

REACH HSM: Evolution of humanitarian needs in occupied areas (July-October 2024)

January 2025 | Ukraine

KEY MESSAGES

- Between July and October 2024, **the proportion of settlements with reported 'high' or above levels of overall humanitarian need grew from 37% to 42% of the settlements**. The needs appeared particularly acute within 30 km of the front line, where the proportion of settlements with reported 'high' or above levels of overall humanitarian need reached **60%** in October.
- The most frequently reported unmet priority needs remained consistent, including lack of/insufficient access to adequate healthcare, communication means, and income or money**. A notable rise in cold-season-related unmet needs was observed, particularly in frontline settlements. KIs increasingly highlighted insufficient heating (rising from **4%** of these settlements in July to **17%** in October) and a lack of non-food items (**7%** to **15%**). Similarly, KIs in **37%** of the settlements within 30 km of the front line reported insufficient access to suitable living spaces in October 2024, which could contribute to heightened vulnerability of residents in occupied areas during the winter season.
- Findings highlight **considerable challenges in accessing financial resources and services in occupied areas of Ukraine**, with access to Ukrainian banking systems consistently reported as a concern in an average of **86%** of the settlements. At the same time, access to Russian banking services showed improvement, with KIs in **43%** of the settlements reporting access to Russian online banking for most of the residents, and KIs in **57%** reporting access to the use of Russian bank cards for payments by October.

CONTEXT & RATIONALE

The humanitarian situation in the occupied areas of Ukraine remains a matter of grave concern, as the population in these areas, encompassing at least 1.5 million people in need (according to the 2024 Humanitarian Needs and Response Plan)¹, continues to face challenges in relation to meeting their essential needs.

In addition, **access barriers to these territories persevered throughout 2024²**, which along with the **limited availability of information**, have created a complex environment where the delivery of life-saving aid remains a significant challenge.

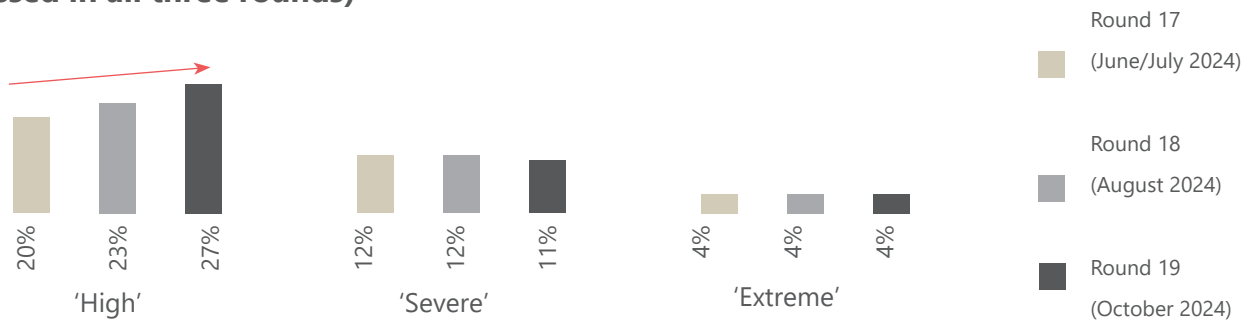
REACH's Humanitarian Situation Monitoring (HSM) aims to address the information gap by providing up to date, multi-sectoral information on the community-level needs of those living in occupied areas. This situation overview highlights **key developments in settlements in the occupied areas of Ukraine from July 2024 (Round 17) to October 2024 (Round 19)**. Whilst sampling changed from round to round, the current brief incorporates data from 139 settlements that were consistently assessed by HSM from July-October 2024.

MULTISECTORAL AND PRIORITY NEEDS

Overall, **the proportion of settlements where KIs on average³ reported 'high' or above levels of overall need showed a slight increase between July-October 2024 from 37% to 42% of the settlements (n=139).** While the percentage of settlements with KIs reporting 'extreme' or 'severe' levels of need remained stable (see Figure 1), the proportion of settlements with reported 'high' level of need grew. This contrasts with previous trends observed in November 2023-May 2024⁴, suggesting that the situation may require closer monitoring due to potential further deterioration.

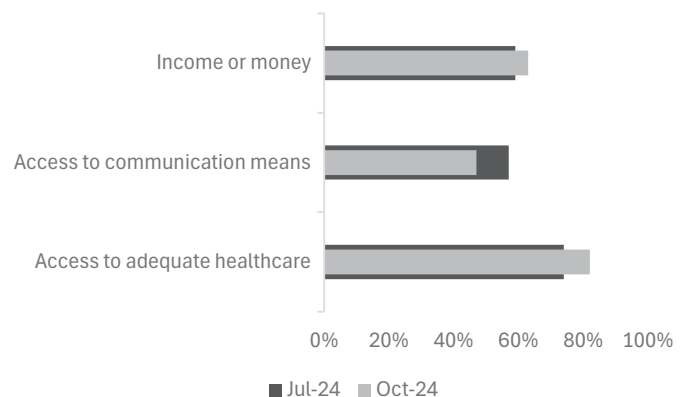
This increase was observed in both settlements located within 30 km of the front line (n=68), and in those further from the hostilities (n=71). In the former, the proportion of settlements with reported 'high' or above levels of overall humanitarian need grew from **54% to 60%** over the reporting period, whilst in the latter this percentage reached **25%** in October 2024, marking a five-point increase in the prevalence of overall humanitarian need since July.

Figure 1: % of settlements by reported level of overall need and by round (n=139 settlements assessed in all three rounds)



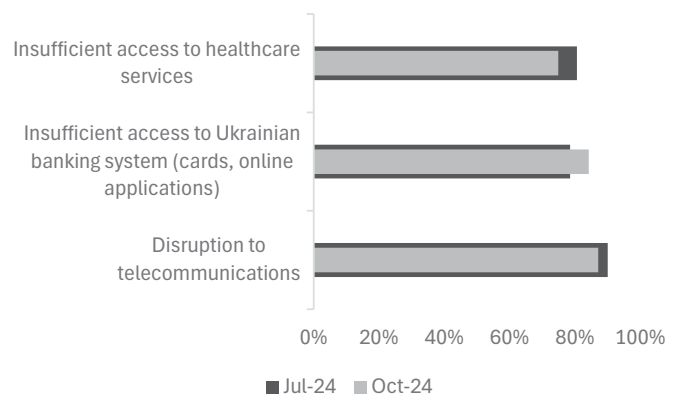
The most frequently reported unmet priority needs remained consistent between July and October 2024, with adequate healthcare, communication means, and income or money being consistently reported by KIs (see Figure 2). It is also necessary to highlight a notable increase in the proportion of settlements where KIs reported suitable living space as an unmet need (e.g. housing is damaged, housing is sub-standard, etc.), with the percentage rising from 12% to 22% in October 2024 (n=139)

Figure 2: % of settlements by most reported unmet priority needs, by round (n=139)



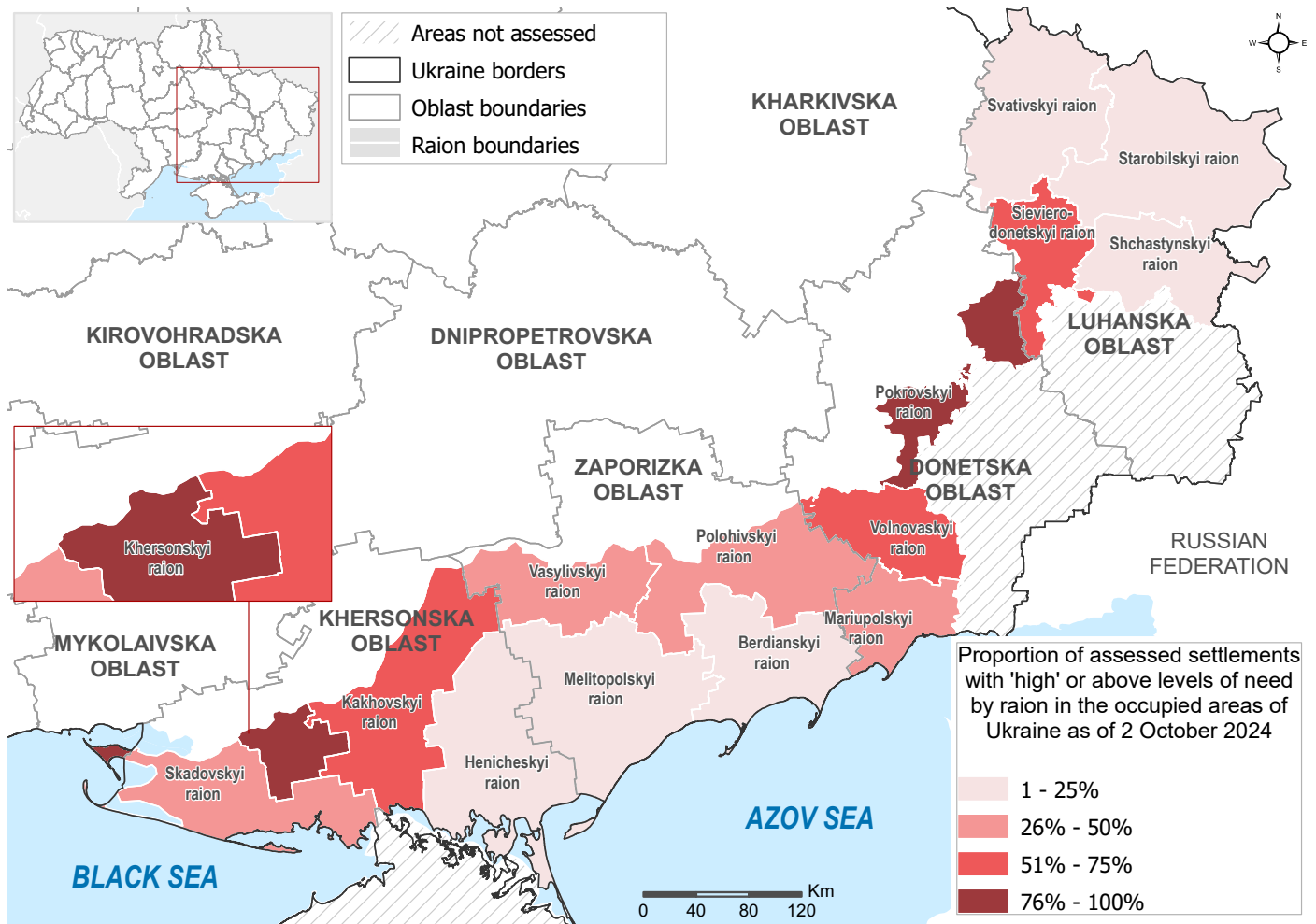
At the same time, HSM data indicates **an increase in the reporting of certain unmet priority needs related to the approaching cold season over the period.** The proportion of settlements where KIs highlighted a lack of or insufficient access to necessary non-food items rose from **7% in July 2024 to 15% in October 2024** (see Page 7 for specific items that were reported as unavailable). Similarly, reports of a lack of or insufficient heating during winter increased from **4% to 17%**, and insufficient access to suitable living spaces (e.g., damaged or sub-standard housing) grew from **12% to 22%.**

Figure 3: % of settlements by most reported concerns, by round (n=139)



Suitable living spaces as an unmet priority need were particularly prevalent in settlements within 30 km of the front line (n=68), where KIs in **37%** of settlements reported it in October 2024. Additionally, KIs in these front line settlements were more likely to report insufficient access to energy (e.g., heating, lighting, electricity, and cooking fuels) compared to settlements further than 30 km from the front line. In October this unmet need was reported in **22%** of settlements within 30 km of the front line, compared to **13%** in the 30+ km zone, further underscoring the heightened vulnerability of settlements near the front line.

Map 1: % of settlements by reported level of overall need in October 2024 (n=139 settlements assessed in all three rounds)



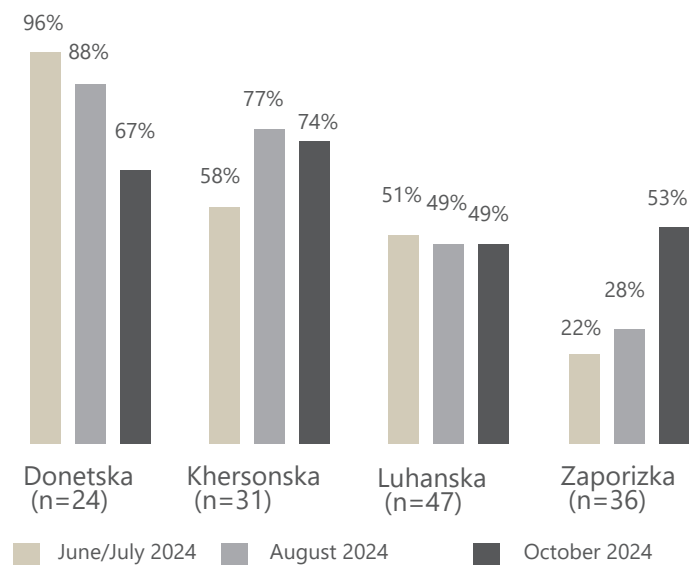
ACCESS TO HEALTHCARE

Findings indicate some deterioration in access to healthcare services in the occupied areas of Ukraine between June/July and October 2024. The percentage of settlements where KIs reported at least 1–9% of residents not having access to healthcare services increased from **53%** in July to **59%** in October 2024 (n=139).

Healthcare access appeared particularly constrained in settlements within 30 km of the front line, with the situation peaking in August when KIs in **76%** (n=68) of settlements reported at least 1–9% of the population lacking access to healthcare. This proportion decreased slightly to **72%** in October. Concurrently, **in settlements further than 30 km of the front line** (n=71), access to healthcare appeared to be consistently worsening, with the percentage of settlements having KIs that reported at least 1–9% of the residents not having access to healthcare rising from **39%** in July to **46%** in October 2024.

By oblast, the situation appeared stable in Luhanska and displayed some improvement in Donetsk. However, **Khersonska and Zaporizka Oblasts showed increases in the proportion of settlements where KIs reported at least 1–9% of the population with limited access to healthcare services** (see Figure 4).

Figure 4 : % of settlements where KIs reported at least 1–9% of the population not having access to healthcare services, by round and by oblast



In settlements where the healthcare situation was reportedly at least “concerning and requiring monitoring,” **the most commonly reported barriers to accessing healthcare services included the shortage of medical personnel** (reported by KIs in **63%** (n=129) in July, increasing to **75%** (n=126) in October), **cost of medicines** (**50%** in July (n=129), **48%** in October), **distance to healthcare facilities** (**54%** in July, **44%** in October), **lack of functional healthcare facilities** (**44%** in July, **38%** in October), and **non-availability of necessary services** (**47%** in July, **49%** in October). While the prevalence of most barriers to accessing healthcare remained relatively stable

over the reporting period, HSM data suggests an increase in settlements reporting a shortage of medical personnel as a barrier, as displayed previously. Since it was consistently reported by KIs as the most frequent barrier, this suggests that **the shortage of medical personnel may be a key factor driving the observed worsening of healthcare access.**

Access to specific healthcare services and facilities

When asked which healthcare facilities are unavailable in the settlement, KIs most frequently reported **laboratory and diagnostic services** (reported by KIs in **75%** of the settlements (n=129) in July, **67%** (n=126) in October), **specialty hospital care** (**70%** in July, **75%** in October), and **hospital care** (**52%** in July, **58%** in October).

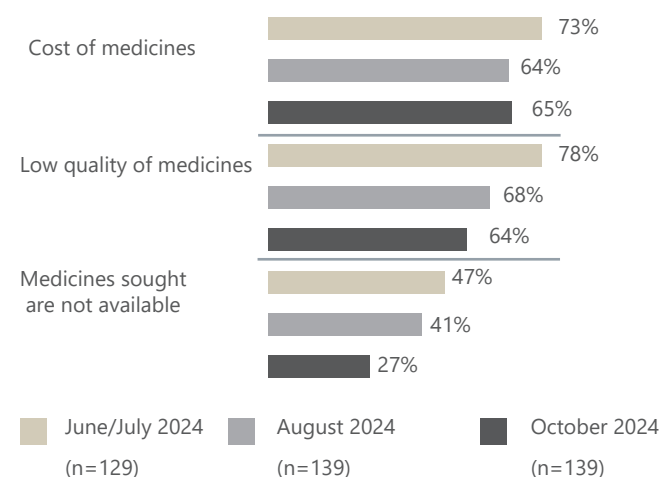
Access to these services was reportedly even more restricted in settlements within 30 km of the front line. In October 2024, the services most commonly reported as unavailable for the majority of residents there were laboratory and diagnostic services (**77%** of those settlements (n=65)), specialty hospital care (**78%**), and general hospital care (**71%**).

Access to healthcare services and facilities, already limited in the occupied areas, appears to be further exacerbated by the requirement to obtain a Russian passport⁵ to access these services. In October 2024, KIs in **71%** of assessed settlements (n=126) reported that all healthcare services were unavailable without the necessary identification documents. Despite this, lack of necessary documents was reported as a barrier to accessing healthcare (n=126) in **23%** of the settlements in October 2024, suggesting that, in many cases, individuals had likely obtained Russian passports. As a result, despite the requirement, the absence of a Russian passport may not impact access to healthcare as considerably as other barriers.

Access to medicines

In the occupied areas, the barriers most commonly faced by residents seeking access to medicines were reportedly **cost of medicines, low quality of medicines, and unavailability of sought medicines** (see Figure 5).

Figure 5: % of settlements by most reported barriers to accessing medicines



FOOD SECURITY AND LIVELIHOODS

Access to financial services

HSM findings reveal **substantial limitations in access to financial resources and services in the occupied areas of Ukraine**. Between July and October 2024, access to financial services (such as ATMs, banks, and money transfer agents) was reported as a concern in an average of **52%** of assessed settlements (n=139). **Access to the Ukrainian banking system** (including cards and online applications) **emerged as the second most reported concern, with an average of 86% of settlements having KIs highlighting this** during the reporting period.

The data indicates **a deterioration in access to Ukrainian online banking**. The proportion of settlements where most people reportedly lacked access rose from **74%** in July to **88%** by October (n=139). Similarly, **the use of Ukrainian bank cards for payments in stores or shops appeared virtually non-existent**, with KIs in **99%** of settlements (n=139) reporting that most people could not access this service throughout the reporting period.

In contrast, **access to Russian banking services showed signs of improvement**. By October 2024, KIs in **58%** of the settlements reported that most residents could use Russian online banking (n=139), while access to Russian bank cards for payments reportedly increased from **50%** in July to **57%** of the settlements in October.

Regarding physical cash access, the findings suggest an overall stabilization of the situation. By October, KIs in only **4%** of settlements reported an absence of cash, while in **6%** of the settlements KIs indicated that cash could only be accessed in nearby settlements. Moreover, access to cash through intermediaries⁶ became less common, as the percentage of settlements where KIs reported this phenomenon dropped from **37%** in July to **12%** in October. Concurrently, cash access through salaries, pensions, and social benefits paid in cash was increasingly reported, with KIs in **65%** of settlements highlighting this method in October.

However, **access to physical cash via ATMs or banking institutions showed a decline**, with KIs reporting this as a primary method in only **19%** of settlements by October, compared to **30%** in July. This shift may be attributed to salaries and social benefits being increasingly paid in cash, although further monitoring is needed as HSM does not have consistent data on this indicator for the whole reporting period.

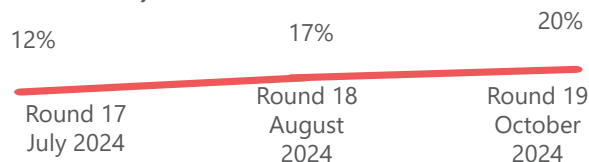
In October 2024, the barriers to accessing financial services that were most commonly reported by KIs (n=139 settlements) included **premises being too far away/not accessible (29%)**, **not being able to afford the service (26%)**, and **long-term interruption to provision of services (17%)**.

Access to food

Findings suggest a slight deterioration in food access across the occupied areas over the reporting period. The percentage of settlements where KIs reported at least 1–9% of the residents not having sufficient food rose from **12%** in July to **20%** in October 2024 (n=139).

This trend was observed in settlements both closer to and farther from hostilities. In settlements within 30 km of the front line (n=68), the proportion of the settlements where KIs reported limited food access increased from **22%** in July to **31%** in October. Similarly, in settlements located more than 30 km from the front line (n=71), the percentage grew from **3%** to **10%** of the settlements over the same period.

Figure 6 : % of settlements where KIs reported at least 1-9% of the population not having access to sufficient food, by round (n=139 settlements assessed in the three rounds)

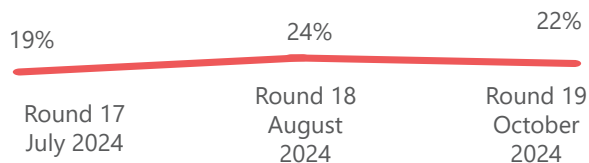


In October 2024 (n=95), **the most commonly reported barriers to accessing sufficient food included high prices (66%), lack of money (64%), and the low quality of food (44%)**.

Access to markets

The number of settlements where KIs reported at least 1–9% of the population not having access to markets to purchase goods remained relatively stable over the reporting period, despite some increase in August 2024 (see Figure 7)

Figure 7: % of settlements where KIs reported at least 1-9% of the population not having access to markets to purchase goods, by round (n=139 settlements assessed in the three rounds)



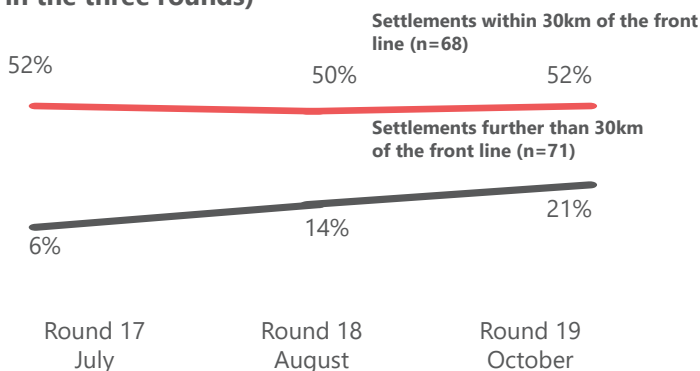
In Khersonska Oblast (n=31), the proportion of settlements where KIs reported at least 1–9% of the population not having access to markets increased notably, rising from **13%** in July to **29%** in October. This represents the most substantial change in market access across oblasts.

In October 2024, **the primary barriers to market access were the absence of available markets in the area** (reported by KIs in **50%** of settlements where the situation was described as at least “concerning and required monitoring,” n=68) **and markets being too far away (41%)**. Additionally, markets appear to have become increasingly unsafe. The proportion of settlements where KIs reported concerns about insecurity or unsafety in or near markets rose from **3%** (n=61) in July to **15%** (n=74) in October 2024.

🏠 SHELTER AND NON-FOOD ITEMS (NFIs)

Access to safe and adequate housing⁷ has reportedly deteriorated between July and October 2024. **The number of settlements where KIs reported at least 1-9% of the population not having access to safe and adequate housing increased from 28% in July 2024 to 36% in October 2024 (n=139).** Concurrently, as mentioned previously (see Page 2), there was **a notable increase in the proportion of settlements where KIs reported suitable living space (e.g. housing is damaged, housing is sub-standard, etc.)** among the unmet priority needs, with the percentage rising from **12% to 22% in October 2024**, which further confirms worsening of the situation regarding access to housing in the occupied areas of Ukraine. It is worth highlighting that **the increase in the proportion of settlements where KIs reported at least 1-9% of the residents not having access to safe and adequate housing was driven by the settlements further from the front line** (see Figure 8). Regarding the barriers, across the settlements where the situation was reportedly at least 'concerning and requiring monitoring', the most commonly reported ones included **unsafe shelters** (doors or windows missing, broken, unable to shut properly, cracks in roof or walls), reported in **80% of the settlements** and **total collapse of shelters** (no or almost no access to housing for most people), which was reported in **33% (n=88) of the settlements in October.**

Figure 8: % of settlements where KIs reported at least 1-9% of the population not having access to safe and adequate shelter, by round (n=139 settlements assessed in the three rounds)



NFI Access to Non-Food Items (NFIs)

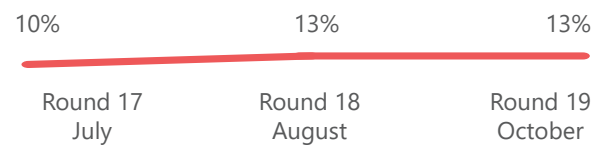
HSM data suggests that **access to NFIs decreased from July to October 2024.** In July, KIs in **18%** of assessed settlements reported that at least 1–9% of residents could not access sufficient NFIs, and the percentage of such settlements rose to **27%** in October. This increase may be attributed to the onset of winter, which exacerbated the challenges associated with NFIs availability. The most commonly reported barriers to accessing NFIs included high prices (**74%** in July, **68%** in October) and lack of money (**55%** in July, **57%** in October). Regarding **the least accessible items** in October 2024, KIs most frequently reported **large kitchen appliances (58%), winter clothes (40%), heating appliances (41%), and fuel for heating (39%),** which further suggests an increase in winterisation-related needs.

💧 WATER, SANITATION, AND HYGIENE (WASH)

Access to drinking water in the occupied areas appeared relatively stable between July and October 2024, with the proportion of settlements where KIs reported at least 1-9% of residents not having access to drinking water remaining between **10% (July 2024) and 13% in October (n=139).**

Notably, **residents in settlements further than 30 km from the front line seemingly experienced minimal needs in accessing drinking water.** In this zone, the proportion of settlements with KIs reporting 1-9% of the population not having access to drinking water remained between **0% and 3% (n=71).**

Figure 9: % of settlements where KIs reported at least 1-9% of the population not having access to drinking water, by round (n=139 settlements assessed in the three rounds)



The most commonly reported barriers to drinking water access included deterioration in water quality (reported by KIs in **29%** of settlements where the situation was reportedly at least 'concerning and requiring monitoring,' n=59) and **breakdowns or damages to the water network (25%).**

Regarding access to improved sanitation facilities⁸, the situation appeared largely stable across the reporting period. In October 2024, **KIs in only 3% of settlements (n=139) reported at least 1-9% of the population not having access to improved sanitation facilities.**

In the settlements where the situation was described as at least 'concerning and requiring monitoring', KIs most frequently reported barriers such as **a lack of water to flush** (reported by KIs in **29%** of settlements, n=67) and **toilets being broken or damaged (24%).**

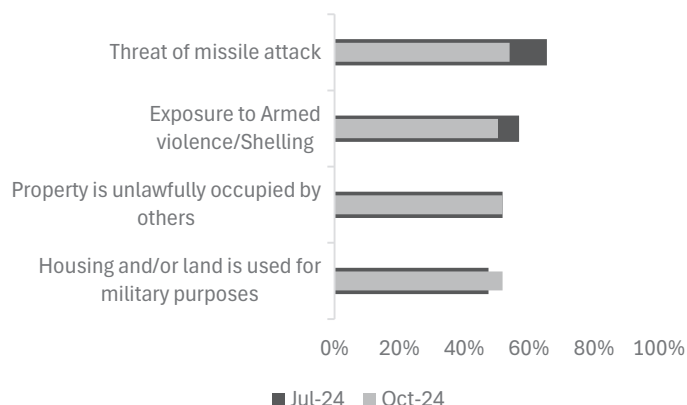
PROTECTION

Between July and October 2024, safety and security concerns reportedly remained highly prevalent in the occupied areas, with only three to six settlements having KIs reporting exclusively⁹ no such concerns throughout the period. The most frequently reported concerns included:

- **Threat of missile attack**, reported by KIs in **65%** of the settlements in July and in **54%** in October (n=139).
- **Exposure to armed violence/shelling**, reported in **57%** of settlements in July and **50%** in October.
- **Property being unlawfully occupied by others**, reported in **52%** of settlements in both July and October.
- **Housing and/or land being used for military purposes**, reported in **47%** of settlements in July and **52%** in October.

While the frequency of reported concerns remained relatively stable, a slight decrease was observed in the proportion of settlements reporting the threat of missile attacks, dropping from **66%** in July to **54%** in October (n=139).

Figure 10 : % of settlements by most commonly reported safety and security concerns, by round (n=139 settlements assessed in the three rounds)



Gender-specific safety and security concerns

The prevalence of safety and security concerns specific to women and girls was lower compared to overall safety and security concerns. Between July and October 2024, **32%** of the settlements (n=139) had KIs exclusively¹⁰ reporting no concerns specific to women and girls in October. Among the concerns raised, verbal harassment was the most frequently reported (reported in **12%** of the settlements in October 2024, n=139).

In contrast, concerns specific to men and boys were more frequently reported. By October 2024, only **17%** of settlements (n=139) had KIs reporting no concerns. **The most commonly cited issues for men and boys** included **being conscripted/recruited to the armed forces** (reported in **32%** (n=139) of the settlements in July and **35%** in October), along with **being detained**, reported in **14%** of settlements in July and **20%** in October.

Access to social benefits

Throughout the three rounds of data collection, **KIs in the majority of settlements reported that most eligible people had access to social benefits** (e.g., disability allowances, pensions, child benefits). This percentage stood at **86%** in July 2024 and increased slightly to **88%** in October 2024 (n=139).

Across all settlements (n=139), the most frequently reported barrier to accessing social benefits was **the absence of necessary identification documents, specifically of a Russian passport**. This was reported in **49%** of settlements in July 2024 and **42%** in October. Other barriers were considerably less frequently mentioned. Despite the Government of the Russian Federation reportedly providing most eligible individuals with social benefits (reported in **88%** (n=122) of the settlements in October 2024), the lack of proper documentation continues to exclude many from receiving critical support.

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).

METHODOLOGY OVERVIEW

Data collection in the occupied areas of Ukraine was conducted by adopting the Area of Knowledge (AoK) methodology, which is a remote data collection method used when access to direct regular primary data collection in a specific settlement is not possible. Between June/July 2024 and October 2024, a total of three rounds of Humanitarian Situation Monitoring (HSM) were conducted. While in each round a minimum of 10% coverage of all settlements (towns or villages) in the occupied areas was achieved, the assessed settlements differed from round to round. With this consideration, **the current trends analysis focuses on the 139 settlements (towns and villages) that were assessed in the latest three rounds of HSM**

The data was gathered through interviews with key informants (KIs). The KIs were selected based on their recent knowledge of the settlements of interest: they were either displaced from a settlement in the occupied areas of Ukraine within the 30 days prior to data collection and (or) in regular contact with the people still living in the settlement in the 30 days prior to data collection.

All KI responses from the same settlement were aggregated to have one data point for each variable per settlement.

The **Data Aggregation Plan** used the **average approach** to aggregate the settlement responses by using a severity scale in cases of single-choice questions.

In case of multiple-choice questions, the rule was to select all responses that have been reported by at least one respondent if the number of respondents was smaller than five, otherwise two out of five or more respondents.

In this brief, the data represents a percentage of settlements (urban and rural) for which KIs reported a specific answer to a survey question. These statistics **cannot be extrapolated to represent a proportion (%) of the population, and thus should be interpreted as indicative** rather than representative. Given the small and unrepresentative sample, these results only provide an indicative understanding of the situation in the assessed areas. These results should be considered based on coverage; some oblasts/raions can be better covered than others due to availability of KIs.

Furthermore, given that the KIs were selected based on whether they fulfilled the selection criteria, there was no minimum number of KIs set per settlement. Therefore, findings on individual settlements should be interpreted with caution as they are also considered indicative.

ENDNOTES

¹ OCHA, [Ukraine- Humanitarian needs and response plan 2024](#), January 2024.

² Ibid.

³ Average approach is used for single-choice questions. After assigning a numeric score to response options (1 for “minimal”, 2 for “stress”, 3 for “high”, 4 for “extreme” and 5 for “extreme+”, REACH assigns a final severity score by calculating the average of KIs answers.

⁴ Access to the report covering evolution of humanitarian needs in the occupied areas between November 2023 and May 2024 is available upon request to impact.ukraine@impact-initiatives.org.

⁵ Center for European Policy Analysis, [‘Behind the Lines: Russians Demand Passports for Healthcare’](#), January 2024

⁶ Intermediaries can be understood as individuals or non-formal establishments offering unofficial services of providing cash

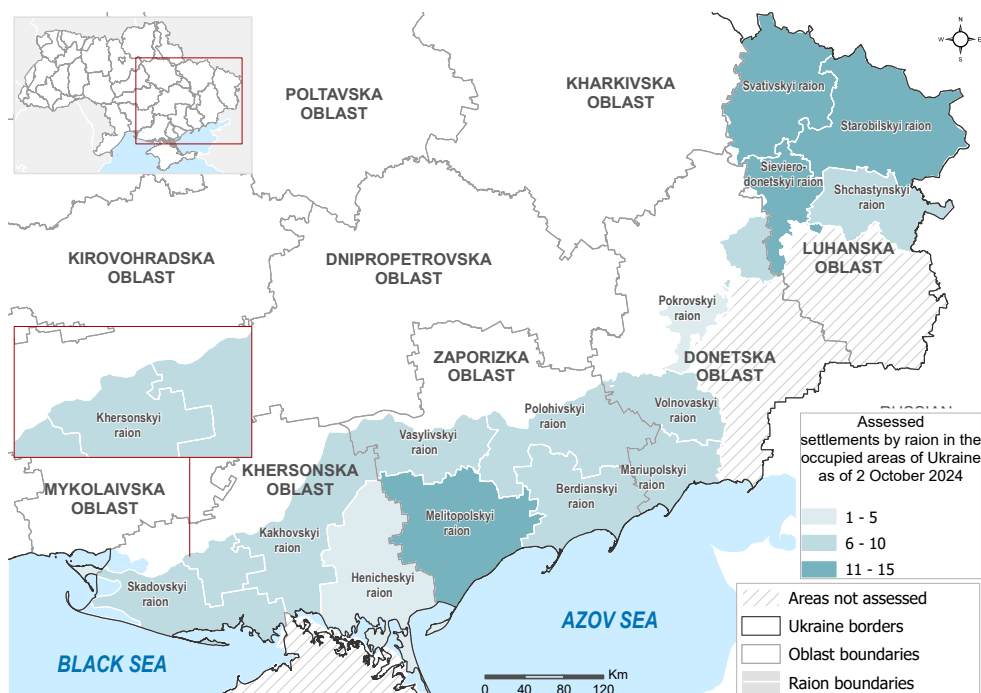
⁷ Safe and adequate housing is referring to a structurally sound housing accommodation ready for immediate occupancy (i.e. no damages/defects due to the conflict), sufficient in size to accommodate all household members, with electrical amperage, heating and sanitary facilities.

⁸ Improved sanitation facilities include: flush or pour/flush toilet to a sewerage network, flush or pour/flush toilet to a septic tank or pit, flush toilet piped to a drainage channel, compost toilet, pit latrine with a slab and platform.

⁹ Due to aggregation rules, conflicting responses may occur where KIs select both ‘None’ and other options. In such cases, settlements where ‘None’ was exclusively selected are excluded, allowing the calculation of the proportion of settlements reporting some concerns.

¹⁰ Ibid.

ASSESSMENT COVERAGE



ANNEX: SEVERITY SCALE DEFINITIONS

Overall level of needs

Extreme: loss of life or imminent risk of loss of life as a result of lack of access to services, food, shelter, or other life-saving assistance.

Severe: living conditions are very poor in the settlement and most people are finding it difficult to meet basic needs, leading to concerns for the mental or physical wellbeing of the population.

High: most people are still able to meet their basic needs, but living conditions are very poor in the settlement.

Moderate: most people are still able to meet their basic needs, but the situation with living conditions requires monitoring.

Limited/no needs: most people are continuing to meet their needs as normal, without significant deterioration of living conditions in the settlement.

Levels of sector-specific needs

Extreme++: Most people in the settlement were unable to access necessary services/items (>50% of the population or more than 1 in 2 people).

Extreme: Many people in the settlement were unable to access necessary services/items (25-50% of the population or up to 1 in 2 people).

Severe: Some people in the settlement were unable to access necessary services/items (10-24% of the population or up to 1 in 4 people).

High: A few people in the settlement were unable to access necessary services/items (1-9% of the population or up to 1 in 10 people).

Stress: Situation of concern that requires attention/monitoring, but is manageable/normal, with people still able to access necessary services/items.

None/minimal: Situation is under control/as normal, people were able to access necessary services.

ANNEX 2: OVERVIEW OF HSM ROUNDS 17-19

HSM Round	Data collection dates	Number of settlements covered	Number of interviews conducted
HSM Round 17	24 June - 12 July 2024	257	525
HSM Round 18	19– 30 August 2024	293	665
HSM Round 19	14 – 24 October	283	581