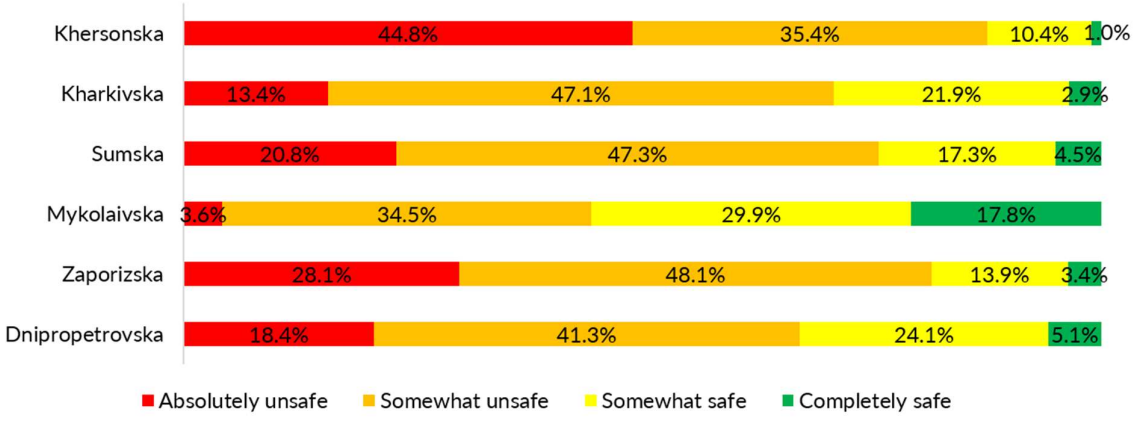
Figure 4.4.1 Perception of safety



Similarly, assessed hromadas of Zaporizka (28.1%) and Sumska (20.8%) oblasts show elevated levels of perceived danger. Among hromadas in Kharkivska oblast, insecurity is widespread but more moderate, with the majority (47.1%) describing conditions as somewhat unsafe rather than absolutely unsafe.

In contrast, perceptions of relative safety are observed in hromadas of Mykolaivska oblast, where 17.8% of respondents report feeling fully safe – the highest among all assessed regions – and a larger share describe conditions as somewhat safe (29.9%). Assessed hromadas in Dnipropetrovska oblast demonstrates a mixed pattern, where insecurity remains prevalent (41.3% somewhat unsafe), but extreme insecurity is less pronounced compared to frontline regions.

Figure 4.4.2 Perception of safety level, in assessed hromadas by oblasts



These findings strongly align with qualitative evidence, which consistently describes safety as relative, conditional, and unstable, rather than absolute. A clear geographical differentiation is evident across both datasets: hromadas in frontline and border-adjacent oblasts (Khersonska, Kharkivska, Sumska, Zaporizka) show higher concentrations of respondents reporting absolute or moderate insecurity, reflecting lived experiences shaped by shelling, air alerts, and shifting “windows of safety”.

At the same time, among hromadas in oblasts removed from the immediate frontline

(Dnipropetrovska and Mykolaivska) exhibit lower levels of extreme insecurity but still substantial shares of respondents reporting "somewhat unsafe" conditions.

Figure 4.4.3 Perception of safety level, by gender



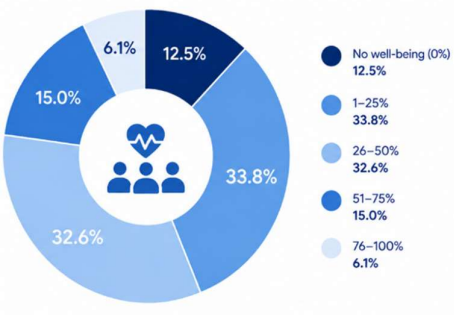
Gender differences are relatively limited but notable. Women are slightly more likely to perceive the environment as completely unsafe (22.5% vs. 19.1% among men), while men are more likely to report feeling somewhat safe (22.0% vs. 18.6% among women) and completely safe (6.4% vs. 5.5%).

Figure 4.4.4. Safety level perception, by displacement status



Among IDPs, perceptions of insecurity are particularly pronounced, with 23.7% reporting their environment as completely unsafe and 44.3% as somewhat unsafe, while only 4.0% feel completely safe. A similar pattern is observed among returnees, who report the highest level of extreme insecurity (27.4% completely unsafe) and the lowest sense of full safety (2.8%), suggesting continued exposure to unstable or high-risk conditions. In comparison, non-displaced residents report relatively lower levels of extreme insecurity (19.6% completely unsafe) and slightly higher perceptions of safety (6.8% completely safe), indicating comparatively more stable conditions.

Figure 4.4.5 Well-being level



The analysis of the well-being index across all assessed oblasts indicates that overall well-being levels remain low to moderate. At the aggregate level, the majority of respondents fall within the 1–25% (33.8%) and 26–50% (32.6%) ranges, while a significant proportion report no well-being at all (12.5%). Only a limited share of respondents reports relatively high well-being, with 15.0% in the 51–75% range and just 6.1% reaching 76–100%.

Regional variations highlight important differences. Assessed hromadas in Khersonska oblast demonstrates the most critical situation, with the highest proportion of respondents reporting zero well-being (17.4%) and a strong concentration in the lowest categories. Similarly, hromadas of Kharkivska (14.0%) and Sumska (12.9%) oblasts show elevated levels of extremely low well-being, reflecting the continued impact of proximity to active hostilities and insecurity.

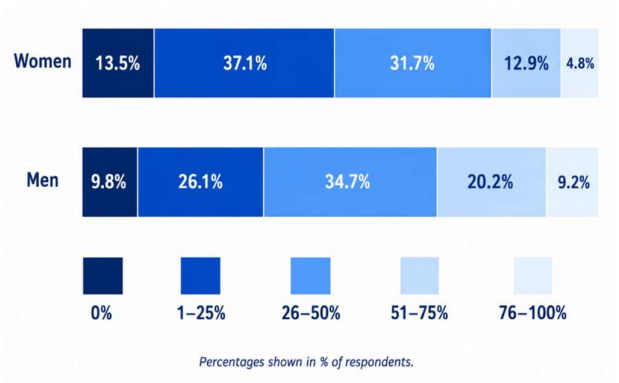
In contrast, among hromadas in Mykolaivska oblast shows comparatively better outcomes, with the lowest proportion of respondents reporting zero well-being (8.0%) and the highest share in the upper category (76–100% at 8.3%). In the same time, hromadas of Dnipropetrovska oblast presents a mixed profile, where moderate well-being (26–50%) dominates, but a notable share of respondents still reports very low levels (12.1%), indicating persistent vulnerability despite relative stability.

Table 4.4.6 Well-being level in assessed hromadas, by oblasts

Hromadas location	0%	1–25%	26–50%	51–75%	76–100%
Dnipropetrovska	12.1%	30.9%	33.1%	17.5%	6.4%
Zaporizka	10.2%	34.7%	34.7%	15.6%	4.8%
Mykolaivska	8.0%	33.0%	33.7%	17.0%	8.3%
Sumska	12.9%	35.2%	31.3%	14.2%	6.5%
Kharkivska	14.0%	33.6%	31.6%	14.0%	7.0%
Khersonska	17.4%	35.4%	31.5%	11.8%	3.9%

The distribution of the well-being index by displacement status shows broadly similar patterns across groups, with the majority of respondents concentrated in the lower and mid ranges. Among IDPs, the distribution is slightly skewed toward the mid-range, with 34.6% in the 26–50% category, but with relatively limited representation in the highest category (4.3%), suggesting constrained recovery. Non-displaced households show a similar pattern but with somewhat better outcomes at the upper end, with 6.7% reaching the 76–100% category, indicating comparatively stronger well-being. Returnees are more concentrated in the 26–50% range (36.5%) and show moderate representation in higher categories (15.6% in 51–75% and 6.6% in 76–100%), which may reflect transitional recovery dynamics following displacement.

Figure 4.4.7 Well-being level in assessed hromadas by gender



Gender disaggregation reveals meaningful differences. Women are more concentrated in the lower ranges of the wellbeing index scale, with 37.1% in the 1–25% category and 13.5% at 0%, compared to 26.1% and 9.8% respectively among men. In contrast, men are more represented in higher categories, particularly 51–75% (20.2% vs. 12.9% among women) and 76–100% (9.2% vs. 4.8%), indicating relatively better outcomes among male respondents.

The most commonly reported issue is lack of access to basic services (water, electricity, heating), affecting 15.3% of households overall and consistently reported across all oblasts, including hromadas in Mykolaivska (16.6%), Sumska (16.2%), Zaporizka (14.7%), Dnipropetrovska (29.3%), and Khersonska (13.9%). This aligns with qualitative findings highlighting energy insecurity as a dominant protection concern, with cascading effects on health, education, care, and overall wellbeing.

ERW/UXO contamination is another key risk, particularly in frontline and post-occupation areas. Quantitative data shows significantly higher exposure among hromadas in Khersonska (23.1%), followed by Dnipropetrovska (9.5%), Sumska (9.1%), Zaporizka (7.2%), and Kharkivska (5.0%) oblasts, reinforcing qualitative accounts of restricted mobility, disrupted livelihoods, and barriers to recovery in these areas.

Other reported risks include obstacles to humanitarian aid (5.2%), barriers to public services (3.7%), and aggression or hostile behavior in communities (2.8%), while risks such as domestic or gender-based violence are less frequently reported but highly severe when disclosed.

The qualitative overview also provides a more differentiated picture of these threats. The most frequently reported and cross-cutting protection risk is conflict-related insecurity, including shelling, drone activity, and missile threats. While this risk is universal, its manifestation differs geographically: in frontline and border-adjacent hromadas (e.g., parts of Kharkivska, Khersonska, Sumska, and Zaporizka oblasts), it represents a direct and immediate threat to civilian life, restricting movement and access to services. In more rear or semi-rear areas (e.g., Dnipropetrovska and parts of Mykolaivska oblasts), it is experienced more indirectly through persistent fear, anticipation of escalation, and psychological strain.

A second major and consistently reported risk is energy insecurity, including blackouts and disruptions to electricity, water, and heating systems. This risk is particularly prominent in assessed hromadas in Mykolaivska, Kharkivska (notably Zmiivska

hromada), Zaporizka, and parts of Dnipropetrovska oblasts. Across these contexts, energy disruptions are described as having cascading effects on access to essential services, education, healthcare, and overall wellbeing.

Housing insecurity emerges as another common concern across all hromadas in oblasts, with heightened severity in IDP-hosting hromadas such as Kamianske, Tsarychanka, and Zmiiv. In these locations, pressure on rental markets, lack of affordable housing, and overcrowding significantly increase vulnerability, particularly among displaced households.

In frontline and post-occupation contexts, ERW/UXO contamination is identified as a defining protection risk, particularly in hromadas of Khersonska (e.g., Vysokopilska hromada), Sumska (Krasnopilska hromada), and Mykolaivska (Shevchenkivska hromada) oblasts. This risk directly limits mobility, access to land and livelihoods, and recovery processes, and contributes to long-term insecurity even in areas where active hostilities have decreased.

Across multiple oblasts, barriers to accessing services – including transport limitations, remoteness, and cost of travel – are consistently highlighted, particularly in rural and dispersed communities such as those in hromadas of Khersonska, Sumska, and Dnipropetrovska oblasts. These access constraints disproportionately affect older persons, persons with disabilities, and residents of remote settlements.

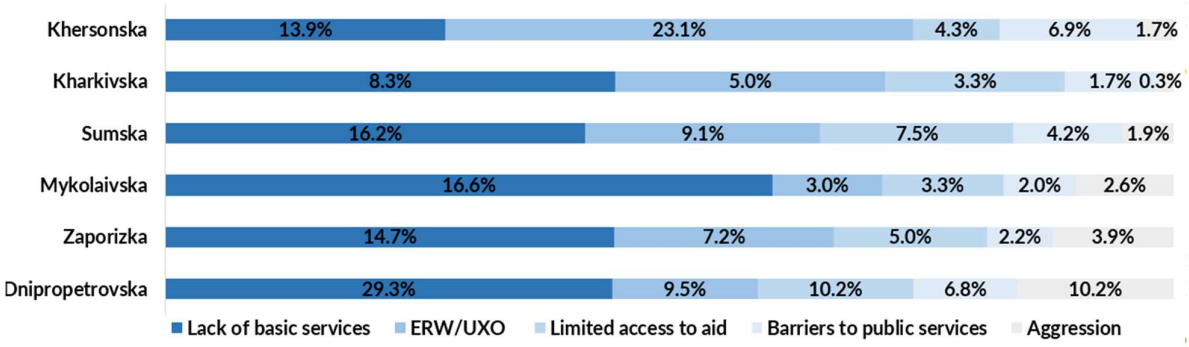
Economic vulnerability is another widely reported risk, especially in non-frontline areas. Informants frequently refer to unemployment, low income, rising living costs, and debt accumulation as key stressors. This is particularly emphasized in communities such as Krasnokutska and Synivska hromadas, as well as among specific groups such as adults aged 50-60 who are not yet eligible for pension payments.

Across all contexts, psychosocial distress is both a consequence and a standalone protection concern. Chronic stress, anxiety, emotional exhaustion, and social tension are reported consistently across all oblasts, regardless of proximity to the frontline. In several hromadas, local social services are increasingly functioning as informal psychosocial support providers, reflecting both high demand and limited specialized capacity.

In addition, interpersonal and domestic violence is identified as a recurring concern in several oblasts, particularly among hromadas in Kharkivska, Mykolaivska, Zaporizka, and Sumska oblasts. These risks are commonly linked to prolonged stress, economic hardship, and increased alcohol consumption.

Although 63.2% of respondents selected “none of the above,” the reported threats show clear geographic concentration and align strongly with qualitative narratives.

Figure 4.4.8 Top 5 threats in assessed hromadas, by oblasts



Across all assessed hromadas, the following key trend emerges protection risks are not improving. In frontline and border areas, risks are described as persistently high or worsening due to continued hostilities, increased drone activity, restricted humanitarian access, and shrinking safe movement space. In the areas removed from immediate frontline, risks are not necessarily escalating but are increasingly chronic and structurally embedded.

Quantitative data supports this trend, showing that many risks are experienced as ongoing rather than isolated events. For example, 68.5% of respondents affected by lack of access to basic services report constant disruption, with an additional 21.1% reporting repeated occurrences. Similarly, barriers to public services (42.6%), obstacles to legal services (47.8%), and limited access to information (59.3%) are frequently reported as persistent. Even exposure to landmines/UXO shows recurrence, with 38.5% reporting constant exposure.

The data indicates that most protection risks are experienced directly by respondents and their households, rather than being limited to indirect observation. Across nearly all risk categories, the largest share of responses refers to the respondent themselves or adult household members.

For example, lack of access to basic services – the most reported protection issue – was experienced directly by 83.3% of respondents, with additional impacts reported among adult household members (57.0%) and children (29.1%). Similarly, obstacles to humanitarian aid (77.6%), barriers to public services (67.2%), and limited access to legal services (69.6%) are predominantly experienced at the household level, reinforcing the finding that protection risks are embedded in everyday living conditions.

At the same time, certain risks extend beyond the immediate household and are often reported through wider social networks. Notably, restrictions on freedom of movement, questionable from the legal standpoint, or forced displacement are more frequently reported through acquaintances or known cases (69.0%), suggesting that such risks are visible at the community level even when not directly experienced. Similarly, landmines/UXO are both directly experienced (35.3%) and widely known through others (35.9%), reflecting their broad environmental presence.

Children are also affected, particularly in relation to lack of access to basic services (29.1%), barriers to public services (21.3%), and obstacles to humanitarian aid (18.8%), indicating that service-related disruptions have significant household-wide implications.

4.5 Consequences of protection threats

Across all regions, the consequences of protection threats are described as cumulative, multi-layered, and increasingly psychosocial in nature. Qualitative findings emphasize chronic anxiety, emotional fatigue, family tension, social withdrawal, and declining social cohesion. In several hromadas, local social services are reported to be functioning as informal psychosocial support points, even where this is outside their formal mandate or capacity.

The quantitative findings strongly confirm this pattern. Across nearly all reported threats, the most common consequence is psychological stress, anxiety, or depression. This is especially pronounced for aggression in the community (63.0%), landmines/UXO (57.1%), restrictions on movement or forced displacement (58.6%), lack of access to basic services (53.4%), and discrimination (52.0%). This shows that protection threats are not experienced only through direct physical harm, but also through their persistent emotional and mental toll.

Material and socio-economic consequences vary by context, which also aligns with qualitative evidence. In frontline and heavily conflict-affected areas, consequences include damage to housing, repeated displacement, movement restrictions, and collapse of essential services. For example, landmine/UXO exposure is associated with damage to or loss of property (30.1%), physical injury or deterioration of health (21.2%), and restrictions on movement (19.2%). Restrictions on movement or forced displacement are strongly associated with loss of income sources (41.4%), debt or increased financial burden (37.9%), and social isolation (31.0%).

In relatively more stable areas, the consequences are more often expressed through economic precarity, service disruption, debt accumulation, and heating insecurity. The quantitative data again supports this pattern: prolonged lack of access to basic services is linked not only to psychological stress (53.4%) but also to debt or increased financial burden (24.7%), physical injury or deterioration of health (22.3%), and loss of income sources (11.2%). Obstacles to humanitarian aid are likewise associated with debt or increased financial burden (28.2%) and psychological distress (28.2%), while barriers to public services are linked to deterioration of health (32.8%) and financial strain (21.3%)

Table 4.5.1 Types of consequences, by threats

	Property loss	Health deterioration	Displacement	Loss of income	Financial burden	Loss of documents	Movement restrictions	Social isolation	Household conflict	Psychological distress
ERW/UXO	30,1%	21,2%	14,7%	18,6%	14,7%	2,6%	19,2%	3,8%	0,6%	57,1%
Lost documents	25,0%	8,3%	8,3%	8,3%	8,3%	16,7%	8,3%	0,0%	16,7%	25,0%
Aggression	6,5%	19,6%	8,7%	10,9%	8,7%	0,0%	6,5%	8,7%	8,7%	63,0%
Discrimination	8,0%	20,0%	8,0%	20,0%	8,0%	4,0%	8,0%	8,0%	8,0%	52,0%
Barriers to public services	6,6%	32,8%	8,2%	16,4%	21,3%	0,0%	13,1%	4,9%	0,0%	39,3%
Limited access to aid	10,6%	4,7%	4,7%	9,4%	28,2%	1,2%	1,2%	2,4%	3,5%	28,2%
Limited access to legal services	13,0%	8,7%	4,3%	13,0%	52,2%	8,7%	4,3%	4,3%	4,3%	56,5%
Lack of basic services	10,4%	22,3%	3,6%	11,2%	24,7%	0,4%	7,2%	6,8%	3,6%	53,4%
Limited information access	0,0%	3,7%	3,7%	3,7%	14,8%	0,0%	3,7%	11,1%	0,0%	51,9%
GBV (domestic violence)[2]	33,3%	50,0%	33,3%	16,7%	16,7%	0,0%	0,0%	0,0%	66,7%	83,3%
Movement restrictions	3,4%	27,6%	17,2%	41,4%	37,9%	0,0%	51,7%	31,0%	0,0%	58,6%

[2] It should be noted that this protection concern was reported by only 0.4% (6 respondents)

The severity ratings further show that not all risks are experienced equally. Although some threats are widespread, their perceived impact is often limited or moderate, whereas less frequently reported risks may be highly severe for those affected. For example, domestic or gender-based violence has low reported prevalence but extremely high perceived severity, with all reported cases assessed as significant or critical. Obstacles to legal services, legal remedies, and justice also stand out, with 34.8% rating their impact as critical and 30.4% as significant. This highlights the importance of not relying on prevalence alone when prioritizing protection responses.

Table 4.5.2 Types of impact, by threats

	Critical	Significant	Limited	No impact
ERW/UXO	20,0%	23,2%	32,9%	23,9%
Lost documents	0,0%	27,3%	36,4%	36,4%
Aggression	6,7%	6,7%	55,6%	31,1%
Discrimination	16,7%	20,8%	37,5%	25,0%
Barriers to public services	16,7%	36,7%	31,7%	15,0%
Limited access to aid	7,4%	22,2%	46,9%	23,5%
Limited access to legal services	34,8%	30,4%	26,1%	8,7%
Lack of basic services	13,5%	30,3%	48,0%	8,2%
Limited information access	3,7%	25,9%	55,6%	14,8%
GBV (domestic violence)	33,3%	66,7%	0,0%	0,0%
Movement restrictions	17,2%	27,6%	44,8%	10,3%

Across all assessed hromadas, qualitative findings indicate that the consequences of protection risks are cumulative, interconnected, and increasingly `long-term in nature. Rather than being experienced as isolated shocks, these consequences reinforce one another, gradually eroding both household resilience and community coping capacity. The most consistent and pervasive impact across all locations is psychosocial. Informants repeatedly highlight chronic stress, anxiety, emotional exhaustion, and a persistent sense

of uncertainty, observed not only in frontline areas but also in relatively more stable settings such as Kamianske, Tsarychanska, and Voznesenska hromadas, reflecting the nationwide psychological effect of prolonged insecurity. These pressures translate into broader social consequences, including family tension, reduced social cohesion, increased aggression, and in some contexts rising domestic violence, particularly noted in hromadas in Kharkivska, Mykolaivska, Zaporizka, and Sumska oblasts.

At the same time, economic and material consequences are widely reported, including growing financial strain, debt accumulation, inability to cover basic needs such as heating, healthcare, and food, as well as housing insecurity and deteriorating living conditions. Housing-related pressures are especially visible in IDP-hosting hromadas such as Kamianska, Tsarychanska, and Zmiivska, where rental markets are strained and service demand is increasing. Reduced access to services is another common outcome, driven by insecurity, infrastructure damage, transport barriers, or affordability constraints, and affecting healthcare, social services, and administrative support. These challenges are particularly evident in rural and remote hromadas such as Synivska, Chernechchyna, and Shevchenkivska, where distance and limited transport further restrict access. In parallel, institutional consequences are increasingly visible, with local systems facing staff burnout, service overload, and a declining capacity to respond to rising and more complex needs.

While these patterns are broadly consistent, their manifestation varies by context. In frontline and border hromadas such as Dergachivska, Krasnopilska, and Bilozerska, consequences are acute and directly linked to violence, including destruction of housing and infrastructure, repeated displacement, restricted mobility, and physical risks to life and health. In post-occupation and contamination-affected areas such as Vysokopilska, Shevchenkivska, and Krasnopilska hromadas, consequences are shaped by long-term recovery constraints, including restricted access to land and livelihoods due to ERW/UXO contamination, damaged infrastructure, and prolonged dependence on external support.

In relatively stable or rear areas such as Dnipropetrovska oblast (e.g., Kamianska, Pavlohradska hromadas) and parts of Mykolaivska and Sumska oblasts, impacts are more chronic and socio-economic, characterized by long-term financial precarity, heating insecurity, and gradual deterioration of wellbeing rather than sudden shocks. In hromadas affected by energy instability, including Voznesenska, Zmiivska, and Chernobayivska hromadas, repeated disruptions to electricity supply create cascading effects across sectors such as education, healthcare, and social care, while also increasing household financial pressure and stress.

Communities hosting large numbers of internally displaced persons, including Kamianska, Tsarychanska, and Zmiivska hromadas, experience additional systemic pressures, such as housing shortages, overburdened services, and increased psychosocial needs, often resulting in layered economic and social strain. In rural and remote hromadas such as

Chernechchynska and Synivska, consequences are closely tied to isolation and access barriers, with older persons particularly affected by limited mobility, reduced service access, and weakening informal support networks.

4.6 Coping strategies and community capacities

Findings indicate that while communities across all assessed oblasts continue to demonstrate strong adaptive capacity, this resilience is increasingly under strain. Quantitative data shows that the use of positive coping strategies is widespread, with 90.3% of respondents overall reporting the use of at least one positive coping mechanism, confirming qualitative insights on strong community solidarity and adaptive behavior. This trend is particularly pronounced in hromadas of Mykolaivska (98.4%), Khersonska (99.0%), Kharkivska (98.0%), and Sumska (97.4%) oblasts, where nearly all respondents rely on positive coping strategies. In contrast, among assessed hromadas in Dnipropetrovska oblast shows comparatively lower reliance (53.7%).

Across all assessed hromadas, communities demonstrate strong adaptive capacity, relying on a range of positive coping strategies that are broadly consistent across locations. In rural and more isolated hromadas such as Chernechchynska (Dnipropetrovska oblast), Krasnopilska and Synivska (Sumska oblast), and Bilozerska (Khersonska oblast), mutual aid and informal solidarity remain central, with family members, neighbors, and local volunteers providing essential day-to-day support. Similar patterns are observed in frontline-affected areas such as Dergachivska (Kharkivska oblast), where strong community cohesion helps households cope with ongoing insecurity.

In urban and peri-urban hromadas, including Kamianska and Tsarychanska (Dnipropetrovska oblast), Voznesenska (Mykolaivska oblast), and Zmiivska (Kharkivska oblast), local institutions – such as social services, administrative centers, and local authorities – play a key role in supporting communities. These structures increasingly serve not only administrative and material functions but also act as informal providers of psychosocial support, reflecting high demand and limited specialized services.

Across all hromadas communities actively use digital communication channels, including messaging platforms and Telegram groups, to access information, coordinate assistance, and adapt to evolving risks. Engagement with NGOs for legal aid, documentation support, and psychosocial services is also widespread, particularly in hromadas hosting internally displaced persons, such as Kamianska, Tsarychanska, and Zmiivska. In energy-affected hromadas such as Zmiivska and Voznesenska, adaptive strategies also include technical solutions, such as the use of generators and alternative energy sources.

Table 4.6.1 Positive strategies in assessed hromadas, by oblasts

	Reliable information sources	Asking relatives/friends	Community support groups	Contacting authorities/NGOs	Behavior change (risk reduction)	Saving money
Dnipropetrovska	21,3%	47,9%	11,2%	23,7%	7,1%	36,1%
Zaporizka	11,9%	21,8%	4,6%	18,9%	7,0%	23,9%
Mykolaivska	11,0%	22,7%	7,0%	17,7%	5,0%	15,7%
Sumska	9,5%	25,6%	2,0%	15,4%	3,9%	13,8%
Kharkivska	8,3%	23,0%	5,0%	21,7%	3,0%	11,0%
Khersonska	8,9%	23,3%	6,2%	30,8%	4,9%	12,1%

At the same time, negative coping strategies are also widely present. Overall, 32.9% of respondents report using at least one negative coping mechanism, with significant regional variation. The highest prevalence is observed in hromadas of Khersonska oblast (43.8%), followed by Dnipropetrovska (35.9%), Zaporizka (32.5%), and Kharkivska (31.7%), indicating higher levels of stress and reduced coping capacity in areas more directly or indirectly affected by conflict.

The most common negative coping strategies include reducing food consumption (up to 59.8% in hromadas of Mykolaivska and over 50% in several oblasts), borrowing money at high interest rates, and reducing or delaying utility payments. In assessed hromadas of Khersonska oblast, a notably high share of respondent's reports living in unsafe housing (32.6%), reflecting the impact of conflict-related destruction and limited alternatives.

In frontline and border-proximate hromadas such as Dergachivska (Kharkivska oblast), Krasnopilska (Sumska oblast), Bilozerska and Chornobaivska (Khersonska oblast), households increasingly rely on borrowing money, accumulating debt, and reducing essential expenditures, including food, heating, and healthcare.

Informants in Dergachivska and Zmiivska (Kharkivska oblast), as well as in Bashtanska hromada (Mykolaivska oblast), report rising alcohol consumption, and in some cases drug use, linking these behaviors to prolonged stress, economic hardship, and uncertainty. These patterns are often associated with increased family tension and risks of interpersonal violence.

Avoidance of services and delayed help-seeking is another common strategy, particularly in rural and hard-to-reach hromadas such as Chernechchynska (Dnipropetrovska oblast), Shevchenkivska (Mykolaivska oblast), and Vysokopilska (Khersonska oblast), where transport barriers, safety concerns, and limited information restrict access to support. In several frontline and post-occupation contexts, including Krasnopilska and parts of Khersonska oblast, households report remaining in or returning to unsafe areas due to lack of alternative housing and financial constraints.

Across all hromadas in oblasts, there is also increasing dependence on humanitarian assistance as a primary coping mechanism, reflecting reduced self-reliance and growing vulnerability.

Table 4.6.2 Negative strategies, in assessed hromadas, by oblasts

Hromadas, by oblast	Selling property	Alcohol/drug use	Selling productive assets	Unsafe housing	Skipping utility payments	Selling household items	Risky migration	High-interest borrowing	Restricting food consumption
Dnipropetrovska	1,8%	13,3%	3,5%	14,2%	24,8%	4,4%	4,4%	22,1%	53,1%
Zaporizka	0,0%	12,5%	7,3%	16,7%	31,3%	8,3%	5,2%	14,6%	52,1%
Mykolaivska	1,2%	6,1%	2,4%	6,1%	23,2%	3,7%	6,1%	34,1%	59,8%
Sumska	0,0%	6,0%	4,8%	12,0%	25,3%	2,4%	12,0%	14,5%	50,6%
Kharkivska	0,0%	6,2%	3,1%	12,4%	33,0%	5,2%	7,2%	27,8%	45,4%
Khersonska	0,7%	4,4%	3,0%	32,6%	45,9%	5,2%	11,1%	12,6%	43,7%

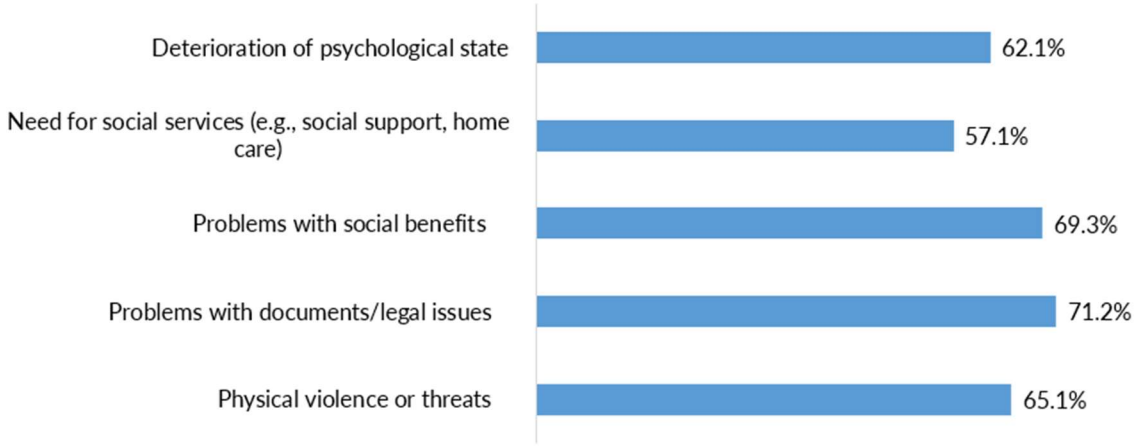
4.7 Awareness, Reported Presence, and Accessibility of Services

Service-related findings are based primarily on respondents self-reported knowledge and perceptions. “Awareness” refers to whether respondents know where to seek support. “Reported presence” refers to whether respondents believe that an active provider or institution exists in their community and should not be interpreted as verified service availability. “Practical accessibility” refers to reported barriers encountered when attempting to access services. The assessment did not directly measure the frequency or outcomes of actual service utilization. Respondents’ perception of provider presence - respondents were separately asked whether they believed that an active provider or relevant institution was present in their community. These responses represent perceived or reported presence and were not verified through service mapping.

Awareness of where to seek support - when asked whether they knew where to seek help, respondents most frequently reported knowing where to obtain support for documentation or legal issues and social protection needs. Awareness was lower for social services such as case management, social support, or home-based care. These results indicate differences in respondents’ knowledge of referral options; they do not indicate whether a provider was operational, accessible, or used.

The findings show that awareness of information and access to services varies considerably by service type. Overall, respondents demonstrate the highest level of awareness and reported availability in relation to medical services, while MHPSS, GBV, and social services remain substantially less visible and less clearly understood at community level. When asked whether they know where to find support, respondents most frequently reported knowing where to seek help for problems with documents or legal issues (71.2%) and social benefit-related problems (69.3%). Awareness was also relatively high for physical violence or threats (65.1%) and deterioration of psychological state (62.1%). By contrast, knowledge was lowest regarding social services such as case management, social support, or home-based care (57.1%).

Figure 4.7.1 Awareness of where to Seek Support, by Type of Concern



Regional patterns point to important differences. Hromadas of Khersonska oblast reports the highest self-reported knowledge of where to seek support across nearly all categories, including physical violence or threats (74.4%), legal/documentation support (77.3%), and social benefits (74.4%), likely reflecting both high levels of need and stronger exposure to humanitarian and protection actors. In contrast, hromadas in Sumska and Kharkivska show comparatively lower awareness for several service types, particularly around physical violence and psychological support, despite continued exposure to insecurity and protection risks.

Table 4.7.2 Awareness of where to Seek Support, in assessed hromadas, by oblasts

	Physical violence or threats	Problems with documents/legal issues	Problems with social benefits	Need for social services	Deterioration of psychological state
Dnipropetrovska	64.4%	70.2%	70.5%	55.9%	58.4%
Zaporizka	65.8%	69.5%	64.1%	49.2%	59.3%
Mykolaivska	65.5%	71.1%	71.1%	59.9%	63.5%
Sumska	60.4%	68.4%	67.7%	57.8%	66.5%
Kharkivska	60.1%	70.9%	68.0%	61.4%	58.8%
Khersonska	74.4%	77.3%	74.4%	58.1%	66.2%

Access to services varies considerably by type of service. Medical services were the most accessible, with 87.5% of respondents reporting access. Access was consistently high across all surveyed oblasts, ranging from 84.4% in Dnipropetrovska to 90.6% in Khersonska.

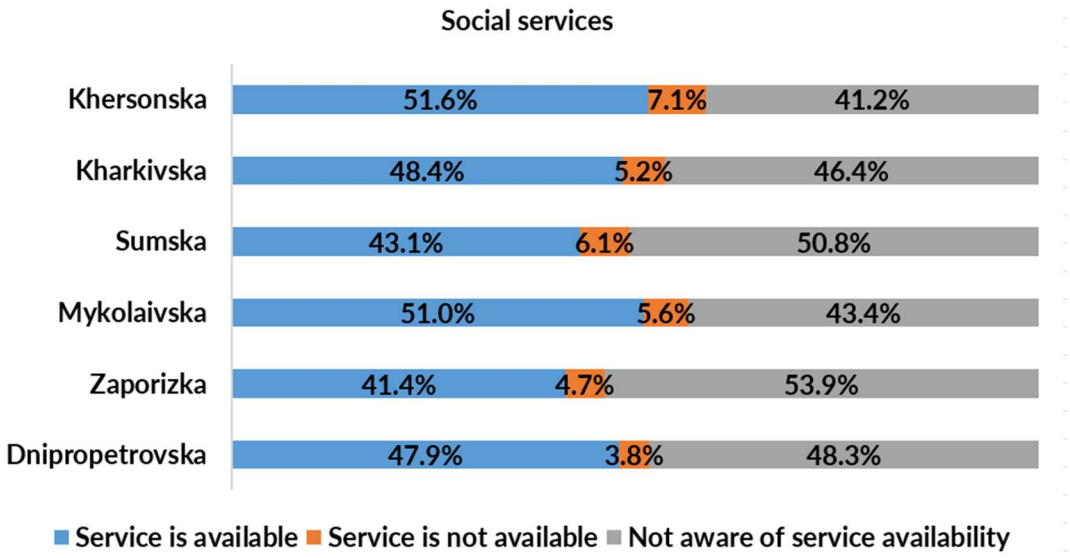
Access to legal services was reported by 54.4% of respondents overall, with the highest levels observed in Dnipropetrovska (58.4%) and Zaporizka (58.3%), and the lowest in Sumska (47.9%). Social services were accessible to 47.3% of respondents overall, ranging from 41.4% in Zaporizka to 51.6% in Khersonska.

Access to specialized services was lower. Overall, 36.2% of respondents reported access to MHPSS services, with the highest level in Khersonska (43.5%) and the lowest in Sumska (32.9%). GBV services showed the lowest reported access, at 23.4% overall. At the oblast level, access ranged from 19.2% in Sumska to 26.3% in Mykolaivska.

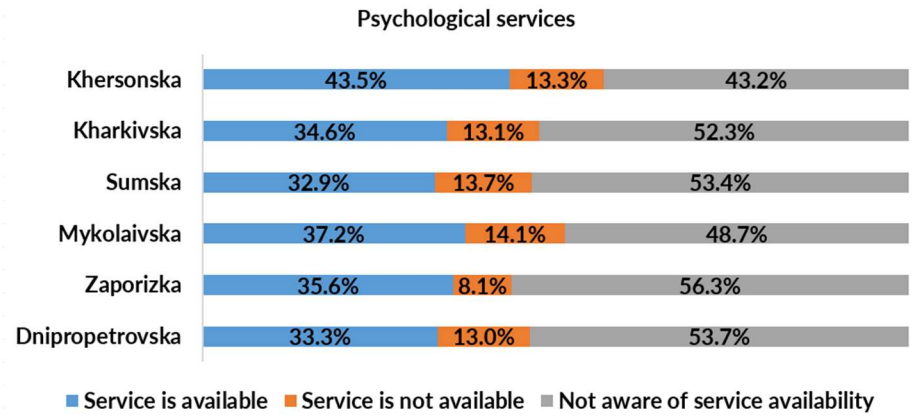
Table 4.7.3 Reported level of existing services (self-reported), in assessed hromadas, by oblast

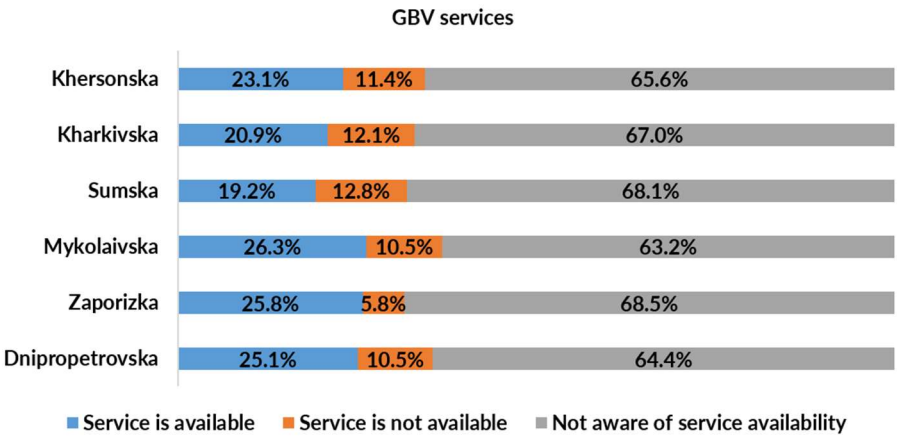
	Social services	MHPSS services	GBV services	Legal services	Medical services
Dnipropetrovska	47,9%	33,3%	25,1%	58,4%	84,4%
Zaporizka	41,4%	35,6%	25,8%	58,3%	87,1%
Mykolaivska	51,0%	37,2%	26,3%	55,9%	87,8%
Sumska	43,1%	32,9%	19,2%	47,9%	88,2%
Kharkivska	48,4%	34,6%	20,9%	51,0%	88,2%
Khersonska	51,6%	43,5%	23,1%	55,2%	90,6%

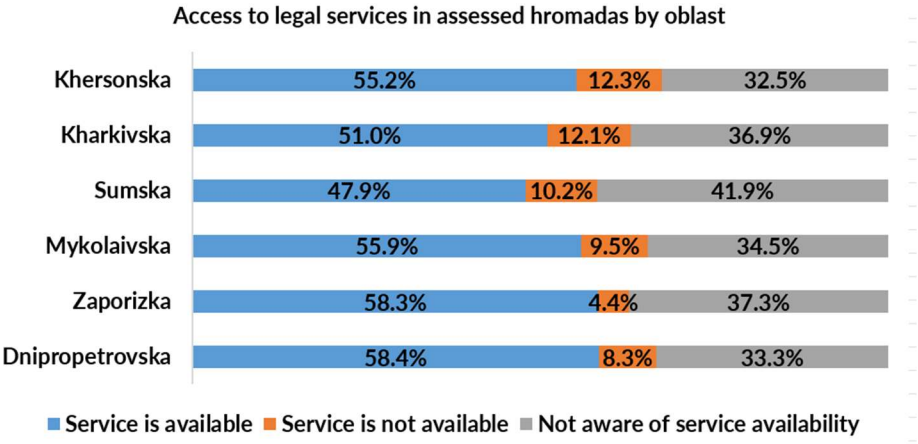
Figures 4.7.4 4.7.8 Reported access to services in assessed hromadas, by oblast[3]

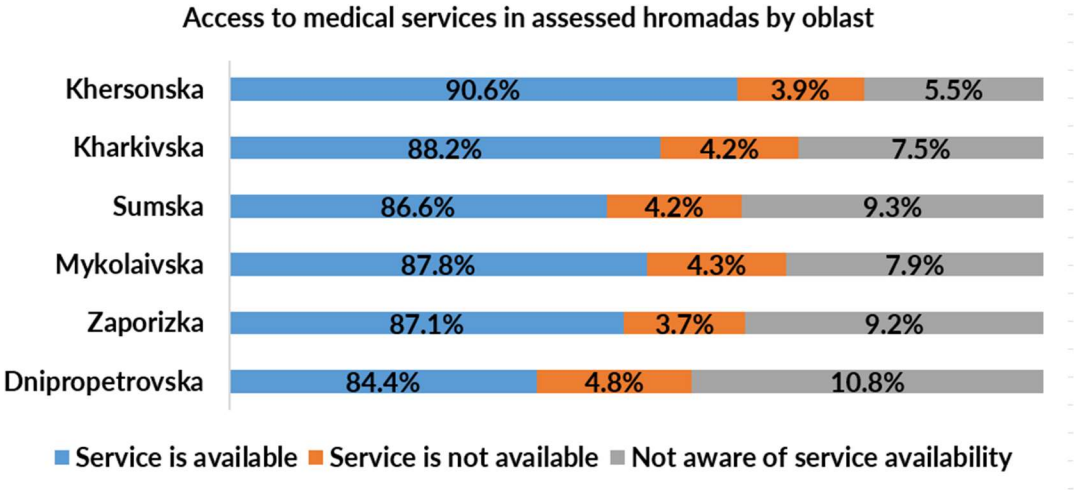


[3] It does not constitute verified service mapping and does not measure practical accessibility, service quality, capacity, continuity, or actual utilization.


Psychological services
Khersonska 43.5% 13.3% 43.2%
Kharkivska 34.6% 13.1% 52.3%
Sumska 32.9% 13.7% 53.4%
Mykolaivska 37.2% 14.1% 48.7%
Zaporizka 35.6% 8.1% 56.3%
Dnipropetrovska 33.3% 13.0% 53.7%
Service is available
Service is not available
Not aware of service availability


GBV services
Khersonska 23.1% 11.4% 65.6%
Kharkivska 20.9% 12.1% 67.0%
Sumska 19.2% 12.8% 68.1%
Mykolaivska 26.3% 10.5% 63.2%
Zaporizka 25.8% 5.8% 68.5%
Dnipropetrovska 25.1% 10.5% 64.4%
Service is available
Service is not available
Not aware of service availability


Access to legal services in assessed hromadas by oblast
Khersonska 55.2% 12.3% 32.5%
Kharkivska 51.0% 12.1% 36.9%
Sumska 47.9% 10.2% 41.9%
Mykolaivska 55.9% 9.5% 34.5%
Zaporizka 58.3% 4.4% 37.3%
Dnipropetrovska 58.4% 8.3% 33.3%
Service is available
Service is not available
Not aware of service availability



The large "do not know" response indicates uncertainty or limited awareness and should not be combined with responses indicating that no service exists.

Overall, respondents most frequently reported that services were available to both adults and children. This was particularly the case for medical services (82.9%), followed by MHPSS services (71.6%) and social services (69.6%). For GBV services, 63.5% of respondents indicated that services were available to both age groups, while the corresponding share for legal services was 56.3%.

Availability restricted to a specific age group was reported relatively rarely. Across all service types, respondents were more likely to report that services were available only to adults than only to children. Adult-only availability was most frequently reported for MHPSS services (7.7%), legal services (6.3%), and GBV services (5.8%). Services available only to children accounted for no more than 3.2% across the different service types.

At the same time, a considerable share of respondents was not aware of age-related service availability, particularly for legal services (37.1%) and social services (25.7%), compared with 14.9% for medical services.

4.8 Priorities in support

Cash assistance is by far the most prioritized form of support across all assessed hromadas in all oblasts, cited by 67.7% of respondents overall. This is followed by medical services (33.0%) and housing repairs (15.9%), while other forms of support are mentioned less frequently, including psychosocial support (9.6%), employment or business support (9.6%), legal assistance (9.3%), and access to information (6.5%).

Figures 4.8.1 Reported access to psychological services in assessed hromadas, by oblast

	Cash assistance	Medical services	Housing repairs	Psychosocial support	Legal assistance	Access to information	Employment/business support	Other
Dnipropetrovska	63.5%	37.1%	14.3%	9.5%	9.8%	6.0%	9.8%	10.2%
Zaporizka	67.5%	38.3%	12.5%	17.3%	13.9%	9.5%	11.9%	9.8%
Mykolaivska	63.5%	36.5%	15.5%	9.2%	10.9%	7.2%	10.2%	11.8%
Sumska	65.5%	28.8%	15.3%	9.3%	9.6%	8.0%	7.3%	11.2%
Kharkivska	68.6%	26.5%	14.1%	6.2%	6.9%	5.2%	8.5%	8.5%
Khersonska	77.6%	30.8%	23.7%	6.2%	4.9%	3.2%	9.7%	10.7%

5. CONCLUSIONS AND PROGRAMMING PRIORITIES

The findings reflect conditions and perceptions reported during primary data collection in December 2025 and January 2026 and should be interpreted as a time-bound snapshot of the 19 assessed hromadas. Given the dynamic protection environment, program decisions should be validated against current security conditions, displacement and return movements, access restrictions, service functionality, community feedback, and protection monitoring.

5.1 Overall Conclusions

The assessment identifies five overarching conclusions:

- Protection risks are cumulative and interconnected. Civilian insecurity, explosive hazards, displacement, damaged housing, disruption of essential services, financial pressure, and barriers to rights and specialized support interact in ways that reduce safety, dignity, wellbeing, and household coping capacity. Protection therefore cannot be addressed effectively through isolated sectoral interventions.
- Protection profiles differ geographically. In assessed hromadas of Khersonska, Kharkivska, Sumska, and Zaporizka oblasts, risks are more directly associated with insecurity, explosive hazards, restricted movement, housing damage, displacement, and uncertainty about future safety. In Dnipropetrovska and Mykolaivska oblasts, risks are more frequently expressed through service disruption, financial pressure, harmful coping, housing stress, and psychosocial distress. Geographic prioritization should therefore remain hromada-specific and adaptable.
- Vulnerability is highest where several factors overlap. Older persons living alone, persons with disabilities or chronic illnesses, people with limited mobility, women with caregiving responsibilities, single-person and single-caregiver households, IDPs, evacuees, returnees, people without documentation, households in damaged or

insecure housing, and residents of rural and isolated communities experience compounded barriers to safety and assistance.

- Psychosocial distress and declining capacity are major cross-cutting concerns. Anxiety, exhaustion, uncertainty, isolation, financial strain, and harmful coping were identified across all assessed locations. Positive household and community coping mechanisms remain important but increasingly coexist with food restriction, delayed healthcare and utility payments, high-interest borrowing, asset sales, and continued residence in unsafe housing.
- Service presence does not necessarily translate into meaningful access. Awareness verified provider presence, practical accessibility, referral completion, and actual utilization should be treated as separate dimensions. Transport, insecurity, cost, physical accessibility, documentation requirements, digital exclusion, stigma, lack of privacy, and limited specialized capacity may prevent affected people from using services even where providers are formally available.

Low awareness or disclosure of MHPSS and GBV services should not be interpreted as evidence of service absence or low need. Confidentiality, accessibility, provider capacity, and trust remain particularly important for survivors of violence, older persons, persons with disabilities, and residents of remote or mobility-constrained communities.

5.2 Priority Directions for Protection Programming

a) Adapt programming to hromada level protection risks

Protection programming should remain geographically differentiated and based on regular hromada-level analysis.

In frontline, border-adjacent, post-occupation, evacuation-affected, and return locations, priority should be given to:

- civilian safety and safe movement;
- explosive-hazard risk reduction;
- inclusive evacuation and emergency protection support;
- continuity of essential services;
- housing-related assistance; and
- rapid access to protection case management and specialized referrals.

In comparatively more stable and displacement-hosting locations, programming should focus on:

- financial strain and harmful coping;
- housing and rental insecurity;

- psychosocial distress;
- disruption of essential services;
- pressure on local social and protection systems; and
- barriers to recovery and inclusion.

Implementation modalities should remain flexible and allow activities to shift between fixed, mobile, home-based, and remote approaches as security, access, displacement patterns, and service functionality change.

b) Improve safe and equitable access to protection assistance

Mobile and community-based protection outreach should be prioritized for people unable to safely or independently reach fixed services.

Programming should include where appropriate:

- mobile multidisciplinary outreach;
- home-based support;
- protection consultations and case management;
- transport and accompaniment;
- accessible information;
- facilitated referrals; and
- follow-up where informed consent is provided.

Case management should connect people facing multiple or complex risks with appropriate legal, social protection, housing, healthcare, disability-related, MHPSS, GBV, cash, and emergency services. Referral should go beyond sharing contact details where additional barriers exist. Support may include accompaniment, transport, assistance with documentation or digital procedures, adapted communication, and follow-up.

c) Reduce protection risks associated with economic and housing insecurity

Protection-sensitive cash, housing assistance, and support related to essential services should be used to reduce negative coping and prevent further deterioration in household safety and wellbeing. Priority should be given to households by reducing food consumption, postponing healthcare or medication, borrowing at high interest, delaying utility payments, selling essential assets, or remaining in damaged or unsafe housing because of limited alternatives.

Cash and financial assistance should be linked, where relevant, with:

- housing and rental support;
- legal assistance and compensation procedures;
- social protection;

- MHPSS;
- disability-related services;
- healthcare referrals where protection risks are identified;
- livelihoods or employment support; and
- protection case management.

Housing responses should address affordability, tenure insecurity, eviction risks, overcrowding, accessibility, privacy, safety, and access to compensation in addition to physical damage.

d) Scale up MHPSS and survivor-centered GBV support

MHPSS should remain a core protection priority across the assessed locations. A layered response should include psychological first aid, community-based psychosocial support, structured group and peer activities, caregiver and family support, individual psychological assistance, and referral to specialized mental health services. Attention should be given to older persons, persons with disabilities, women with caregiving responsibilities, displaced and returning households, families affected by separation, and people living in isolated or insecure locations. GBV risk mitigation should be integrated across protection, cash, housing, accommodation, MHPSS, legal assistance, outreach, and community-based activities.

Priority actions include:

- verifying service availability and capacity;
- maintaining confidential and survivor-centered referral pathways;
- communicating information through safe and discreet channels;
- ensuring informed consent and minimum necessary data sharing; and
- ensuring accessibility for women and girls with disabilities or limited mobility.

Low disclosure of GBV should not be interpreted as low need.

e) Strengthening civilian safety, evacuation, and explosive-hazard risk reduction

Civilian-safety programming should remain a priority in frontline, border, rural, agricultural, post-occupation, and return locations.

Programming should include:

- accessible safety and preparedness information;
- safe-movement messaging;
- information on evacuation procedures and available support;
- inclusive evacuation arrangements for people unable to evacuate independently;
- explosive ordnance risk education; and

- referral to specialized mine-action actors.

Evacuation and reception arrangements should address accessible transport, accompaniment, assistive devices, medication continuity, appropriate temporary accommodation, psychosocial support, and post-evacuation follow-up. Explosive-hazard risk reduction should be linked with housing, cash, food-security, legal, and livelihood support where economic pressure or lack of alternatives contributes to unsafe movement.

d) Improve access to rights and social protection

Protection programming should address both information gaps and practical barriers to exercising rights.

Priority areas include:

- civil documentation;
- IDP registration;
- pensions and social benefits;
- compensation for damaged or destroyed housing;
- housing, land, and property rights;
- rental and eviction concerns;
- access to justice; and
- administrative procedures affecting access to assistance.

Support should include, where needed, document preparation, assisted access to digital services, accompaniment, transport, adapted communication, referral to qualified providers, and follow-up on unresolved cases. Where public services remain functional, programming should strengthen access to and complement existing systems rather than establish unnecessary parallel services.

e) Strengthen local protection systems, referral capacity, and accountability

Local authorities, social services, healthcare institutions, civil society organizations, organizations of persons with disabilities, community initiatives, and other local providers remain central to sustainable protection responses.

Priority areas for support include:

- protection case management;
- operational referral pathways;
- verified service mapping;
- inclusive outreach;
- safeguarding and data protection;
- technical supervision;

- staff wellbeing; and
- coordination between humanitarian and public services.

Service mapping should verify provider functionality, capacity, geographic coverage, eligibility requirements, accessibility, safeguarding standards, and referral procedures.

Monitoring should be distinguished between:

- provider presence;
- provider functionality;
- community awareness;
- practical accessibility;
- referral completion;
- actual utilization; and
- user experience.

Affected people should also have access to safe, confidential, and accessible information, feedback, complaints, and participation mechanisms. Community feedback should inform targeting, delivery modalities, accessibility adaptations, and program adjustments.

5.3 Geographic Programming Priorities

The table below summarizes the principal protection concerns and priority programming directions in the assessed hromadas. It should not be interpreted as representing all communities or the full population of each oblast.

Table 5.3.1 Priority programming in assessed hromadas, by oblast

Assessed hromadas	Key protection conclusions	Priority programming directions	Population groups requiring particular attention
Dnipropetrovska oblast	Chronic vulnerability is driven primarily by essential-service disruption, financial strain, harmful coping, psychosocial distress, housing pressure, and demand on services in displacement-	Protection-sensitive cash and basic-service support; accessible MHPSS; legal and social protection assistance; outreach to isolated households; strengthened local	Older persons; persons with disabilities or chronic illnesses; low-income and single-person households; IDPs and hosting households; people affected by debt or disrupted services.

	hosting and transit communities.	referrals and social-service capacity.	
Zaporizka oblast	Continuing insecurity overlaps with displacement pressure, housing insecurity, chronic illness and disability, financial strain, harmful coping, and limited visibility of specialized services.	Protection case management; housing, rental, and legal support; community-based MHPSS; confidential GBV referrals; disability-inclusive outreach; support to displaced households; verified service mapping.	IDPs; persons with disabilities or chronic illnesses; women with caregiving responsibilities; households in insecure rental accommodation; people affected by housing damage or prolonged financial pressure.
Mykolaivska oblast	Comparatively greater physical stability coexists with chronic socio-economic pressure, service disruption, debt, food-related coping, and unmet psychosocial needs.	Prevention-oriented cash and basic-service support; community-based MHPSS; social protection assistance; GBV risk mitigation; targeted outreach; mobile and transport-sensitive support in remote locations.	Older persons; women with caregiving responsibilities; unemployed adults; persons with chronic illnesses or limited mobility; low-income households; residents of remote communities.
Sumska oblast	Border insecurity, rural isolation, movement and transport barriers, explosive hazards, service disruption, low wellbeing, and barriers to specialized support combine to create	Mobile protection outreach; transport and accompaniment; inclusive evacuation preparedness; explosive ordnance risk education; accessible MHPSS, legal assistance, and confidential GBV referrals.	Older persons living alone; persons with disabilities; households with chronic illnesses; families with children; people with limited mobility; residents of border and remote settlements.

	significant access constraints.		
Kharkivska oblast	Protection conditions vary substantially across frontline-adjacent, urban, and rural locations. Insecurity, housing and infrastructure damage, energy disruption, financial strain, harmful coping, and low wellbeing remain significant.	Flexible mobile and community-based protection; MHPSS; housing, legal, and protection-sensitive cash support; confidential GBV referrals; outreach to mobility-constrained and rural households; locally differentiated modalities.	Residents of frontline-adjacent communities; older persons; persons with disabilities or chronic illnesses; displaced and returning households; families with children; people in damaged or unsafe housing.
Khersonska oblast	The most acute protection profile combines direct insecurity, ERW/UXO contamination, damaged housing and infrastructure, restricted movement, return-related vulnerability, disrupted services, and severe psychosocial distress.	Intensive mobile and emergency protection assistance; civilian-safety and explosive-hazard risk reduction; returnee support; housing and repair assistance; cash and legal support; accessible MHPSS; confidential GBV referrals; accompaniment for people facing severe access barriers.	Returnees; older persons; persons with disabilities or chronic illnesses; isolated households; people with limited mobility; households in damaged or unsafe housing; residents of contaminated and hard-to-reach areas.

Geographic priorities should be reviewed regularly against current hromada-level information. Final targeting, sequencing, resource allocation, and selection of delivery modalities should reflect changes in security, population movements, service functionality, access restrictions, and community priorities.

5.4 Protection Mainstreaming Considerations

- Protection mainstreaming should be applied across all protection, shelter, WASH, health, cash, legal, MHPSS, GBV, social protection, and community-based interventions. Program design and delivery should be guided by the following principles:
- Locations, schedules, outreach modalities, transport arrangements, distributions, referrals, consultations, and information-sharing methods should be assessed to ensure that assistance does not increase exposure to conflict-related risks, GBV, exploitation, discrimination, retaliation, stigma, or other harm. Modalities should remain adaptable to changing security and access conditions.
- Assistance should be delivered respectfully and without unnecessary disclosure of sensitive information. Confidentiality, informed consent, and data protection should be maintained in case management, MHPSS, legal support, GBV referrals, complaints processes, and all activities involving personal information.
- Access should be assessed beyond the formal presence of a service. Programs should consider safety of travel, physical accessibility, affordability, transport, communication, documentation requirements, digital access, literacy, caregiving responsibilities, confidentiality, and the ability to use services independently. Mobile, home-based, outreach, accompaniment, and accessible transport modalities should be used where required.
- Affected people should receive clear information about eligibility, available assistance, referral options, timelines, limitations, and complaints procedures. Confidential and accessible feedback and complaints mechanisms should be available through multiple channels, including options suitable for people with disabilities, limited mobility, low literacy, limited digital access, or confidentiality concerns.
- Women, men, older persons, persons with disabilities, IDPs, returnees, caregivers, young people, residents of remote communities, and groups facing exclusion should participate meaningfully in program design, monitoring, and adaptation. Consultation methods should be adapted where power differences, stigma, disability, age, gender, or safety concerns limit open participation.
- Age, gender, disability, displacement status, household composition, and location should inform targeting, service design, referrals, monitoring, and program adaptation. Monitoring should distinguish between service availability,

community awareness, practical accessibility, referral completion, actual utilization, and user experience. Disaggregated quantitative data should be complemented by qualitative consultation to identify who remains excluded and what adaptations are required.

Polish Humanitarian Action

ANNEXES

1. Analysis framework

CONTEXT		
CONFLICT AND/OR HAZARD HISTORY - NO	POLITICAL AND SOCIO-ECONOMIC LANDSCAPE – Only economic	INSTITUTIONAL, LEGAL AND NORMATIVE LANDSCAPE - YES
CURRENT THREATS TO POPULATION		
PROTECTION THREATS -YES	MAIN ACTORS RESPONSIBLE FOR THE THREAT - NO	ORIGINS OF THE THREAT - YES
THREAT'S EFFECTS ON THE POPULATION		
CHARACTERISTICS OF THE AFFECTED POPULATION - YES	CONSEQUENCES OF THE THREAT - YES	AFFECTED POPULATION'S COPING STRATEGIES - YES
EXISTING CAPACITIES TO ADDRESS PROTECTION THREATS		
CAPACITIES OF THE AFFECTED POPULATION - YES	LOCAL MECHANISMS, SYSTEMS, AND ACTORS - YES	INSTITUTIONAL, OTHER MECHANISMS, AND RESPONSE CAPACITIES - YES

Sub-pillar	Description	Categories
Conflict and/or hazard history NO	Contextual historical elements that influence existing violations and show past protection threats and concerns.	Location Tensions, conflict, and hostilities Natural hazards Past trends Stability and peace Political fragility
Political and socio-economic landscape	Contextual elements that can cause, further, or sustain current protection threats and concerns.	Voice and accountability Power dynamics Political enablers and barriers
Institutional, legal, and normative landscape	Formal and informal rules, norms, policies, or systems that contribute to current protection threats and concerns, or that counter those threats and promote a protective environment.	Institutional Legal Normative International

2. KII Questionary and guidance

Protection Needs Assessment

Guidance for Conducting Key Informant Interviews (KIIs)

Date of interview: _____

Interviewer: _____

Informant's Gender: _____

Informant's Organization: _____

Informant's Position/Title: _____

Location (Oblast, Rayon/District, Hromada, Settlement): _____

Informant's Phone Number: _____ (with consent)

Hello, my name is [...], and I work for _____ [Polish Humanitarian Action (PAH) / NGO XYZ]. We are conducting a series of interviews with representatives of local authorities, humanitarian organizations, and other experts to assess and better understand protection-related risks and threats, as well as the needs and gaps in addressing these risks and threats at the community level across six oblasts of Ukraine. By protection risks and threats, we mean any factors that may cause individuals to suffer physical, psychological, material, or legal harm, or result in the restriction or violation of their rights.

The interview will take approximately one hour. Your responses will help improve service delivery and inform the development of the most effective protection strategies and interventions

Do you agree to participate in this interview? ☐ **Yes** ☐ **No**

Before we begin, I would like to remind you that participation in this interview is entirely voluntary. The information you provide will be treated confidentially. If any question arises that you do not wish to answer, please let me know, and I will move on to the next topic. You

may also choose to end the interview at any time. However, we hope you will participate in the full interview, as your insights are important for understanding the situation and informing future protection responses.

I would also like to ask for your permission to audio-record this interview to ensure that we do not miss any important information you provide and to support subsequent analysis. Do I have your consent to record the interview? You may request that the recording be stopped at any time. If you are not comfortable with being recorded, we can continue the interview without recording.

Do you have any questions about this assessment before we begin

May I proceed with the interview?

☐ **Yes** ☐ **No**

Main question	Additional questions (Probes)
1.How would you describe the current situation in your community in terms of: • safety and sense of security • social relations • access to basic services?	• Differences between territories (urban/rural; frontline/backline areas)? • Any positive changes or recent stabilization, and what has contributed to this?
2. What events or changes have had the greatest impact on people's lives in the community over the past year (and how have the dynamics of threats and risks changed)?	• Key events such as military offensives, shelling, attacks on energy infrastructure, displacement waves, loss of services, new threats, etc.? • How have these events affected different districts/communities in the region?
3. What administrative and socio-economic factors most influence people's sense of safety and well-being in _____ [district/community]?	• Functioning of local authorities, level of trust? • Economic situation: employment, markets, livelihoods, dependency on humanitarian assistance? • Tensions or conflicts between groups (IDPs/local residents, ethnic groups, veterans, etc.)? • Practical barriers: documents, eligibility criteria, or administrative requirements for accessing services, "unwritten rules"? • Social norms that are protective (solidarity, mutual support) or harmful (stigma, gender norms, discrimination)?
4. What are the main threats currently affecting civilians in _____ [district/community]?	Please identify 3–5 key protection threats, and then probe each one in detail: • Violence (shelling, mines/UXO, physical assaults, SGBV, domestic violence, arbitrary detention). • Coercion (forced displacement, forced recruitment/conscription, interference in humanitarian aid distribution). • Intentional deprivation of rights (denial of services/assistance, evictions,

Main question	Additional questions (Probes)
	confiscation, discrimination in access to employment/benefits). □ Which areas/communities have been most affected by each of these threats?
5. Let us consider each threat separately. Please describe how [Threat X] typically occurs.	• Where and when does this usually occur (locations, time of day, specific situations – checkpoints, shelters, workplaces, homes)? • Frequency: is it increasing or decreasing? • Are these isolated incidents or systemic, linked to specific policies or practices? • Who is usually the source of the threat (state authorities, criminal groups, community members, families)? • Emerging trends (new types of incidents, different targets, new tactics or restrictions)?
6. Which groups of people have been most affected or face additional difficulties in coping with the consequences of these threats?	• By age (children, adolescents, elderly)? • By gender (women, men, LGBTIQ+ if it is safe to ask)? • By status (IDPs, host community members)? • By vulnerability (persons with disabilities, chronic illnesses, single parents, undocumented persons, veterans)? • Geographical differences?
7.1. Why do you think the groups of people you mentioned face additional difficulties?	• Barriers to safe housing, shelters, transport, and evacuation? • Low income, lack of assets, dependency on humanitarian assistance/social benefits? • Limited access to information, documentation, social services, and legal assistance? • Stigma, discrimination, isolation, and weak social connections? • Digital exclusion?
7.2. What makes these groups of people more vulnerable?	

Main question	Additional questions (Probes)
8. What are the main consequences of these threats for individuals and communities?	• Physical: injuries, disability, deterioration of health, death? • Psychosocial: anxiety, depression, fear, family conflicts, substance use/addictions? • Social: family separation, domestic violence, community tensions, exclusion of groups? • Legal: issues with documentation, property, risk of detention/fines? • Material: loss of housing, assets, livelihoods, debts? • Differences between groups (gender, age, IDPs/local residents, regions)?
9. What coping strategies do people use in response to these threats (how do they prepare for them or take care of themselves afterward)?	• Positive strategies: information-seeking, mutual support, safe relocation, legal assistance, savings? • Negative strategies: risky migration/return, living in unsafe areas, debt from money lenders ("pawnshops"), self-medication, alcohol/drug use? • Differences between groups? • How have strategies changed over time?
10. What strengths or resources help people reduce risks?	• Skills and knowledge (safety, legal literacy, experience interacting with authorities, technical skills)? • Assets and resources (savings, property, equipment, transport)? • Social support networks (family, neighbors, friends)? • Examples of when this has actually helped?
11. What mechanisms at the district/community level support people?	• Government or local programs? • Informal leaders, self-help groups, religious structures, volunteers, NGOs? • Norms that prevent violence, exploitation, discrimination? • Information and early warning systems (chats, alerts, shared funds)?

Main question	Additional questions (Probes)
	• Who is included/excluded?
12. Which institutions or organizations play a key role in reducing threats?	• Local authorities, social protection, healthcare, education, police, etc.? • Local/national/international NGOs, UN agencies, Red Cross, religious organizations? • For each: What exactly do they do? Where and for whom are services accessible? Strengths (coverage, speed, quality, trust)? Gaps (geography, groups, capacity, resources, presence in high-risk areas)? • Is there coordination between these institutions? How would you assess it?
13. What barriers exist in accessing protection mechanisms (institutions, services, etc.), and how do they affect people in the community?	• Physical access (distance, transport, opening hours, accessibility for persons with disabilities)? • Administrative barriers (documentation, registration, complex procedures)? • Social barriers (discrimination, lack of understanding of procedures or fear of interacting with official structures, gender norms)? Information barriers?
14. What actually reduces the likelihood of threats occurring at the community level?	• Strong local leadership, clear rules? • Presence of certain actors (units, NGOs, police)? • Campaigns, information dissemination, monitoring? • Examples where a combination of actions prevented threats?
15. Which threats and population groups should be prioritized in this district/community response, and why?	
16. What should humanitarian organizations and service providers—both governmental and non-governmental—do differently or better?	• Short-term vs long-term solutions? • Support needed by local authorities/NGOs? • Promising practices that should be scaled up?

Main question	Additional questions (Probes)
17. Is there anything important about risks or capacities that we have not yet discussed?	

3. HH Questionnaire

Respondent's Phone Number: _____

Date of Interview: _____

***

Good afternoon! My name is [...]. On behalf of the Polish Humanitarian Action (PAH), I am conducting a survey to better understand the protection risks and threats faced by you and other members of your household. By protection risks and threats, we mean any factors that may cause physical, psychological, material, or legal harm, or situations where a person's rights may be restricted or violated. We would also like to understand how you respond to these risks and what services are available in your community.

Your responses are very important. They will help us better understand the specific types of support needed by people in situations similar to yours and improve or expand services that may be beneficial to you. The more detailed information you share about your experiences, the better we will be able to plan our activities and ensure that assistance is tailored to the actual needs of the community.

The interview will take up to 30 minutes.

1. Do you agree to participate in this survey?

- Yes
- No

Please note that any information you provide will be treated as strictly confidential and anonymous. We also assure you that your responses will not affect any assistance you are currently receiving. Participation in this survey is entirely voluntary. You may choose not to answer any or all of the questions if you do not wish to do so.

A. Respondent Profile

2. What is the respondent's gender? *(Single choice)*

- Female
- Male
- Other
- Prefer not to answer

3. What is your age? _____ *(Number)*

4. In which oblast do you currently reside? *(Single choice)*

- Dnipropetrovska Oblast
- Zaporizka Oblast
- Mykolaivska Oblast
- Sumska Oblast
- Kharkivska Oblast
- Khersonska Oblast

5. Which district do you currently reside in? _____ *(drop-down based on Q4)*

6. What is the name of your settlement? _____ *(text)*

7. Type of settlement *(single choice)*

- Urban
- Rural

8. What is your relationship to the head of household? *(Single choice)*

Note: Allow the respondent to self-identify the head of household. If the respondent asks for clarification, explain: *"The head of household is the person who makes the main decisions within the household."*

- Head of household
- Spouse/partner
- Child (son/daughter)
- Parent (father/mother)
- Other relative
- Other (non-relative) _____

9. How many people in total live in your household? Please include yourself. _____ *(number)*

9.1. How many infants (0–1 year) are there in total? Boys _____ Girls _____

9.2. How many children (2–17 years) are there in total? Boys _____ Girls _____

9.3. How many adults aged 18–59 are there in total? Men _____ Women _____

9.4. How many adults aged 60+ are there in total? Men _____ Women _____

B. Vulnerabilities

10. Does any member of the household aged 8 years and above have a disability or difficulty with self-care (e.g. due to a chronic illness or old age)? *(Single choice)*

- Yes
- No

10.1. If yes, how many such individuals are in the household (including yourself)? _____ *(number)*

11. Are there any pregnant or breastfeeding women in the household? *(Single choice)*

- Yes
- No

12. Are there any household members who have problems with identification documents? *(Single choice)*

- Yes
- No

13. From the perspective of forced displacement, how would you describe your household status? *(Single choice)*

- Not displaced
- IDPs (with official registration)
- IDPs (without official registration)
- Returned after displacement

13.1. (If IDP, with or without official status) When were you first forced to displace? _____ *(month & year)*

13.2. Since your first displacement, how many times has your household changed place of residence? *(Single choice)*

- 0
- 1
- 2
- 3 or more

13.3. If you have been displaced more than once, since when have you been living in your current location? _____ *(month & year)*

13.4. Do you plan to consider further displacement within the next 6 months? *(Single choice)*

- Yes, due to security reasons
- Yes, due to economic reasons
- No
- Don't know
- Prefer not to answer

13.5. (If IDPs have not registered for official status) Could you please explain why you have not registered as an IDP? *(Single choice)*

- Planning to register or currently in the process of registration
- Lack of / loss of documents
- Feeling integrated into the host community
- Concerns regarding mobilization
- Other _____

Section B. Protection Threats

14. How would you describe the overall level of safety in your community? *(Single choice)*

- Completely safe
- Somewhat safe
- Somewhat unsafe
- Completely unsafe
- Cannot assess / Don't know

14.1. If it is somewhat or completely unsafe, please specify why: _____ *(text)*

15. Have you or any member of your household DIRECTLY experienced any of the following challenges in the past 6 months? *(Multiple choice)*

- Shelling, missile or drone strikes on civilian infrastructure
- Landmines or unexploded ordnance
- Kidnapping, unlawful detention, or arrest
- Killing or injury of civilians
- Separation of children from families or forced family separation
- Forced displacement or evacuation
- Loss of identity or legal documents
- Verbal abuse or hostile remarks in public
- Physical violence in the community
- Theft, robbery, or damage to property
- Discrimination or stigma
- Denial of resources, opportunities, access to services (social services, health care, education, etc.) and/or humanitarian assistance
- Barriers or restrictions in access to legal services, legal remedies, and justice
- Lack of access to basic services (water, electricity, heating) for an extended period
- Lack of access to information
- Domestic or gender-based violence
- Psychological/emotional abuse or emotional harm
- Human trafficking, forced labor, or slavery-like practices
- Illegal restrictions on freedom of movement or forced displacement
- Other _____

FOR EACH REPORTED THREAT BY THE RESPONDENT (REPEAT GROUP IN KOBO):

15.1. Who in the household was affected by negative consequences of [THREAT X]?

- Myself (respondent)
- All household members
- Adult men (18–59)

- Adult women (18–59)
- Children
- Household members with disabilities
- Older household members (60+)

15.2. How often did you experience negative consequences from [THREAT X]?

- Once
- 2–3 times
- Several times
- Constantly (ongoing consequences)

5.3. How severe were the negative consequences of [THREAT X]?

- No consequences
- Minor consequences
- Significant consequences
- Most severe possible consequences

15.4. What exactly were the negative consequences of [THREAT X]?

- Damage or loss of property
- Physical injury or deterioration of health
- Forced displacement / evacuation
- Loss of income sources
- Debt or increased financial burden on the household
- Loss of documents
- Restrictions on movement
- Social isolation
- Household conflicts
- Psychological stress / anxiety / depression
- Other _____
- No consequences

END REPEAT GROUP

16. Over the past 2 weeks, how often have you felt the following:

	Constantly	More than half of the time	Less than half of the time	Some of the time	Never
I feel energetic and in a good mood					
I feel calm and relaxed					
I feel active and energetic					
I wake up feeling fresh and well-rested					
Every day, things happen that interest me					

G. Coping Strategies

17. In the past 6 months, has your household engaged in any of the following actions? *(Multiple choice)*

- Seeking information from trusted sources to help solve personal problems
- Seeking support from relatives, friends, or neighbors
- Participating in community-based support groups
- Communicating with local authorities or NGOs regarding assistance
- Adapting personal practices to reduce risks
- Saving money to build a financial safety buffer

18. In the past 6 months, have you or your household engaged in any of the following actions? *(Multiple choice)*

- Borrowing money at high interest rates
- Reducing food consumption

- Risky travel or migration
- Selling household assets (e.g. TV, furniture, etc.)
- Selling productive assets (e.g. car, sewing machine, etc.)
- Reducing or stopping payment of utility bills
- Living in unsafe housing conditions
- Mortgaging/selling housing
- Consumption of alcohol or drugs
- Other _____

D. Access to Support Mechanisms

20. Do you know where to seek support in case of the following situations? *(Yes/No)*

- Physical violence or threats (Yes/No)
- Document-related problems / legal issues (Yes/No)
- Social protection needs (Yes/No)
- Mental health issues (Yes/No)

21. Is there an active social service provider or relevant institution in your community? *(Single choice)*

- Yes
- No
- Don't know

22. Are these services equally accessible for adults and children? *(Single choice)*

- No, only accessible for adults
- No, only accessible for children
- Yes
- Don't know

23. Have you or any member of your household experienced difficulties in accessing social services in the past 6 months? *(Single choice)*

- No
- Yes, due to distance and transportation challenges
- Yes, due to cost
- Yes, due to lack of specialists
- Yes, for other reasons

- Not applicable (did not seek services)

The same applies to questions 21–23 for the following services:

- Mental health and psychosocial support (MHPSS) service providers or institutions
- Services or institutions providing support to survivors of gender-based violence (GBV) or domestic violence
- Legal services or legal aid providers
- Health facilities or healthcare providers

24. How comfortable are you reporting problems or submitting complaints to:

	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Not at all comfortable	Don't know
Local authorities					
Police					
Social protection authorities					
Humanitarian organizations					

E. Priorities and Preferences

25. Assistance in addressing which protection risks faced by your household (Q15) is the highest priority for your household?

- 1 …
- 2 …
- 3 …

26. What types of assistance are priorities for your household?

- Cash assistance
- Medical services
- Housing repair
- Psychosocial support
- Legal assistance
- Improved access to information
- Support for employment / business development
- Other _____
- Don’t know (no preference)

27. What do you expect will happen to the safety and well-being of your household over the next 12 months?

- Will significantly worsen
- Will somewhat worsen
- Will remain the same
- Will somewhat improve
- Will significantly improve
- Don’t know

28. Why?