

Transitions in Protection

Exploring transitions in the context of humanitarian protection assistance scale-down in central and western Ukraine

Case study of six hromadas in Lvivska, Ivano-Frankivska and Vinnytska oblasts

October 2025 | Ukraine

Context & Rationale

As the needs of conflict-affected populations in western and central Ukraine became increasingly protracted and less acute, the 2024 and 2025 Humanitarian Needs and Response Plans (HNRRPs) focused their efforts on providing life-saving assistance in the South and East^{1,2}. Consequently, humanitarian stakeholders have begun scaling down aid programmes in the West and Centre. At the same time, initial discussions around transitioning away from humanitarian assistance underscored the importance of coordinating this process responsibly, ensuring that non-humanitarian systems and resources are equipped to address ongoing and often complex needs. As of January 2025, additional issues have emerged due to a sudden and potentially long-term decline in funding for both humanitarian and development activities, which further strengthens the need for sustainable transition to other forms of assistance³.

The initial HNRRP 2025 aimed to assist 6 million people out of the 12.7 million people in need (down from 8.5 million out of 14.6 million in 2024), however, following further cuts in funding, HNRRP was re-prioritised in April 2025 down to assist 4.8 million people⁴. It prioritises those with extreme and catastrophic needs, primarily living near the frontlines, as well as individuals with severe needs in areas experiencing pockets of crisis in western and central Ukraine. Additionally, the plan emphasises sustainable solutions by linking humanitarian activities with national mechanisms, complementing Ukraine's social protection system, and prioritising the provision of essential services through governmental institutions where possible⁵. Ukraine's protection system largely covers a wide range of needs of the population, but its quality and capacity need to be further assessed. On top of the social benefits provided through institutions such as the Administrative Services Centre (ASC), and protection services for specific vulnerable groups, such as Child Protection Services, authorities have established free legal aid centres (FLACs) and resilience centres providing mostly psychosocial support, to address protection needs of the population which are growing amid the war⁶.

Nonetheless, conflict-affected populations in western and central Ukraine continue to face chronic and often complex challenges that jeopardise their immediate well-being, longer-term resilience, and the country's prospects for sustainable recovery. Although the pace of internal displacement has slowed down, as of October 2024, 3.6 million people remained internally displaced, with government-mandated evacuations from the eastern and northern regions continuing⁷. As of December 2024, an estimated 591,000 internally displaced people (IDPs) resided in western Ukraine (4% of whom were accommodated in collective sites)⁸. Other vulnerable groups, such as older people, people with disabilities or chronic illnesses, and households with children (particularly single-caregiver households), face compounded challenges, including health, psychosocial and livelihoods issues. Amid these issues, addressing the needs of the population poses challenges to service providers, many of whom are operating beyond their capacity.

It is hence crucial to explore how and to what extent the ongoing protection-related needs of the conflict-affected population are being met at the local level, as well as to assess the process of these transitions.

Key Messages

- Key spheres affected by the scale-down while insufficiently covered by government providers include: legal aid, psychosocial support, GBV services, safe spaces for children and social protection services (individual social workers are reported to struggle with capacity in oblast centres). When designing protection policy or programming, it is also essential to take into account areas such as livelihoods, shelter/collective sites, and health needs, as these issues are deeply interconnected.
- Certain groups where existing vulnerabilities, such as age and disability, have been compounded by experiences of conflict and displacement are at risk of being left behind as aid scales down, since full independence is not attainable. Coupled with the limited capacity of public institutions and hosting communities to meet needs in specific sectors and locations, this presents a gap that requires long-term, sustainable solutions.
- Robust cooperation among stakeholders, including strong engagement from NGOs and Civil Society Organisations, contributes positively to protection services' provision. Yet, service delivery and stakeholder collaboration differ across locations, often depending on local budget and political will, risking fragmentation of standards. Other barriers to service provision include financial constraints and staff shortages.
- Coordination and communication efforts regarding transition are visible, however, some local stakeholders may be missing a clear picture of the scale-down, as there was limited time to plan, implement and communicate about transition, when humanitarian actors were shifting their capacities to the East and South. Additionally, affected populations are unsure of future available aid from NGOs and continuity of collective sites, thus this makes them unable to plan for the future.

Methodology Overview

The assessment aimed to inform humanitarian and transitional policy discussions by exploring how and to what extent the ongoing protection-related needs of conflict-affected people in selected hromadas of central and western Ukraine are being met at the local level, in the context of the scale-down of humanitarian assistance; and to assess to what extent transition from reliance on humanitarian aid to other, longer-term, solutions is taking place as a sustainable, coordinated, and systematic process.

The assessment covered six hromadas across 3 oblasts in central/western Ukraine*, where humanitarian assistance is being scaled down: Ivano-Frankivska and Burshtynska hromadas (in Ivano-Frankivska oblast), Lvivska and Truskavetska hromadas (in Lvivska oblast), Vinnytska and Pohrebyshchenska hromadas (in Vinnytska oblast) (Map 1).

Preceding data collection, secondary data review and consultations with the representatives of humanitarian clusters were held to provide a contextual understanding of the situation and feed into research design. This assessment relied on qualitative data, collected between 24 April - 23 June, 2025. Data was collected within two main blocks - interviews with stakeholders and interviews/focus group discussions with the affected population.

Key Informant Interviews (KIIs) were conducted with local service providers - including local authorities, public institutions and NGOs providing protection services, and collective sites (46 in total), as well as international organisations (IOs) and international non-governmental organisations (INGOs) (5 in total) which operate or operated in the chosen hromadas within the sphere of protection. KIIs allowed to gain an understanding of the transition process and responsibility structure, along with barriers, opportunities and risks involved**.

Focus Group Discussions (FGD, 22 in total) were conducted with local vulnerable population groups, including: households with older members, households with children, IDPs in collective sites and IDPs residing outside collective sites. Additionally, Household Interviews (HHI, 20 in total) were conducted with households with people with disabilities or chronic illnesses and some households with children. Data collection with vulnerable population groups allowed to explore their unaddressed needs and gain their perspectives of the transition process***.

Detailed sampling can be found in Annex 1 and description of methodology can be found in the [Terms of Reference](#).

As a complementary stage of the assessment, REACH conducted a workshop in Vinnytsia on 6 August 2025, aiming to brainstorm possible solutions to the issues identified during data collection.

The workshop included participation of stakeholders in social protection sphere, such as representatives of local authorities and public services, local, national and international NGOs, some of whom participated in the assessment earlier as key informants. Following a presentation and discussion of findings, participants chose the issues to which they proposed solutions, taking into account related challenges and assigning responsibility to relevant stakeholders. Discussions were conducted within four thematic groups: Social services, Legal aid, information and awareness, Psychosocial support, Gender-based violence and child protection.

Additionally, Protection Cluster formulated recommendations based on the key findings of the study.

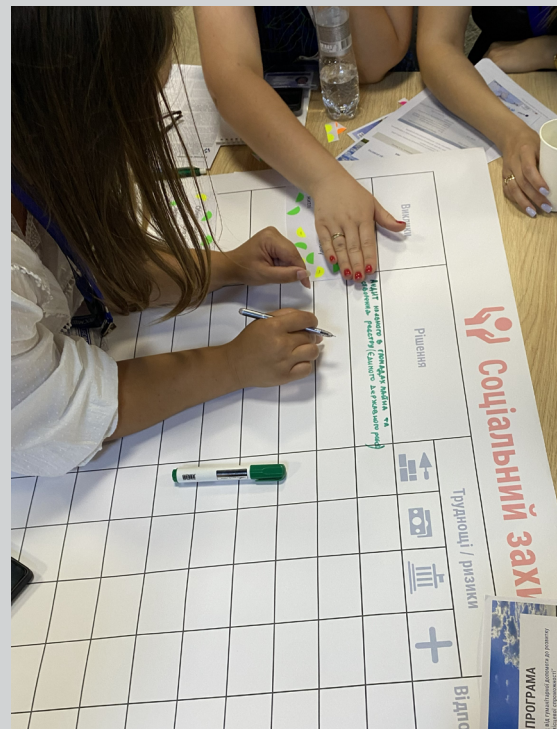


Photo 1: Workshop in Vinnytsia, August 2025.

* Western Ukraine or western areas cited in this report include the following oblasts: Chernivetska, Ivano-Frankivska, Khmelnytska, Lvivska, Rivnenska, Ternopilska, Volynska, Zakarpatska.

Central Ukraine or Central areas cited in this report include the following oblasts: Cherkaska, Kivohradska, Poltavska, Vinnytska.

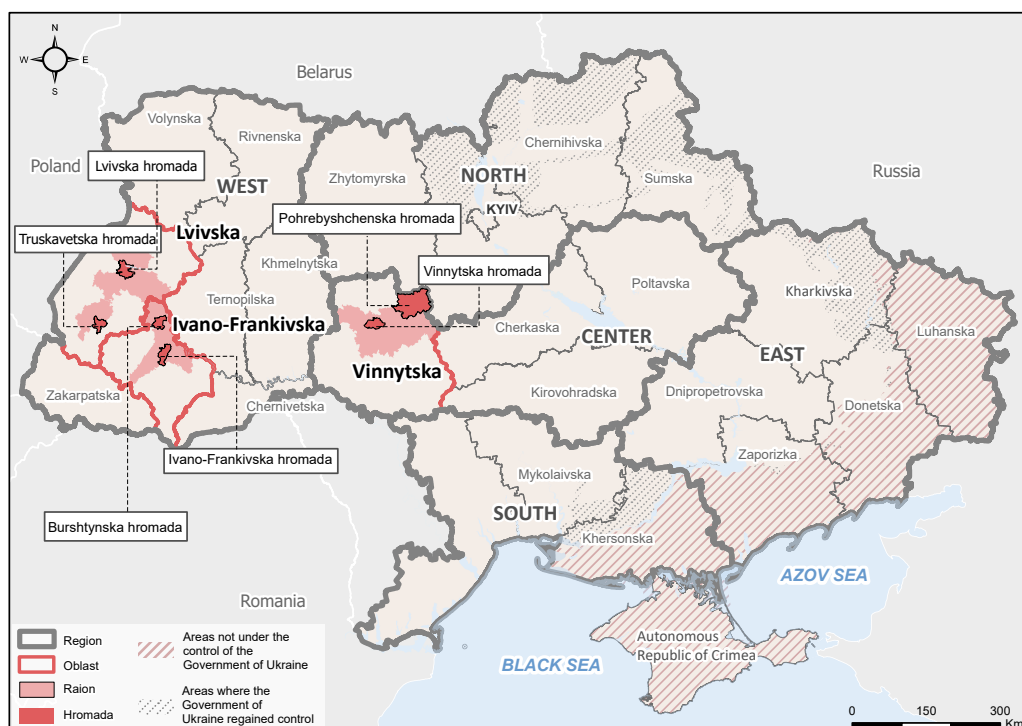
** In this report, when referring to information provided by key informants, terms "key informants" or "informants" are used.

*** In this report, when referring to information provided by members of vulnerable groups, terms "respondents of vulnerable groups" or "respondents" are used.

Limitations

- This is a qualitative case study that offers in-depth, indicative insights into the situation in the assessed hromadas. The findings are not statistically representative and do not capture the full situation across western and central Ukraine.
- Some informants and respondents may not have knowledge of all programmes or stakeholders operating in the hromadas, therefore if they did not mention a certain activity in the given location, it does not denote a lack of such activity in the hromada.
- People with disabilities and their caregivers were interviewed through HHIs instead of FGDs to accommodate physical barriers, if any. Some households with children were interviewed via HHIs when respondents could not join FGDs due to time limitations. Although questionnaires for HHIs and FGDs covered the same information, differences in conducting the discussion could lead to slight differences in answers, especially in acknowledged services.
- People with certain types of disabilities or chronic illnesses, such as those with hearing loss or undergoing complex medical treatment, were more difficult to reach and be included in the sample. As a result, they may be under-represented, limiting insights into the specific challenges they face.
- Although respondents for specific FGDs and HHIs were chosen based on main characteristics (disability, children, age, displacement, accommodation if IDP), they represented additional characteristics which were accounted for during analysis if known (e.g., some FGDs with IDPs included older people) - however, some of such characteristics (notably presence of children in the household) may not have been noted), thus comparisons between vulnerable groups should be regarded with caution.
- KIIs enabled evaluation of the transition process and locally provided services. However, answers might be biased, as respondents might be inclined to present their organisations and institutions in a favourable light, or on the contrary – present the situation as more dire than in reality in hope of attracting more funding. Conducting KIIs with various stakeholders (both governmental and non-governmental) helped mitigate that risk.
- For specialized thematic areas, such as GBV and Child Protection, more in depth and focused research is required to identify context-specific needs and effective intervention strategies. A more detailed GBV analysis would also require gender-disaggregated FGDs and HHIs, which were not feasible within this study due to resource limitations.
- Participants of the workshop were asked to prioritise three issues within four thematic groups, thus the list of issues and solutions presented on in Annex 4 is not exhaustive. Furthermore, due to logistical limitations the workshop included mainly participants from Vinnytsia, which may have impacted prioritisation of issues and perception of the protection sector's challenges (with participants focused on the local perspective).

Geographical scope



Map 1: Locations where data collection took place.

Landscape of activities and collaboration in local services' provision

Provision of protection services

In Ukraine, the central government is responsible for drafting policies and legal frameworks regarding social policy and collective site coordination and management (CCCM) activities. The state also allocates funds to national-level social protection programmes (e.g., pensions, subsidies, and specialised aid programmes for veterans, IDPs, etc.). Local authorities (hromada authorities) are responsible for implementing policies developed by the state through managing relevant institutions that provide or distribute assistance locally, processing applications for social support (including various state benefits), and managing collective sites^{9*}.

Nonetheless, hromadas are not obliged to implement all kinds of social services. The Law "On Social Services" of January 2020, lays out general responsibilities for hromadas regarding the provision of social services, including a list of basic services that local authorities are obliged to implement¹⁰. Yet, the law leaves many details (e.g., standards, delivery methods, specific services) to be handled via implementing regulations, which hromadas are expected to apply once they are adopted¹¹. Consequently, provision of some services depends on hromadas' own priorities (stemming from local assessment of needs) and budget, a result of the decentralisation process that began in 2014^{**}.

Additionally, during martial law, the powers of local authorities were expanded to allow them to determine the specifics of the organisation and provision of social services¹². Budget issues, staff shortages and infrastructure challenges may also impede hromadas from fully implementing even the mandated services.

The Ministry of Social Policy paints a good picture that a social worker is a universal specialist who must work with different categories: orphans, families in difficult life circumstances, people with disabilities, veterans. [...] But at the same time, the Ministry does not say that it is us at the local level who must provide all this, and it completely ignores the issue of salaries for these workers.

Public service provider, Vinnytsia

Thus, although a decentralised approach allows to adjust local services to the needs of the population, it can also result in differences in scope and quality of service provision between hromadas, especially given the divergence in local budgets.

In all six assessed hromadas of western and central Ukraine, as of May–June 2025, at least some social protection services were reportedly available, many

* For more information on distribution of responsibilities between local and central authorities see REACH, [Transitions Assessment](#), February 2025, p.3.

** For more information on decentralisation see REACH, [Transitions Assessment](#), February 2025, p.9-10.

provided by local authorities and public institutions. Representatives of vulnerable groups more frequently identified public institutions than NGOs as the main providers of social protection, management of collective sites, and services for children (incl., safe spaces, support for children without caregivers). Regarding legal support, public institutions and NGOs were mentioned with roughly equal frequency.

Key informants noted that legal aid, services for children and social protection services (including individual case management and targeted support for vulnerable population groups) were provided by both government and non-government stakeholders. Several respondents of vulnerable groups, more frequently IDPs, also noted NGO-provided social protection. Informants noted as well that collective sites for internally displaced people were usually managed through public structures, while the maintenance and improvement of these sites (including renovations and development of inclusive facilities) was often undertaken by Ukrainian and international NGOs.

Services provided by NGOs (both national and international) were more frequently mentioned by representatives of vulnerable groups regarding psychosocial support and assistance for survivors of gender-based violence (GBV). Nevertheless, services for GBV survivors were, overall, the least commonly reported as available by these respondents. Informants further noted that psychological support was commonly delivered by NGOs, although some mentioned as well public provision of psychosocial services. This included both individual and group consultations for adults and children. Additionally, while safe spaces for children were sometimes reportedly available through government providers, they were more commonly reported as being supported by NGOs and, even more so, by international organisations (IOs).

Importantly, regarding public psychosocial support to children, respondents often referred to the presence of a school psychologist. While helpful in certain cases, such professionals may lack the specialised training needed to address issues of displacement or loss.

Now, perhaps, the specialists have already learned a little, perhaps they have learned. But [...] the psychologist we turned to only aggravated the situation. [...] This psychologist had no experience working with children who experienced shock events in the East of Ukraine.

IDP outside of collective site, Vinnytsia

A similar situation was observed in the case of GBV services: while the state provides a direct response through law enforcement, more extensive support for survivors, such as shelters, were reported to be predominantly offered by NGOs. This may indicate a gap in the public provision of adequate and comprehensive psychosocial and GBV services. It is also crucial to note that some of social protection services, particularly GBV in western Ukraine, were not sufficiently covering the needs even before the full-scale invasion. This presents an opportunity to strengthen and improve the system

for the long term. Moreover, it serves as a reminder that social services require sustained, long-term planning and investment.

Several informants highlighted the valuable role of international organisations in equipping premises for service provision (regarding various social services). This support was seen as particularly important, as it enabled the subsequent operation of services funded by local budgets - something that local authorities would not have had the financial capacity to initiate on their own due to high upfront investment costs.

Overall, international organisations or INGOs were indicated by respondents of vulnerable groups much less frequently than Ukrainian NGOs - most often INGOs/IOs were indicated regarding provision of psychosocial aid. This could imply that vulnerable people are less affected by withdrawal of IO/INGO-led services - however, withdrawal of international funding to Ukrainian NGOs (on which vulnerable people relied more often) may bear significant consequences for service delivery in case of the absence of predictable multi-year funding. Moreover, even as local authorities continue to manage collective sites, the withdrawal of NGO support poses a serious risk of deteriorating living conditions and unmet needs, particularly for older IDPs and those with disabilities.

The bad news was that our specialized partners also began to wind down their programs due to events related to the reduction of American funding.

And now our concern has grown, because the gaps that we hoped someone else would fill - will probably remain unfilled.

International organisation representative, Lviv

Perceptions of access to protection services in urban versus rural hromadas varied among key informants, highlighting the differences in non-obligatory service provision across hromadas. While some recalled the presence of mobile teams, adequate transport connections, and service-specific staff based in rural hromadas, others noted the opposite - citing poor transport infrastructure and a reduction in services due to the scaling down of international funding and humanitarian operations. Additionally, respondents of vulnerable groups outside of oblast centres (urban hromadas) more often noted that services for GBV survivors, legal aid and support for children without caregivers were not available (than respondents from oblast centres). On the other hand, availability of individual social workers was less often reported in oblast centres, possibly due to higher demand.

Several informants emphasized that the lack of access was not always due to the absence of services, but rather to low awareness among residents about the support that is available.

Snapshot: Information sources

Most commonly, respondents of vulnerable groups reported obtaining information (not exclusive to information on protection services) from Internet (including social media and websites of service providers, slightly more popular in oblast centres) and "word of mouth" through peers and/or family.

Other common sources included online chats (e.g., chats on Telegram) and local authorities or public service providers (in particular ASC, an administrative centre which role is to inform and streamline administrative procedures). Brochures and booklets were also mentioned by several respondents regarding information about or distributed by NGOs.

Furthermore, some service providers reportedly approached potential beneficiaries/users more directly, including through spreading information at collective sites or organising meetings. Some respondents mentioned as well obtaining information from volunteers. Similarly, according to MSNA 2024, means of communication (across Ukraine) included online chats, social media, phone calls and face-to-face communication³⁷.

In this assessment, obtaining information via online chats and brochures/booklets was (proportionally) more popular among IDPs than host population. Moreover, IDPs at collective sites had an opportunity to receive information there. Overall, this has resulted in IDPs having a higher awareness of available NGO aid, but not necessarily awareness of public service providers.

Cooperation between stakeholders

To address protection needs of the population, local and international actors have reportedly cooperated to varying degrees and through diverse modalities. Overall, this collaboration, particularly between NGOs and local authorities, was described by key informants as largely positive.

[...] Without interaction with the authorities we would not be able to implement full-fledged programs. Together we can do much more. The authorities not only provide information, but also issue permits for community events. We also receive invitations to join forums, events, and round tables, particularly in the area of psychosocial care.

Ukrainian NGO representative, Ivano-Frankivsk

We have close cooperation with the authorities, because we come to them every time, we contact them directly, we cooperate, we provide them with our services. (This is precisely in mental health, we conduct training for them, respectively) We coordinate our work with them, "where else can we go", "who else has a direct need", and they provide us with such assistance.

Ukrainian NGO representative, Burshtyn

While there is a risk that overreliance on NGO-delivered services could contribute to a fragile and fragmented social service system, effective partnerships reflect a promising step toward addressing capacity gaps within local governance structures.

Common modalities of cooperation included the implementation of joint events and projects, such as establishment of mobile teams, or provision of premises by local authorities for NGO-led initiatives. In several hromadas, local authorities explicitly acknowledged the value of NGO contributions, especially in areas where they did not have sufficient capacity to fully meet the population's needs.

Some reported that local authorities issued formal requests for NGOs to conduct specific activities, including psychological trainings, information sessions, and leisure events. In such cases, authorities provided partial funding, such as covering statutory expenses, to support NGO operations. According to the law On Social Services, it is possible both for the Ministry of Social Policy and local authorities to contract NGOs for provision of certain services¹³ (see more on p.9). Additionally, local authorities frequently supported NGOs by assisting in the dissemination of information to reach beneficiaries more effectively.

Another widely reported form of cooperation involved capacity-building support from NGOs to local authorities. This included both staff training to strengthen the skills and knowledge of public service providers (although staff skills may be strong in their domain, war-affected population may require specific assistance), and material or technical assistance, such as purchasing equipment or helping renovate facilities. NGOs also collaborated with local authorities on specific cases, including case referrals and exchange of information. However, cases of reluctance of local authorities to support NGO activities, or even local authorities interfering with NGO activities, were also reported by a few informants.

The formalization of cooperation was often achieved through signing memorandums of understanding between government and NGOs. Regular coordination meetings and working groups were widely reported as an effective and common practice. These mechanisms enabled local authorities to stay informed about the population's needs, ensured alignment in service delivery, and helped avoid duplication of efforts. Additionally, referrals between authorities and non-government stakeholders were facilitated through coordination structures such as inter-agency clusters.

Additionally, NGOs served as advocacy points for the vulnerable population. On the local level, NGOs engaged in advocacy for specific population groups, urging local authorities to take action on underserved needs. On the national level, NGOs provided guidance and feedback during the drafting of legislation, leveraging their practical experience in implementing various social projects. Given the reported disconnect between national-level understanding and local realities regarding perceptions on

protection services provision, this collaborative input was viewed as an important mechanism for ensuring that new laws and government programming are better aligned with actual needs on the ground.

On the other hand, however, some informants noted instances where feedback to the relevant ministries didn't translate into meaningful change, perpetuating the consequences of misaligned legal acts that obstruct providing certain services or operating effectively. Another voiced consideration was the time it takes for a ministry to process a request, with instances of documents being displaced in the process. A general lack of cooperation was also mentioned by some. Nonetheless, several reported effective cooperation with the Ministry of Social Policy, despite some bureaucratic barriers. NGO cooperation with the national government was described positively by many informants.

Finally, cooperation among NGOs themselves was also reportedly effective. This included joint activities, mutual referrals of beneficiaries, and collaborative work on specific cases. Forums were seen as a particularly helpful format for strengthening mutual understanding and facilitating inter-organizational connections. While memorandums of cooperation between NGOs were sometimes signed, they were not always required for collaboration to take place.

Furthermore, informants noted positive examples of cross-sectoral collaboration. These included partnerships between NGOs and government service providers - such as law enforcement, healthcare, and employment services. Intersectoral cooperation among government bodies and departments was also noted, addressing the interlinked nature of numerous issues and needs of the population.

Another important area of collaboration has been the establishment of IDP councils, mandated by Resolution No. 812 in August 2023¹⁴. The objective of forming IDP councils is to represent the interests of IDPs in local decision-making. However, since the Model Regulation that describes establishment and functioning of IDP councils is not mandatory and councils are not legal entities, hromada authorities can largely decide on their implementation. This, combined with the functioning of councils depending on the motivation of its members, leads to discrepancies in effectiveness and scope of work of the IDP councils across Ukraine¹⁵.

IDP councils often include representatives from various NGOs working on IDP-related issues. On the one hand, this means that the IDP councils can help ensure that participating NGOs align around a shared understanding of community priorities, facilitating more coordinated and systemic responses.

I got the idea that I should join the IDP Council. Because if we are not there, they [service providers] will not know our needs, what we live for. We are not chickens - [it's not] enough to feed us! We want to adapt, we want to live, we want to start all over again.

IDP outside of collective site, Lviv

Where not yet implemented, it was suggested that such councils could also integrate organizations addressing cross-cutting issues that impact IDPs, such as disability, aging, or multiple vulnerabilities, to help ensure more inclusive representation. On the other hand, NGO participation in councils' activities risks framing the councils' communication and programming to fit the objectives and projects implemented by NGOs¹⁶.

Additionally, IDPs noted that they often gather within groups from their city of origin. These groups help to spread information, facilitate access to services and in some cases provide services (e.g., excursions for children or material support). However, these hubs are often exclusively for former residents of a given settlement, thus those from smaller settlements may not have access to such support.

Choice of services - awareness and preferences across vulnerable groups

Most frequently respondents across all demographic groups indicated that they choose services based on trust, specifically recommendations from peers. Good quality was highlighted by some over price of service - few households could afford private services, but some indeed spent on private services, in particular medical ones, when free services were not available or of insufficient quality. Other more frequently reported factors impacting choice of services included location (close to respondents' domicile, particularly important for people with mobility issues and caregivers), opportunity to socialise (concerning mainly psychosocial services) and speed of service provision.

In this assessment, respondents of vulnerable groups were presented five hypothetical situations and asked how they would react (for exact questions asked see Annex 2). This allowed to assess awareness of available services, as well as preferences and trust in service providers regarding legal aid, psychosocial services, support for survivors of GBV and child neglect, and individual social support.

Respondents among most demographic groups declared that they knew where to access legal aid, what to do in case of psychosocial issues, GBV (here portrayed via domestic violence), child neglect and need for care for people with chronic illnesses. Some did not know exactly where to turn to for relevant help, but suggested where to obtain such information. Most commonly, respondents suggested turning to public services regarding child neglect, GBV, care for people with chronic illnesses, and legal aid. NGO-provided services were indicated over public ones regarding psychosocial aid, and relatively popular regarding legal aid and response to GBV other than via law enforcement. This, along with identified unmet needs (see p.10) suggests gaps in public provision of these services.

Furthermore, among all groups there was at least one respondent who did not know where to turn to in discussed situations or was not sure, especially regarding legal aid. Some mentioned that private legal aid was

available and did not know of any free-of-charge legal services. Older people and IDPs, especially those in collective sites (many of whom were older), exhibited a lower level of awareness of protection services than other demographic groups. An exception were services for people with chronic illnesses - likely, older people had a higher awareness of such issues as they may concern them and their peers more directly. In this situation there was also less variance in declared awareness between different demographic groups. Regarding IDPs in collective sites, some of them declaring that they did not know where to turn for psychosocial help is concerning as organisations visited collective sites and spread information.

For legal aid, respondents most frequently declared that they would advise to turn to free-of-charge public legal services or reach out to public institutions (notably the Administrative Services Centre^{***}), which could refer further.

I think that first of all [I would turn to] ASC. This is a central institution where you can learn everything. And there they can already redirect where exactly it is needed.

Older person, Ivano-Frankivsk

Several indicated NGOs, either as direct legal aid points, as information or advice points via hotline, or as providers who could redirect further. Out of those who indicated NGOs (notably, NGOs were more often indicated by respondents from oblast centres), most referred to a Ukrainian national NGO. Some mentioned as well volunteer legal aid (private lawyers providing legal advice to vulnerable people for free) or legal aid targeted to specific categories of vulnerable groups.

Most of those who suggested where to access psychosocial aid indicated NGOs, including mostly Ukrainian ones. NGOs were slightly more often indicated by IDPs and respondents in oblast centres. Public services were the second most frequently indicated psychosocial service provider, although some did not specify where exactly (at which institutions) such services are offered in a given settlement. Specific public psychosocial support included most often social services - either as a point of receiving such services or referring further; and free psychological services for children (including at school). Some indicated as well that a family doctor could refer a person in need further to a psychologist. Church and volunteer psychological help (qualified private psychologists providing free services to vulnerable people) were also mentioned.

Some highlighted as well peers and family as primary points to turn to in case of psychosocial issues, or suggested that a person (adult or child) in need of such services should resort to hobbies and activities for improving mood or mental health. Yet, most respondents talked about services of psychologists and some even advised turning to specialised doctors, such as psychiatrist or neurologist, despite the presented situation not

^{***} Administrative Services Centres are facilities where citizens and businesses can access a wide range of administrative services in one place, aiming to streamline the bureaucratic process. By 2023, every hromada has been obliged to establish an ASC.

mentioning issues (stress/loneliness) necessarily requiring medical help. This may suggest that the concept of psychosocial aid as such may be unfamiliar to some, as only serious mental health issues would be recognised as requiring a (medical) intervention.

Regarding GBV (specifically domestic violence), respondents most commonly indicated calling the police, while less frequently noting other/additional services, such as safe spaces, psychosocial support or legal aid. Among providers of such services, respondents most commonly indicated NGOs (particularly in oblast centres), notably Ukrainian ones, which could offer safe spaces, help reach other services or provide psychological support. Respondents indicated as well the possibility to turn to social services for support, or to a crisis rooms. Crisis rooms and shelters were more commonly mentioned in oblast centres.

For child protection issues (specifically child neglect), the choice of NGOs was significantly less frequent compared to other discussed situations. Respondents most frequently indicated social services and less respondents pointed to child protection services specifically. Several indicated the police, city or village council or family doctor who could redirect further. Some indicated as well Ukrainian NGOs and hotlines. Within non-oblast centres answers were more concentrated around social and child protection services.

Regarding home-based care for people with chronic illnesses, among most demographic groups, respondents pointed primarily to public social services. Some (mostly among respondents from non-oblast centres) indicated other public institutions, such as territorial centre, ASC or city council. Conversely, among those in oblast centres, in particular host population, more respondents indicated medical services, including family doctor who could refer further, and NGOs who could provide care, material or psychological support. Some, in particular IDPs, declared as well that a chronically ill person in need of care could turn to peers or relatives for help.

Transitioning from humanitarian aid to longer-term solutions

Scale-down of humanitarian aid

Between January-May 2025, members of the Protection Cluster reached 1,79 million beneficiaries with their programming (out of 4,8 million people in need that the cluster plans to reach in 2025¹⁷), including 52,6 thousand (3% out of all people in need) across western and central macroregions (Lvivska was the oblast with the most beneficiaries reached), while 55% were inhabitants of the so-called “crescent” area¹⁸. This reflects a gradual scale-down and a shift of activities toward the crescent - between January-May 2024, Protection Cluster reached 2,3 million people, 52% of whom were located in the “crescent” area¹⁹.

**** The “crescent” includes Chernihivska, Donetska, Kharkivska, Khersonska, Mykolaivska, Odeska, Sumska, and Zaporizka oblasts.

On top of the evolving priorities of humanitarian clusters, it is also important to note that due to the unforeseen cuts in funding as of January 2025, the initially planned reach of HNRP 2025 was further limited through reprioritisation. This resulted in a 45% cut in initially planned reach of protection activities, such as capacity building and assessments not directly linked to protection services’ provision, community-based child protection activities and mainstreaming, as well as scope of activities and programming in lower-severity raions regarding GBV. Protection activities became more focused on critical and life-saving interventions. Re-prioritisation implied as well a 42% reduction within CCCM, limiting activities such as site management and monitoring, capacity building, and referrals, while prioritising newly displaced and highly vulnerable IDPs²⁰.

The burden on the state system remains very high. But, unfortunately, in conditions of limited resources, we have to prioritize. We are forced to identify certain needs as more urgent for ourselves, and, accordingly, direct resources there.

International organisation representative, Lviv

A significant scale-down of protection services was noted by service providers across all assessed hromadas. Overall, the most notable reductions were reported in psychosocial services (less often reported in Ivano-Frankivska oblast), including consultations and activities for both adults and children. This was followed by the closure of safe spaces for children and youth, including inclusive integration spaces.

Regarding services reduced in 2024 or earlier, legal aid GBV support, and support to collective sites (e.g., material aid) were among the most frequently cited by both key informants and respondents of vulnerable groups. Additionally, representatives of vulnerable groups reported scale-down (usually meaning closure) of psychosocial aid, followed by social protection programmes and spaces for children.

In 2025, both key informants and respondents of vulnerable groups noted closures or reductions in services for children, including activities and psychological consultations, psychosocial services for adults, social protection services (including reducing the presence of social workers provided by international organisations and the volume of case management), as well as further reductions in GBV services. Additionally, respondents of vulnerable groups noted reductions in provision and support of collective sites and a further scale-down of legal aid. Conversely, key informants reported scale-down in services for people with disabilities, such as day centres and social taxi.

Another affected sector was information and monitoring support, with the discontinuation of regular needs assessments by some national and international NGOs, making evidence-based programming more difficult. On a similar note, reductions in staffing at the level of humanitarian clusters and stakeholders further impede careful planning and implementation of transition mechanisms.

Overall, a scale-down of activities provided by Ukrainian or international NGOs (or international organisations) was noted more often in oblast centres, in particular in Lviv and Ivano-Frankivsk likely due to less NGO services being available in non-oblast centres in the first place. Scale-down was also more often noticed by IDPs, likely due to more NGO services being targeted to them. However, some programmes provided by local authorities were also reportedly reduced, notably in oblast centres.

Apart from social protection services, respondents often mentioned other aid available in their area and that they oftentimes relied on. Primarily, respondents, especially IDPs, noted various forms of material support. That type of support (especially provided by INGOs/IOs) was also most often mentioned among scaled-down services. Respondents noted a scale-down of cash support, with mentions of other non-protection services being remarkably lower. This could mean that more of such programmes ended, or these programmes were among the most important for respondents (such claim can be supported by the difficult financial situation of most respondents). Key informants corroborated these observations, noting financial assistance, as well as employment, business, and requalification support, among the scaled-down types of support.

Nonetheless, some informants highlighted continued protection activities. While certain government representatives reported continuing their work at the same level as before, perceiving international assistance as “additional support”, some Ukrainian and international NGOs also reported maintaining their activities, occasionally shifting their focus in response to changing donor priorities. Moreover, some informants, particularly representatives of local authorities, reported expanding the range of services to address the needs of newly vulnerable groups, such as veterans and families of fallen soldiers. An expanded scope of activities was also reported by some Ukrainian NGOs.

However, it is important to note that expansion of activities targeting particular growing vulnerable groups may precisely come at the expense of other groups of population. Informants of Ukrainian NGOs observed that aid was becoming increasingly targeted, with eligibility criteria narrowing. This raised concerns that some vulnerable groups, despite ongoing needs, might be excluded from support.

On top of the planned shift of humanitarian funding, in the beginning of 2025, some international and Ukrainian NGOs abruptly lost funding of their projects. This has a wider effect on the transitions process in Ukraine as national or local NGOs and Civil Society Organisations (CSOs) were expected by both, international stakeholders and the government to share the workload of service delivery with local authorities and public service providers. However, the sudden cut in funding has impacted funding of both, international and local NGOs/organisations.

According to a rapid assessment conducted in February 2025, soon after the major cuts in funding, CSOs

experienced a scale-down (often cessation) of activities, most often within WASH (39%), but also within protection (21%), often forced to reduce staffing - this had significantly affected provision of services as they require highly skilled workers. It will take more time to see the full effects of January cuts²¹.

Although this came as a shock to many, there were cases where local authorities took over financing the activities they deemed crucial. One such example is the Veteran Hub in Vinnytska hromada: upon losing foreign funding in the beginning of 2025, the project was adopted by the local authorities, who recognized its value and continued funding it through the local budget.

A shift in the nature of support, from humanitarian aid to development-oriented activities, was also reported, particularly by international organisations, as well as national and local Ukrainian NGOs. Reported development activities included initiatives aimed at promoting social cohesion and strengthening hromada resilience and institutional capacity. Continued needs’ assessments conducted by some international actors signalled their ongoing commitment to understanding evolving local needs and adjusting their support accordingly.

It is important for people to be heard and understood - we, as organizations, must clearly know the current issues and effectively solve them. It is not enough to simply have resources, you need to give exactly what is really needed.

International NGO representative, Lviv

Transition process - shifting responsibilities

In some cases, local authorities reportedly took over international-led activities following the exit of international donors. This transition was often supported by prior capacity-building efforts, including strengthening the material and technical base of local service providers through the provision of equipment such as computers or bicycles for social workers, furnishing of premises, and relevant trainings. These trainings were frequently mentioned as useful and empowering, enabling local authorities to fulfil their responsibilities more effectively.

The transfer of individual cases from international NGOs to local authorities was also noted as a key transition mechanism. However, informants emphasized that local government service providers did not always have the capacity to respond to these cases adequately. In many instances, international NGOs did not completely withdraw support after transferring the cases and continued to collaborate with local authorities. At the same time, there were also cases of unsuccessful handovers.

As there was no mentioned mechanism of transferring former staff of NGOs exiting given locations to local service providers, the loss of qualified staff following the cessation of donor-funded activities was flagged as a critical issue. When funding ends, many skilled professionals are forced to change careers or migrate abroad, resulting in a loss of valuable human resources. Their expertise in providing social support to vulnerable

populations risks being lost or underutilized.

In light of the scale-down of humanitarian activities and international support, local stakeholders reported continuing active fundraising efforts. These included reaching out to non-humanitarian donors, private companies, sister cities, and other alternative sources of support. This proactive approach reflects a strong commitment among local actors to sustaining and developing social services for vulnerable population groups.

In some cases, informants reported investing personal finances to keep essential activities running. While this level of dedication is commendable, it is not a sustainable strategy for ensuring long-term service delivery. Additionally, some local stakeholders noted that they had shifted the focus of their activities to align with evolving donor priorities, which targets some vulnerable groups, but may leave behind others.

In my opinion, Burshtyn is a fairly capable community [...]. There is potential for development here, for entrepreneurship, there are jobs, it is a city of regional significance. But still, no community in the region, including Burshtyn, is fully ready to transition to local financing of humanitarian activities. Now the main attention in the communities, including in Burshtyn, is focused on the military. They find funds for this: for programs for veterans, for families of the deceased, for rehabilitation departments, ammunition, burials - in various cases. [...] But as for IDPs - this topic is fading into the background.

IDP council representative, Burshtyn

In the context of ongoing decentralisation reforms and later a bid to address the transfer of certain activities from humanitarian stakeholders to public services, the government placed greater emphasis on implementing mechanisms aiming to strengthen and streamline collaboration and capacity of NGOs and local public institutions regarding provision of social protection services.

First of these mechanisms assumes contracting (tendering or direct contracting) NGOs by the Ministry of Social Policy or local authorities, to perform activities in identified social services where authorities lack the capacity to address local needs. This mechanism has been progressively developed since 2010s, with increased traction after 2015 (in the context of strengthened decentralisation reforms), especially with the adoption of the Law of Ukraine on Social Services of 2017²². Leveraging expertise and capacity of NGOs appears particularly important in the current context of diminishing humanitarian aid along with consistent high needs of the population. Several informants expressed interest in this mechanism but noted that greater awareness-raising and explanatory efforts were needed to enable local NGOs to engage with it effectively. The mechanism of social contracting was mentioned by informants as increasingly piloted, although not always effective.

Another mechanism established by the Ukrainian

government in collaboration with international organisations, aiming to enhance cooperation between governmental and non-governmental stakeholders are centres for resilience. First established after the 2014 invasion, they have been more significantly developed after the full-scale invasion. They aim to provide support to vulnerable populations affected by the war and displacement. Activities of such centres include case management, psychosocial support, legal aid and social services while also offering training to prospective service providers from international organisations²³. Typically, the centres are hosted by local authorities who seek to integrate services provided by NGOs within the centres (often financed by international donors) into the local social protection system²⁴.

Indeed, a few informants mentioned centres for resilience as providers of psychosocial support (in particular outside of oblast centres), highlighting their role in supporting local authorities in provision of these services through engagement of NGOs in resilience centres.

Overall, the transition from humanitarian to local service provision in the assessed hromadas can be characterized as partially coordinated, selectively systematic, and fragile in terms of sustainability. While notable progress has been made, especially where transition was supported by capacity-building and targeted donor investments, significant gaps remain. There is no unified, standardised transition protocol, and handovers have not always included adequate planning for staffing or funding continuity. Without further investment in local capacity, broader implementation of social contracting, and improved coordination across sectors and actors, there is a substantial risk that local systems may not sustain the progress achieved and that vulnerable groups will be left behind.

Communication and awareness of humanitarian scale-down

Several informants noted that overall humanitarian aid has been shifting from western and central regions to the East and South - however, regarding the scale-down of humanitarian aid in assessed hromadas, awareness regarding the scale-down of specific activities and perceptions of communication were mixed.

Most often donors communicated a scale-down of funding directly to their partner and implementing organisations. Additionally, informants from Ukrainian NGOs also mentioned learning about changes through partner organizations, sometimes informally. Both Ukrainian and international NGOs highlighted coordination meetings as a key communication channel. If not informed of the scale-down of activities in advance, stakeholders found out about the cessation of activities either during a final visit of concerned organisation, or simply by not receiving any new grants from donors.

NGOs reported close and active communication with local authorities, although most representatives of local authorities reported a lack of communication

regarding scale-down. Perceptions of the population’s awareness of the scale-down also varied. While some informants believed that the population was aware of the humanitarian scale-down, others felt that communities were largely unaware of the changes taking place.

In fact, numerous respondents of the vulnerable groups, in particular in oblast centres and IDPs, noted that they found out about the scale-down of at least some humanitarian activities in advance, most often warned by NGOs themselves, including through mailing lists or SMS (concerns beneficiaries and those working with certain NGOs). The division between host population and better-informed IDPs is visible, oftentimes due to given services being targeted to IDPs in the first place (many host respondents were not aware whether any programmes had closed, often because they had not been their beneficiaries).

Nonetheless, several, including IDPs, were not warned in advance that programmes will close, many of which found out when they reached out to organisations for aid, or from their friends (often post factum). Only in one case respondent noted that they were aware of a humanitarian organisation’s planning 6 months ahead. Interestingly, those respondents who worked or volunteered within social space did not seem to be significantly more aware of which programmes are closing.

Moreover, across more than half of interviews/FGDs’ respondents declared no awareness of which programmes will close in the near future.

We were told that this was the last time - in February 2025. [...] There were no organized information sessions, no one clearly explained whether something would continue, or whether it was possible to apply to other places. They just said: "So far [it's stopped], and then we will see." There were no categorical statements.

IDP in collective site, Burshtyn

Additionally, some IDPs expressed uncertainty over the future of collective sites. Given high rent for private accommodation and insufficient finances among many respondents, such uncertainty adds to anxiety about future living conditions and does not allow to make plans for the future, while certain problems and unmet needs will persist.

I think that if the war ends, they will say that IDPs should not stay here. And the fact that people have nowhere to go, that their [homes] are destroyed - no one will be interested.

IDP in collective site, Ivano-Frankivsk

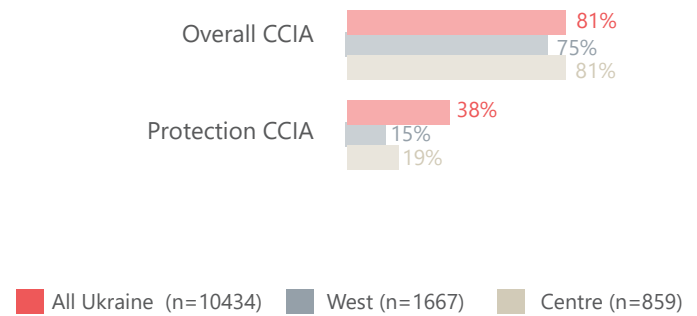
Populations’ needs amid humanitarian scale-down

Unmet needs of the local population

According to MSNA 2024, the overall share of households in need across western Ukraine does not largely differ from that across whole Ukraine and is only slightly

lower for central Ukraine. Regarding protection sector specifically, share of households in need across western and central Ukraine is indeed lower than across all Ukraine - nonetheless, under a fifth of households in those macroregions remain in need of protection support (Figure 1)²⁵.

Figure 1: Share of households reporting unmet needs based on the general and sectoral Contextual Composite Indicator (CCIA)* (MSNA 2024)³⁸.



* The CCIA is a Ukraine-specific MSNA analysis framework used to analyse sectoral needs in the country. The CCIA uses a five-metric scale to categorise need per sector, based on severity: None/minimal, Stress, Severe, Extreme, Extreme+. Households are considered in need if their needs are severe or higher.

In this assessment, most respondents of the vulnerable population groups reported at least some unmet needs (not exclusive to protection sector). Those that did not voice such needs were more often people living outside of oblast centre, host population, younger people and members of households with people with disabilities. Within protection services, about a half of respondents reported unmet needs, less often households without people with disabilities, and those living outside of oblast centre.

The most often voiced needs within protection sector concerned psychosocial assistance (in some cases longer-term), including for adults and children, free legal aid and individual social workers for people with disabilities or chronic illnesses.

This accompaniment is probably number one. That's what I really need. Yes, I want to be more independent, but, unfortunately, it does not always depend on me whether I can get to the store, pharmacy or somewhere else.

Person with disability, Vinnytsia

We also turned to free psychologists, but there are very few of them, they only accept a few people and cannot provide constant support. My child needs regular help to adapt, but because of such limited services, it is very difficult.

IDP in collective site, Lviv

Key informants most often pointed to psychosocial services as an unmet need, particularly in Lvivska and Burshtynska hromadas, where at least half of informants raised this issue. Some also pointed to insufficient

integration activities for IDPs. With psychosocial services among those being scaled down, a significant gap in mental health support is likely to emerge, potentially increasing vulnerability among the population in western and central Ukraine. Some informants pointed as well to legal aid among unmet services but only one noted unmet needs regarding home-based care. This may suggest that unmet needs within these sectors are not acknowledged or overlooked by service providers, including authorities.

Other needs raised by respondents of vulnerable groups included activities and safe spaces for children, social support and digital skills' trainings for older people, as well as social transport, needed outside of oblast centre as some need to travel to the oblast centre for specific services not available in their location. As further noted by informants, prioritising expansion of social taxi would allow otherwise marginalised groups, especially older people and people with disabilities, to reach the support they need that is available in nearby settlements.

Services for children were another unmet need commonly reported by informants. This included child-care facilities such as day care centres for children with disabilities, children's spaces, and psychological support for children. The need for supported living for the older people was also raised by some informants. With an ageing population in Ukraine, care for older people, especially those who are socially isolated or face compounding vulnerabilities such as chronic illness or disability, is becoming increasingly urgent.

Needs for psychosocial aid and individual social workers were more often mentioned by people living in oblast centre - this, in particular social workers' shortages, frequently stemmed from the fact that services in oblast centres failed to meet demand. Another oblast centre-specific need were information campaigns on available services - in smaller locations people tend to know what is available and where, while in larger cities that information gets dispersed (similarly, respondents noted information barriers within oblast centres).

Some of the other often mentioned unmet needs did not directly belong to the protection sphere, however, it is crucial to take them into account as they are indispensable for wellbeing of people with protection needs.

The most often mentioned unmet needs overall pertained to medical services, including widening the scope of free treatment and medicines and increasing availability of rehabilitation. Some respondents highlighted shortage of medical staff and/or institutions, both in an outside of oblast centres. Key informants corroborated these perceptions, reflecting a broader issue of insufficient government capacity to meet healthcare needs. Moreover, some of the international NGO-run mobile medical teams that previously visited rural areas to provide basic healthcare services (e.g., blood pressure checks and examinations) have been scaled down, further exacerbating the vulnerability of rural populations.

Additionally, respondents and informants often mentioned the need for affordable and secure housing (mentioned

more frequently regarding, but not exclusive to, IDPs), as well as shelter repairs and assisted living (mentioned by host population). The accommodation needs were more pronounced in oblast centre where rent costs tend to be higher. Moreover, some noted that collective sites are at their capacity and are not available to newcomers. This, along with a scale-down of humanitarian support, results in new IDPs receiving less support overall, which may dissuade some that currently find themselves in dangerous areas from evacuating.

Limited employment opportunities were also mentioned as a barrier to meeting basic needs by some key informants. Despite a desire and willingness to work, some individuals reportedly struggled to find suitable employment. Informants and respondents noted disparities in access to employment support between IDPs and the local population, with IDPs sometimes being unwelcome by potential employers, potentially contributing to social tensions.

Vulnerable groups such as local residents, returnees, and IDPs with compounding vulnerabilities were reported as being overlooked by current programming and available support. At the same time, the demand for employment, business support, and requalification services signals the population's willingness to engage economically and reduce their reliance on social services and humanitarian aid, if given the necessary support. Some informants also pointed out that the lack of child-care services limits the economic participation of mothers, who must stay home to care for their children instead of pursuing employment opportunities.

Reflecting the livelihoods issues, in-kind aid was also frequently identified as an unmet need by informants. Despite assumptions that IDPs have integrated into host communities over the more than three years of full-scale war, material aid remains essential, particularly for vulnerable groups who continue to struggle to meet their basic needs. Nonetheless, apart from specific needs regarding medical equipment and medicines, representatives of vulnerable groups noted that they would prefer to receive cash support over in-kind aid, to decide on expenditures on their own.

Most respondents reported insufficient finances to cover their needs - this was most often mentioned among (or about) older people and IDPs, and about single caregivers and caregivers of people with disabilities. Similarly to other studies²⁶, those able to satisfy their basic needs often had multiple sources of income, including social benefits.

Barriers to access and quality of services

According to MSNA 2024, about 40% of households in central and western Ukraine (and similar share across all Ukraine) who attempted to access public services (not exclusive to protection services) faced at least some barriers. Again, similarly to barriers across all Ukraine, those in western and central macroregions most often noted issues with quality of services (less often reported in central Ukraine), lack of available or functional services or workers visiting remote locations infrequently (less often

reported in western Ukraine) and insufficient information about available services (see Figure 2)²⁷.

Figure 2: Households reportedly facing barriers while accessing services provided by the government (MSNA 2024, includes answers that received at least 2% across at least 1 region³⁹).



Regarding social protection specifically (not exclusive to public services), respondents in this assessment most often mentioned that some services, including administrative procedures, legal and psychosocial aid, were not available in their settlement (outside of oblast centre) and required travel to the oblast centre, which could create financial and time management issues. Other often mentioned barriers to social services included exclusive eligibility criteria, e.g., regarding the aid of social workers. Additionally, some mentioned bureaucratic barriers in receiving services, particularly concerning among IDPs, who were sometimes asked to retrieve documents from their home settlements, which could be impossible or bear significant safety risk.

We didn't bring anything with us - one bag of documents. We left in a hurry. Most of us arrived without anything.

IDP in collective site, Pohrebyshche

Other barriers to social protection services included high

costs (of psychosocial aid, lawyers, childcare) and long waiting times (to access services of social taxi, individual social worker, psychologist, legal aid, other social services). Last but not least, respondents mentioned personal and socio-cultural barriers to accessing services, including lack of trust in psychologists, being ashamed to ask for help or being blamed for reporting domestic abuse (or fearing it).

Psychologists work well, but IDPs do poorly. Because not everyone understands that everyone needs psychological help. This is very sad. I say: "Come on, this is very necessary and important." They answer, "I'm not sick."

IDP outside of collective site, Lviv

Finally, some respondents mentioned information barriers to receiving social protection services - remarkably, some IDPs were unsure to which public services they are entitled in the new settlement or reported that they were not entitled to public services as they paid taxes in their settlement of origin. These views, coupled with often higher awareness of NGO than public services among IDPs suggests that IDPs, particularly those in collective sites, struggle with adaptation and being integrated into their new settlements' public social protection systems. Information and awareness of available services were also mentioned as outstanding needs by representatives of the protection sector. In several cases, services were technically available but remained inaccessible due to a lack of public awareness about their existence.

Additionally, many respondents mentioned at least some barriers to receiving other, mainly medical services, such as high cost, long waiting times, bureaucracy or the need to travel to oblast centre. Along with inaccessible infrastructure for people with limited mobility (across the settlement), they create compounded challenges for vulnerable population groups. The issue of inaccessible infrastructure extends beyond social protection facilities and encompasses the entire built environment. It is essential to recognise that accessing a social service building is only one part of the challenge - individuals must also be able to reach it in the first place. Inaccessible infrastructure significantly undermines the overall well-being and living conditions of people with mobility limitations.

It's even difficult to say - look, I live on the second floor, and I - once every six months I am on the street! Therefore it is necessary, for example, to make a ramp so that I can somehow go down!

Person with disability, Ivano-Frankivsk

On a positive note, when available, services tended to be of satisfactory quality. About half of respondents expressed satisfaction with quality and/or effectiveness of at least some services that they accessed (note that not all respondents expressed opinions about quality of services). Regarding services provided by Ukrainian and international NGOs/organisations, this most often included material aid, legal aid, psychosocial assistance and activities for children. Regarding public services, respondents most often expressed appreciation for

individual social workers, support from child protection services to foster/adoptive families, and psychosocial support.

However, some respondents noted insufficient quality of services, notably public social services - some reported difficulties in reaching them or limited scope of aid available from social workers. Yet, some suggested that these issues were not necessarily structural, but may have depended on the human factor.

Moreover, a few respondents noted ineffective response to reported GBV or child abuse, which, coupled with the fear of being blamed for reporting such cases, may lead to a lower rate of reporting. According to the Child Protection Assessment of 2024, about a fifth of adults would not report child abuse to authorities, out of which a few percent would also not take any other measures to try improve the child’s situation²⁸. This is a worrying issue that requires long-term efforts in building trust of the society that reporting will have better outcomes than ignoring abuse/neglect.

Several respondents mentioned the need to spend on private services that they deemed necessary and could not access for free or were not satisfied with the quality of free services (incl. medical services, rehabilitation, childcare). Nonetheless, the overview of the financial situation of vulnerable groups indicates that spending on private services would strain household budgets and is likely to be avoided unless absolutely necessary. This could lead, for example, to avoiding psychosocial support when no free-of-charge options are available, especially given the low levels of trust some individuals expressed in such services.

Coping strategies

When in financial distress or in need of services that are not available in the given location, respondents across all demographic groups most often reported relying on help from others (most frequently from family).

- *If it weren't for my daughter, four thousand [hryvnas of] pension with a few copecks, you know, [I'd] pay for the apartment and that's it. [...]*
- *Children's help is needed.*
- *Yes, there is nothing without the help of children.*

Older people, Vinnytsia

IDPs, especially those in collective sites, more often indicated relying specifically on peers, which suggests that they were able to build some social network in their new location likely due to being accommodated in a collective site (they also mentioned turning to collective site managers with questions or requests). IDPs more often reported saving and/or borrowing money.

Households with people with disabilities more often mentioned looking for external aid, in particular addressing the city council or deputies for aid regarding specific needs, reaching out to church or philanthropists. While this support proved oftentimes helpful, disaggregation of aid into individual requests (instead

of relying on systematic public support) risks leaving a significant part of those in need not covered by basic services.

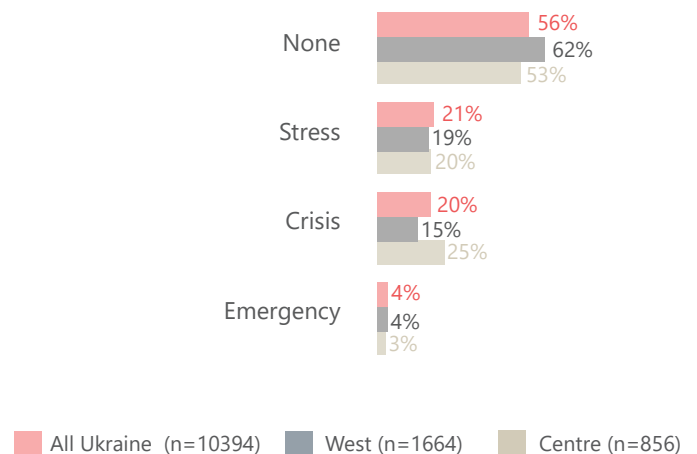
Lastly, several mentioned looking for additional income, either by taking up additional employment, selling own products or selling property. This coping strategy was not indicated by caregivers, possibly due to lack of time to take up additional employment due to caring for dependants.

Respondents across all groups often highlighted that social networks, support and communication with others, primarily family, serve as sources of resilience in difficult life circumstances. Other frequently noted factors included inner strength (psychological ability to cope with a stressful or traumatic situation), ability to ask for help, financial independence, education and being well-informed. Several respondents underscored as well the need for adequate support from public providers.

Additionally, it is worth noting that reports of resorting to Livelihoods Coping Strategies in western Ukraine were only slightly lower than in Ukraine in general, and in central Ukraine - slightly higher (see Figure 3), which highlights the presence of vulnerable groups in these macroregions.

While livelihood needs fall outside the scope of the protection sector, having sufficient financial resources can be critical to meeting protection needs, especially when free services are unavailable or inaccessible in a given location. Unmet protection needs may be tied to unmet financial needs and trigger the use of Livelihoods Coping Strategies.

Figure 3: Households resorting to Livelihoods Coping Strategies, by type of the strategy (MSNA 2024¹⁵).



Snapshot: Vulnerable population groups

Some population groups stood out due to the severity of their needs, which were further exacerbated by challenging livelihood conditions and barriers to accessing services. Particular attention should be given to these groups, given the persistence of their vulnerabilities and the necessity for long-term support.

Single caregivers, especially of children with disabilities

MSNA 2024 found that households with one adult and child(ren) were more often in need, especially regarding protection and shelter⁴⁰. In this assessment, many single caregivers and caregivers of people with disabilities reported insufficient finances to satisfy household's needs. At the same time, they are hindered from securing employment as they need to provide care to their dependants, particularly given limited availability of safe spaces for children and care for people with disabilities.

Since I am a caregiver and cannot go to work all day, because I need to take care of the child, and social payments are small, then either we need to increase these payments, or provide free treatment for me as a caregiver and for the child. This is how it should be.

Caregiver of a child with disability, Lviv

Some services were reportedly non-inclusive to caregivers of children with disabilities, either by granting free rehabilitation/sanatorium to children without covering caregivers' stay, or due to the fact that caregivers did not have anyone to take care of their children while they [caregivers] are receiving e.g., psychological aid.

Single people with disabilities, often older

Older age and disability may often co-occur - according to MSNA 2024, roughly one-third of older households had an assessed disability. Additionally, households with members who are exclusively 60 years old or older, particularly in rural areas, present exacerbated needs within livelihoods and health. Households with a disability had elevated needs in food security, health, livelihoods, shelter, and Water, Sanitation and Hygiene (WASH). Use of crisis and emergency coping strategies was more common among households with older people and/or PwD⁴¹.

Many older people in this assessment reported insufficient finances due to low pensions⁴². At the same time, while older people (pensioners) should not be expected to take up employment, those who tried struggled and noted that employers are not willing to provide them with job opportunities. Regarding people with disabilities, their condition often impedes them from taking up employment. Thus, adequate social benefits should be considered for these groups.

Respondents noted that aid from an individual social worker in some locations was not provided to people with children as it was assumed that children would take care of their parents, which in reality is not always possible. More broadly, relying on relations with others was the most common coping mechanism and peers/family appeared among the most often cited sources

* In 2025 the minimum pension is 2361UAH (c. 57USD) per month.

of information. This underscores the added difficulty in tackling problems for single people with disabilities and older people without children or other family members.

Not everyone has children with a sufficient income level who can support or help them. So, at the moment, older people in our country are dependent on some form of assistance in most cases.

Ukrainian NGO representative, Lviv

IDPs in collective sites, especially older

MSNA 2024 indicated that IDP households have elevated needs and unique needs profiles as their needs were more elevated in all sectors apart from health and WASH⁴³. IDPs in collective sites exhibited a severe vulnerability profile, due to a higher prevalence of older adults, individuals with disabilities and other health conditions⁴⁴.

IDPs in this assessment more often noted struggling with finding employment. It is worth to note that IDPs face compounded financial challenges, as they often left behind their property/valuables, struggle to find a job, are not always aware of available public services and some noted issues such as having to pay utilities in their place of origin (for housing that is not inhabited and often damaged/destroyed), or inability to receive financial assistance to compensate for high rent as landlords do not want to issue official contracts so as not to pay taxes for renting.

Moving out of the collective sites is not possible for many as the cost of renting an apartment is close to the average salary⁴⁵. Accommodation issues are even more acute for IDPs who are older people and/or have disabilities - firstly, due to the lack of adequate inclusive conditions in collective sites, and secondly, because these groups are often unable to seek employment and provide for themselves. Many older people and IDPs reportedly struggled with meeting their financial needs.

On the one hand, IDPs in collective sites have more access to targeted information campaigns about available aid, on the other, those living in collective sites are usually more vulnerable IDPs, notably older people, who struggle with adapting to new circumstances and may have difficulties accessing information online.

** As of July 2025, average rent for a 1-bedroom apartment (i.e., with bedroom separate from kitchen) in assessed oblast centres varied between 10,720-14,588UAH/month (with Lviv coming as the most expensive). Outside of oblast centres rental prices drop, but availability of rental units is limited.

Hromadas' capacity to meet population's needs

The HNRP 2025 assumes that local and central authorities should be the primary stakeholders taking over responsibilities handled by international organisations or NGOs between 2022-2025 that are now being scaled-down. However, at both levels, authorities struggle with funding to expand existing initiatives. Following decentralisation reforms (with the process started in 2014 and still ongoing), hromadas have been tasked with allocating their own funds (coming mostly from income tax) to needed services²⁹. Although this allows hromadas to largely decide on their own spending and adapt it to local population's needs, this also risks differences in hromadas' funding, and consequently service provision, across Ukraine.

In a bid to finance the ongoing defence efforts, central government has amassed a share of hromadas' income, which left it with less disposable income (even though the central authorities seek to complement it by supporting hromadas' financing from central budget as they see appropriate). At the same time, hromadas in which protection needs are higher (due to a larger share of people not working, e.g., older people, people with disabilities, single caregivers), the influx of income taxes is lower.

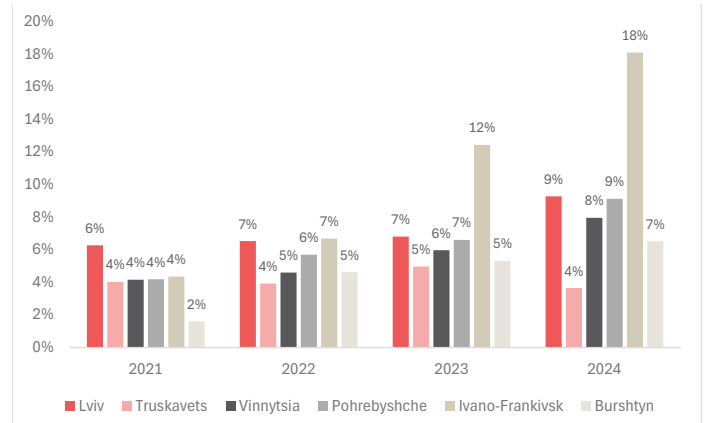
Additionally, the government sought to address the new and growing needs of the population by introducing benefits for the IDPs, utility subsidy, services and benefits for the veterans, etc. These efforts bring the central budget to its limits, thus increasing spending on centrally-funded social provisions (e.g., pensions) is also not possible^{30,31}.

Analysis of local budget balances reveals that nearly all assessed hromadas experienced a deficit in 2023, likely driven by the shocks of war, including population displacement. Lvivska and Ivano-Frankivska hromadas showed significant budgetary fluctuations over the 2021–2024 period, alternating between deficit and surplus. This may indicate challenges in budget planning, with local authorities uncertain about future revenues. In contrast, the other hromadas mostly maintained budget surpluses during this period, suggesting more conservative fiscal planning, likely influenced by ongoing uncertainty (see Annex 3)³².

Furthermore, since the onset of the full-scale invasion, all assessed hromadas have increased their spending on social protection, reflecting the growing needs of vulnerable population groups (see Figure 4).

When assessing the capacity of local actors to meet the needs of the population, both positive and limiting factors were identified. Among the strengths, respondents frequently highlighted the motivation and dedication of staff across local services, including local authorities, public service providers, and Ukrainian NGOs. This often translated into a strong personal commitment to supporting beneficiaries, even in the face of structural or financial constraints. Some respondents reported providing services voluntarily outside of working hours or investing their own funds to keep activities running. While

Figure 4: Spending on social protection as a share of total spending across assessed hromadas, between 2021-2024⁴⁶



such personal initiative reflects a high level of dedication, it is not a sustainable basis for effective service provision.

Importantly, successful implementation of social support programmes was often linked to the motivation of staff and political will of local officials.

[Our strength lies in] our desire and motivation. We are very interested in work, constantly looking for new ideas and we don't stand still. For example, recently we went to Lviv, where we exchanged experience with others specialists. This helped us understand that need to implement new approaches, especially in working with children who have been affected because of military actions.

Public service provider, Pohrebyshe

Another repeatedly noted strength was the proactive attitude of local actors in continuing to seek ways to deliver services despite the reduction in international support. Representatives of local authorities and both local and national Ukrainian NGOs reported actively seeking funding opportunities beyond humanitarian and sometimes beyond central funding, developing project proposals, and reaching out to donors directly. This shows strong commitment, albeit one that requires matching support to translate into results. Moreover, in some cases, reported corruption and poor coordination significantly hindered the delivery of support.

Effective cooperation mechanisms established among local actors were also frequently cited as a strength, contributing to a more coordinated and responsive service environment. Additionally, the regular conduct of needs assessments by local authorities and Ukrainian NGOs was seen as a positive sign of a growing understanding of the importance of evidence-based planning. These assessments not only improve service delivery but also position local actors to advocate for the return of international support by presenting concrete data on unmet needs.

Other positive aspects included the expertise of local actors and their close contact with beneficiaries, which enhances their ability to respond appropriately to the needs of vulnerable groups. Furthermore, in several cases, local authorities demonstrated a willingness to co-finance

donor-led initiatives by allocating local budget resources, yet another indication of their proactive stance and commitment to supporting the population.

On the other hand, several factors were identified as limiting local actors' capacity to fully meet the needs of the population. These included insufficient availability of qualified staff, often linked to low remuneration, and broader financial constraints.

As for home-based care, the situation is complicated. Salaries are very low. A specialist receives 8-9 thousand hryvnas with work experience. And when taxes are deducted, there is a completely meager amount left. [...] And the work is very hard. The demands are high now.

Public service provider, Truskavets

When asked about what could increase the capacity of local actors to meet the needs of the population, staff training was the most frequently mentioned form of support. Although capacity-building and training activities have been provided by both ministries and international actors, continued investment in staff training is seen as essential to further strengthen the ability of local actors to respond to the population's persistent needs.

Material support was also highlighted - particularly the importance of strengthening the material and technical base of local initiatives through the provision of equipment and renovation assistance. This type of support has proven crucial in enabling the transition from international aid to local ownership, with numerous cases reported of local authorities successfully taking over donor-led activities following initial investments in infrastructure and material resources. Continued support in this area could further enhance local capacity to sustain and expand services.

Lastly, while the social contracting mechanism was identified by some respondents as a promising solution for ensuring sustainable service provision, additional explanatory and awareness-raising efforts are still needed. In particular, respondents from local and national NGOs, as well as IDP councils, emphasized the importance of building a shared understanding with local authorities and clarifying the legal and practical aspects of how social contracting works in practice.

What's next? Future needs and challenges

Risks and challenges

Regarding the risks associated with the scale-down of humanitarian activities in the assessed hromadas of western and central Ukraine, key informants most frequently cited the risk of a new wave of evacuations. In hromadas where the population nearly doubled with the arrival of IDPs, local infrastructure is already stretched to its limits.

A further influx, combined with the reduction of

international support, both in terms of direct activities by international organisations and financial support to Ukrainian NGOs, could severely worsen already urgent unmet needs, such as housing, employment opportunities, child-care facilities, and psychological support, leading to insufficient availability or quality of these services. Additionally, reported limited employment (either regarding availability of jobs corresponding to skills, or low salaries) and business opportunities could lead to further outflow of skilled workers (e.g., medical staff) and young people.

On the other hand, informants frequently mentioned that due to the lack of basic support in the safer regions IDPs may return to frontline areas where the risk to life is significantly higher or not evacuate from occupied or frontline areas at all, perceiving the lack of support in safer regions as a deterrent to leaving dangerous zones.

I hope you will be able to convey the importance of not reducing humanitarian aid in western Ukraine. [...] We must remain a hub where people can have at least minimal conditions for a safe stay, at least for a certain period. Because when this aid is reduced, the most vulnerable people remain in dangerous zones [...]. They simply do not leave - they remain under shelling.

International NGO representative, Ivano-Frankivsk

IDPs within focus groups declared that they would not try to return to their areas of origin before the war ends, due to ongoing safety concerns and ruined housing. A study of January 2025 shown that the primary driver for returning to areas within 30km from the frontline are personal reasons (e.g., reunification with family), but economic and housing challenges are increasingly common as push factors³³.

However, a persistent challenge remains with people in frontline areas who are unwilling to relocate. An informant recalled a story told by an IDP who was first reluctant to move to the West due to perceived discrimination and said that there were still people refusing to evacuate due to such sentiments stirred by propaganda. Others, especially older people³⁴, may be reluctant to leave home if they deem support offered in safer areas of Ukraine insufficient and do not have their own safety net of social network and sufficient finances to begin a new life elsewhere³⁵.

Another commonly identified risk was the potential rise in violence, due to social tensions and/or financial issues, including both criminal activity and domestic violence. This concern is particularly pressing in light of the widespread reduction or closure of GBV services. With these services being among the most frequently scaled down, the risk to the safety and well-being of women in vulnerable situations is both real and urgent.

Empowering vulnerable groups

Where possible, along with provision of needed services, stakeholders should seek to empower vulnerable population groups. Key informants most often emphasized the importance of employment opportunities and business

support in empowering population. Access to dignified, sustainable livelihoods was seen as foundational for community resilience, enabling individuals and families to meet their own needs without prolonged reliance on humanitarian aid. Support in this domain included both direct employment opportunities and broader business development initiatives such as grants, vocational training, and entrepreneurship support.

Nonetheless, it was also noted, that employment support does not offer a universal solution to empowerment. Certain groups, such as older people and people with disabilities, are often excluded from opportunities related to skills development, requalification, and employment. Additionally, single caregivers, especially of children with disabilities, cannot take up employment due to childcare responsibilities amid noted shortages of such services. Adults with disabilities in family care were reportedly overlooked in programming and policy, according to some. In these cases, increased social payments and long-term planning were seen as essential to ensuring a dignified life and reducing dependency on humanitarian assistance.

Housing emerged as another central pillar of empowerment, along with often being among unmet needs. Without stable, affordable, and accessible housing, individuals, particularly IDPs, older people, and people with disabilities, remain in precarious living conditions that negatively impact their wellbeing, limit their ability to participate fully in community and economic life. Ensuring stable housing support was described not only as a basic need but as a prerequisite for long-term recovery and independence.

Respondents also underscored the importance of psychosocial and psychological support, highlighting mental health as a crucial, yet often overlooked, component of empowerment. Emotional well-being was considered essential to individuals' ability to engage in work, learning, social interaction, and healing from trauma, particularly in the context of war and displacement. When asked what makes a person resilient to adversities, respondents of the vulnerable groups most commonly pointed to inner strength and stability. Yet, at the same time, some expressed distrust or lack of belief in benefits of psychosocial aid. Thus, not only providing such services, but also seeking to raise awareness and trust in such services should be the goal.

Furthermore, engaging marginalized groups in mutual problem-solving was seen as an effective empowerment strategy, fostering a sense of agency and cooperation. Strengthening social cohesion was also mentioned by some respondents as a means of empowering communities by promoting trust, solidarity, and collective resilience.

Last but not least, information access was seen as a key enabler for navigating systems and accessing available services. Informants stressed that without reliable information, many vulnerable individuals struggle to claim their rights or participate in support programs. Improving

awareness of existing services and legal entitlements was described as a relatively low-cost but high-impact intervention.

Overall, it appears crucial to consider areas such as livelihoods, shelter/CCCM and psychological needs when designing protection policy or programming, as these issues are undeniably interconnected and addressing them holistically can significantly improve outcomes for affected populations. Moreover, while empowering people when possible, it is important to remember that the most vulnerable groups will continue to rely on external support.

- What would vulnerable groups need to become less dependent on social protection programs?

- My colleagues and I often think about this. In fact, it all depends on the categories that remain. You just have to understand that those who wanted to leave their temporary residences [collective sites], integrate, find a job, rent or not rent, have the opportunity to buy, they did it. The most vulnerable categories that remain are [largely] people of retirement age, mothers with children.

Ukrainian NGO representative, Truskavets

Possible solutions and opportunities

In response to the identified issues regarding transition in protection, several recommendations were developed. On the strategic level, the Protection Cluster defined recommendations addressing key findings, which can be found in the section below. On a local level, recommendations to specific issues within different spheres of protection activities were developed via a workshop with local authorities, local and national NGOs and international organisations (see the subsequent section).

Recommendations for humanitarian and recovery/development actors from the Protection Cluster

Humanitarian protection needs of the vulnerable populations, including internally displaced people, in the assessed hromadas continue, along with the scale down of humanitarian actors' presence. For those who are not sufficiently covered by national service systems and without community support networks – these needs may become even more compounded over time.

Hence, in the context of the Humanitarian Needs and Response Plan for 2026, it will be critical to develop a well-calibrated transitional response package for the most vulnerable people in order to reduce reliance on humanitarian assistance while preventing people from being left behind. Here, efforts to link them up with government social services should be accompanied by ongoing basic humanitarian and community social support in the interim.

The Protection Cluster developed the following recommendations addressing this assessment's key findings:

1 *Key spheres affected by the scale-down and insufficiently covered by government providers include: legal aid, psychosocial support, GBV services, safe spaces for children and social protection services.*

Strategic Priority 4 of the HNRP 2026 focusing on the Support for Vulnerable IDPs opens up a window of opportunity to shape up this “missing link” in the humanitarian response strategy and will require adequate resourcing. As demonstrated in the findings, protection services, including informational and legal services, psycho-social services, social support and community-based protection activities, will be critical to ensure that the most vulnerable IDPs are effectively integrated into state and community-provided systems. This should be complemented by vulnerability-focused sectoral interventions, in particular shelter, health and livelihoods.

2 *Certain groups where existing vulnerabilities, such as age and disability, have been compounded by experiences of conflict and displacement are at risk of being left behind as aid scales down, since they need continuous support from government services or community-based protective mechanisms.*

The vulnerabilities people experience are often complex, intersecting and context-specific. As a consequence, categorical targeting methodologies in humanitarian assistance or social protection systems may risk leaving certain people behind. The effective implementation of tailored transition responses under Strategic Priority 4 will therefore require people-centred prioritisation. This should take into account individual-, household- or collective site-level assessments of risks and circumstances, rather than rigid, quantitative vulnerability criteria.

3 *Robust cooperation among stakeholders, including strong engagement from NGOs and Civil Society Organisations (CSOs), contributes positively to protection services' provision.*

This assessment clearly highlights the vital role of NGOs, CSOs and community-based mechanisms in the transition away from humanitarian assistance. As such, these actors and the local perspectives they represent should be effectively integrated into the ongoing development of social protection systems, for example under the National Service Strategy. This approach will be essential in advocacy to remove barriers to accessing the state systems.

4 *Coordination and communication efforts regarding transition are visible, however, some local stakeholders may be missing a clear picture of the scale-down, as there was limited time to plan, implement and communicate about transition, when humanitarian actors were shifting their capacities to the East and South.*

Humanitarian Needs and Response Plan: Strategic priorities

Strategic priorities of the upcoming HNRP 2026 are expected to remain in line with the priorities of the Re-Prioritized HNRP 2025. In the light of humanitarian aid scale-down in the West and Centre of Ukraine, activities of the humanitarian clusters in those areas may be focused around Strategic Priority 4, which emphasises support to the most vulnerable IDPs. The Re-Prioritised HNRP 2025 is centred around the following priorities⁴⁷:

Strategic priority 1: Supporting the most vulnerable who remain close to the frontline

Includes the provision of sustained, life-saving assistance in frontline areas, excluding needs covered under post-strike response, evacuations and support to displaced people.

Strategic priority 2: Evacuations

Emphasises support to displaced people during and after evacuations.

Strategic priority 3: Emergency response after strikes

Envisions a countrywide response addresses the immediate aftermath of airstrikes with a focus on sudden-onset, high-impact needs.

Strategic priority 4: Humanitarian contributions to the most vulnerable among the IDPs including those in collective centres

Encompasses support to vulnerable displaced people, including those in collective sites, addressing their ongoing needs beyond emergency events. The priority of the Camp Coordination and Camp Management (CCCM) is within supporting collective sites hosting newly displaced and highly vulnerable populations.

Coordinated and properly resourced transition planning for protection activities should be prioritised and resourced at national, regional and local levels, in order to reduce undue burden on local actors and prevent vulnerable populations from being left behind. Amid ongoing shifts in the humanitarian context, this should be informed by regular sense-checking and documentation of lessons learned, such as the recent Protection Cluster Fit-for-Purpose analysis^{****}.

Accountability to affected populations is a critical component of the transition process. Transition planning should take account of community perspectives from the outset, with a particular emphasis on local-

**** Fit-for-Purpose analysis aimed to evaluate Protection Cluster's activities given re-prioritisation of the HNRP 2025, to ensure aligning the cluster's activities with redefined strategic objectives.

level consultations both directly with IDPs and with representative mechanisms such as community-based organisations or IDP councils. At the same time, humanitarian actors should develop communication plans to inform people about transition processes and manage their expectations. Ensuring that the most vulnerable – including IDPs living in collective sites – have access to adequate information about available support will be vital to reducing uncertainty and ensuring they are able to effectively plan for their future.

Conclusions from the Transition Workshop - local perspectives

This section includes solutions to chosen issues, that were developed during the workshop, following data analysis. Specific propositions for addressing chosen issues within each sphere are presented in Annex 4.

During the workshop, participants identified main issues to focus on within social protection, psychosocial services, GBV and child protection, legal aid and information spheres, and discussed possible solutions.

Social protection

Participants focused on the limited scope of social protection services in smaller hromadas, as well as on the issue of inaccessibility of collective sites for people with disabilities. It was noted that while implementation of initiatives addressing these issues should largely occur at the hromada level, codifying measures at the central level would help ensure harmonisation of services' availability across Ukraine^{*****36}. Additionally, although shelter provision lies outside the scope of social protection, it emerged as a critical cross-cutting issue, directly affecting the wellbeing of vulnerable people and, for IDPs, their ability to plan for the future and settle in a hromada.

Legal aid, information and awareness

While many NGO services are targeted to IDPs, the aim should be to integrate them into the local public social protection systems. Thus, participants focused on addressing the bureaucratic barriers faced by IDPs in accessing services. Participants highlighted that it was often unclear to both IDPs and service providers often found it unclear which public services were available to IDPs in their new locations. Therefore, it was noted that raising awareness of available services among first-contact service providers could facilitate information flow and referrals. Moreover, the need to raise the level of general legal awareness among the population was emphasised.

Psychosocial support

Although the war has sparked expansion and development of psychosocial services, further work is needed to expand services addressing war-related psychosocial issues. Moreover, participants emphasised that efforts should be made to increase social cohesion and enhance social inclusion of lonely people and children with disabilities.

***** Some of the adequate measures have already been codified at the central level, although gaps in both codification and implementation remain.

It was noted that the expansion of psychosocial services should be accompanied by awareness-raising campaigns and efforts to increase outreach. Furthermore, efforts within the psychosocial sphere should not be limited to institutions, but involve the local community to enhance their acceptance of and improve their stance toward vulnerable people.

GBV and child protection

Despite the progress in developing services for survivors of GBV (e.g., establishing shelters) and children (day centres, safe spaces), participants noted that vast differences between hromadas can be observed in terms of availability and scope of these services. This poses a challenge, as effective usage of such services requires availability close to the person in need, many of whom may be unable to travel to access them. Participants also discussed the shortage of specialists addressing psychological violence. Finally, regarding GBV and CP, the challenge of underreporting persists as some community members may be blamed by their peers for reporting abuse, or afraid to do so. It was noted that people should trust that reporting abuse will lead to positive outcomes for the affected individual without putting the reporting witness at risk.

Overall, possible solutions suggested by the workshop participants were centred along five main approaches: increasing the capacity of service providers, enhancing cooperation, streamlining legal frameworks, raising awareness, and addressing cross-cutting issues as follows:



Increasing the capacity of service providers

Improve access to existing social protection services and enhance outreach to vulnerable people to address shortages in service provision

- Improve transportation options (e.g., social taxis) to hromadas where services are available.
- Strengthen the use of existing tools, such as the hromada social passport, to guide needs-based service delivery.
- Encourage proactive outreach by deploying social workers via mobile teams and settlement-based appointments.

Invest in workforce and capacity-building to improve the quality of service provision

- Increase remuneration for social workers and other specialised protection staff to ensure sustainable service provision and attract qualified staff.
- Provide targeted trainings for social workers and local government staff on donor engagement, and legal knowledge.
- Provide further trainings for GBV and CP services' staff on aspects of abuse such as psychological violence.
- Involve students and recent graduates in social work to expand capacity and foster the future workforce.



Enhancing cooperation

Strengthen coordination/collaboration between stakeholders and leverage NGO support to address capacity gaps

- Expand social contracting mechanisms and create a shared platform for NGO collaboration. Support community-based initiatives, such as Resilience Centres, ensuring coordination between NGOs and local authorities to cover all areas and avoid duplication.
- Establish national coordination mechanisms for protection services' provision, maintain accurate databases of service providers and available services, and hold regular regional coordination meetings of authorities and national/local NGOs. Coordinate projects with local authorities, to ensure alignment with local priorities.
- Enable NGOs to help to fill service/staffing gaps, provide technical expertise, and deliver trainings. Engage NGOs to assist local authorities in preparing information materials and running information campaigns.

Engage international stakeholders in expertise development to strengthen specialised services

- Draw on international best practices and facilitate the exchange of experiences to strengthen the expertise and capacity of local service providers, in psychosocial support, response to GBV and other specialised services.



Streamlining legal frameworks

Ensure inclusive and practical legislation and policies to facilitate accessibility of services

- Involve local stakeholders in legislation drafting to incorporate practical perspectives, and align national legislation with the realities and needs on the ground.
- Consult affected populations to identify needs and shape solutions, improving relevance and effectiveness.
- Strengthen NGOs' advocacy role on behalf of vulnerable populations at the national level, engage NGOs in developing nation-wide standards and projects, building on their practical experience and expertise.

Streamline the legal and regulatory framework to improve accessibility of services

- Address inconsistencies in the legal system, including overlapping directives and policies.
- Remove legal and bureaucratic barriers that hinder access to services.
- Clarify definitions of service standards, staff requirements, and bureaucratic procedures to reduce inefficiencies and regional disparities.

Revise legislation to ensure higher effectiveness of GBV and CP response and increase trust

- Ensure that the national legislation on violence against women and girls and its operationalisation fully align with the Istanbul Convention.
- Consider modalities that could enhance reporting of abuse (e.g., possibility to report anonymously).



Raising awareness

Extend information campaigns and awareness raising to stakeholders of other sectors, and community members, to facilitate information access and general awareness

- Ensure first-contact service providers (e.g., doctors, teachers) have complete and accurate knowledge of available protection services and can make referrals effectively.
- Keep all stakeholders at regional and local level aligned through regular updates regarding protection services and policies, and information-sharing.
- Include community members in social cohesion projects.

Conduct information campaigns on response to GBV and CP to increase reporting

- Provide clear and concise information on available services and reporting pathways in case of abuse.
- Engage community services, such as local libraries, in awareness raising campaigns.



Addressing cross-cutting issues

Enhance housing and shelter solutions to address cross-cutting needs

- Include housing and accommodation in social protection projects for vulnerable populations.

Conclusion

The landscape of humanitarian assistance and funding is shifting rapidly. In addition to the planned scale-down of aid in western and central Ukraine, service providers experienced sudden aid cuts in January 2025. Further unforeseen changes may arise, emphasising the need for localised long-term planning. Nevertheless, ensuring a responsible and well-coordinated transition away from humanitarian assistance is essential to mitigate the impact on vulnerable populations. Ensuring a transparent, well-coordinated transition is essential, yet no unified mechanism currently exists.

Although communities' needs in western and central Ukraine are less severe than in other areas of the country, some outstanding needs in protection and CCCM remain and could be rapidly exacerbated in case of a worsening security situation and increased influx of IDPs. Some of these issues precede the war (e.g., need for increased social support to older people, challenges in service accessibility to people with disabilities, limited availability of shelters for GBV survivors). Yet, the full-scale invasion has exacerbated these challenges - needs became more acute, while vulnerable groups are growing in size. Thus, long-term sustainable solutions are crucial.

It is essential to prioritise the empowerment of affected population groups, including IDPs and single caregivers and engage them in decision-making. Their inclusion in local society and the workforce is not only vital for their well-being and self-reliance but also for fostering community resilience. At the same time, it is vital to recognise that some groups, particularly people with disabilities and older people, require and will continue to require support. They cannot rely solely on informal networks (e.g., family, peers) or one-off aid (e.g., from charities, local deputies); instead, they need sustainable, long-term solutions.

Central and local authorities conduct a wide array of activities aiming to address various population needs related to protection and CCCM. However, limitations in the scope of services provided, mainly due to gaps in funding and staffing, risk leaving some individuals without adequate support. Strengthening collaboration between stakeholders, namely local authorities and Ukrainian NGOs, while enhancing transparency and communication, is critical to ensure effective provision of services. Existing cooperation structures, such as NGO contracting and resilience centres, should be further developed, better promoted, and utilised to their full potential.

Notable differences remain between hromadas in terms of available services, funding, political will, and the presence of and cooperation with NGOs. It is necessary to address gaps in hromadas and enhance access to existing services, either within the settlement or in neighbouring hromadas, by strengthening stakeholder cooperation and, for example, deploying mobile teams or developing social taxi services, in order to maximise the use and efficiency of already available services. This should be supported by needs assessments, service maps, and clear pathways for accessing services. Efforts must also focus on spreading complete and up-to-date information and raising awareness, while including stakeholders of different sectors - not only protection, but also other stakeholders who work directly with vulnerable populations (e.g., personnel of medical or educational facilities).

Annex 1

Figure 5: Sampling of FGDs with members of vulnerable groups*

Focus Group Discussions						
Type of vulnerability	Hromada					
	Ivano-Frankivska	Burshtynska	Lvivska	Truskavetska	Vinnytska	Pohrebyshchenska
Households with older people, host population	1	1	1	1	1	1
Households with children, host population	1	1	0	0	1	1
IDP households residing outside collective sites	1	1	1	1	1	1
IDP households residing in collective sites	1	1	1	1	1	1

* Sampling includes initial criteria, not additional categories that respondents may fall into.

Figure 6: Sampling of HHIs with members of vulnerable groups*

Household Interviews						
Type of vulnerability	Hromada					
	Ivano-Frankivska	Burshtynska	Lvivska	Truskavetska	Vinnytska	Pohrebyshchenska
Households with people with disabilities or chronic illnesses, host population	3	3	3	2	3	3
Households with children, host population	0	0	2	1	0	0

* Sampling includes initial criteria, not additional categories that respondents may fall into.

Figure 7: Sampling of KIIs with stakeholders in protection

Key Informant Interviews						
Type of stakeholder	Hromada					
	Ivano-Frankivska	Burshtynska	Lvivska	Truskavetska	Vinnytska	Pohrebyshchenska
International NGO	1	1	2	0	1	0
Ukrainian NGO	4	3	5	3	5	0
Local authorities/Public service provider	1	1	1	4	3	5
Collective site	1	0	0	0	1	1
IDP council/Organisation of People with Disabilities	0	1	0	0	2	0

Annex 2

Excerpt from the questionnaire (HHIs and FGDs) regarding the choice of services:

To what extent do you agree with the following statements? The statements refer to your hromada.

If “yes” or “maybe”, where, in your opinion, should your friend turn to? To which institution or organisation? Why there?

A. If my friend faced legal challenges, for example in receiving documents or accessing services, I would know where to refer them.

B. If my friend experienced mental health issues, such as stress or loneliness, I would know where to refer them.

C. If my female friend experienced physical violence from a partner she lives with, I would know where to refer her.

D. If my friend suspected that a neighbour's child is being neglected (e.g., left without supervision or lacking access to education), I would know where to refer them.

E. If my friend with a chronic illness needed home care, I would know where to refer them.

Annex 3

Figure 8: Budget balance of assessed hromadas, 2021-2024⁴⁸

	2021	2022	2023	2024
Lvivska	-512654524,7	2086161297	-1181488419	1180682166
Truskavetska	31861034,8	38428648,06	8927334,79	-10949264,45
Vinnytska	-109633960,7	709973857,3	-440805569,6	139565506,4
Pohrebyshchenska	625382,87	14569747,09	19414402,46	5122746,42
Ivano-Frankivska	24261139,27	131780963,5	-17777977,15	93522332,05
Burshtynska	13804431,49	15698340,31	-12077329,78	8685531,94

Annex 4

Figure 9: Solutions proposed by workshop participants to chosen issues within social protection, along with stakeholders responsible for their implementation

Social protection					
Chosen issues and proposed solutions		Government	Local authorities	NGOs	Other
Limited scope of social protection services in smaller hromadas	Expansion of the network of social service providers		●	●	
	Developing the social service procurement mechanism	●	●	●	
	Expansion of subsidy programmes	●	●		
Need for stable, safe social housing	Audit of properties available at the hromadas, creating a register (single governmental register), adaptation of the registry for housing stock purposes	●	●	●	
	Building new social housing, attracting investments		●	●	
	Developing the possibilities of rental with purchase	●	●	●	
Infrastructure in collective sites not adapted to PwD	Renovations of collective sites where technically possible	●		●	OPD councils
	Taking inclusivity criteria into account when creating new collective sites	●			OPD councils
	Establishing a reserve (contingency capacity) of inclusive places in collective sites	●	●		OPD councils

Figure 10: Solutions proposed by workshop participants to chosen issues within legal aid, information and awareness, along with stakeholders responsible for their implementation

Legal aid, information and awareness					
Chosen issues and proposed solutions		Government	Local authorities	NGOs	Other
Bureaucratic barriers faced by IDPs	Following the principle of extraterritoriality in case of legal issues	●	●	●	
	Expanding possibilities of online-services, digital skills trainings, offering spaces with access to online services	●	●	●	Community services, libraries, etc.
	Advocacy interventions regarding regulations that hinder access to services	●	●	●	
	Information campaigns, trainings for service providers	●	●	●	
Lack of clarity on which public protection services IDPs can access	Roadmaps from local authorities concerning available services, benefits, guarantees	●		●	
	Case management	●		●	
	Information campaigns, including through media			●	
Low level of legal awareness among the population	Information campaigns, trainings, handouts (complete information provided to IDPs)	●	●	●	
	Case management	●		●	

Figure 11: Solutions proposed by workshop participants to chosen issues within psychosocial support, along with stakeholders responsible for their implementation

Psychosocial support		Government	Local authorities	NGOs	Other
Chosen issues and proposed solutions					
Need for support for lonely people	Conducting assessments of needs (available services, opportunities), identify priority direction of socialisation programmes		●	●	
	Creating/incentivising formation of group initiatives - their training and development		●	●	Community members
	Conducting projects - meetings, trainings, master classes		●	●	
	Developing communication channels for local community		●	●	
Need for socialisation and adaptation of children with disability	Analysis of available programmes and resources at the level of hromada and state		●	●	
	Informing caregivers of opportunities available at the hromada (if any)		●	●	Employees of relevant institutions
	Creating (self-)support groups for caregivers of children with disability		●	●	
	Organising children's camps and day centres for children with disability	●	●	●	
	Addressing the issue of transportation/conducting off-site consultations	●	●	●	
Psychologists are not prepared to address specific issues	Expansion of the state programmes (trainings) for increasing qualifications of psychologists for working with specific psychological issues	●	●	●	
	Traineeships for psychologists		●	●	
	Organising psychological forums		●	●	
	Exchange of international expertise		●	●	
	Awareness raising among people who need help or have negative experiences		●	●	

Figure 12: Solutions proposed by workshop participants to chosen issues within gender-based violence and child protection, along with stakeholders responsible for their implementation

Gender-based violence and child protection		Government	Local authorities	NGOs	Other
Chosen issues and proposed solutions					
Insufficient availability of day centres for children with disability	Solving the staffing issues at the centres through increasing offered salaries		●		
	Expanding governmental programmes for children with disability	●			
	Engaging international stakeholders in establishment and operations of the day centres	●	●	●	
People are blamed for reporting GBV/child abuse cases and/or scared to report	Ensuring that the law is in line with international agreements (namely the Istanbul Convention)	●			
	Possibility to report abuse anonymously (by witnesses)	●			
	Systematic governmental information campaigns on available support	●	●	●	Community services, libraries, etc.
Shortage of specialists addressing psychological violence	Increasing salaries of specialised staff	●	●		
	Ensuring training of Ukrainian psychologists regarding abusive language/verbal harassment	●	●	●	
	Securing support of international organisations	●	●	●	

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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).