



Context

Since Russia's full-scale invasion in February 2022, an estimated 6,243,000 persons remain internally displaced (IDPs) in Ukraine.¹ In eastern and southern Ukraine, an increase in hostilities and security concerns has prompted a renewed wave of displacement, including a mandatory evacuation order for civilians within the Donetsk and Kherson regions on 30 July.² Heightened security concerns following the attack on a civilian convoy in Zaporizhzhia pose a threat to safety for households (HHs) transiting.³ Therefore, barriers to movement within non-government controlled areas (NGCAs) and conflict-affected areas persist.⁴ Such concerns particularly affect **HHs with vulnerable member(s)**, for example due to mobility limitations and financial barriers.

Methodology

To inform ongoing evacuation efforts in eastern and southern Ukraine and the targeting of humanitarian assistance to HHs travelling with vulnerable members, REACH implemented an integrative qualitative assessment within REACH's **Arrival and Transit Monitoring** (ATM) household survey. In ATM Round 4 (R4), REACH enumerators interviewed 2,807 HHs arriving and transiting through 9 IDP transit hubs across Ukraine between **29 August and 9 September**.⁵ In eastern IDP transit hubs (Kropyvnytskyi, Kryvyi Rih, Dnipro, Zaporizhzhia and Pavlohrad), REACH also conducted **13 qualitative long-form interviews with eligible HHs** identified via REACH's ATM household survey (Table 1). HHs were selected according to the following eligibility criteria: (1) **recently arrived HHs** (arrived within 14 days prior to interview), and (2) travelling with at least one **older person (65+ years), person with a disability,⁶ and/or person with chronic illness**. Findings should be considered as indicative and whenever possible, REACH data has been triangulated with secondary data sources.

Key Findings

HH decision-making and displacement travels

- HHs with vulnerable member(s) are often **displaced in critical circumstances** during protracted stages of active conflict. In early September, common areas of origin included **Bakhmut, Kherson, Enerhodar, Nikopol and Melitopol**.
- HHs illustrated a **diversity of decision-making experiences** prior to leaving their area of origin. **Personal and volunteer networks** played a vital role in helping HHs with vulnerable member(s) to evacuate from NGCAs and conflict-affected areas six months into the full-scale war.
- **Loss of access to services** is a push factor of increased relevance for vulnerable HHs, compared to the overall IDP population.
- Opportunities for evacuation are more common in **urban government controlled areas (GCAs)**, as modes of communication such as **Telegram** were a source of clear and timely information regarding **evacuation announcements**.
- **Vulnerable HHs from rural areas and NGCAs faced more barriers**. Barriers to evacuations arose mainly due to limited access to information, limited transportation options, and mobility impairments.

Challenges faced at intended point of arrival

- HHs faced difficulties to find **accommodations**, such as living in a collective centre with a vulnerability, landlords unwilling to rent to families with children, and the high cost of rent.
- HHs described a **diversity of situations and planning upon arrival**, and multiple HHs planned for **healthcare follow-ups**. Onward movement of HHs with vulnerable member(s) is likely to take place in **winter months**.
- Vulnerable HHs commonly relied on **pension and humanitarian aid**, but were less at risk of complete loss of income. In addition to **cash assistance**, vulnerable HHs also prioritized the need for **medicines, healthcare services, and winter clothes**.

HH future planning and evacuation needs

- HHs with **damaged homes** in areas of origin are more inclined to settle during the upcoming **winter months**. Increase in **rental prices** are reported to prompt future intentions to travel onwards.
- All respondents interviewed in long-form knew older persons, persons with a disability or a chronic illness **remaining in their area of origin**. **Fear, unwillingness, mobility impediments, and lack of information** prevented people from leaving.

Introduction and Sampling: Recently arrived HHs with vulnerable member(s)

This brief focuses on an in-depth analysis of displacement and humanitarian needs of HHs travelling with vulnerable member(s), drawing from the ATM R4 household survey, 13 long-form interviews, and secondary data sources. REACH's identification of eligible HHs for long-form interviews (Table 1) shows that **Zaporizhzhia remains a key transit hub** for IDPs from eastern and southern regions, as **95%** of assessed HHs arrived within 2 weeks prior to interview. In **Kryvyi Rih** and **Pavlohrad**, REACH identified few recently arrived HHs travelling with vulnerable member(s). Evacuees reportedly arrived in Dnipro,⁷ Kropyvnytskyi⁸ and Zaporizhzhia,⁹ potentially affecting lower recent arrivals in Kryvyi Rih and Pavlohrad. In terms of vulnerabilities, **25%** of recently arrived HHs (n=108) travelled with an older person, a person with a disability, and/or a person with chronic illness.

"I talk to other parents of children with disabilities. I know that they left, because for us the most important thing is to take care of our children, and in Novhorodske it is impossible to do that now."
– Interview 2, Novhorodske (Donetska)

Table 1: Total # of assessed HHs in REACH's ATM R4 household survey and # of recently arrived HHs with vulnerable member(s)

	Kropyvnytskyi	Kryvyi Rih	Dnipro ¹⁰	Zaporizhzhia	Pavlohrad	TOTAL
Total # of assessed HHs	314	300	309	319	284	1,526
Recently arrived HHs (14 days prior to interview)	30	26	53	305	12	426
Recently arrived HHs with an older person, a person with a disability, and/or a person with chronic illness	12	3	23	67	3	108
Eligible HHs interviewed in long-form	4	2	2	4	1	13

¹ International Organisation for Migration (IOM). General Population Survey, Round 9 (17 - 26 September 2022). 4 October 2022.

² Ukrainska Pravda, Iryna Vereshchuk to Kherson residents: Please evacuate, we need to save you from Russian invaders, 14 August 2022.

³ BBC, Ukraine war: Survivors speak of horror as Zaporizhzhia convoy hit, 1 October 2022.

⁴ Devex, People with disabilities left behind during the war in Ukraine, 5 July 2022.

⁵ REACH, Arrival and Transit Monitoring, Round 4 Factsheet, October 2022.

⁶ People with a disability are those who face difficulties doing certain activities due to a health problem concerning vision, hearing, mobility, cognition, self-care and communication.

⁷ Rubryka, "Don't leave me": How Pokrovsk-Dnipro evacuation train takes people out of shelling, 10 August 2022.

⁸ Ukrinform, Second evacuation train from Donetsk region arrives in Kirovohrad region, 3 August 2022.

⁹ BBC, Ukraine war: The families who made it through the new Iron Curtain, 5 October 2022.

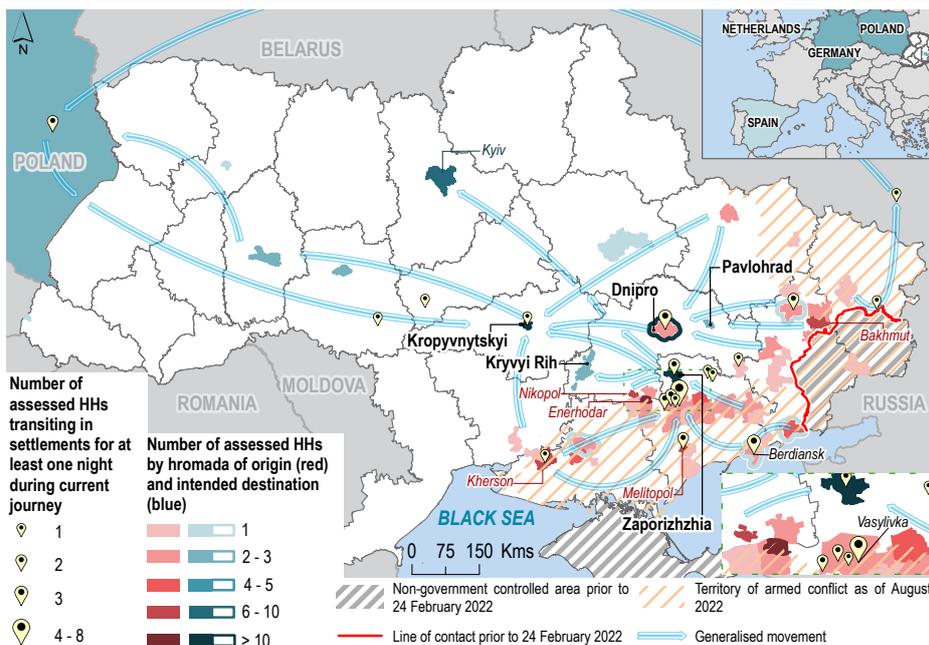
¹⁰ Of the 23 recently arrived HHs, only two travelling with a person with a disability/ chronic illness were interviewed in the long-form interviews. No HHs with an older person were identified and willing to participate in these interviews.



Map 1: Reported hromadas of origin, transit and intended destination by interview HHs.

Map 1 illustrates displacement trends for HHs with vulnerable member(s) recently arrived in eastern Ukraine IDP transit hubs. Common settlements of origin include **Bakhmut, Kherson, Enerhodar, Nikopol and Melitopol**, indicating that in late August and early September, HHs made journeys out of NGCAs as well as out of conflict-affected GCA. Most HHs reported that their **interview location was their final intended destination**, while a smaller proportion of HHs intended to make onward journeys to Kyiv, Ivano-Frankivsk, Vinnytsia, Poland, and Germany.

Common modes of transportation out of areas of origin included private car (32%), shared car (22%), bus (18%), evacuation bus (13%), and volunteer transport (9%). HHs most often stayed in **Dnipro, Vasylivka and Bardiensk** for at least one night during their current journey.



HH decision-making to leave settlement of origin

Ukraine has an aging population, as one in four people are over the age of 60.¹¹ Approximately **2.7 million people with a disability** lived in Ukraine prior to February 2022,¹² although Inclusive Futures estimates the actual number could surpass 6 million.¹³ Russia's full-scale invasion has heavily impacted vulnerable groups, both those who have been displaced, as well as those who have not evacuated. While **data for vulnerable groups in wartime is scarce**, in the IOM's survey (August 2022), **46%** of IDP respondents' HHs included an older person (60+ years), **36%** a chronically person, and **25%** a person with a disability.¹⁴ REACH's ATM R4 data (September 2022) confirms the **continued displacement of vulnerable HHs (25%** of recent arrivals).

Active conflict prompted most long-form interviewees to leave (n=11), and old age and/or medical conditions often aggravated HH situations. Indeed, various respondents provided traumatizing accounts of shelling and destruction in their neighbourhoods. In almost all cases (n=12), the interviewees themselves made the decision to leave. Many of the accounts suggested that interviewees decided to leave when no other options remained, indicating that **HHs with vulnerable member(s) are often displaced in critical circumstances** during protracted stages of active conflict.

"It is a nightmare what we experienced, at this age and with such illnesses. I would not even wish on my enemy to be in such a situation. I cannot move without the help of an adult, I cannot see very well, I fall, I hurt my knees and my face. [...] Everything we had was destroyed after the shelling. We barely managed to dig ourselves out [of the basement] and then we left."

– Interview 5, Bakhmut (Donetska)

"The decision to leave was made by my husband and me. It was physically and mentally impossible to stay. My legs began to fail because of a nervous breakdown."

– Interview 6, Pervomaiske (Donetska)

Seven interviewees reported that **loss of services**, such as healthcare and caregiving, also contributed to their decision to leave. Reported challenges included access to medicines in Kherson, the departure of doctors in Donetsk, and urgent surgery needs. Respondents in Novhorodske and Nikopol indicated that almost all families with children with a disability had left due to lack of medical care. Among all recently arrived HHs surveyed by REACH (n=426), HHs travelling with vulnerable member(s) more often reported loss of services as reason to leave (21%), corroborating that a **lack of service provision is a push factor of increased relevance for vulnerable HHs**. Indeed, the IOM reported most challenges with access to medicine and medical services in southern and eastern Ukraine.¹⁵

"My husband and I decided to leave as soon as we realized that there was no way to maintain the health of the child. The doctors my son needs have left."

– Interview 2, Novhorodske (Donetska)

In turn, **job opportunities are a less relevant pull factor for vulnerable HHs**. Thirty-six percent (36%) of recently arrived HHs (n=152) indicated job opportunities as a reason for choosing a settlement of destination, compared to **17%** of recently arrived HHs travelling with vulnerable members (n=18). For example, a long-form respondent noted that she could not work due to caregiving responsibilities, and older respondents would rely on their pension during displacement.

Finally, just under half of respondents (n=5) described that they experienced **hesitation prior to leaving**, many of whom travelled from Kherson. The rest of respondents reported no hesitation to leave, suggesting a **range of decision-making experiences**.

"I was hesitant about leaving my home, and there was also a fear of relocating and uncertainty about organizing the journey."

– Interview 11, Kherson (Khersonska)

¹¹ World Health Organisation, Joint statement on the situation of older persons in Ukraine - By the Office of the UN High Commissioner for Human Rights (OHCHR), UN Population Fund (UNFPA), WHO Regional Office for Europe, and HelpAge International, June 2022.

¹² Euronews, "Left behind": How war is hitting the disabled in Ukraine, 2 August 2022.

¹³ Devex, People with disabilities left behind during the war in Ukraine, 5 July 2022.

¹⁴ International Organisation for Migration (IOM), General Population Survey, Round 8 (17 - 23 August 2022), 30 August 2022.

¹⁵ International Organisation for Migration (IOM), General Population Survey, Round 8 (17 - 23 August 2022), 30 August 2022.



Challenges faced during displacement

Respondents reported a range of security contexts during evacuations. HHs travelling out of **Donetska** indicated that they felt safe once they boarded the bus, train, or car that would take them out of the region. Conversely, all respondents who travelled **from Kherson to Zaporizhzhia** and **from Nikopol to Kryvyi Rih** reported that they did not feel safe during evacuation due to shelling or checkpoints. No respondents signed a consent form for their evacuation. As security conditions continued to worsen, authorities extended mandatory evacuations to parts of **Kharkivska, Mykolaivska and Zaporizka** oblasts,¹⁶ increasing the number of vulnerable people facing displacement in volatile security contexts.

"Russian soldiers dragged two girls from the bus during our displacement, all our belongings were searched long and thoroughly. It was very scary."

– Interview 12, Kherson (Khersonska)

"It was very scary and dangerous. Something was flying above our heads." – Interview 10, Kherson (Khersonska)

In NGCAs, respondents from Kherson (n=4) experienced **barriers to accessing information about evacuations** due to Russian TV/radio or lack of internet and virtual private network (VPN) access. Older persons without digital connectivity often face additional barriers to access.

"Many people cannot access information about evacuation because of a lack of internet access. [...] No one answered us, nor provided us with information."

– Interview 7, Kherson (Khersonska)

Similarly, residents in **rural settlements in Donetska and Zaporizka** (n=3) faced barriers to accessing information and travelling to Bakhmut and Selidov to join evacuations that departed from urban centres. In contrast, two respondents from Bakhmut

noted that Telegram announcements about evacuations were clear and accessible. The divergence in experiences suggested **stark differences in evacuation accessibility in rural and urban areas**.

"When I was still in the village, there was no humanitarian aid. There was no one to turn to. [...] No one has heard any announcements. So, some people gave me the phone number to help us to get out."

– Interview 9, Petrivka (Donetska)

Some respondents travelling with older persons or persons with chronic illness reported **difficulties finding suitable transportation due to medical conditions or mobility impairments** (n=3). In particular, respondents from Kherson (n=3) reported faced **long wait times**. In terms of access to medication and assistive devices, most respondents were able to bring supplies with them or pick up their prescriptions upon arrival.

"My children paid the volunteers for our evacuation by a direct route without intermediate stops from Bakhmut to Kropyvnytskyi. Free evacuation was possible only to Dnipro. I could not take the route with transits, because there was no one to meet me in Dnipro. It is hard for me to move around on my own." – Interview 5, Bakhmut (Donetska)

Like the above-cited older couple, an equal proportion of respondents described having **support from family and friends** (n=5) or **support from volunteers and humanitarian organisations** (n=5) to organise their evacuation. Two respondents even made arrangements with volunteers from Vinnytsia to evacuate from Donetska by car. Lastly, three respondents had no such support. Overall, this trend suggested that **personal and volunteer networks play a vital role in helping vulnerable HHs to evacuate from NGCAs and conflict-affected areas six months into the full-scale war**. In turn, people without such networks or access (for example those staying in care facilities), could face tougher barriers to evacuate, as illustrated in Map 2.

Map 2: Case study. An older male bee-keeper cycles out of Komysh-Zoria.



An older male bee-keeper, 67 years, travelled alone from urban village Komysh-Zoria (Zaporizka) to Kropyvnytskyi (Kirovohradska). He travelled by bicycle, bus, and train, transiting in Orikhiv (Zaporizka) to stay with his sister for a few days, and then lived in Zaporizhzhia (Zaporizka) for approximately five months. He relied on his pension and government assistance as sources of income. He did not report any medical conditions.

This case study illustrates the scarcity of transportation options out of NGCAs, the self-directed resilience necessary to leave rural areas, the protracted nature of displacement, and challenges for older persons to access affordable accommodation.

Interview 8, Komysh-Zoria (Zaporizka)

¹⁶ OCHA, Ukraine: Situation Report, September 2022.



Challenges faced at intended point of arrival

HHs with an older person, a person with a disability, and/or a person with chronic illness often face heightened and specific challenges upon arriving at their intended destination. Firstly, many HHs faced difficulties in finding housing that was suitable and/or affordable. For example, a respondent could not fulfil the care needs of her older mother in a collective centre. Two HHs reported that landlords were unwilling to rent housing to families with children. Moreover, six respondents highlighted the **high cost of rent in Dnipro and Kropyvnytskyi**, and one family moved from Dnipro to Kryvyi Rih due to housing costs. REACH's Humanitarian Situation Monitoring revealed that in 76% of settlements assessed in Dnipropetrovska, KIs reported that affordable rental apartments were difficult or very difficult to find.¹⁷

"We were offered to stay in a dormitory both in Pavlohrad and in Dnipro, but we were with a child and a mother with disability. As soon as there was an opportunity to move into a separate apartment [a friend's apartment], we used it."

– Interview 1, Bakhmut (Donetska)

"We didn't manage to find immediately a collective center where we could stay. One can stay in shelters up to three days, and it is expensive to rent accommodation in the city of Dnipro. It was impossible to find accommodation in Dnipro in such a brief period." – Interview 4, Nikopol (Dnipropetrovska)

HHs with vulnerable member(s) reported **similar abilities to meet their daily needs** compared to recently arrived HHs overall. According to REACH's ATM R4 data, HHs with vulnerable member(s) could meet their daily needs most of the time (35%), sometimes (32%), or rarely (20%). In contrast, HH's sources of income differed (Table 2).

Table 2. Sources of income

Recent arrivals (n=426)		Recent arrivals with vulnerable HH members (n=108)	
1	Humanitarian Aid n=219	1	Pension n=53
2	Government assistance n=142	2	Humanitarian aid n=51
3	No income n=118	3	Government assistance n=29

Vulnerable HHs commonly relied on **pension and humanitarian aid**, whereas recently HHs overall relied most heavily on humanitarian aid (Table 2). The European Disability Forum reported that half of interviewed IDPs with a disability experienced a loss of income from paid work.¹⁸ Nevertheless, a higher proportion of HHs overall reported no income (28%), suggesting that **HHs with an older person are less vulnerable to a complete loss of income**, in part due to the continuation of pension payments during displacement. Older people also play an integral role care-giving for others, especially children.¹⁹ Finally, four respondents requested **support to find employment** and expressed worries for the future if they would be unable to find a job. No HHs reported challenges integrating with host communities.

"We receive payments for IDPs, payments for our child with disability, and we received financial assistance from the UN.

There were no problems."

– Interview 2, Novhorodske (Donetska)

"We do not know, maybe my husband will find a job tomorrow and everything will be fine, or maybe he will not. Everything is very relative." – Interview 1, Bakhmut

In terms of humanitarian needs, Table 3 confirms the **preference for multipurpose cash assistance among all population groups**. The European Disability Forum also noted that IDPs with a disability preferred cash assistance, and that it is clearly possible for IDPs with a disability to participate in cash interventions in Ukraine.²⁰ However, cash delivery mechanisms should account for feasibility and access to cash depending on disability, age, gender, and location of IDPs. As these vulnerable groups may be susceptible to hearing or visual impairments, HHs in rural areas face additional barriers in accessing online banking due to limited network connectivity.²¹

Table 3. Humanitarian needs

Recent arrivals (n=426)		Recent arrivals with vulnerable HH members (n=108)	
1	Multipurpose cash n=299	1	Multipurpose cash n=76
2	Employment n=286	2	Medicines n=51
3	Food items n=180	3	Food items n=45
4	Accommodation n=157	4	Healthcare services n=38
5	Hygiene products n=131	4	Accommodation n=38

Secondly, **HH with vulnerable member(s) prioritized the need for medicines and healthcare services** (Table 3). Long-form respondents corroborated REACH's ATM R4 findings, and reported needing clothes (n=7), multipurpose cash (n=6), and medicines/medical care (n=5). Importantly, three respondents shared that they felt **uncomfortable asking for help** from humanitarian organizations.

"We need expensive medicines. And asking for help is not very comfortable, only accompanied by an adult and I would like to skip the queue. Now there are long queues for aid everywhere." – Interview 5, Bakhmut (Donetska)

In addition to needing medicines, respondents reported **barriers to accessing medication or medical care** (n=4). These challenges included the administrative processes to register for the "Affordable Medicines" programme, reduced social care and home visits for children with a disability, long wait times, lack of understanding of healthcare provision at the arrival point, and uncertainty regarding the HH's future. Moreover, HelpAge's needs assessment in Lvivska, Chernivetska and Dnipropetrovska found that of those with a disability, the majority (70%) were **not registered as someone with a disability** - due to administrative burdens or compounding health issues associated with older age.²²

"We have information about where we can get it [medical help]. As soon as we come to our senses after this stress, we will try to go to a medical institution."

– Interview 6, Pervomaiske (Donetska)

Lastly, an additional barrier to receiving humanitarian aid is **access to information** and the completion of necessary **administrative processes** and IDP registration. Procedural hurdles can be more pronounced for HHs with vulnerable member(s), as illustrated below.

"We faced the problem with registering my husband's mother for the IDP status. She is registered as a resident in a village whose residents are not eligible for financial assistance.

However, she has been living with us in Nikopol."

– Interview 3, Nikopol (Dnipropetrovska)

¹⁷ REACH, Humanitarian Situation Monitoring, Round 5, August 2022.

¹⁸ European Disability Forum, Disability-Inclusive Cash Feasibility Assessment Report – Ukraine, June 2022.

¹⁹ HelpAge, Ukraine: Rapid Needs Assessment of Displaced Older People: Lvivska, Chernivetska and Dnipropetrovska Oblasts, June 2022.

²⁰ European Disability Forum, Disability-Inclusive Cash Feasibility Assessment Report – Ukraine, June 2022.

²¹ European Disability Forum, Disability-Inclusive Cash Feasibility Assessment Report – Ukraine, June 2022.

²² HelpAge, Ukraine: Rapid Needs Assessment of Displaced Older People: Lvivska, Chernivetska and Dnipropetrovska Oblasts, June 2022.



HH future planning

A similar proportion of HHs reported having plans for the next three months (n=6) and not having plans for the future (n=5), which suggested a **range of HH situations and planning upon arrival at their destination**. Most HHs who arrived in Zaporizhzhia from Kherson (n=3) indicated they intended to continue their travels onwards. Many HHs planned for **healthcare follow-ups**, ranging from immediate surgery to registration with family doctors.

"We will have to resolve issues concerning my husband's illness and our son's education."

– Interview 4, Nikopol (Dnipropetrovska)

Further displacement of HHs with vulnerable member(s) is likely to take place in **winter months** due to heavily destroyed areas in eastern and southern Ukraine, and heightened needs for shelter, gas, electricity and healthcare.²³ Seven HHs also reported their current need for winter clothes and/or footwear.

"We have nothing left there; everything was bombed. There is nowhere to go back to. That is why we want to spend the winter here in Kropyvnytskyi. Unless, of course, the rent is increased." – Interview 7, Kherson (Khersonska)

Finally, seven HHs felt comfortable and stable in their current location, while six HHs did not, either due to their very recent arrival, or their strong wish to return home. The majority of HHs wanted to **return home when the war is over** (n=9), whereas two HHs would return when access to services is restored. Almost all respondents (n=11) expressed **worry for the future** of their HH.

"We will go back home when active combat actions are over. Even though it might be ashes there, but we want to go home."

– Interview 5, Bakhmut (Donetska)

Vulnerable people remaining in IDP areas of origin

Drawing from the REACH ATM R4 data, **60%** (n=65) of recently arrived HHs with vulnerable member reported that a HH member stayed in their area of origin to **look after property (46%)**, care for family and friends (**11%**), or due to mobility and health issues (**10%**). All respondents interviewed in long-form (n=13) knew older persons, persons with a disability or chronic illness **remaining in their area of origin**. Respondents highlighted **fear, financial cost, and mobility impediments** as factors preventing people from leaving. However, **six respondents warned that people remaining would not want to leave**, such as older people not wanting to leave their homes.

"My brother and his wife stayed in Nikopol. It is difficult for older people and people with disabilities to leave and settle down somewhere." – Interview 3, Nikopol (Dnipropetrovska)

"There is fear. They are afraid of leaving. A psychologist is needed." – Interview 13, Kherson (Khersonska)

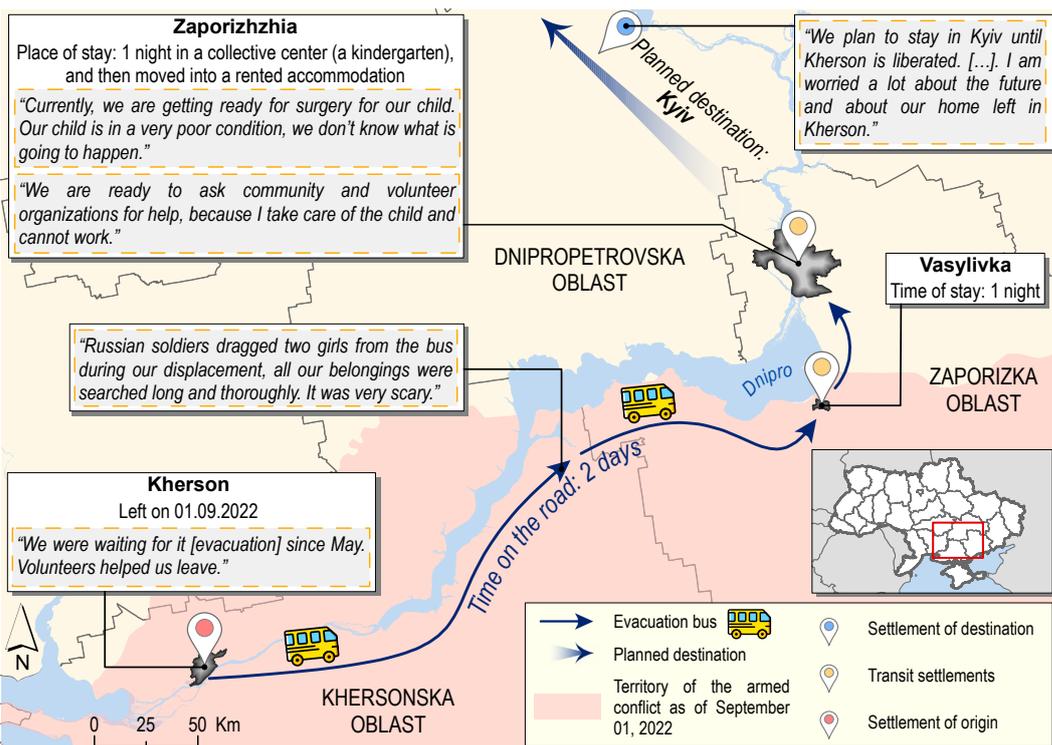
Half of respondents (n=6) indicated that **more evacuation assistance is needed** in their areas of origin. For example, reported queues lasting up to five days in **Vasylivka** to leave NGCAs²⁴ constitute a health risk for vulnerable groups. In Nikopol, evacuation transport is not tailored for people with mobility impediments, and in Kherson older people need support in accessing information through internet, VPNs, or volunteer networks. Indeed, a key issue that arose during interviews was the **lack of information** for evacuation assistance in NGCAs and rural areas (n=7).

"People do not know where to go. [...] Some of them cannot get on bus and travel seated because of their medical condition."

– Interview 9, Petrivka (Donetska)

"She [older person neighbor] told me she would stay at home. In order to evacuate her, you need to help her come down from the ninth floor." – Interview 12, Kherson (Khersonska)

Map 3: Case study. A family evacuates from Kherson to access surgery for their child.



A woman (36 years old) travelled with her two children from Kherson to Zaporizhzhia via evacuation bus, transiting for one night in Vasylivka. One of the children required immediate surgery, contributing to the HH's need for evacuation. They stayed first in a collective centre and then moved into a rented accommodation.

This case study illustrates a variety of trends, such as the security risks for evacuations out of NGCAs and the role of volunteer networks in facilitating evacuations. The case also illustrates how severe health conditions can cause additional challenges during displacement, such as the inability to plan for the HH's near future and the costs of caregiving.

Interview 12, Kherson (Khersonska)

²³ International Organisation for Migration (IOM). General Population Survey, Round 8 (17 - 23 August 2022). 30 August 2022.
²⁴ OCHA, Ukraine Situation Report, August 2022.



Long-form interview list (n=13)

Interview 1: Woman, 43 years, travelled with husband, child, and older mother from Bakhmut to Pavlohrad, where they stayed for five months before continuing to Dnipro.

Interview 2: Woman, 36 years, travelled with husband, and a child with a disability by private car from Novhorodske (Donetska) to Dnipro (Dnipropetrovska).

Interview 3: Woman, 65 years, travelled by private car with 2 other older HH members, one of which with a disability, from Nikopol (Dnipropetrovska) to Kryvyi Rih (Dnipropetrovska).

Interview 4: Woman, 45 years, travelled by private car with husband with a disability and child from Nikopol (Dnipropetrovska) to Kryvyi Rih (Dnipropetrovska).

Interview 5: Woman, 56 years with a visual disability and chronic illnesses, and man, 69 years with a chronic illness, travelled from Bakhmut (Donetska) to Kropyvnytskyi in shared car with volunteers.

Interview 6: Woman, 55 years with a chronic illness, and man, 64 years with a chronic illness, travelled from Pervomaiske (Donetska) to Kropyvnytskyi via volunteer transport and an evacuation bus.

Interview 7: Woman, 72 years, travelled by bus from Kherson (Khersonska) to Kropyvnytskyi (Kirovohradska), and transited in Zaporizhzhia (Zaporizka).

Interview 8: Man, 67 years, travelled from urban village Komysh-Zoria (Zaporizka) to Kropyvnytskyi (Kirovohradska) by bicycle, bus, and train, transiting in Orikhiv and Zaporizhzhia (Zaporizka) over a 5-month period.

Interview 9: Woman, 49 years, travelled by evacuation bus with 2 children, one of which with a disability, from Petrivka (Donetska) to Pavlohrad (Dnipropetrovska).

Interview 10: Woman, 71 years, with a disability and chronic illness, travelled via bus from Kherson (Khersonska) to Zaporizhzhia (Zaporizka).

Interview 11: Man, 68 years, travelled via private car from Kherson (Khersonska) to Zaporizhzhia (Zaporizka), and intends to continue travels to Poltava (Poltavska).

Interview 12: Woman, 36 years, travelled with husband and 2 children, one of which with a disability and chronic illness, via evacuation bus from Kherson (Khersonska) to Zaporizhzhia (Zaporizka), and intends to continue travels to Kyiv.

Interview 13: Man, 26 years with a chronic illness, travelled via evacuation bus from Kherson (Khersonska) to Zaporizhzhia (Zaporizka), and intends to continue travels to Kyiv.