



UKRAINE

Acute Needs Analysis | June - August 2025

WHAT IS THE ACUTE NEEDS ANALYSIS?

The 2025 Acute Needs Analysis (ANA) seeks to support needs-based humanitarian prioritisation by identifying populations facing the most acute, life-threatening needs. The analysis uses a standardised framework to consolidate a wide range of evidence and develops findings that are comparable within and across crises.

The ANA focuses on intersectoral drivers of mortality to assess the risk of excess mortality. The ANA considers the impact of violence and insecurity on (access to) critical services. However, due to the complexity of anticipating conflict dynamics and impacts, it does not include risk of direct trauma deaths, nor does it provide a full picture of all humanitarian needs or community priorities.

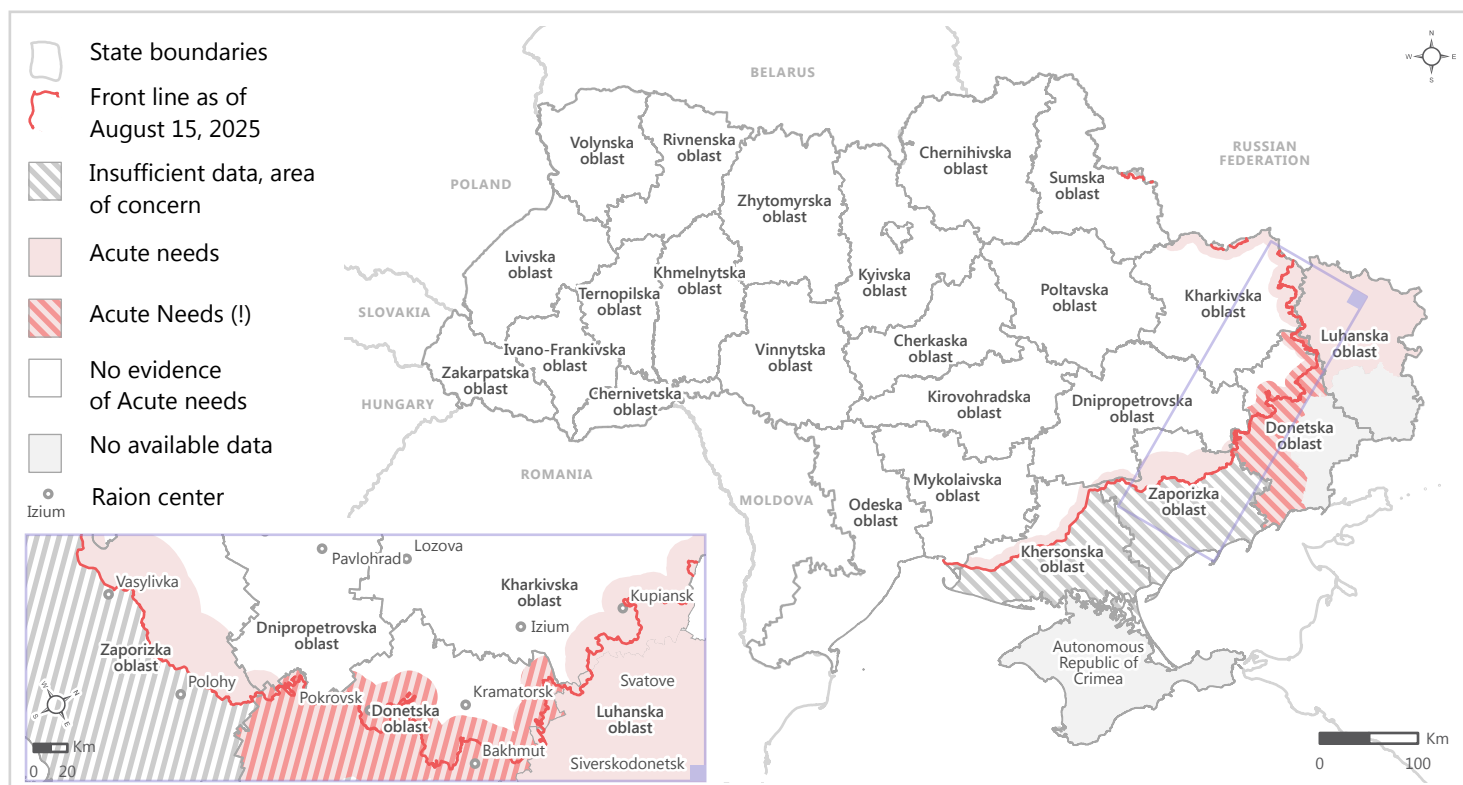
In Ukraine, for the purposes of the ANA in the GCA, most conclusions are based on data from the Multi-Sector Needs Assessment (MSNA). For OA, conclusions are based on the Humanitarian Situation Monitoring (HSM) data, which is indicative.

More information on definitions, methods, and limitations can be found on page 5.

KEY MESSAGES

- The areas identified as having **acute needs** based on the analysis results are located mainly **within 20km of the frontline**, including Kharkivska, Donetsk, Dnipropetrovska, Khersonska, and Zaporizka, up to 50km.
- **Acute Needs** were found to be primarily **driven** by constraints in **access to healthcare**, particularly for less mobile populations, and by **poor living conditions** linked to damaged or inadequate shelters. In frontline areas, **protection risks**, including exposure to direct trauma (e.g. shelling or gunfire), also represent a major driver of need.
- **In Donetsk Oblast, located within 20km of the frontline and partly occupied**, findings suggest particularly **acute needs across multiple factors**, including health service gaps, conflict-related housing concerns, and limited access to clean drinking water, in a context of persistent protection threats due to the area's proximity to active hostilities. As such, the area received an Acute Needs (!) classification, which suggests high concern due to high population exposure and limited coping, but a lack of representative morbidity data to analyse risk of excess mortality (see page 5).
- The ability to analyze the **occupied areas** of Donetsk, Luhansk, Zaporizka, and Khersonska oblasts is severely limited due to the **lack of reliable data** and their inaccessibility for data collection; therefore, current conclusions may underestimate the severity of needs in the most vulnerable areas.
- The data **does not cover 2025-26 cold winter conditions and attacks on energy infrastructure**, which lead to widespread electricity and heat outages¹. Living conditions during the winter period are likely to have worsened when checked against risk as of analysis time (REACH Cold Spot Analysis²), as even minor shelter issues **may lead to acute seasonal needs during winter**.

Map 1. Area-level analytical conclusions and corresponding level of certainty, ranging from low (*) to high (***)¹. More detailed findings per administrative unit can be found in Annex 2 on page 6.



WHERE ARE THE MOST ACUTE NEEDS?

For the purpose of this analysis, Acute Needs were defined as very severe gaps in factors that could directly impact people's health and potentially drive excess mortality in crises. Areas within **0-20km of the frontline in Donetsk** oblast and its occupied territory were flagged as **Acute Needs (!)**, which suggests a high level of concern but an inability to analyse risk of excess mortality due to a lack of representative health data.

All other areas within **0-20km of the frontline in Dnipropetrovska, Kharkivska and Khersonska** oblasts were identified as **having Acute Needs**, as well as areas within **0-50km in Zaporizka** oblast.

While Sumska oblast was not flagged, it also remains an area of concern due to ongoing hostilities in areas close to the Russian border and the potential for the situation to deteriorate.

Analysis also revealed a severe lack of data in occupied areas, which remain areas of concern due to their proximity to the frontline.

Although the ANA covered all other oblasts in West and Central Ukraine, evidence did not indicate any acute needs by definition of this analysis. It should be noted that this does not mean the same as an absence of needs or protection threats (see page 5).

GCA Donetsk oblast 0-20km from the frontline

Findings suggest the **most acute needs among populations in Donetsk Oblast**, located up to 20km from the frontline and under governmental control. **If left unaddressed, these needs may increase risks to health and well-being.** They are driven by constraints in access to healthcare, difficult living conditions linked with close proximity to active hostilities, and limitations in terms of access to sufficient drinking water.

Access to **healthcare** is severely restricted by the lack of functioning facilities and a shortage of qualified doctors. According to available data, 46% of healthcare facilities have been damaged/destroyed³, and there is a shortage of qualified medical personnel in functioning facilities (12 doctors per 10k residents)⁴. While many residents appear able to access services in neighbouring areas, this likely masks underlying access constraints, particularly for less mobile populations. Furthermore, given the unstable security conditions in frontline areas caused by ongoing shelling and drone attacks, traveling to medical facilities in neighboring regions may pose serious risks. 29% of households do not live within one hour's travel of a healthcare facility⁵, at the same time a majority (55%) of interviewed households reported having sought healthcare in the past 3 months⁶, which may indicate a relatively high prevalence of health needs.

People living within the 0-20km zone also struggle with **poor living conditions**. A majority of households

Methodology in Brief

Across all units, four systems (food, health, water, and living conditions) were analysed based on the best available data (June - August 2025). Areas were then classified according to the number of systems meeting predefined severity thresholds. More information on this methodology can be found [here](#).

The analysis distinguishes between Government Controlled Areas (GCA) and Occupied Areas (OA).

In GCA, the units of analysis were defined at admin 1 (oblast). In Oblasts adjacent to the frontline, the analysis was further stratified into three sub-units based on distance to the frontline: 0-20km, 21-50km, and 51+km.

Due to limited data being available in OA, the unit of analysis in OA were defined at admin 1 (oblast). The oblasts with Occupied Areas are: Luhanska, Donetsk, Kharkivska, Khersonska, and Zaporizka.

Crimea and territories occupied by Russia prior to February 24, 2022 were not included in the analysis due to a lack of available data.

(57%) live in inadequate shelters, but very few households (5%) live in shelters with severe issues (partial collapse of roof, wall, or foundation) caused by the war⁷. Without an appropriate response, inadequate housing conditions can trigger a significant decline in quality of life. While these conditions are not generally immediately life-threatening, they may contribute to increased vulnerability, particularly during winter, when inadequate shelter can exacerbate health risks, including risk of cold-related illnesses.

Particular attention should be paid to the local population's need for access to **drinking water**. While most households rely on improved water sources (98%) and report regular availability (95% at least four days per week)⁸, evidence suggests that access constraints persist in certain frontline settlements. In 18% of assessed settlements in those areas, a majority of residents reportedly lack access to sufficient drinking water⁹. These areas are typically closer to active hostilities, where movement restrictions, market disruptions, and insecurity limit access. While water-related needs appear more acute in these areas, only 1 out of 5 assessed settlements with drinking water needs had reportedly received drinking water assistance at the time of data collection¹⁰.

GCA Kharkivska oblast 0-20km from the frontline

Findings suggest that gaps in health and nutrition services, as well as inadequate living conditions, are the main drivers of acute needs in Kharkivska, particularly in the area 0-20km from the frontline.

Although most residents are still able to reach **healthcare** facilities, they may need to travel considerable distances – potentially to neighboring, “safer” administrative centers. However, key informants did not report concerns regarding limited access to healthcare services for persons with disabilities. Only half of residents (56%) live within one hour’s travel of a healthcare facility¹¹. In addition, key informants from 2 out of 5 assessed settlements in this area reported that residents face physical barriers to access healthcare (lack of functional healthcare facilities, movement restrictions, unavailable services needed)¹². While

health services appear to maintain minimum services for most of the population, residents remain vulnerable to intensification of the conflict or fuel or transport disruptions, which may at times cut off their access to health services when needed.

Regarding to **living conditions**, many residents are facing conflict-related damage to shelter, with pockets of the population experiencing severe issues such as a collapsed roof or walls. Almost half of residents (44%) live in inadequate shelters. One in five households (22%) live in shelters with severe issues (partial collapse of roof, wall, or foundation)¹³. With little capacity to cope with damage (many people live in damaged and unrepaired shelters), these issues are likely to increase the population’s exposure, particularly during winter.

GCA Khersonska oblast 0-20km from the frontline

The main driver of acute needs in the part of Khersonska oblast 0-20km from the frontline are the health and nutrition services system and living conditions system.

While some **healthcare** facilities have ceased operations and some people face barriers to access services, those facilities that remain functional appear able to meet the needs of most households. According to available data, 4 in 10 households had any health need in the past 3 months; a quarter of household members who had to seek healthcare (24%) in the past 3 months could not (n=118)¹⁴. This suggests that there are certain pockets of need within the healthcare system, although it is still capable of providing a minimum level of care for the majority of the

population and meeting the population’s healthcare needs at the time of the analysis.

Acute needs related to **living conditions** are primarily driven by the high prevalence of inadequate shelter. Approximately 47% of households report some level of shelter needs, although these are rarely severe, with only 4% living in shelters with partial structural collapse (roof, walls, or foundations) caused by the conflict¹⁵. In addition, a third of households (34%) live in shelters that have been damaged by the war and not repaired since¹⁶. This suggests potential constraints in the ability of households to restore or improve their living conditions.

GCA Dnipropetrovska oblast 0-20km from the frontline

In areas of Dnipropetrovska oblast located within 0–20km of the frontline, analysis suggests that **living conditions** represent the primary driver of acute needs. Nearly half of households (48%) live in inadequate shelters; however, these issues are rarely severe and are unlikely to pose an immediate threat to life¹⁷.

Although the analysis did not suggest immediate gaps in food security, available data did indicate vulnerabilities. A cause for concern is that in a majority of assessed settlements (58%), residents face barriers accessing markets, mainly driven by conflict-related

security constraints (42%)¹⁸. Quantitative data indicate moderate food security stress with a vulnerable subgroup. Around 10% of households reported using consumption-based coping strategies, 12% reported skipping meals, and 19% spend 75% of their income on food, reflecting economic strain and limited shock-absorption capacity. Meanwhile, only 4% engaged in emergency livelihood coping strategies¹⁹, suggesting that acute vulnerability remains limited and that most households were maintaining minimum food needs at the time of analysis.

GCA Zaporizka oblast 0-50km from the frontline

In Zaporizka oblast, findings suggest acute needs are primarily associated with constraints in access to **healthcare**. While health services appear to maintain a minimum level of provision for most of the population, the MSNA showed that a proportion of individuals (15%) reported having needed healthcare but having been unable to access it²⁰.

In addition, evidence from the HSM assessment suggests that residents in settlements of government-controlled areas in Zaporizka also commonly face conflict-related barriers to access markets, similar to the other highlighted areas. This may impact their ability to access basic items²¹.

GCA Sumska oblast 0-50km from the frontline

Although the analysis did not identify acute needs in Sumska oblast, it is important to note that parts of the oblast remain occupied and affected by active hostilities. In comparable contexts, such conditions are often associated with acute needs. As such, **Sumska oblast warrants further monitoring and analysis**, particularly in relation to access to **healthcare**, which may be affected by ongoing conflict.

In the areas 0-50km from the frontline data indicate at least some issues in **food consumption**, including

up to 7% of households that reported skipping meal due to insufficient food²². Constraints were flagged, such as conflict events restricting access to markets²³, reliance on a single supplier, and vendors struggling to keep operating²⁴. These factors suggest the need for monitoring of market functionality and its potential implications for the population's ability to maintain access to basic needs.

Occupied Areas in Donetsk, Luhanska, Zaporizka and Khersonska oblasts

Since there are severe access barriers to primary data collection in the occupied territories, only limited partial data was available for this analysis. Much of the data for this analysis is drawn from the Area of Knowledge (AoK) methodology, which relies on key informants living inside non-government controlled areas but who maintain links to their home settlements in occupied areas. As such, data for these areas is not representative. Nevertheless, what data does exist suggests that affected populations living in occupied settlements of Donetsk, Luhanska, Zaporizka and Khersonska oblasts face extreme shocks related to the conflict, experiencing frequent violent events leading to civilian deaths, with recent destruction to civilian housing or infrastructure reported in 16% settlements.

Available evidence suggests that, among the occupied areas, needs are particularly acute in **Donetska oblast**. Evidence suggests that residents often do not have access to sufficient **drinking water** and sanitation facilities, indicating potential health risks²⁵. However, existing data hints at pockets of severity rather than a total system failure.

Data on **shelter conditions** in occupied areas remain very limited. Available information suggests that access to safe and adequate shelter may be restricted for a

substantial share of the population²⁶, although the severity of these conditions cannot be fully assessed. These vulnerabilities may be further exacerbated during winter.

Similarly, evidence suggests that many residents of settlements in the occupied areas do not have access to functioning health facilities²⁷. Evidence on the services provided at those facilities that are operating, is largely unavailable.

In **Luhanska oblast**, which is relatively distant from active frontline hostilities compared to Donetsk, the analysis still indicates elevated needs. Available evidence suggests that food access constraints affect certain locations: in 27% of settlements, some residents reportedly face challenges accessing sufficient food. However, these constraints do not appear to be systemic, as in only 4% of settlements the majority of residents are reported to face such difficulties²⁸.

While the analysis revealed insufficient evidence of acute needs in occupied areas of **Zaporizka and Khersonska oblasts**, there is some evidence of people living in **inadequate dwellings** and facing difficulties in accessing **medical care, food, and drinking water**²⁹.

ANNEX 1: METHODOLOGY OVERVIEW

HOW WAS THE ANALYSIS CONDUCTED?

The ANA is a structured analysis designed to identify populations facing the most acute, life-threatening conditions resulting from a breakdown of critical systems in contexts in which mortality data is unavailable. It aims to inform big-picture humanitarian prioritisation decisions.

The analysis assesses the functionality of critical systems (health, nutrition, food, water, and living conditions), triangulated with immediate mortality drivers (acute malnutrition and morbidity). Severe deprivations in any or multiple of these public health systems are investigated further to determine whether they are severe enough to result in a Risk of Excess Mortality (RoEM).

The analysis consists of two critical phases. During the quantitative phase, preliminary “flags” are raised when emergency thresholds are exceeded across multiple indicators, based on global reference frameworks (SPHERE, WHO, IPC, etc.). Analysts then verify, triangulate, and interpret these flags with contextual evidence during the Deep-dive phase, using structured analysis techniques, to reach a final ANA category for each area or group:

- **Excess Mortality:** Timely evidence confirms mortality rates exceed the World Health Organisation (WHO) Emergency Threshold (>1 death/10,000 people/day, >2 for children under 5 years old).
- **Risk of Excess Mortality (RoEM):** Very severe gaps in multiple mortality drivers are interacting in a way that suggests excess mortality is likely occurring within the analysis timeframe, or is imminent.
- **Acute Needs (!):** This category is used when the available evidence strongly suggests RoEM, but a specific data gap prevents full confirmation. Additional evidence would likely upgrade the classification.
- **Acute Needs (AN):** Evidence confirms very severe gaps in at least one mortality driver, but not to the extent that there is immediate concern for excess mortality.
- **No evidence of AN:** There is no evidence of very severe gaps in mortality drivers.

DISCLAIMER

The ANA in Ukraine assesses the situation in the period **June - August 2025. Contextual changes after this time window have not been reflected in the results, including accelerated attacks on Ukraine’s energy infrastructure combined with low winter temperatures in the first two months of 2026.**

While the analysis framework and process are standardised to promote consistency and reduce cognitive biases, conclusions depend on the availability, reliability, and timeliness of data, as well as the quality of contextual interpretation. Each area is assigned an **analytical certainty score**, reflecting the degree of confidence in the conclusion (★/★★/★★★) based on the type and quality of the data and the strength of triangulation.

The ANA does not speak to community priorities and should not replace sectoral assessments, nor does it provide a comprehensive view of the full breadth and depth of intersectoral humanitarian needs.

The ANA considers the impact of violence and insecurity on access to and functionality of critical systems, and its possible cascading impacts on public health. However, due to limitations in nowcasting and anticipating conflict dynamics, **the ANA does not assess the risk of direct trauma deaths, such as from shelling or gunshots, acknowledging that these are a major driver of need in Ukraine.**

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 or Training and Research - Operational Satellite Applications Programme (UNITAR - UNOSAT).

ANNEX 2: ANALYSIS CONCLUSIONS

Unit of Analysis	Analytical Conclusion	Certainty Score
Chernivetska oblast	No evidence of acute needs	**
Chernihivska oblast, 51+km from frontline/border	No evidence of acute needs	**
Chernihivska oblast, 21-50km from frontline/border	No evidence of acute needs	**
Cherkaska oblast	No evidence of acute needs	**
Dnipropetrovska oblast, 51+km from frontline/border	No evidence of acute needs	**
Dnipropetrovska oblast, 21-50km from frontline/border	No evidence of acute needs	**
Dnipropetrovska oblast, 0-20km from frontline/border	Acute Needs	**
Donetska oblast, 0-20km from frontline/border	Acute Needs (!)	**
Ivano-Frankivska oblast	No evidence of acute needs	**
Kharkivska oblast, 51+ km from frontline/border	No evidence of acute needs	**
Kharkivska oblast, 21-50km from frontline/border	No evidence of acute needs	**
Kharkivska oblast, 0-20km from frontline/border	Acute Needs	*
Khersonska oblast, 0-20km from frontline/border	Acute Needs	N/A
Khmelnytska oblast	No evidence of acute needs	**
Kirovohradska oblast	No evidence of acute needs	**
Kyiv city and oblast	No evidence of acute needs	**
Lvivska oblast	No evidence of acute needs	**
Mykolaivska oblast, 51+ km from frontline/border	No evidence of acute needs	**
Mykolaivska oblast, 21-50km from frontline/border	No evidence of acute needs	**
Odeska oblast	No evidence of acute needs	**
Poltavska oblast	No evidence of acute needs	**
Rivnenska oblast	No evidence of acute needs	**
Sumska oblast, 51+ km from front-line/border	No evidence of acute needs	**
Sumska oblast, 21-50km from frontline/border	No evidence of acute needs	**
Sumska oblast, 0-20km from front-line/boder	No evidence of acute needs	**
Ternopiiska oblast	No evidence of acute needs	**
Vinnitska oblast	No evidence of acute needs	**
Volynska oblast	No evidence of acute needs	**
Zakarpatska oblast	No evidence of acute needs	**
Zaporizka oblast, 21-50km from frontline/border	Acute Needs	***
Zhytomyrska oblast	No evidence of acute needs	**
Donetska oblast, occupied areas	Acute Needs (!)	***
Khersonska oblast, occupied areas	Insufficient evidence	**
Luhanska oblast, occupied areas	Acute Needs	***
Zaporizka oblast, occupied areas	Insufficient evidence	**

ANNEX 3: LIST OF SOURCES

The 2025 ANA in Ukraine draws on data from the following sources:

¹ [The consequences of power outages, and factors contributing to social resilience 2025](#)

² REACH Cold Spot Analysis 2025

³ WHO HeRAMS Ukraine Status update snapshot 2025

⁴ WHO Results of initial health labour market analysis in Ukraine 2024

⁵ REACH Multi Sectoral Needs Assessment 2025

⁶ Ibid

⁷ Ibid

⁸ Ibid

⁹ REACH Humanitarian Situation Monitoring Government Control Areas 2025

¹⁰ Ibid

¹¹ REACH Multi Sectoral Needs Assessment 2025

¹² REACH Humanitarian Situation Monitoring Government Control Areas 2025

¹³ REACH Multi Sectoral Needs Assessment 2025

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Ibid

¹⁷ Ibid

¹⁸ REACH Humanitarian Situation Monitoring Government Control Areas 2025

¹⁹ REACH Multi Sectoral Needs Assessment 2025

²⁰ Ibid

²¹ REACH Humanitarian Situation Monitoring Government Control Areas 2025

²² REACH Multi Sectoral Needs Assessment 2025

²³ REACH Humanitarian Situation Monitoring Government Control Areas 2025

²⁴ REACH Joint Market Monitoring Initiative Government Control Areas 2025

²⁵ REACH Humanitarian Situation Monitoring Occupied Areas 2025

²⁶ Ibid

²⁷ Ibid

²⁸ Ibid

²⁹ Ibid