# Advancing accountability to frontline communities

## June 2025 | Ukraine

## Key findings

- While residents are frequently consulted on their needs by humanitarian organisations and local authorities, **the lack of information-sharing between organisations and follow-up communication contribute to frustration and assessment fatigue**. Humanitarian organisations should consistently follow-up after assessments, especially if they cannot deliver assistance, and use referral mechanisms to share identified unmet sectoral needs with other organisations.

- **The majority of people report having sufficient access to information on humanitarian needs**. Information is most often accessed through word-of-mouth, social media and local authorities. Issues related to the **lack of coordination between international organisations and local authorities/organisations** were occasionally reported, but often mitigated by assigning **dedicated focal points to coordination in each entity**.

- **Residents are aware of feedback mechanisms, but their usage is more limited.** Women and older individuals appear to use them more frequently, pointing to a need to ensure the perspectives of younger people and men are captured through other channels. Feedback mechanisms have shown success at reaching people not currently supported by the implementing organisation, but **limited data on how feedback is handled makes it difficult to assess whether these mechanisms are successful at closing the feedback loop.**

## Overview of the brief

As Ukraine enters the fourth year of the full-scale invasion, one in three Ukrainians requires assistance, particularly in frontline and border oblasts (OCHA). With decreased funding and re-prioritization of humanitarian activities, it is important to ensure the perceptions of affected populations on their priorities and needs are taken into consideration.

This brief aims to inform humanitarian partners on how to improve accountability to affected populations in frontline settlements[1], including by working with residents and local authorities. The analysis is based on data sources from REACH assessments and secondary data sources, and is designed in three parts, reflecting the three pillars of Accountability to Affected Populations (AAP) as defined by the Inter Agency Standing Committee, with two case studies:

**1. Taking account: participation and inclusion of affected populations**

- *Case study 1: the role of local authorities in community engagement*

**2. Giving account: communication and transparency to affected populations**

**3. Being held to account: feedback and response mechanisms for affected populations**

- *Case study 2: usage of feedback mechanisms by affected populations*

If you have questions on this brief, or would like to request additional information on REACH's work on AAP, please contact: maxence.martin@impact-initiatives.org

### ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

Co-funded by European Union Humanitarian Aid

REACH Informing more effective humanitarian action

# I. Participation and inclusion

## 1.1. Modality of participation

Residents of frontline communities generally reported being directly consulted by humanitarian organisations on their own needs - with very few reporting not being consulted at all. Needs assessments were most commonly conducted via phone, in person, or through hromada authorities only, and were often followed by aid distribution. This is consistent with local authorities often reporting conducting assessments themselves via social media, in-person visits, townhall meetings, or phone calls - especially in smaller settlements, where the small population allows for easier coordination. Rarely, local authorities reported having sufficient contextual awareness of community needs and vulnerable groups that they did not need to conduct needs assessments, highlighting the need to understand how local authorities collect information on community needs to ensure they do not rely on assumptions but on facts (see **Case study 1**).

## 1.2. Satisfaction with participation modality

Some residents expressed frustration at the lack of follow-up communication or sustained engagement by humanitarian organisations after the assessment was conducted. National data collection assessments demonstrated that a majority of people receiving assistance (**68%**) do not feel involved in decisions (see **Textbox 1**). When put in perspective with this brief's finding that residents in frontline areas often reported being involved in decision-making through local authorities, this suggests that local dynamics - and relationship with local authorities - may be a key factor in whether people feel (and are) included in decisions on humanitarian assistance.

## 1.3. Challenges and best practices

**Textbox 1: divergence of satisfaction between qualitative frontline and quantitative interviews:**

Large-scale assessments across Ukraine found that while most people receiving assistance were generally satisfied with it (**84%**), they did not feel involved in decision-making (MSNA 2024). Perceptions did not significantly vary by individual characteristics, displacement status, or distance from the frontline. Percentages varied significantly across oblasts without a clear geographic pattern, suggesting highly localized factors are at play.

Needs assessments in frontline areas are often conducted with the support of local authorities. People invited by local authorities are more available or willing to participate than the general population, and likely already familiar with humanitarian processes. While working through local authorities can provide accurate insights into specific population groups, it may also result in repeated engagement with these same groups, potentially overlooking under-represented populations. For example, REACH qualitative assessments suggest an overrepresentation of women and older persons in FGDs.

Mitigation measures include encouraging local authorities to invite diverse participants and adjust modalities - for example, for people usually at work or men concerned about conscription. Humanitarian actors should compare the characteristics of interviewed residents to population data to understand which groups are usually under-represented and should be engaged through community-based organisations (IDP councils, organisations focused on the rights of LGBTQI+, etc.).

| ASSESSMENT FATIGUE |
| --- |

**CHALLENGE**

*Some* residents of frontline communities expressed frustration at the lack of a structured approach to needs assessments: they are frequently interviewed by different organisations and report the same needs, but there is no systematic follow-up communication.

**BEST PRACTICE**

Humanitarian organisations should more consistently follow-up with interviewed communities after needs assessments, especially when they cannot provide assistance. To avoid duplication of efforts and assessment fatigue, some residents suggested compiling a comprehensive list of humanitarian needs in the community, to be systematically shared with humanitarian organisations. It could be managed by a focal point within local authorities, as local authorities frequently mentioned setting up a humanitarian HQ helped coordinate with humanitarian organisations by creating a structured stream to gather requests.

| RELEVANCE OF ASSISTANCE |
| --- |

**CHALLENGE**

A few residents perceived that some humanitarian organisations lacked flexibility, distributing whatever assistance they had planned or left over, regardless of needs on the ground. This reportedly led to inappropriate type or modality of assistance - for example, only providing in-kind solid fuel assistance when most people in the settlement used gas heating or needed support to pay utility debts. Other examples included over-delivering one type of sectoral assistance, while more urgent needs in other sectors went unmet.

**BEST PRACTICE**

If programmes cannot be adapted after community feedback, this issue could be mitigated with better coordination between humanitarian organisations. Organisations focused on specific sectors or modalities should establish referral mechanisms or actively use existing coordination systems to connect people with other organisations that can meet their needs.

# Case study 1: the role of local authorities in community engagement

## Why are local authorities important actors to humanitarian organisations?

Local authorities were identified as both one of the main sources of information on humanitarian assistance for affected population and for humanitarian organisations on community needs. In 59% of 388 assessed frontline settlements, KIs reported residents rely on local authorities for information - the most frequently reported source after word-of-mouth (HSM, February 2025). Their position as facilitators between residents and humanitarian organisations, their efforts to collect community-level needs and management of over social services make them central for a community-based humanitarian response- alongside local residents and CSOs (NRC, 2024; LT, 2024). This case study assesses current modalities of engaging local authorities, their satisfaction with it, and caveats relying on information from local authorities only on the frontline.

## Modalities of engagement between humanitarian organisations and local authorities in frontline areas

Coordination between humanitarian organisations and hromada/settlement-level authorities was usually reported to be direct and bilateral, and very rarely occurred within coordination systems such as Clusters or General Coordination Meetings (which are more frequently attended by oblast authorities and local organisations, LRAP, 2024). Local authorities typically assigned a single focal point to engage organisations and in smaller settlements: this often took place through hromada authorities, with individual settlement representatives (*starosta*) rarely engaging directly with humanitarian organisations.

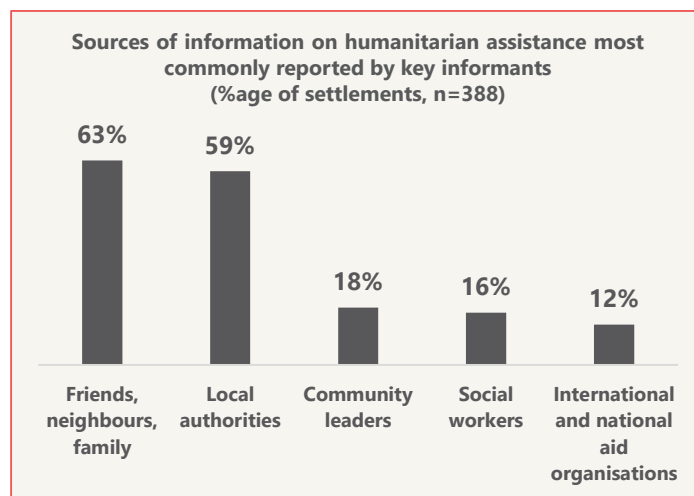## Satisfaction with coordination modalities

However, in qualitative interviews, most local authorities reported that humanitarian organisations reach out mainly to obtain beneficiary lists or support assistance distribution, rather than to jointly identify needs and priorities. They sometimes felt excluded from programme design and decisions regarding targeting of vulnerable groups. This reinforced their perception that humanitarian organisations operate on fixed assumptions about community needs and vulnerable groups. Relatedly, some local organisations in western Ukraine and local authorities on the frontline reported an initial lack of coordination between NGOs and local authorities, but sustained engagement enabled both sides to identify and answer community needs together.

When working with local authorities, humanitarian organisations could involve them earlier in the programme design phase to jointly identify vulnerable groups based on local context, rather than start by requesting lists of specific groups based on assumptions of vulnerability. This case-by-case approach would help ensure that diverse and context-specific vulnerabilities are effectively integrated, especially when entering new locations, as standard criteria may not always be perceived relevant in Ukraine by affected people.

## Accuracy of needs assessments conducted by local authorities in frontline areas

Relying on local authorities to identify community needs could raise questions about the accuracy of the information they provide. While residents generally trust their local authorities, residents of some hromadas report localized distrust. As noted in the Social Cohesion Report (2024), this lack of trust can distort humanitarian actors' understanding of community needs, highlighting the importance of local context awareness and direct resident engagement.

To assess accuracy, REACH conducted a cross analysis of challenges reported by residents and local authorities in the same settlement. Both groups identified key unmet needs, such as the lack of public transport limiting service access, indicating strong awareness by local authorities. On infrastructure, authorities often matched or exceeded residents' knowledge, particularly on technical issues like water systems. On humanitarian assistance, residents focused on delivery modalities and frequency, while authorities offered a broader overview of needed items, reflecting their awareness of both community-wide needs and aid delivery. However, local authorities consistently lacked accurate information on healthcare needs - an issue previously identified in other REACH assessments[2]. They were generally unaware of residents' health needs, required services, and the assistance provided. For health-focused assessments, it is therefore more effective to consult residents and sectoral experts directly. This issue appeared mostly limited to healthcare.



**Sources of information on humanitarian assistance most commonly reported by key informants (%age of settlements, n=388)**

- Friends, neighbours, family: 63%
- Local authorities: 59%
- Community leaders: 18%
- Social workers: 16%
- International and national aid organisations: 12%

> " *The organisations never take the needs of the people into account. They just ask: "Provide us with lists of such and such categories". [...] We can't control who gets it, who doesn't. Sometimes humanitarian organisations do not provide us with lists [of beneficiaries].*
>
> - Local authority in Khersonska "

# II. Communication and transparency

## 2.1. Modality of communication

In frontline settlements, most residents rely on word-of-mouth, social media, and hromada authorities for information, with humanitarian organisations rarely cited as direct sources. National assessments show households prefer phone (47%) and messaging apps (26%) to contact humanitarian actors (Calibration 2025).

Local authorities often reported directly sharing with local residents information regarding available assistance and how to register. Local residents themselves often reported relying on local authorities - among other sources - to receive information on humanitarian assistance.

## 2.2. Success of communication on humanitarian assistance

The majority of people had access to sufficient information, though some information needs remained. In REACH HSM, key informants in 55% of settlements reported no additional information needs as of February 2025; the 2025 Calibration assessment found the same for 47% of households (with little difference across gender or age[3]). While the inaccessibility of digital tools for older people or people without smartphones was occasionally noted in qualitative interviews, it was systematically followed up by the clarification that they will always find someone else to help them. This may reflect the wide availability of online sources and effective communication by local authorities.

## 2.3. Challenges and best practices

> " *It's easy. People call the starosta office directly, if they can't reach the starosta office, they call the hotline, from the [hromada] village council, they call from everywhere. Residents actively use these mechanisms.*
>
> - Local authority in Khersonska
>
> *We talk about our needs, for example, about pharmacies or roads, but no one does anything about it. [...] Organisations conduct surveys about hygiene items and food kits - that is good, but all our other needs that we talk about are ignored.*
>
> - Residents in Dnipropetrovska "

**Type of information desired from aid providers (%age of households, n=3811)**



| Category | Value |
|---|---|
| None | 47% |
| How to register for aid | 23% |
| How to get financial support | 17% |
| How to access healthcare | 13% |
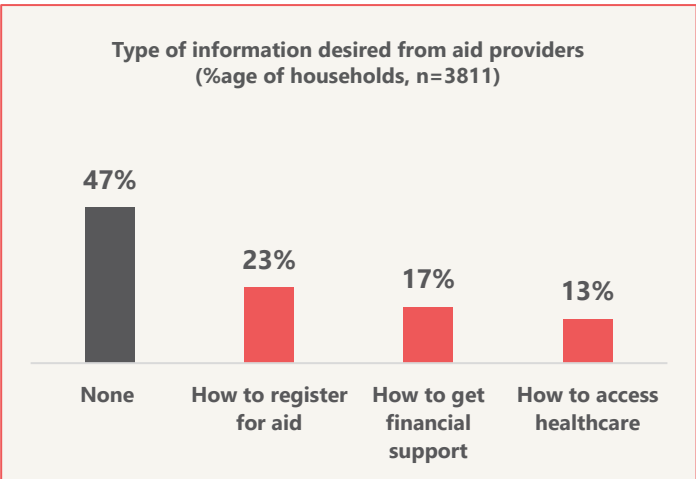
### ADMINISTRATIVE AND PHYSICAL BARRIERS

**CHALLENGE**

Some residents reported barriers to registration excluded eligible groups, such as older people without bank accounts for cash assistance and issues obtaining disability or IDP status[4]. Others were reportedly unable to collect assistance in-person because they are immobile or unavailable due to work/care-giving responsibilities. This contributed to the perception that employed individuals are often excluded from the response.

**BEST PRACTICE**

Humanitarian organisations could address these challenges by integrating legal support into their registration or distribution. Residents also noted the benefit of systems that allow trusted third parties - such as local volunteers or social services - to get and deliver assistance to others. While this raises concerns about ensuring assistance is delivered properly and requires strong post distribution monitoring, no issues were reported.

### LACK OF INFORMATION/COORDINATION

**CHALLENGE**

Local authorities often commented on the lack of coordination with humanitarian organisations delivering assistance in their communities, making them unable to inform vulnerable people on assistance available, answer their questions or support them register. Similar coordination issues were previously reported by some Ukrainian organisations working with international organisations (LRAP, 2025), though they acknowledged local coordination mechanisms are being established as part of localisation efforts to address these issues.

**BEST PRACTICE**

Local authorities mentioned the importance of having humanitarian organisations engage the humanitarian focal point in the hromada before working the community, and noted improvements in this regard over the past three years. Specific funding for coordination positions within Ukrainian organisations was hailed by international organisations as a successful solution to improve locally-led coordination efforts (LRAP, 2025).

# III. Feedback and response mechanisms

## 3.1. Modality of feedback mechanisms

Knowledge of feedback mechanisms is widespread thanks to the broad availability of information sources, but their usage is more rare. Most interviewed residents and all local authorities reported knowing at least one mechanism people can turn to, which were (by order of awareness): hotlines, websites, directly through local authorities, leaflets and humanitarian organisations focal points during distribution. However, residents were split on their usage, with local authorities, residents and a case study confirming women and older people used them more - possibly suggesting an information gap on the needs of young people and men (see **Case Study 2**).

> " *If a person wants to complain about something, they come to the city council and write an application. The application is reviewed, and after that the commission makes a decision, either the commission meets them or provides a written response.*
>
> - Local authority in Chernihivska
>
> *- At every humanitarian aid distribution point, there is a QR code, a website to contact, or a hotline. Maybe even a person.*
> *- Nowadays, people are literate [on digital tools], and those who are not literate have children or grandchildren.*
>
> - Residents in Dnipropetrovska "

## 3.2. Satisfaction with feedback mechanisms

Most frontline residents using these mechanisms reported they were satisfied with their usage, although some mentioned that not all feedback is addressed in a satisfactory manner. Some residents also mentioned being wary of online mechanisms to request assistance due to reports of scammers stealing personal information or money through registration mechanisms. This suggests that while hotlines and social media are one of the most common ways of engaging residents for humanitarian organizations, in-person mechanisms may allow certain people to feel safer when registering or requesting assistance.

## 3.3. Challenges and best practices

### ELIGIBILITY CRITERIA

#### CHALLENGE

Residents and local authorities reported narrow eligibility criteria, limited quantities of assistance and the perception that certain groups are often excluded from receiving assistance as sources of tensions in their community. Groups often reported as ineligible were people with low salaries, under 60 years old, and without documents. This issue is likely to grow as the humanitarian response shifts focus to the most vulnerable communities and reduced humanitarian funding forces humanitarian organisations to prioritise. This issue, alongside best practices to mitigate, were already identified in the 2024 Social Cohesion Brief.

#### BEST PRACTICE

Tensions could be mitigated by explaining how eligibility criteria are set and reviewing them directly with communities whenever relevant. Local authorities also mentioned some humanitarian organisations avoided this issue by prioritising smaller settlements, where they can provide assistance to the full community. However, this approach reportedly created gaps in larger settlements, such as hromada centres.

Local authorities often reported mitigating tensions by encouraging the distribution of assistance to different groups every time, and keeping track of which groups are often left out of eligibility criteria.

### IDENTIFYING VULNERABLE GROUPS

#### CHALLENGE

Local authorities frequently mentioned difficulties identifying vulnerable individuals and establishing lists, especially for IDPs that are frequently moving. This is particularly relevant given vulnerable IDPs are one of the four strategic priority of the Humanitarian Needs and Response Plan and this challenge could conceal the needs of vulnerable IDPs out of collective sites.

Similarly, it does not appear that underserved groups align with usual vulnerability criteria such as age, gender or disability. While this does not directly reflect unmet needs, according to the 2025 Calibration assessment, there were few differences in the frequency of assistance received based on households' characteristics.

#### BEST PRACTICE

Humanitarian organisations should regularly consult local authorities and residents to update their awareness of vulnerable people and their targeting in the settlement, to avoid relying on lists that may be outdated. They should also ensure these groups have information on how to request assistance: while residents often access these mechanisms online (See Case Study 2), some local authorities mentioned offline mechanisms - such as on-site consultations during registrations and distributions - are especially useful for older people and people without smartphones.

# Case study 2: usage of feedback mechanisms by affected populations

**Awareness vs usage of feedback mechanisms**

Although awareness of feedback mechanisms was high in frontline settlements, actual usage was reported far less frequently. It is therefore important to understand whether all population groups are using these feedback mechanisms, particularly those typically under-represented in needs assessments, to ensure their voices are heard and their needs addressed. REACH analysed the feedback mechanism data received between January 2024 and April 2025 of a large INGO operating in Ukraine.

**Of people using the mechanism...**

**79%**

**were women**

**45%**

**were over 60 years old**

**92%**

**reached out by phone/hotlines**

The use of feedback mechanisms is very gendered and age-specific, with men and younger people rarely using it. This is despite men and women having similar information needs: in the 2025 Calibration, for the 826 single-person households, **43%** of men (n=275) reported needing information on humanitarian assistance, compared to **49%** of women (n=550). This may be due to different factors: the high prevalence of female-headed or joint-headed households in Ukraine (MSNA 2024), differences in sources of information on humanitarian assistance based on gender, or social stigma and gender norms discouraging men from seeking assistance - as seen with mental health and psychosocial support (UNFPA 2022).

**Of people using the mechanism...**

**55%**

**were third parties WITHOUT link to projects**

**31%**

**were third parties WITH link to projects**

**14%**

**were beneficiaries**

The mechanism was used in majority by people in locations where the organisation does not operate, demonstrating it is a useful tool to include people who may otherwise be left out of the humanitarian response. However, it was almost exclusively used to seek information on specific projects (**51%** of requests), on specific assistance (**28%**) or on eligibility criteria (**9%**), and very rarely to submit complaints (**1%**) or directly request assistance (**1%**) (n=31785). The remaining **9%** are thanking notes.

As **23%** of households reported needing information on how to register for assistance in the 2025 Calibration, this may indicate that feedback mechanisms are not sufficiently tailored for requesting assistance. Alternatively, it could suggest that people rely on other channels - such as local authorities, as noted earlier - to make such requests.

A member of the organisation clarified that referral mechanisms are available when individuals request assistance that the organisation cannot provide. However, these referrals are generally limited to other members of the same consortium and are rarely made to external actors. They also noted a gap in tracking satisfaction with how requests and complaints are resolved.

> *" My wife is a disabled person. And when we needed a wheelchair, [...]I sat down at the computer, started looking, making calls, telling people about our problem, and spent a day or two. Then time passed, and we got a call from a charity fund. A week later, we received a new walker.*
>
> *- Resident in Dnipropetrovska*
>
> *- When we get humanitarian assistance, we always get the opportunity to give feedback..*
> *- All of this can be done, but it is very difficult to get through the hotline.*
> *- You have to call for two or three hours.*
> *- Yes, you don't have that much time!*
>
> *- Residents in Chernihivska "*

## To go further

REACH monitors and frequently reports on accountability to affected population and multisectoral needs indicators as part of its other research cycles. Partners that are interested in further analyses on AAP are encouraged to access the following resources:



### Humanitarian Situation Monitoring - dashboard

### Calibration: humanitarian needs in Ukraine - report

### Social cohesion in Ukraine - report

## Methodology and limitations

This analysis is based on data collected in previous assessments conducted by REACH (HSM, Calibration, MSNA) and secondary data from humanitarian organisations operating in Ukraine. Percentages reported from Calibration and MSNA are representative with a 95% confidence level and a 8% margin of error, while data from HSM, focus group discussions and key informants interviews are indicative only. Women and older persons were often over-represented in focus group discussions compared to the general population of Ukraine (UNFPA).

## Endnotes

[1] For the purpose of this assessment, REACH defines "frontline settlements" as settlements located 0-100k from the frontline or border with the Russian Federation.

[2] The 2025 Calibration was conducted in December 2024 and January 2025 through household interviews, and the 21 Round of HSM was conducted in February 2025 through key informant interviews. While the methodology is different, with Calibration conducted at household-level and HSM at settlement-level, some indicators are identical and can be compared at oblast-level. Comparing the percentage of people reporting unmet healthcare needs in Calibration with the percentage of settlements where key informants reported healthcare unmet needs in HSM highlights large difference in knowledge of healthcare needs. In frontline and border oblasts, key informants systematically underreported healthcare as a priority unmet need compared to residents (on average, a 18 percentage-point difference). For example, in Mykolaivska, HSM key informants in only 3% of settlements (n=33) reported healthcare as a priority unmet need, compared to 33% of residents in Calibration. In Kharkivska, KIs in 11% of settlements reported healthcare as a priority unmet need, compared to 30% of residents in Calibration.

[3] 57% of older households (60+yo) had no information needs, compared to 44% of mixed or non-older households. 52% of men respondents had no information needs, compared to 44% of women respondents.

[4] The lack of documentation was very rarely reported as a barrier accessing humanitarian assistance in the 2025 Calibration (11/3871 households), suggesting this issue may be localized to frontline only, or that people without documents are left out of phone-assisted call interviews.

**This brief was published with the support of:**