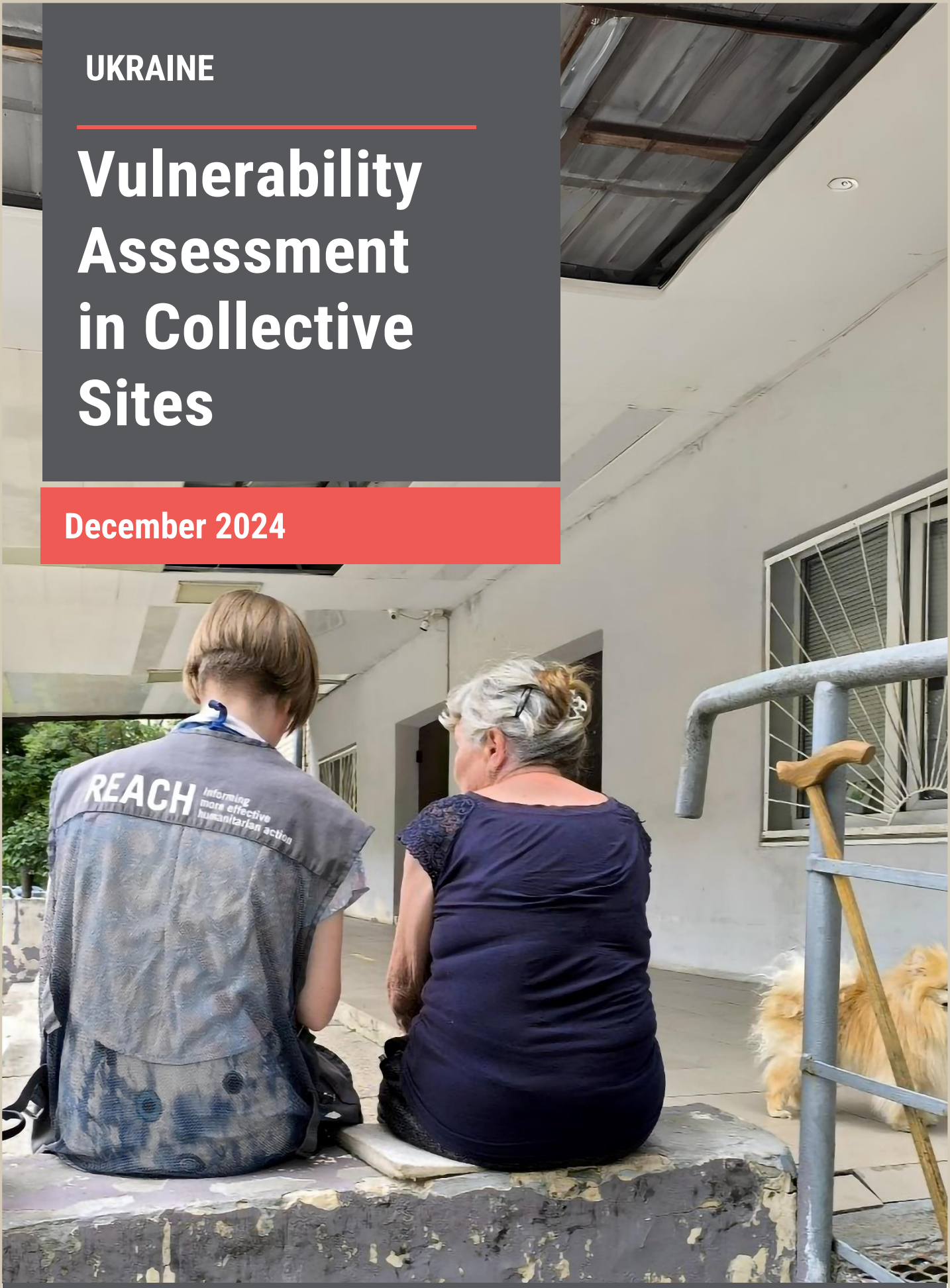
UKRAINE

Vulnerability Assessment in Collective Sites

December 2024



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Profile cover photograph credit: Enumerator surveys a respondent near the collective site in Kharkiv, Ukraine. July 2024 © IMPACT

About REACH

REACH is a joint initiative of two international non-governmental organisations - IMPACT Initiatives and ACTED - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision-making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. All REACH resources are available on our resource centre: www.reachresourcecentre.info. For more information, please visit our website.

EXECUTIVE SUMMARY

Russia's full-scale invasion of Ukraine in February 2022 caused mass displacement, leading to the quick setup of about 7,000 collective sites as temporary shelters. These sites were set up as an immediate, short-term response for people on the move in the early weeks of the crisis. Over time, as the displacement situation stabilised, most collective sites closed or resumed their original function. However, **about 25% remain operational and, despite poor-quality infrastructure and living conditions, continue to host displaced people longer-term.** As of February 2025, around 77,447 internally displaced people live in approximately 1,600 collective sites across Ukraine. A large majority have been there over 2 years, and continue to see these sites as their only option for accommodation in the medium term. **Eighty-four per cent of households have reported planning to remain in the current collective site for the next 12 months**, while only 6% intend to move to rented accommodation.

People living in collective sites are disproportionately vulnerable compared to both other IDPs, and the general population of Ukraine. Collective sites host high numbers of older adults, people with disabilities and chronic illnesses, and individuals with extremely low incomes. These risk factors often overlap for both individuals and households, generating complex vulnerabilities that pose major barriers to IDPs achieving self-reliance and often require significant levels of external support. The existing needs of these people are often exacerbated by the conditions in collective sites, which are not designed for long-term living. Around one-third of active collective sites are located in non-residential buildings, and the **majority of all sites do not meet the Government of Ukraine's minimum standards** especially in terms of space in private and common areas, privacy, enough equipment and furniture, sufficient bathrooms, and proper infrastructure for people with limited mobility[1].

In light of these issues, the **CCCM and Protection Clusters asked the REACH Initiative to carry out a detailed vulnerability assessment in collective sites**. The assessment aimed to provide details on residents' vulnerability profiles, their specific needs and challenges, and their access to long-term solutions in host communities. The findings are meant to help humanitarian and early recovery actors, state agencies, and local authorities design better support for residents and work towards lasting solutions. The assessment used a mixed-method approach, combining quantitative and qualitative data collection. A quantitative **survey included 4,083 household interviews** with residents across 489 collective sites, carried out in July 2024. This was supported by **13 key informant interviews** with site managers, local authorities, and NGOs, as well as **12 focus group discussions** with internally displaced persons (IDPs) living in the sites.

Key findings

Intersecting vulnerabilities related to age and disability

- **IDPs in collective sites exhibited a severe vulnerability profile, due to a higher prevalence of older adults, individuals with disabilities and other health conditions.** Collective sites host a disproportionately high number of older adults, with 29% of residents reported as being over the age of 60 (compared to 20% nationally)[2], the majority of whom (72%) were women. The same was true for disabilities and chronic illnesses, with 36% of households reported as including at least one person with a disability (compared to 29% nationally) and 44% of residents reported as having

[1] See details on the IDP Collective Site Monitoring dashboard: https://dashboards.impact-initiatives.org/ukr/unhcr_cccm/

[2] [2] All comparisons with the general population of Ukraine in this report reference the Ukraine Multi-Sector Needs Assessment (MSNA), carried out between May and Jul 2024. The MSNA is a nationally representative household survey, which collects data on demographics and cross-sectoral humanitarian needs in order to inform humanitarian planning and prioritisation in Ukraine. The dataset and frequency tables are available on IMPACT's resource centre.

chronic health conditions. Mental health challenges were also prevalent, as 54% of IDPs reported as experiencing anxiety or depression regularly.[3]

- **Households composed entirely of older adults, accounting for almost one-third (32%) of all households in collective sites, were among the most vulnerable, frequently dealing with intersecting vulnerabilities and significant healthcare needs.** These households were more likely to have at least one member with a disability (40%) or chronic illness (73%).

- **In line with this population profile, healthcare was one of the most important services for residents in collective sites (CS), with 62% of individuals reported as needing healthcare in the three months prior to data collection.** These services were generally reported as available and accessible – only 4% of respondents reported being unable to access healthcare, largely due issues of cost and long travel times to available services. However, key informants mentioned that there were gaps in specialised medical services, in particular geriatric and palliative care. Here, 9% of all households in CSs also reported a need for specialised home care services.

Specific needs of households with children

- **Households with children, often headed by single women, made up almost 25% of all households in CSs, and were often among the most economically vulnerable.** Nearly one in five (19%) of these households had a per-person income below the subsistence level of UAH 2,920, putting them at high risk of financial hardship, compared to only ten per cent of households in CSs overall. Forty-eight per cent of households with children were single-parent families, the majority of which were headed by women. For many single-parent households, balancing work and childcare remained a significant challenge, making it difficult for them to achieve financial independence. Among unemployed working-age individuals, women were more likely to report that caregiving duties prevented them from accessing job opportunities.

- **Many children in collective sites struggled with education due to poor living conditions, especially because many study online.** Forty-two percent of children in collective sites studied online, while nine percent followed a blended format. Many children in remote or blended learning were reported as facing challenges to their education such as unreliable internet (52%), lack of a quiet study space (21%), and not enough devices (16%). Additionally, about one-third (34%) of children in collective sites attended school remotely in their areas of origin, making it harder for them to integrate into their new communities and succeed in their education.

Livelihoods and economic vulnerabilities

- **The employment rate among working-aged collective site residents was substantially lower than the wider IDP population or the population of Ukraine in general.** Forty-seven per cent of people in collective sites aged 18-64 were reported as employed, compared to 64% among the overall IDP population and 72% of the general population of Ukraine.[4] The demographic profile of working-age collective site residents also skewed more heavily female compared to the general population of Ukraine, while working-aged people occupied a lower proportion of the collective site population as a whole (51%) compared to the general population (61%).

[3] Data on disability and mental health issues were collected using the Washington Group Short Set – Enhanced tool. This is a widely used and internationally recognised set of questions on individual functioning specifically designed to allow for collection of disability data during censuses and population surveys, with additional questions focusing on depression and anxiety. https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-enhanced-wg-ss-enhanced/

[4] Ukraine MSNA, 2024.

- **The working-age CS population has seen a substantial drop in its employment rate compared to its pre displacement situation.** Overall, 47% of working-age residents in collective sites were reported as being employed, down from 64% before displacement. The biggest job losses were among IDPs with disabilities (42% before displacement to 18% at the time of data collection), those with chronic illnesses (59% to 34%), and those in rural areas (64% to 40%).

- **Unemployed IDPs made up 33% of the CS population compared to 23% of the overall IDP population.** Of CS residents reported as unemployed, only one-third had actively looked for work in the four weeks before data collection (with similar rates reported among the overall IDP population).

- **The main barriers to job-seeking reported by those who were not seeking work were caregiving responsibilities (41%) and disabilities (33%).** Notably, only a small fraction reported challenges relating to mental health (5%) or uncertainties about staying in their current settlement (4%). These figures add nuance to a commonly reported narrative that IDPs living in collective sites are not engaging with job markets due their emotional state or because of living in prolonged uncertainty.[5]

- **Around one quarter (23%) of households reported using livelihood coping strategies to compensate for a lack of resources to cover their current expenses.** The most widely used strategies reported were spending savings or consuming stocks (12%) and reducing essential health expenditures (8%).

- **Ten percent of households in CSs had an income below the minimum subsistence level of UAH 2,920 per person**, as established by the Ministry of Social Policy. This was especially common among those displaced for less than three months (28%), single-person households (19%), and families with children (19%).

Access to social protection and humanitarian assistance

- **IDPs in collective sites more frequently reported social payments than paid work as an income source.** CS residents were reported receiving IDP allowance payments at higher rates than the overall IDP population (76% vs. 52%). This was also the case for other state social benefits (65% vs. 28%), as well as pensions (51% vs. 33%). By comparison, only 33% reported salaried work as an income source, compared to 58% of the overall IDP population.

- **Around one-third of residents in collective sites (29%) reported experiencing reductions in IDP allowance payments following amendment to the Resolution 332 as of March 2024,** which narrowed the eligibility criteria for such payments to focus on more vulnerable groups.[6] Reflecting CS residents' higher level of vulnerability and hence eligibility for continued payments, this is lower than the proportion of IDPs across Ukraine reporting a loss of payments (39%).

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[5] See, for example, IMPACT Initiatives, *Durable Solutions for People Living in Collective Sites: Outlook and Ways Forward* (2024), p. 11 https://repository.impact-initiatives.org/document/impact/7d73ed0f/UKR_DS_CCCM_report.pdf

[6] Prior to March 2024, the IDP allowance was a blanket payment made to all individuals with a valid IDP registration, with some exceptions introduced for asset ownership and employment registration in December 2023. Resolution 332 introduced a range of additional eligibility criteria linked to vulnerability criteria, income levels and employment. Based on their eligibility status, some IDPs had their payments automatically cut, some had theirs automatically renewed, and others were required to re-apply. By September 2024, approximately 39% of IDPs across Ukraine reported losing access to these payments. IOM Displacement Tracking Matrix, *IDP Allowance Update: The Impact of the March 2024 Law Amendment on Ukraine's Internally Displaced Population* (2024) https://dtm.iom.int/reports/ukraine-idp-allowance-update-impact-march-2024-law-amendment-ukraines-internally-displaced

- **Reported coverage of humanitarian assistance in CSs was limited and consisted mainly of in-kind assistance such as food and non-food items.** Two-thirds (66%) of households in collective sites reported receiving humanitarian assistance in the six months prior to data collection. Among those receiving assistance, the most common forms reported were food (55%), medicines (16%), and clothing (19%).

- **Households in CSs in central Ukraine were less likely to report receiving any assistance (44%) than those in the East (79%), South (77%) and North (76%). At the same time, no correlation was observed between vulnerability and the likelihood of receiving humanitarian assistance.** Here, households with lower income levels, or with members with a disability or chronic illness no more or less likely to report receiving assistance than their peers. This implies a need to carefully review targeting of assistance to collective sites, since based on these findings it appears to be based more on geography than on need.

Rural-urban divides

- **Barriers to securing livelihoods are more acute for the 19% of the collective site population living in rural areas.** Employment rates among working-age CS populations in rural areas (40%) were lower than in urban areas (48%). Those seeking work in rural areas also reported a lack of job opportunities as a barrier at higher rates (64%) compared to those in urban areas (42%). CSs in rural areas also hosted a higher number of households with per capita income below the minimum subsistence threshold (14%) compared to urban site residents (9%).

- **Access to services such as healthcare and administrative support is also more challenging for rural CS residents.** Nine per cent of this population reported challenges to accessing healthcare facilities compared to just 3% in urban areas, with lack of medical facilities a much more pronounced challenge. Similarly, 32% of rural CS households reported difficulties accessing administrative or legal services compared to 20% of their urban peers.

CONTENTS

Geographical Classifications

Oblast/region:	First-level administrative unit (24)
Raion/district:	Second-level administrative unit (136)
Hromada/municipality:	Third-level administrative unit (1,496)

List of Acronyms

CCCM	Camp Coordination and Camp Management
CSM	Collective Site Monitoring
CS	Collective Site
FGD	Focus Group Discussion
HH	Household
IDP	Internally Displaced Person
KII	Key Informant Interview
LCS	Livelihood Coping Strategy
MSNA	Multi Sectoral Needs Assessment
WG-SS	Washington Group Short Set
WASH	Water, Sanitation and Hygiene

INTRODUCTION

Collective sites (CSs) in Ukraine accommodate over 74,000 individuals across more than 1,500 collective sites, many of whom belong to the most vulnerable among the displaced population. As of September-October 2024, about 80% of site managers, who participated in the Collective Site Monitoring (CSM), reported that internally displaced persons (IDPs) mainly stayed in their collective sites for at least one year and a half, indicating that collective sites serve as relatively long-term housing rather than temporary shelter. According to the CSM data, 91% of collective sites house older adults, 70% host individuals with disabilities, and 32% shelter those with chronic illnesses, including mental health conditions. The intersection of high vulnerability, social and economic marginalisation, and the inability to return home often results in prolonged stays in collective sites, which are often not suitable for long-term housing.

In 2024, to better understand the scope and scale of vulnerabilities in the collective sites and to more effectively address the residents' needs in terms of access to services and solutions, the Camp Coordination and Camp Management (CCCM) and Protection Clusters commissioned the REACH Initiative to conduct a Vulnerability Assessment (VA) in CSs. The assessment aimed **to gather detailed data on the vulnerability profiles of residents, their specific needs and challenges while living in the collective sites, and their access to solutions in host communities,** as well as **inform humanitarian and early recovery actors, state agencies, and local authorities about support needed to achieve durable solutions.**

The study is dedicated to the analysis of the scale and nature of vulnerabilities faced by residents in collective sites, encompassing various dimensions such as age, sex, disabilities, chronic illnesses, mental health conditions, and socio-economic factors. It examines how these vulnerabilities intersect, creating compounded challenges that significantly hinder access to services, labour markets, and dignified lives. The study also explores how access to services, livelihood, and social cohesion vary for different vulnerable groups living in collective sites.

The report begins with an overview of the methodology, followed by a detailed summary of the key assessment findings. The findings are organised into five main sections:

- **Demographic Profile, Vulnerabilities, and Displacement** – exploring the demographic and household characteristics, as well as displacement history and movement intentions of the collective site population. This chapter also defines the key vulnerable groups (older people, people with disabilities, families with children) and key characteristics that imply vulnerabilities (e.g. chronic desease, residing in rural area, etc.).
- **Employment and Livelihoods** – examining income sources, income levels, employment situation, and barriers to economic opportunities. The chapter provides a general overview and specificities for the most vulnerable groups.
- **Access to Services** – analysing gaps in healthcare, education, social support, and administrative services, providing these details for general site population and for the specific groups.
- **Housing and Living Conditions** – assessing security of tenure, infrastructure challenges, and living conditions that might excarbate existing needs and vulnerabilities.
- **Social Cohesion** – evaluating relationships of site population with host communities, discrimination, and integration efforts.

METHODOLOGY

The assessment was conducted in all accessible oblasts of Ukraine with residents of the collective sites. The assessment followed a **mixed-methods approach**, consisting of both quantitative and qualitative research methods. Full sampling breakdowns for all methods used are available in Annex I.

Quantitative component

The quantitative component was conducted through structured household-level interviews with displaced people residing in collective sites. The questions covering demographics, individual characteristics indicating vulnerabilities, and employment were posed to the head of household regarding each household member, with data on disability collected using the Washington Group Short Set - Enhanced (WG-SS) on Functioning.[7] Other questions, such as those covering household incomes, access to services, and social cohesion, were posed at the household level.

A combined calculation approach was used to construct the sample population, combining a cluster approach for the selection of CSs in oblasts with a sufficient number of active sites and population living there, and a random selection of households in all collective sites in oblasts with an insufficient number of collective sites and/or population for a cluster sampling approach to be feasible. The sample was based on the master list of collective sites[8] maintained by the CCCM cluster, updated as of June 2024. The data is representative at the oblast level with a 95% confidence interval and a margin of error of ±7%.[9] A total of 4,083 interviews were completed across 489 collective sites between 1 and 21 July 2024. Of all respondents, 77% were female and 33% male. The median age of respondents was 59.

Qualitative component

To complement numeric data with more nuanced understanding of the experiences and challenges faced by people residing in collective sites, key informant interviews and focus group discussions were conducted. Overall, 13 key informant interviews were conducted and included managers of the collective sites, local authorities (social workers and employees of social departments at local authorities), and representatives of non-government organisations that support certain categories of vulnerable people in the collective sites, including those from marginalised groups. Additionally, 12 focus group discussions (FGDs) with vulnerable groups of IDPs living in the collective sites were conducted.

Limitations

First, while household survey findings can be extrapolated to the population living in the CSs, findings from the qualitative component reflect more specific insights, perceptions, and opinions of site residents and key informants who interact with them. As such, qualitative findings are indicative only and do not necessarily reflect the full range of possible perceptions and experiences within the CS population as a whole.

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[7] This is a widely used and internationally recognised set of questions on individual functioning specifically designed to allow for collection of disability data during censuses and population surveys, with additional questions focusing on depression and anxiety. https://www.washingtongroup-disability.com/question-sets/wg-short-set-on-functioning-enhanced-wg-ss-enhanced/

[8] The full list of collective sites, both registered and unregistered, is maintained and regularly updated by the CCCM Cluster. Generalized data on the presence of collective sites in Ukraine can be further explored here:: Ukraine: Mapping of the active collective sites (Production date: June 2024) [EN/UK] - Ukraine | ReliefWeb

[9] In three oblasts, the margin of error is slightly wider since number of completed interviews fell below the intended sampling frame; specifically, 48 interviews were conducted in Donetska, 76 in Khersonska, and 207 in Chernivetska oblasts. This shortfall was due to a reduced number of people residing in certain sampled collective sites during this period, which meant that sample quotas for these sites could not be hit.

Second, the data of the CCCM master list, which served as the basis for the calculation of sampling for the household survey, was not fully up-to-date for all the collective sites. Despite these shortcomings, the CCCM master list remained the only reliable and available data source containing both registered and unregistered collective sites. This limitation may affect the representativeness of the survey results and should be considered when interpreting the findings. In addition, respondents for this survey skewed more female (77% of respondents were female, compared to 64% of all household members). This means that some findings, especially around perceptions and attitudes, are likely to be biased relative to the CS population as a whole.

Third, individual-level data collected might potentially suffer from respondent bias. During the survey, individual data on household members (i.e. their demographic characteristics, vulnerabilities, and employment status) other than the interview respondent was collected by proxy. This means this data is likely to be somewhat less reliable than if it were collected directly, due to potential issues with respondents reporting accurately on the situation of other household members.[10] Moreover, it is important to consider that some households may have provided an inaccurate view on their situation in order to qualify for more aid. While this potential for exaggeration or selective reporting exists, it is assumed that its impact on the overall findings was not significant. Nevertheless, this limitation should be considered when interpreting the results.

Lastly, due to security concerns, in Donetska and Khersonska oblasts, the survey data was collected exclusively via phone calls (81 interviews out of the total sample). One key limitation of this approach is the challenge of ensuring random selection of respondents, as the pool of participants was limited to those who provided consent to be interviewed to the site manager, who then shared their contact details with the REACH team. Additionally, phone interviews may be susceptible to biases related to respondent sincerity and self-reporting. Individuals may feel less comfortable sharing sensitive or detailed information over the phone, potentially leading to underreporting or incomplete data.

[10] For example, evidence from other contexts suggests that asking heads of household about other household members' disability status tends to produce lower estimates for disability prevalence thank asking each individual separately. See Collinson, S. (2020) *Addressing the disability data gap in humanitarian action*, Humanitarian Practice Network, Network Paper No. 83, October. https://odihpn.org/publication/addressing-the-disability-data-gap-in-humanitarian-action/

FINDINGS

1. Demographic Profile, Vulnerabilities, and Displacement Situation

This chapter examines the geographic distribution, demographic composition, length of displacement and movement intentions, and quantifies vulnerable characteristics of IDPs living in collective sites across Ukraine.

1.1 Geographic distribution of collective sites and site population across Ukraine

According to the February 2025 CS master list data[11], there were 77,447 individuals living in 1,612 sites across Ukraine. This population is primarily distributed in the West (37%) and East (34%) macro-regions of the country, with smaller proportions in the Centre (16%), North (10%) and South (3%). Three oblasts account for well over one-third of the entire CS population: Dnipropetrovska (16%), followed by Kharkivska (12%), and Lvivska (12%).

The master list also indicates that most CS populations are located in **urban areas (81%)**, while **19% are in rural areas**. The highest numbers of individuals living rural settlements are located in Kyivska, Zakarpatska and Lvivska, which collectively account for over one-third of all rural IDPs. Almost three-quarters of individuals living in collective sites (72%) are living in residential buildings**,** such as residential properties, hospices or residences for people with disabilities, modular towns, boarding schools, and sanitoria. However, **26% of individuals are hosted in non-residential buildings**, including schools, kindergartens, and non-residential healthcare facilities such as hospitals or clinics, with the remainder living in unclassified sites.

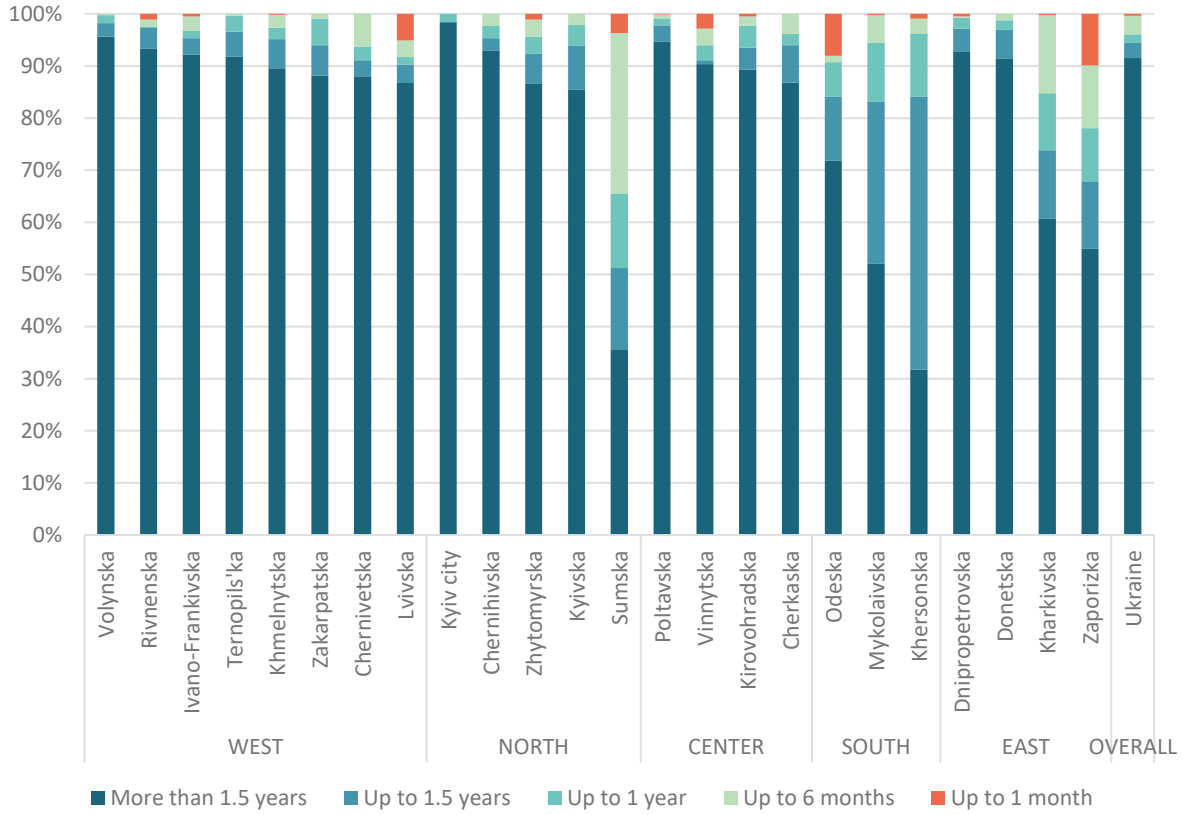
The breakdown of respondents from the study's household survey mirrors these proportions within a margin of +/- 7%, accounting for the study's margin of error and minor changes to collective site populations between the time of data collection and more recent population statistics.

1.2. Displacement history, length of displacement, and movement intentions

Generally, the population in collective sites has been in displacement for a prolonged period, reflecting the protracted nature of displacement in Ukraine. According to the survey, **87% of individuals and households residing in collective sites had been displaced for more than one year and a half**. This trend is particularly noticeable across oblasts that are situated far from the frontline or the Russian border. In contrast, the oblasts experiencing active on-ground hostilities and regular evacuations, such as Khersonska, Sumska, Mykolaivska, Zaporizka, and Kharkivska, host collective sites with a mix of longer-term displaced individuals and those who have arrived more recently (Figure 1).

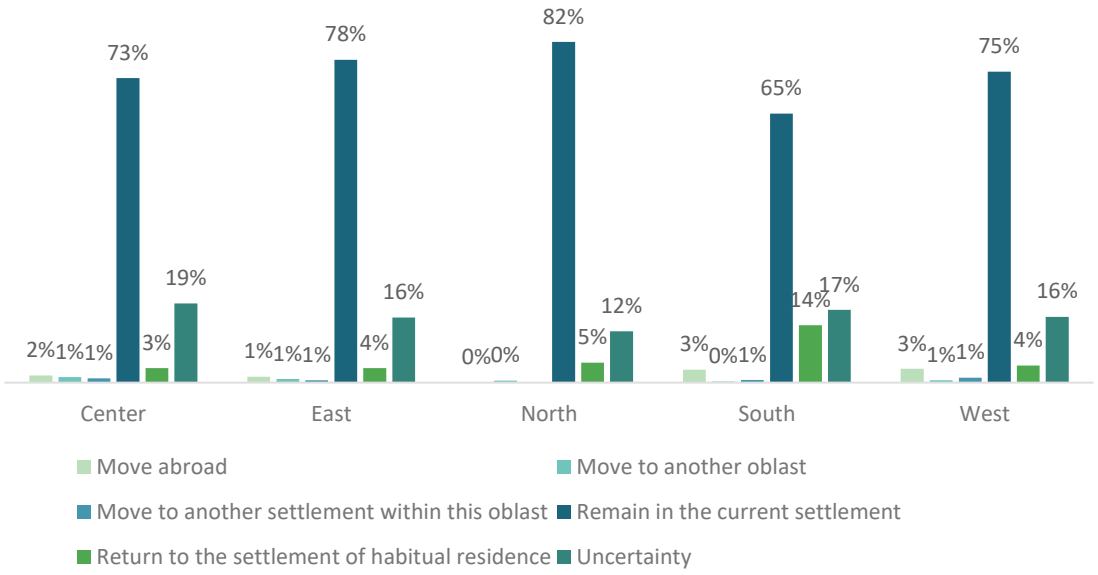
[11] The master list is not publicly available in open sources; however, it is regularly updated by the CCCM cluster and can be provided upon request.

Figure 1. Displacement duration of households in collective sites, by oblast



Most IDPs in collective sites currently **have little intention of leaving their settlements of displacement** in the next 12 months: 76% of the households reported the intention to remain in their current settlement in the next year, and 16% reported uncertainty. As for the intention of moving out of the collective site, **84% of households planned to remain in the current collective site for the next 12 months, while only 6% reported an intention to move to rented accommodation** (Figure 2).

Figure 2. Households' preferred location in the next 12 months, by macro-region



The common pattern observed during FGDs was that many people remained at the first collective site they arrive at, either because they found jobs, made new connections, or felt uncertain about making any major decisions. The common theme repeated by most participants was having nowhere else to go or return to. There was a widespread belief among the residents of the collective sites that **leaving the collective site or accessing durable solutions meant moving back to their area of origin**. However, since most CS residents were displaced from areas near active conflict or from areas under temporary occupation, the prospect of such returns in the short to medium term appeared low. Here, FGD participants highlighted the destruction of their housing and dangerous conditions in their areas of origin as the reasons for staying in the current collective sites. At the same time, participants did not perceive the option of staying and integrating into the host community as relevant. Here, high costs of living associated with rent and other expenses mean that integrating locally was not seen as a viable option for those unable to earn an income. Evidence from other studies also shows that older IDPs—which occupied a disproportionately high share of the CS population (see section 1.3 below)—tended to have a much stronger preference for return, and struggled to imagine a meaningful future for themselves in areas of displacement.[12]

> ***"The war is still going on, we go to bed and only think about whether everything will be fine, whether there will be a place to live, where to go. We distract ourselves with conversations and household chores."***
>
> **City in Zakarpatska oblast, Female participant in the FGD with Roma minority**

Based on the quantitative survey, the most reported reasons for households to keep living in collective sites were **free accommodation and a feeling of security (59% each), saving money on expenses other than rent (31%), and access to basic services (20%).** Among the most common barriers to leaving the collective sites, the majority of households named rent prices (62%), cost of living (12%), and uncertainty regarding future movement (9%).

1.3. Gender and age of people in collective sites

The Vulnerability Assessment confirmed that the **population in collective sites is older and has a higher prevalence of female individuals** compared to the general population of Ukraine.[13]

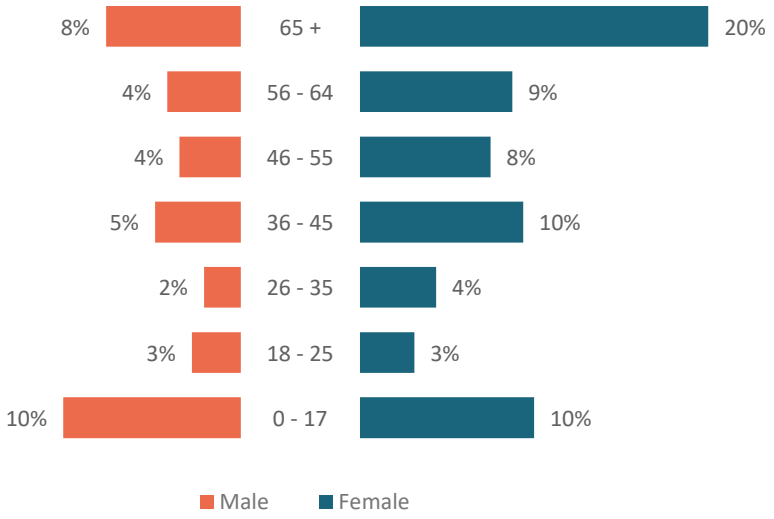
> ***"For the most part, the categories that remain in the collective sites are those who have disabilities, older people, and those who are unable to work, rent and pay for housing on their own, provide for their basic needs, for food and medical care."***
>
> **Representative of a local NGO, Zaporizhzhia**

Women accounted for 64% of the collective site population, while men made up 36%. This higher prevalence of women is largely attributed to their overrepresentation among older people (32% of women and 22% of men are aged 65 and above), reflecting broader demographic trends in Ukraine. Additionally, a slight predominance of women within the working-age group (52% women versus 49% men) was also observed (Figure 3).

[12] International Organization for Migration (2024) *From Place to Place: Community perceptions of displacement and durable solutions in Ukraine.* https://dtm.iom.int/reports/ukraine-research-report-place-place-community-perception-displacement-and-durable-solutions

[13] All comparisons with the general population of Ukraine in this report reference the Ukraine Multi-Sector Needs Assessment (MSNA), carried out between May and Jul 2024. The MSNA is a nationally representative household survey, which collects data on demographics and cross-sectoral humanitarian needs in order to inform humanitarian planning and prioritisation in Ukraine. The dataset and frequency tables are available on IMPACT's resource centre.

Figure 3. Sex and age structure of residents of collective sites, as proportion of total population



According to data from the 2024 Multi-Sector Needs Assessment (MSNA)[14], women make up approximately 54% of Ukraine's population, while men represent 46%. The overall population's sex ratio differs from the above-mentioned demographic trends observed in collective sites, where women constitute the predominant demographic group. Notably, the collective site population includes a significant proportion of **children (0–17 years old), comprising 20%,** which closely mirrors the general population figure of 19%. However, a striking disparity is evident in the representation of older adults (65+ years), who constituted 29% of the collective site population, compared to 20% among the non-displaced population.

At the same time, the population in collective sites was characterised by a **lower proportion of working-age individuals (51%) compared to 61% in the general population**. Notably, there was also a significantly lower proportion of working-age men in collective sites, with only 18% compared to 28% in the general population. The lowest shares of working-age individuals are observed in Mykolaivska (43%), Zhytomyrska (43%), Kharkivska (45%), and Volynska (46%) oblasts.

1.4. Key vulnerable profiles in collective sites' population

Overall, the population in collective sites includes a disproportionately higher representation of vulnerable groups compared to the general population of Ukraine, including older individuals, people with disabilities, single-caregiver households, and low-income households (Table 1).

Table 1. Vulnerable profiles of population in collective sites[15]

Profile/indicator under consideration	% of HHs in collective sites	% of IDPs in collective sites (if applicable)	% of HHs among general population
	National average	National average	National average
Only older adult(s)	32%	29%	20%
Disability	36%	21%	29%
With children	25%	n/a	32%
Single-adult households	12%	n/a	4%

[14] Multi-Sector Needs Assessment (MSNA), Contextualized Composite Indicator Analysis Brief (Ukraine 2024), REACH_UKR_CCIA-Brief_MSNA_December-2024.pdf

[15] Data source for national averages: Ukraine MSNA (2024)

Households with members with disabilities

Households and individuals with disabilities were represented in higher shares in the collective sites population compared to the general population. In collective sites, **36% of households have a member with a disability**, compared to 29% of households in Ukraine overall.[16] Additionally, 72% of households in collective sites that have at least one member with a disability also report at least one member with a chronic disease. When examining individual level data, the findings show that 21% of all individuals living in the CSs have a disability. The highest proportions of individuals with disabilities are reported in Zhytomyrska (41%), Sumska (32%), Cherkaska, and Khmelnytska (30% each) oblasts.

Additionally, it is important to analyse the data by age brackets, as older IDPs were more likely to have disabilities. The proportion of individuals with disabilities rises to 37% among older IDPs, significantly higher than the overall population in collective sites (21%). Among working-age individuals, 19% were reported as having disabilities.

Households with solely older people

Older adults constitute 29% of the total CS population. Most of the older individuals were located in Sumska and Kharkivska (42% in each), Khersonska (41%), and Zhytomyrska (40%) oblasts.

> ***"We have many older people. In addition, we notice a trend that young people are leaving their parents with us, that is, the number of older people will only increase, respectively, they need certain conditions, services, and support. Currently, our social workers are coping with the quantity of older residents we have, but in the future, we expect a certain challenge in this matter, which we will need to approach in a non-standard way, looking for options of resolving the situation."***
>
> **Collective Site Manager, Lviv**

Households composed entirely of older adults aged 65 account for 32%[17] of all households in CSs – notably higher than the 20% observed in the general population. These households were most prevalent in northern and eastern regions, with Zhytomyrska (48%), Kharkivska (44%), and Sumska (43%) having the highest concentrations (Figure 4).

As the above quote from a collective site manager highlights, these households represent a particularly vulnerable part of the population since they are unlikely to earn an income, or have access to younger caregivers, and often have intersecting vulnerabilities related to health and disability. For example, older adults-only households in collective sites were more likely to include people with disabilities (40% compared to 36% of all households in collective sites), and they were more likely to have members with chronic diseases (73% compared to 53% of all households in collective sites).

Households with children

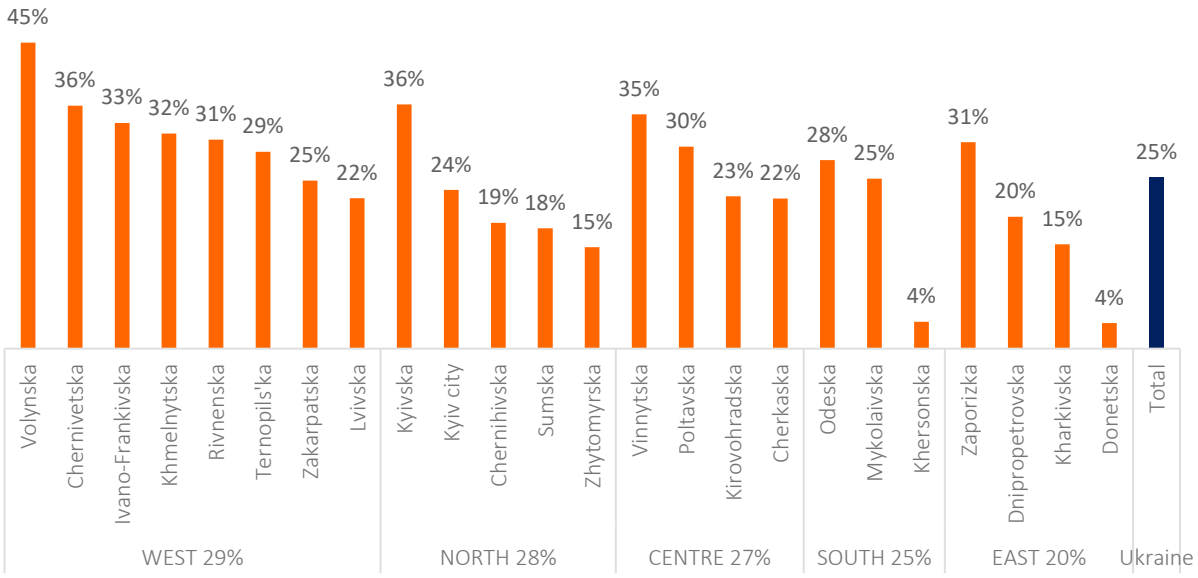
Households with children aged 0-17 account for 25% of those residing in collective sites, compared to 32% in the general population of Ukraine. The highest concentrations of such households were found in the West macro-region (Figure 4). Most households with children reside in urban collective sites (78%), while the rest, 22%, reside in rural areas. Additionally, 1% of households in collective sites have three or more children, with over half of these households led by single women. **Single-adult households with children**

[16] The WG-SS was also used to measure disability prevalence in the MSNA.

[17] This also includes 1% of households consisting of only older adults and children.

represent nearly half (48%) of all households with children in collective sites. Almost all (97%) of single adult households with children were led by women.

Figure 4. Households with children in collective sites, by oblasts and macro-regions



Recently displaced households

Households displaced within the three months prior to data collection only accounted for 2% of the survey sample.[18] However, this population faces several distinct challenges. These households were more likely to include individuals with disabilities (42% compared to 36% among all households), to be single-parent households (22% compared to 12%), to have very low per capita income. A striking 28% of these households had a per capita income below UAH 2,920, compared to 10% of all households in collective sites. Finally, 41% of these households were residing in non-residential collective sites, more than double the 22% observed in the broader population in collective sites. 2. Employment and Livelihoods

[18] Comprehensive population data for recently displaced households is not available and varies over time. During IMPACT's Collective Site Monitoring Round 14 carried out in September-October 2024, recent evacuees made up 4,281 of the 62,593 individuals living in sites covered by the survey, or around 7% of the population surveyed. For round 15 in November-December 2024, these figures rose to 8,879 out of 59,471, or around 15%.

The data collected through the Collective Site Monitoring is provided by site managers and includes all evacuees who pass through the sites, some of whom may stay for only a few nights before moving on. The vulnerability assessment screening, however, required a minimum residence of two weeks, meaning some individuals may have left before being accounted for in the assessment.

2. Livelihoods and Employment

2.1 Livelihoods

Surveyed IDP households in collective sites were asked about their monthly income sources over the 30 days before data collection. The most reported sources were IDP allowances (76%), pensions (51%), and other state social benefits (46%), the majority of which were tied to health conditions or disability. These were followed by formal employment (33%) and informal work (7%). A small proportion of respondents indicated partial reliance on loans (4%), assistance from friends and relatives within Ukraine (5%) or abroad (2%), and humanitarian aid (3%). Importantly, it should be noted that this data represents the occurrence of income sources rather than their contribution to HHs' overall incomes.

Figure 5. Top 5 Income sources of IDPs in CSs, compared to other displacement groups

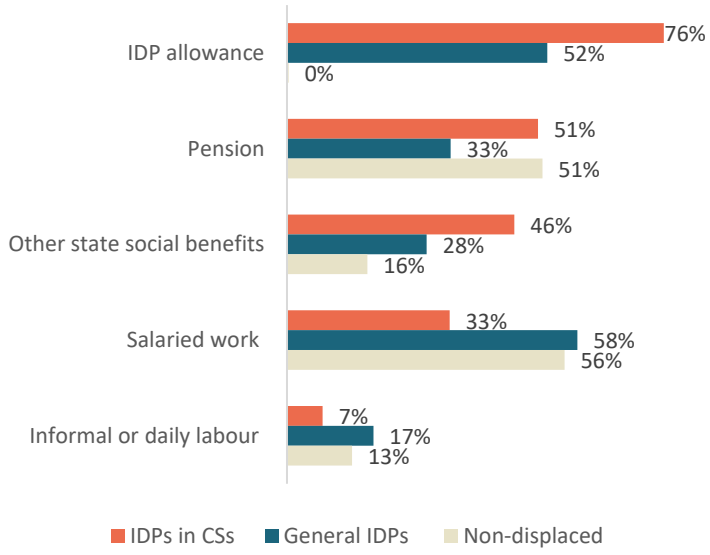


Figure 5 compares the top five income sources of IDP households in collective sites with those of the general IDP and non-displaced populations, based on the 2024 MSNA data. The comparison indicates a generally higher reliance on IDP allowance and social benefits among IDPs in collective sites, alongside lower access to income from employment. These figures should be interpreted in the context of the generally older average age of IDPs in collective sites (45.3 years), compared to the non-displaced population (44 years) and the general IDP population (35.1 years), according to study samples.

Income per person

The median monthly income per person reported by households providing information on their current income levels [n=3,302] was **6,000 UAH**, with an average of 6,335 UAH. Notably, **10% of these households reported income per capita below the subsistence level of 2,920 UAH**. In comparison, the general IDP population reported a median per capita income of **6,750 UAH**, with an average of 8,868 UAH.[19] Substantially higher proportions of households reported per capita incomes below subsistence levels in Volynska (26%), Zhytomyrska (25%) and Chernivetska (21%).

Table 2. Income per capita of IDP households in collective sites, by oblast

Oblast	Chernivetska	Ivano-Frankivska	Khmelnytska	Lvivska	Rivnenska	Ternopilska	Volynska	Zakarpatska	Chernihivska	Kyiv city	Kyivska	Sumska	Zhytomyrska	Cherkaska	Kirovohradska	Poltavska	Vinnytska	Khersonska	Mykolaivska	Odeska	Dnipropetrovska	Donetska	Kharkivska	Zaporizka	Ukraine
Median value	4067	6000	5700	6000	5500	6000	4500	6000	5000	6000	6000	4750	5000	6000	5500	5750	5300	5500	5000	5000	6750	7000	5000	5500	6000
% of HHs under subsistence level	21%	6%	12%	9%	9%	12%	26%	6%	13%	10%	8%	19%	24%	3%	13%	11%	11%	17%	12%	17%	3%	2%	18%	8%	10%

[19] The gap between the median and average values, referred to as distributional skewness, among IDPs in collective sites (a 6% difference) suggests a relatively **symmetrical** income distribution. In contrast, the greater distributional skewness in the general IDP population (a 31% difference) indicates a more asymmetrical distribution, driven by higher-income households disproportionately influencing the average.

Table 3. Income per capita of IDP households in collective sites, by HH categories

HH Categories	Short-term displacement HHs	HHs with WG-SS	HHs with chronic disease	HHs with children	HHs with single adult and children	HHs with only elderly adults	HHs with employed working-age adults	HHs with non-employed working-age adults	Urban HHs	Rural HHs
Median value	4200	5500	5700	4833	5000	6000	7000	4725	6000	5500
% of HHs under subsistence level	28%	11%	9%	19%	19%	2%	6%	23%	9%	14%

Significant income per capita discrepancies were observed among the household categories examined in this report, as illustrated in Table 6. Notably, **households in situations of short-term displacement, those with non-employed working-age adults, households with children, and single adults with children were identified as having the lowest income per capita**. These categories also demonstrated the highest proportion of income per capita below the subsistence level (2,920 UAH). Further, the highest proportion of households with a per capita income below the subsistence level of 2,920 UAH was observed within these categories.

Income fluctuations

Among households that reported pre-displacement and current income levels [n=2,589], **51%** are estimated to have experienced a reduction in income compared to their pre-displacement levels, and **41%** to have experienced an increase. Income reduction was more pronounced in the East macro-region (63%) than in the South (38%) and West (43%). Overall, households with only elderly adults were particularly affected, with 76% estimated to have experienced a reduction, whereas 54% of households with working-age adults saw an increase, regardless of whether at least one member was employed. The lack of a direct correlation between income fluctuation and employment warrants careful interpretation, since in many cases it may simply reflect households having little or no income prior to displacement, and continuing to do so now.

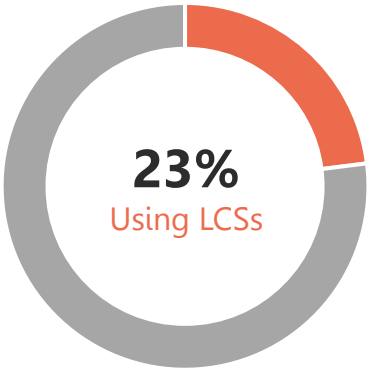
Expenditure levels and 'net income'

The median monthly expenditure per capita among households who reported their current expenditure levels [n=3,162] was **5,000 UAH per household member**, with an average of 5,209 UAH.[20] Median expenses per capita were the highest in the East, at 5,300 UAH, with Dnipropetrovska oblast reaching 7,000 UAH. Conversely, the lowest median expenditures were recorded in the South (4,000 UAH) and West (4,100 UAH), where distributional skewness was at its highest (17%).

[20] The distributional skewness is minimal at 4%, indicating a generally symmetrical distribution of expenditure levels across the surveyed sample

Calculating median income and expenditure levels enables the estimation of 'net income' – the amount a household retains after covering monthly expenses. Estimates show that more than half (53%) of surveyed households had a positive net income, 43% had a neutral net income, and **five per cent had a negative net income**, indicating that their expenditures exceeded their income levels. Surveyed HHs were more likely to report a positive net income in the West (65%), and less likely in the East (45%) and Centre (46%). Overall, the proportion of households with negative net incomes remained similar (around five per cent) regardless of the presence of different vulnerabilities.

Livelihoods Coping Strategies and Access to Assistance



Nearly a quarter (23%) of households reported using at least one 'livelihood coping strategy' (LCS), referring to actions taken to manage or adapt to economic stress or shocks when resources are insufficient to cover expenses. The most reported LCS were **spending savings (9%) and reducing essential health expenditures (9%).** For HHs adopting LCSs, the most cited reasons were paying for food (73%), healthcare (49%), and shelter (12%). Among households with negative net incomes [n=137], 76% reported adopting LCS, with nearly half (45%) spending their savings. The use of LCS was more prevalent in the East, particularly in Kharkivska (46%) and Zaporizka (50%) oblasts, where 26% and 29% of households reported reducing health expenditures. Notably, cutting health expenditures was reported by 12% of households with a disabled member and 13% of households with a chronically ill member.

When asked about **in-kind assistance received to help reduce expenses over the 30 days before data collection, only two-thirds (66%) of all respondents reported having received any**. The most reported forms of assistance were food (53%), hygiene and cleaning items (22%), medicines (16%), free or subsidised healthcare services (13%), and clothing (10%). Notably, households in the Centre were significantly less likely (44%) to report receiving any assistance, compared to households in the East (79%), South (77%), and North (76%). As the local NGO representative quoted above explained, this correlates with a wider draw-down in humanitarian assistance provision in these areas, as resources are reprioritised toward areas closer to the frontline. Importantly, this assistance appears largely non-targeted to the vulnerable categories examined in this study, as no correlation was observed with income levels or other vulnerabilities, such as having disabilities or chronic diseases.

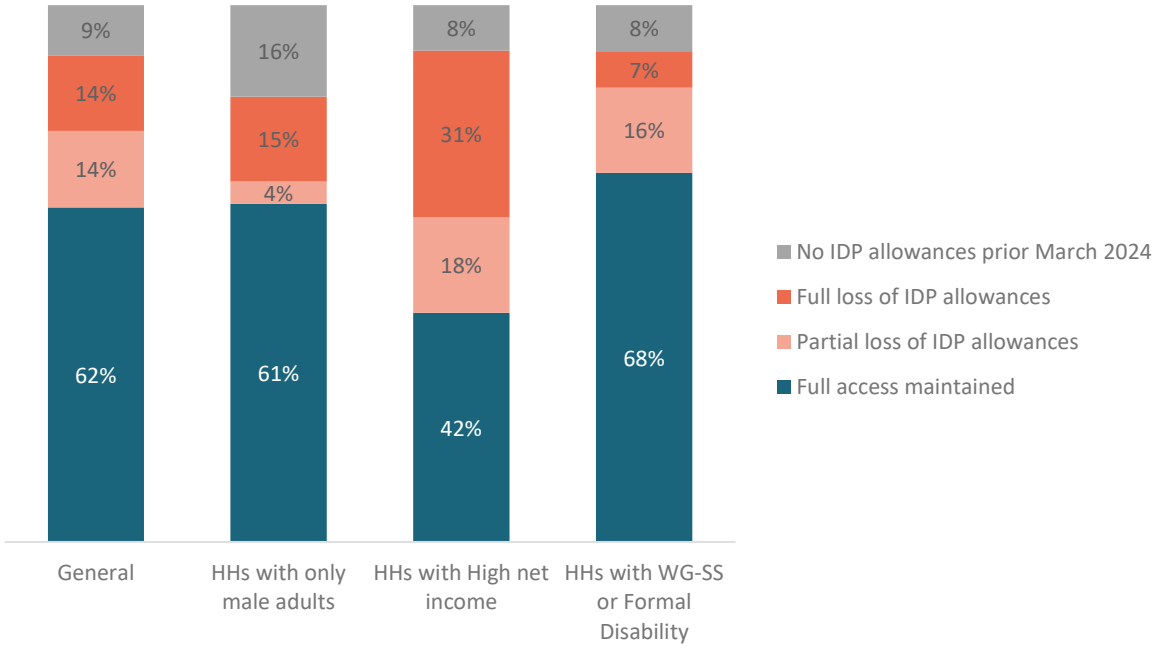
> ***"In general, humanitarian aid, unfortunately, is being reduced in the western region. I understand the need for the east, the south, because people live in the zone of active hostilities. But, nevertheless, I want to emphasize that in our, western region we host people from hell, people from the temporarily occupied territories, people who are already tired of explosions, people whose housing has been destroyed and damaged. And they come here hoping to find some kind of safety. But at the same time, we can see from the statistics that most humanitarian aid and most organisations are moving to east and south. This is a little unfair as for those people who have moved here and cannot count on the same help."***
>
> **Representative of a local NGO, Ivano-Frankivsk**

Lastly, **half of the respondents (50%) reported cuts or reduced frequency of in-kind assistance over the six months preceding data collection**. Prominent disparities between macro-regions were observed, with the highest reductions reported in Khmelnytska (83%, West), Zaporizka (76%, East), Chernihivska (69%, North), and Lvivska (64%, West) and Zhytomyrska (64%, North) oblasts.

IDP Allowance

A major proportion of surveyed households (90%) reported that all or some members were eligible for and had access to IDP allowances before March 2024, though this figure was notably lower in the North (79%) compared to other macro-regions. **Following March 2024,[21] 28% reported that some (14%) or all (14%) of their household members had lost access to the allowance, reducing the proportion of households with full access to 62%.** The primary reasons for this loss were lack of eligibility (87%) and issues with the renewal process, including delays (9%). Notable disparities were observed across different IDP profiles (Figure 6). Households composed solely of male adults were more likely to lack access to IDP allowances before March 2024. Conversely, households with higher net incomes were more likely to lose full access after March 2024, while those with at least one member with disability were less likely to experience such loss.

Figure 6. IDP allowance access change before and after March 2024, the share of HHs in CSs by profiles



[21] Prior to March 2024, the IDP allowance was a blanket payment made to all individuals with a valid IDP registration, with some exceptions introduced for asset ownership and employment registration in December 2023. In March 2024, the Cabinet of Ministers of Ukraine (CMU) made amendments to Resolution 332, introducing a range of additional eligibility criteria linked to vulnerability criteria, income levels and employment. Based on their eligibility status, some IDPs had their payments automatically cut, some had theirs automatically renewed, and others were required to re-apply. By September 2024, approximately 39% of IDPs across Ukraine reported losing access to these payments. IOM Displacement Tracking Matrix, *IDP Allowance Update: The Impact of the March 2024 Law Amendment on Ukraine's Internally Displaced Population* (2024) https://dtm.iom.int/reports/ukraine-idp-allowance-update-impact-march-2024-law-amendment-ukraines-internally-displaced

2.2. Employment

The findings in this section are presented at the individual level and focus exclusively on working-age individuals, i.e. between 18 and 64 years old.

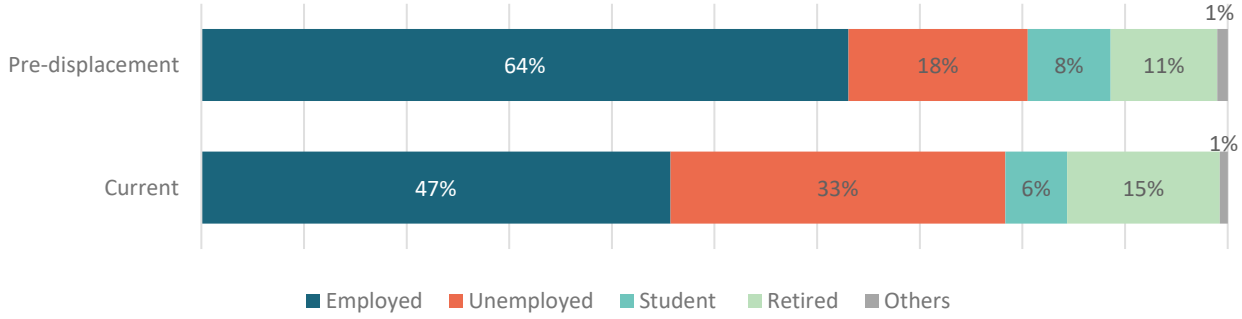
Educational Background

Approximately one-fifth **(21%) of surveyed working-age IDPs had attained only a secondary education level**, a figure that rises to 31% among working-age IDPs with disabilities. Nearly half (48%) reported having a technical or vocational training background, while just under a third (30%) held a university degree or PhD. Among female working-age IDPs (n=2,680), the top three fields of education were Accounting and Finance (21%), Education (15%), and the Service Sector[22] (15%). For male working-age IDPs, the leading fields were Production, Technology, and Manufacturing (20%), Transport (15%), and Engineering (10%).

Employment Rate

Nearly two-thirds (64%) of surveyed working-age IDPs were reportedly employed before displacement. This figure declined to 47% after displacement, reflecting an overall 18 percentage point drop in the employment rate (Figure 7).

Figure 7. Employment rate change, share of working-age IDPs in CSs

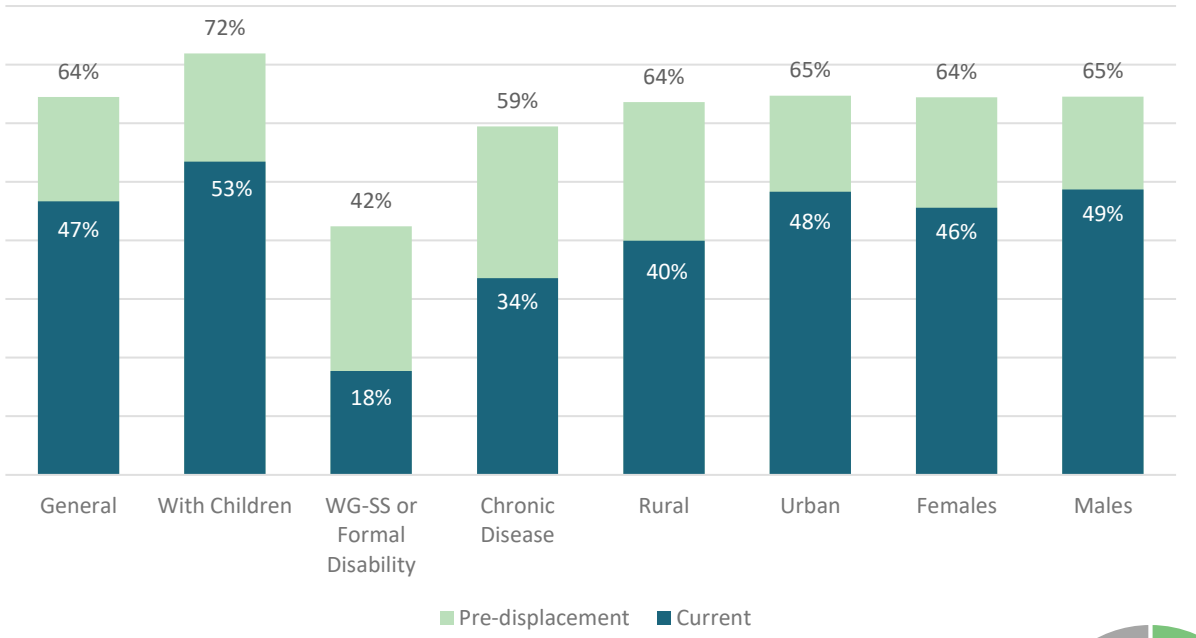


Data at the household level shows that more than half (55%) of households with working-age adults had at least one member employed. However, the examination of the individual employment situations reveals that the **proportion of working-age IDPs classified as unemployed – including those actively or not actively seeking work – has risen from 18% before their displacement to 33% after.** Dnipropetrovska Oblast (East) had the highest employment rate among oblasts at 65%, reflecting a modest drop of only 13%. Other oblasts with notably high employment rates included Chernihivska (60%, North), Ivano-Frankivska (51%, West), and Kyivska (53%, North). Further notable discrepancies between IDP profiles were observed (Figure 8). For instance, the employment drop was more pronounced among individuals with a disability (25%) and those with a chronic disease (26%) who already had lower employment rates before displacement, and those residing in rural areas (24%). Importantly, no significant discrepancies were observed between genders or for working-age IDPs with children.

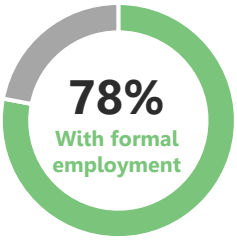
[22] In the questionnaire, service sector responses included examples such as hairdresser, beauty specialist, cleaning, courier, groomer, etc.

Employment Conditions

Figure 8. Employment rate change, by working-age IDPs in CS population profiles



Formal Employment: More than three-fourths (78%) of employed working-age IDPs reported having 'formal employment', compared to 83% pre-displacement. Conversely, 22% of them were engaged in informal employment.[23] The informal employment is more pronounced among male working-age IDPs, with 29% working informally compared to 18% for female working-age IDPs.



Work Frequency: Out of working-age IDPs currently employed, 72% reported that their job was permanent full-time, 16% reported that it was permanent part-time, and 10% that it was temporary or seasonal. The proportion of working-age IDPs currently employed with permanent full-time jobs was slightly lower among the IDPs with disabilities (57%) and chronic diseases (66%).

Work Duration: Half (50%) of working-age IDPs currently employed were reportedly employed for over a year, 21% for over six months to a year, and the rest (28%) for less than 6 months. The highest proportion of working-age IDPs employed for over a year was reported in the Centre (57%) and East (55%).

[23] For the purposes of this study, formal employment was defined as having a formal labour contract, whereas informal employment was defined as having no labour contract.

Employer: Out of working-age IDPs who were employed before and after their displacement, 28% reported continuing to work for the same employer, with this proportion being notably higher in the East macro-region (34%). Among those who maintained employment with the same employer, 48% attributed this to the ability to work remotely (most commonly among females), while 45% cited in-person work opportunities provided by their employer in their displacement settlement (more commonly among males).

Satisfaction with work conditions: More than half (58%) of employed working-age IDPs reported being generally satisfied with their employment conditions. However, dissatisfaction was noted in specific areas, particularly salary levels (33%), working conditions (11%), and work schedules (8%). General satisfaction was higher in the West (63%) and East (61%) and lower in the Centre (41%), where concerns about salary levels were particularly pronounced (49%). Female workers more frequently expressed dissatisfaction with salary levels (37%), while male workers more commonly reported dissatisfaction with working conditions (16%). Importantly, among employed working-age IDPs with a WG disability who require workplace accommodations, only 69% reported that their needs were either partially (34%) or fully (35%) met.

Social Guarantees: Only two-thirds (69%) of employed working-age IDPs reported receiving full (46%) or partial (23%) social guarantees in their current employment, such as health insurance, paid vacation, sick leave, or parental leave. This situation appears more favourable in the East (78%) and among female workers (73%) but remains more precarious for individuals with disabilities (57%), chronic illnesses (66%), or living in rural settlements (60%).

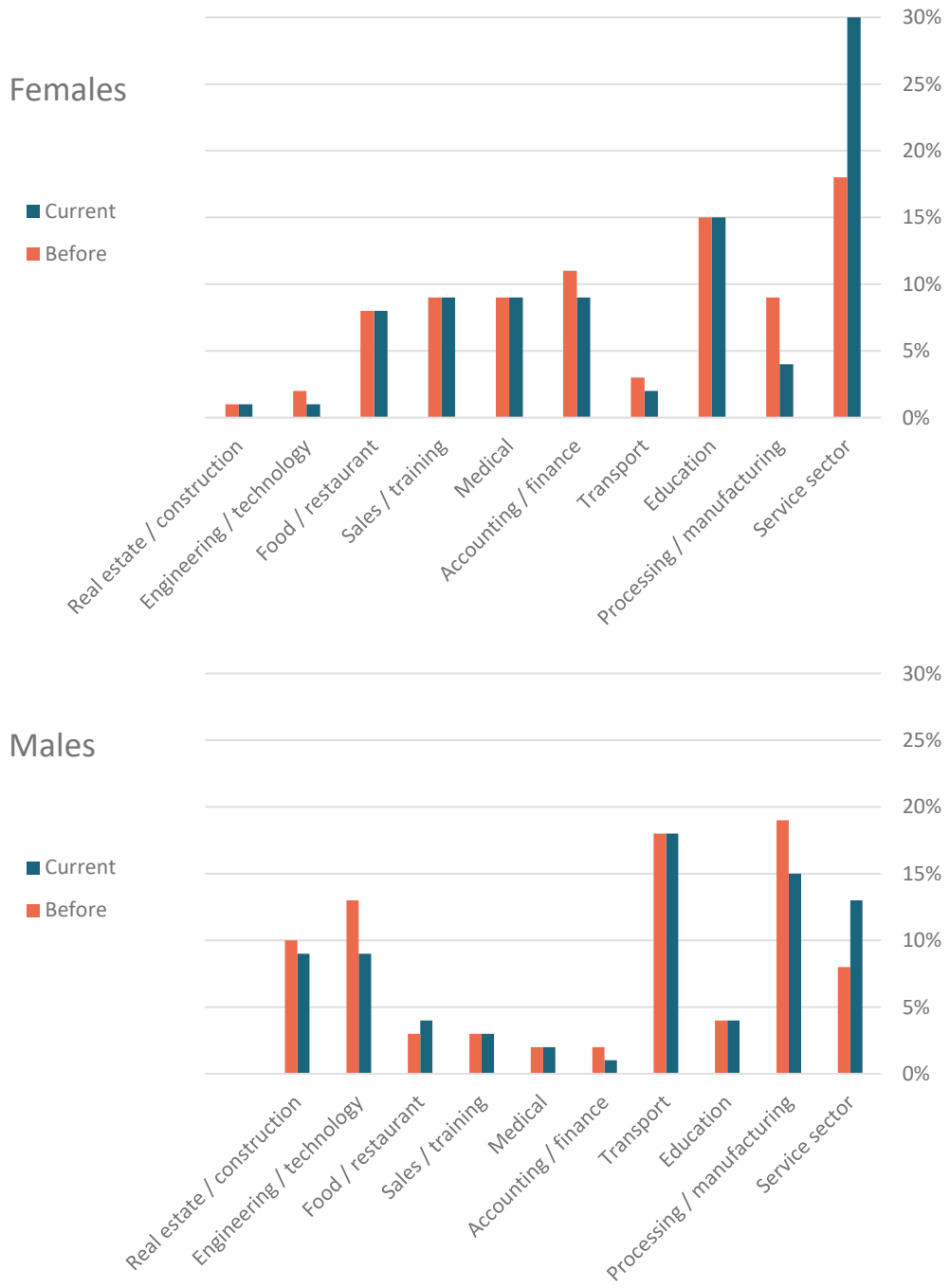
Search for new employment: A fifth (19%) of employed working-age IDPs reported having plans or willingness to change jobs, while 71% expressed no willingness, and 10% were uncertain. Among those considering a change, the most cited reasons were the desire for a better salary (77%), general dissatisfaction with their current work (24%), aspirations for self-development or career growth (22%), a desire to change specialisation (15%), or personal reasons (14%).

Employment Sectors

> ***"The main difficulties are the level of wages offered by employers and vacancies that do not correspond to the level of the specialty. A person who used to hold the position of an administrator or teacher is offered to work as a janitor or dishwasher. Such vacancies offer a salary of 30 UAH per hour, which is very little and ridiculous in our time. No one wants to work for that kind of money."***
>
> **City in Dnipropetrovska oblast, Male participant in the FGD with older families with low income**

Surveyed working-age IDPs largely continued working in the same top ten sectors before and after their displacement, as shown in Table 7, with the most prominent being the services, education, and processing and manufacturing. Notably, an estimated **two-thirds (67%) of working-age IDPs who remained employed before and after displacement continued working in the same sector, rising to 73% in the East.** However, some shifts were observed, including an increase in the proportion of employed working-age IDPs working in services, particularly notable among female working-age IDPs.

Figure 9 Employment sectors of working-age IDPs before and after displacement, by gender

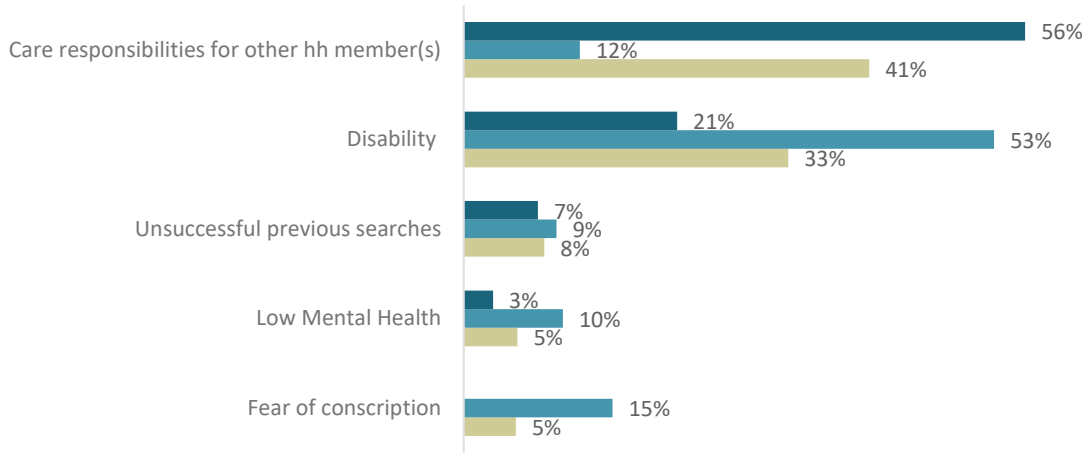


Employment Search

Out of the one-third of all unemployed working-age IDPs (excluding students and retirees), **only 34% reported having been looking for a job in the four weeks preceding data collection** (or 11% of the working-age CS population). Of these, two-thirds (66%) indicated they were ready to start working within two weeks. Job-seeking was more commonly reported in the West, where 42% of respondents were looking for employment.

The remaining **66% of unemployed working-age IDPs reported that they had not sought work in the four weeks preceding data collection** (or 22% of the total working-age CS population). Within this group, the two main reported reasons preventing people from seeking employment were **caring responsibilities (41%) and disabilities (33%).** Other reasons also mentioned were **the unsuccessfulness of previous searches (8%), low mental health (5%), fear of conscription (5%), or the uncertainty about staying in their current settlement (4%)**. Gender discrepancies were observed: displaced women of working age tended to cite job search obstacles due to caregiving responsibilities, while the main barrier to employment for working-age displaced men was reported to be having a disability (Figure 10).

Figure 10. Reasons for not searching employment, % of unemployed working-age IDPs not currently looking for jobs, by gender (n=898)



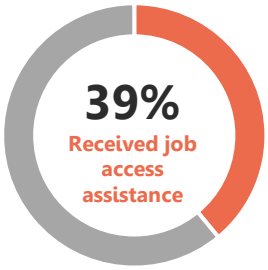
Challenges and Labour Market Mismatch: Among working-age IDPs actively seeking work (n=482), the main challenges reported in finding employment included a lack of opportunities and vacancies in their area of displacement (42%), particularly in rural settlements (64%), low wages for available positions (27%), dissatisfaction with working conditions or schedules (18%), especially in urban settlements (21%), and insufficient qualifications for available roles (16%). The most sought-after sectors for employment were the services sector (30%), primarily by females (36%). Other key sectors included the food and restaurant industry (16%), sales and trading (14%), and transport (11%), primarily attracting male workers (29%). Processing and manufacturing accounted for 10% of IDP job-seekers, while education attracted 9%.

Employment Centres: Half (50%) of surveyed working-age IDPs seeking employment reported being registered with an employment centre, a figure that increases to 59% in the western macro-region. Among those registered, 60% indicated they had utilised the centre's services. The most cited reasons for not registering included uncertainty about the centre's effectiveness (51%), negative past experiences (14%), lack of required documentation (13%), and a deliberate choice to avoid registration (11%). Notably, IDPs of certain profiles were reportedly less registered, including males (35%), those with disabilities (38%) (n=63), or those in rural settlements (45%). Secondary data indicates that fears of

> ***"No, I am not registered with the employment centre because I have a small child. I won't be able to drive around the city looking for vacancies."***
>
> **City in Ivano-Frankivska oblast, Female participant in FGD with single parents**

conscription for men and long travel distances to employment sites from rural areas likely major barriers to registration.[24]

Assistance to Access Employment: Only 39% of surveyed working-age IDPs seeking employment reported to have received assistance in accessing work since arriving in their current settlement. This proportion was higher for females (44%) compared to males (28%) and lower among working-age IDPs with disabilities seeking employment (32%) (n=63). The support received mainly consisted of job search counselling (24%), career counselling (13%), and retraining courses (8%). According to respondents, the top four types of support needed were retraining courses (26%), with a higher demand among females (31%), job search counselling (24%), campaigns/job fairs (13%), and career counselling (13%). Nearly a third (29%) stated that such support was not relevant to their needs.



Search Orientations: The most reported job search channels used by working-age IDPs seeking employment were job search web portals (63%), social networking (36%), employment centres (35%), and connections through acquaintances or relatives (31%). Notably, 62% were seeking permanent full-time jobs, 47% were looking for permanent part-time roles, 20% for temporary positions, 12% for seasonal work, and 10% for freelance opportunities. When asked about steps they were willing to take to secure employment, the most frequent responses included changing their specialisation (47%), agreeing to work informally (32%), adjusting salary expectations (21%), modifying requirements for working conditions (19%), or adapting schedule preferences (16%). Additionally, 14% expressed a willingness to change their place of residence to find employment, this proportion rose to 24% among those in rural settlements.

Disability Arrangements: When respondents were asked about factors that would make unemployed working-age IDPs with a disability more likely to seek or find employment, the most reported answers included the availability of more accommodating workplaces (19%), better assistance in finding suitable jobs (16%), rising to 18% in urban areas, more flexible work schedules or task arrangements (16%), and improved attitudes towards persons with disabilities (10%).

[24] See for example People in Need and Stabilisation Support Services (2023) *Report on Employment and Economic Integration Situation of Internally Displaced Persons* https://reliefweb.int/report/ukraine/report-employment-and-economic-integration-situation-internally-displaced-persons-enuk

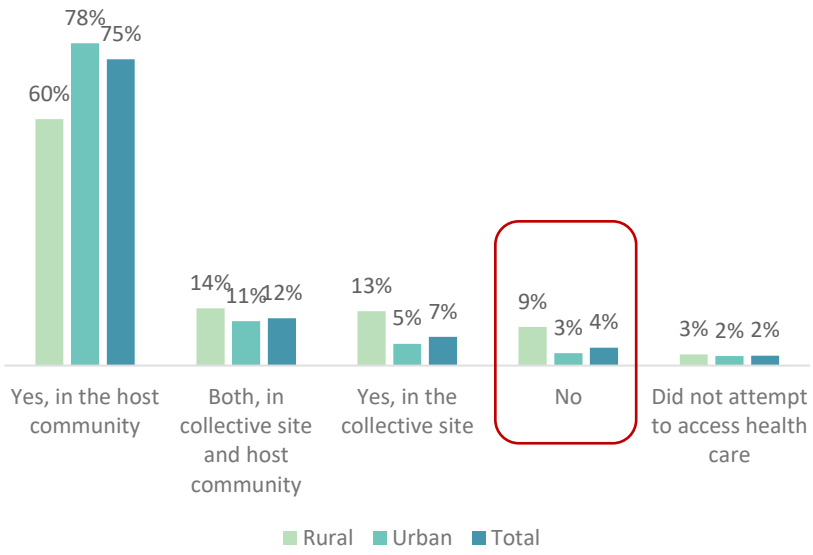
3. Access to Services

3.1 Healthcare services and medicine

The survey revealed that 62% of IDPs in collective sites needed healthcare services within the past three months, with most requiring it "sometimes" (a couple of times) during that period (31%). At the same time, 37% of IDPs confirmed that they did not require any health-related services. When examining age groups, older individuals more frequently reported needing healthcere sometimes (42%) or "regularly" (multiple times per week) (20%) over the past three months. By comparison, only 29% of working-aged adults required healthcare sometimes and 8% regularly over the same period.

Among those who sought healthcare care, 48% prioritised consultations or medications for chronic illnesses, followed by 43% seeking preventative check-ups. Other common healthcare needs included consultations for acute illnesses, imaging services, and laboratory services – all at 23%. The highest need in consultations or medication for chronic illnesses were reported in Donetska (80%), Kharkivska (70%), and Chernihivska (63%) oblasts. **The need for consultations or medication for chronic illnesses is more pronounced among individuals with chronic conditions (79%) and older adults (74%), compared to 48% of the total surveyed population in collective sites and 42% of working-age adults in the same need category**.

Figure 11. Modality of access to healthcare services, IDPs in CSs who needed healthcare services in the last 3 months



Individuals with disabilities were also more likely to report a need in consultations or medication for chronic illnesses (65%), compared to the total surveyed population (48%).

Recently displaced individuals were more likely to report a need for mental health and psychological support services, with 14% expressing this need compared to only 6% among those displaced for three months or longer.

Approximately 4% of IDP residents living in collective sites reported being unable to obtain healthcare in or outside the collective site whenever it was needed (Figure 11). The highest proportions of such individuals were in Chernihivska, Kyivska, and Odeska oblasts, with 24%, 16%, and 15% respectively. Inability to obtain healthcare each time it was needed, either inside or outside the site, was **more pronounced among IDPs living in rural CSs (9%), compared to 3% of those living in urban areas**. Similar pattern was observed among recently displaced individuals, with 13% reporting this issue.

Among respondents who reported specific barriers to healthcare, the most frequent ones were cost of treatments and/or services (39%), lack of medical facilities or facilities difficult to access in terms of time or distance (17%), followed by services not being available (15%) (Figure 15). In rural settlements the most significant problem was lack of medical facilities reported by 31% of individuals, compared to just 5% in urban areas. Similarly, 12% of individuals in rural settlements reported shortages of properly trained staff, while only 3% of individuals in urban settlements experienced the same issue.

Figure 12. Main barriers encountered, by IDPs in CSs who needed healthcare in the last three months and could not access it (n=228)

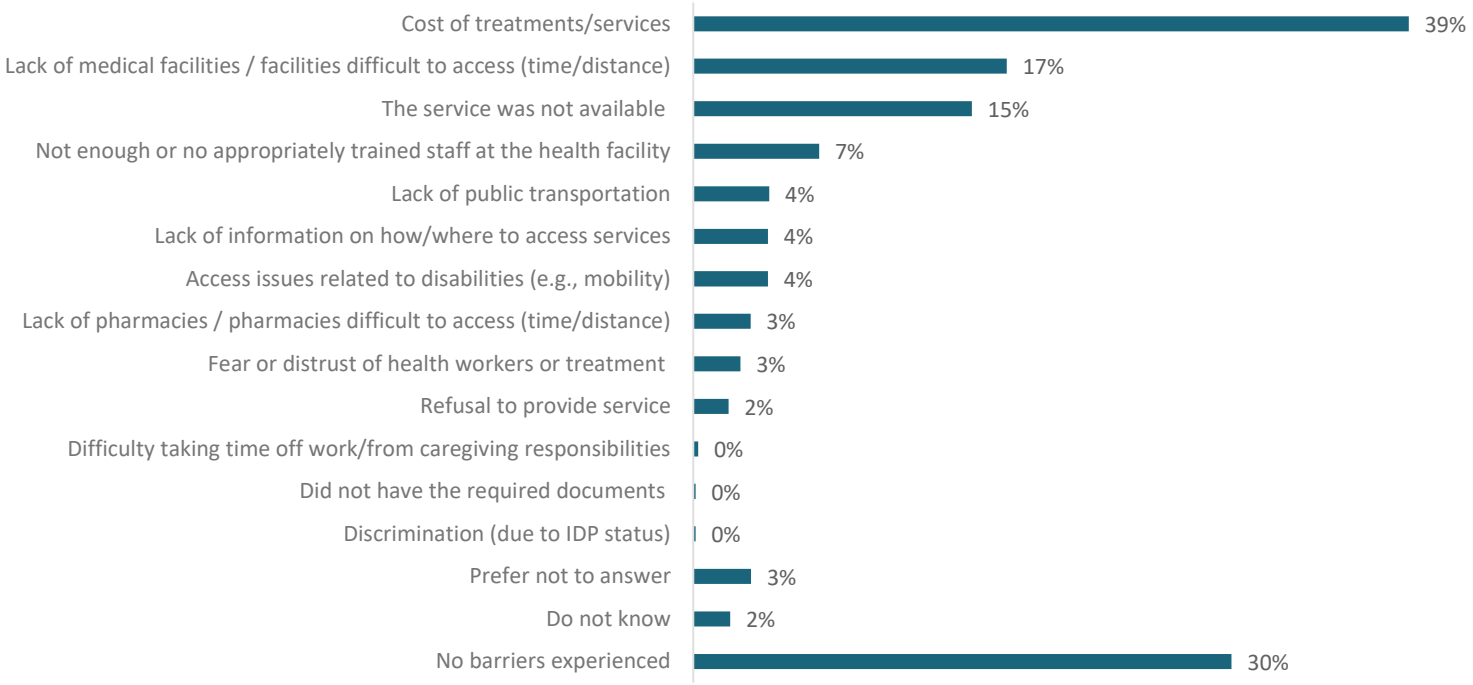
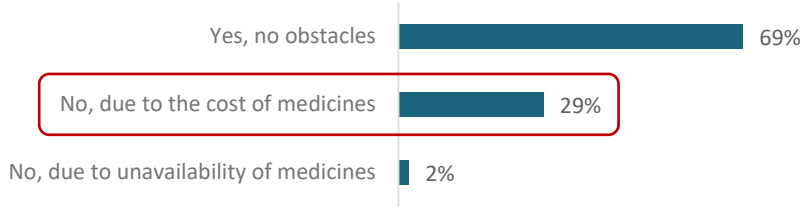


Figure 13. Ability of HHs in CSs who sought medicine in the last 3 months to obtain all sought medicine, by HHs in CSs (n=3,336)



Lack of access to medicines was a widespread issue among IDPs living in collective sites. Generally, 83% of all households reported seeking medicine in the past three months. Out of those who sought medicine, 31% of households were unable to obtain all the medications they needed, primarily due to cost (Figure 13). **Households with members who have disabilities were more likely to face barriers, with 45% unable to afford necessary medications. Similarly, 37% of households with only older adults faced similar barriers, with the issue of cost being exacerbated by their low per capita income**.

> ***"If they are IDPs who need additional care, then we place them in a geriatric boarding house, where they receive all services."***
>
> **Social Department representative, City in Chernivetska oblast**

The need for improved access to healthcare and medicine was echoed in qualitative round in both FGDs and KIIs, where IDPs and KIs frequently mentioned high demand for and a restrained access to medical services. In FGDs, participants expressed widespread dissatisfaction with the quality of medical services, including issues such as lack of access to essential medicines, high medication costs, limited access to specialised care, absence of emergency medical services, and restricted availability of basic medical services. Similarly, KIs further emphasized that the most prominent need for vulnerable groups was access to specialised medical assistance. This includes specific needs such as geriatric care, access to specific medications, and visits from highly specialised

doctors. Given the vulnerabilities of the residents in the collective sites, medical services were identified as the most crucial and frequently used services.

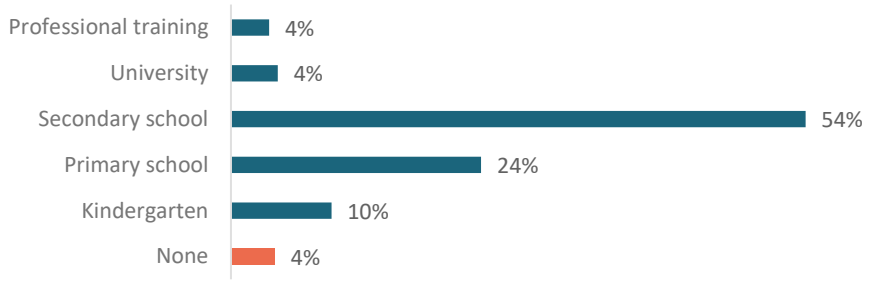
Many participants also reported occasionally reducing their spending on medicine, which was often their most significant expense, or accessing free medical services through state programmes and humanitarian aid. **Some FGD participants reportedly went to extreme lengths, such as cutting back on food, foregoing certain medications, or using expired medicines.** Evidently, due to the limited economic capacity of residents in the collective sites, many rely on a range of coping strategies, most of which involve dependence on state services.

> ***"My family doctor offered me free medicines from volunteers, but they were expired. Due to lack of money, I had to take them."***
>
> **City in Kharkiv oblast, Female participant in the FGD with people with disabilities**

3.2. Educational services

Within the broader collective sites' population, 19% were children aged 5 to 17 years. The majority of these children attend educational institutions at various levels, with only 4% not enrolled[25] (Figure 17).

Figure 14. Proportion of children (5-18 y.o.) attending educational institutions for the academic year 2023-2024, by CS residents



Generally, of those attending school, **49% were receiving in-person education, 42% were engaged in remote learning**, and 9% were participating in a hybrid modality. The majority of children attend school in their current settlement (59%), while 34% study in schools in their settlement of origin (remotely) and 7% in other settlements (remotely).

Barriers to in-person education include displacement or evacuation (10%) and damage to infrastructure such as facilities, roads, and transport (3%). Disruptions to the children's education for an entire day or more due to intensified missile attacks in the 4 weeks of school prior to data collection was reported by 16% of households, with highest proportions reported in Kyiv city (63%), Kharkivska (45%), and Dnipropetrovska (41%) oblasts. For remote or hybrid learning, the most common obstacles were unreliable internet access (52%), lack of dedicated learning spaces (21%), and insufficient equipment (16%).

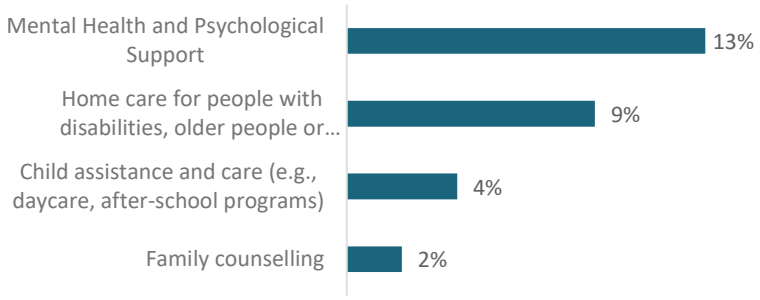
> ***"We tried to enroll children in school at first, but this is ineffective in transit cases. Most of them studied remotely, in previous schools. But not everyone had tablets, laptops, or phones. Some children did not have the necessary means of education at all."***
>
> **Local NGO representative, Kyiv city**

[25] Among children aged 7 to 17 years, 99% were enrolled in some form of education.

3.3. Social services

Access to social services was more important to households who have at least one member with a disability, single parent households, and recently displaced. Overall, 76% of households reported no need for social services in the past 3 months, while the rest, **24%, have required some type of social service provision** (Figure 18). Households that have been displaced less than 3 months ago more frequently reported a need in mental health and psychological support (30%) and home care for elderly or people with disabilities (14%), compared to those who have been displaced more than 3 months ago with 12% and 9%, respectively. Households who have at least one member with a disability have expressed a heightened need in home care for people with disabilities, chronic illnesses, or elderly (20%). The highest proportions of households who reported a need for home care services was reported in Cherkaska (29%), Mykolaivska (24%), and Kirovohradska (19%) oblasts. At the same time, households with children expressed a heightened need in child assistance and care services – 15%.

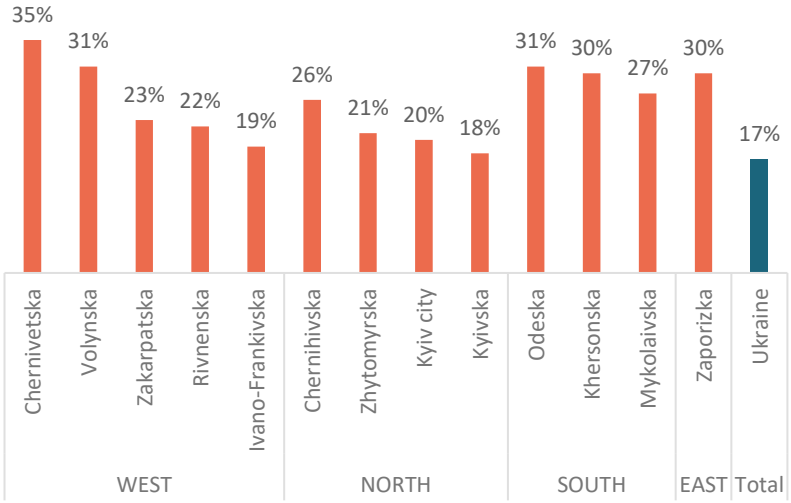
Figure 15. Social services needed by households in the past 3 months, by HHs in CSs



Overall, survey respondents reported that social services were mainly provided either fully or partially in the area (31% and 13%, respectively) or within the collective site (17% and 18%, respectively). However, **17% of households reported that social services named above were not provided at all**, with the highest proportions found in Chernivetska (35%), Volynska and Odeska (31% each) oblasts (Figure 19). At the same time, it was common for households that have been displaced less than 3 months ago to be not aware of social service provision in their host community (43%), compared to only 13% among those who have been displaced 3 months ago or longer.

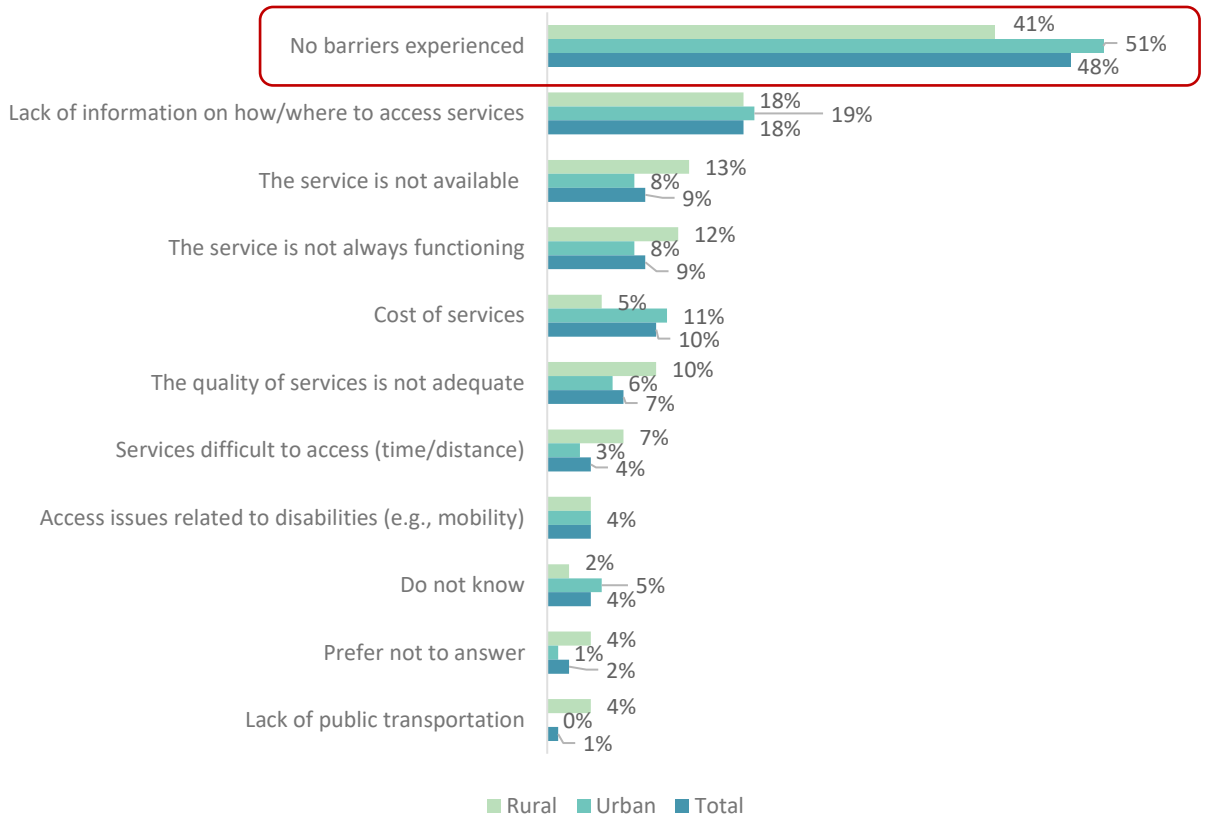
> ***"The problem is that the legislation on IDPs is changing so quickly that the specialists who provide these services are not quite competent to do this sometimes."***
>
> **Local NGO representative, Ivano-Frankivsk city**

Figure 16. The share of respondents facing unavailable social services, by oblasts, with an average share higher than the national level.



Of the households who reported needing social services in the past 3 months, almost half (48%) reported no barriers when seeking access to them (Figure 17). However, most reported barriers were lack of information on how/where to access services (18%), cost of services (10%), or that services were unavailable or not functioning (9% each).

Figure 17. Main barriers to access social services, by households in CSs



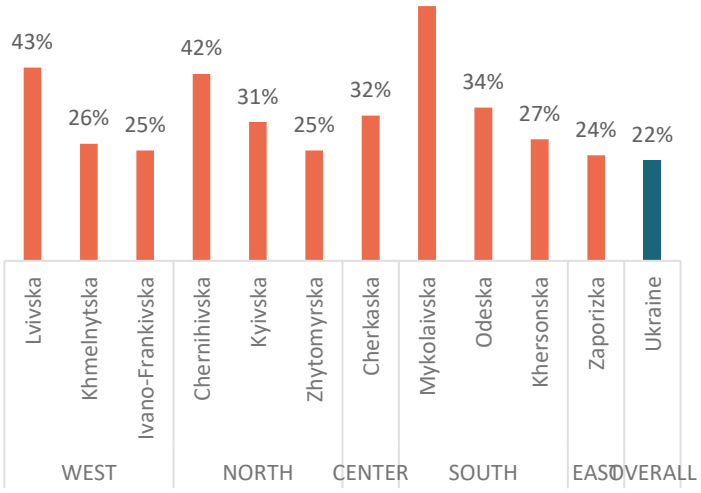
3.4. Administrative services

Households in collective sites face significant barriers in accessing necessary administrative and legal services, particularly those with disabilities, low incomes, or residing in rural areas**.** When it comes to accessing administrative and legal services, **47% of households living in the collective sites reported a need in a certain administrative or legal service**. The most common needs were related to housing issues, which will be covered in the next section. Among the other needs that were mentioned by the participants, legal assistance with labour law and rehabilitation of personal documentation was reported by 3% of households (for each of the issues), legal assistance to apply for utility subsidies, legal assistance with family issues, and rehabilitation and/or obtention of disability certificate by 2% of households (each). Among households with a per capita income below 2,920 UAH, 7% reported a need for legal assistance with labour laws and 8% reported a need in rehabilitation and/or obtention of disability certificate. FGD participants have also reported difficulties with renovating personal documents, stolen belongings, lack of family support, challenges in obtaining disability certificates due to the war, ongoing combat actions in their areas of origin, and complications with restoring bank cards due to missing personal documents were also reported.

> ***"[Name] and I faced another problem - our children have mine-blast wounds, but in their medical records they have been diagnosed with a "general disease". In addition, we could not obtain an extract from the register of the prosecutor's office. Now we are forced to undergo a forensic medical examination again to prove our children have received a disability in connection with hostilities."***
>
> **City in Lvivska oblast, Female participant in the FGD with people who are caregivers**

While most IDPs who were in a need of an administrative or legal service could access it (67%) either within the collective sites or in host communities, 22% of them were unable to access these services, and **18% were unaware of where to obtain assistance**. The highest proportion of households who reported administrative and legal services not being provided on site or in the community at all were found in Mykolaivska (57%), Lvivska (43%), and Chernihivska (42%) oblasts (Figure 21). Additionally, households residing in rural areas were less likely to have access to these services compared to those in urban areas, with 32% of rural households reporting difficulties, compared to 20% of urban households. Similarly to the social services provision, there was a notable information gap between recently displaced households and those displaced for longer periods: out of recently displaced households 43% were unaware of where access services, while only 17% among protractedly displaced households faced similar challenges.

Figure 18. Administrative or legal services not being provided at all, by HHs in CSs who sought such services with an average share higher than the national level.



Regarding civil and administrative documents, the vast majority of households (94%) reported having all the necessary documentation. However, some groups were less likely to have complete documentation. **Among recently displaced households (less than three months), only 86% reported being in possession of all their civil and administrative documents**. Geographically, the oblasts with the highest proportions of households lacking complete documentation those were Odeska (24%), Khersonska (15%), Zaporizka (12%), Kyivska (10%), and Khmelnytska (9%). Notably, Zhytomyrska oblast had the highest proportion (4%) of households without any civil and administrative documents, while Kyiv city had 3%.

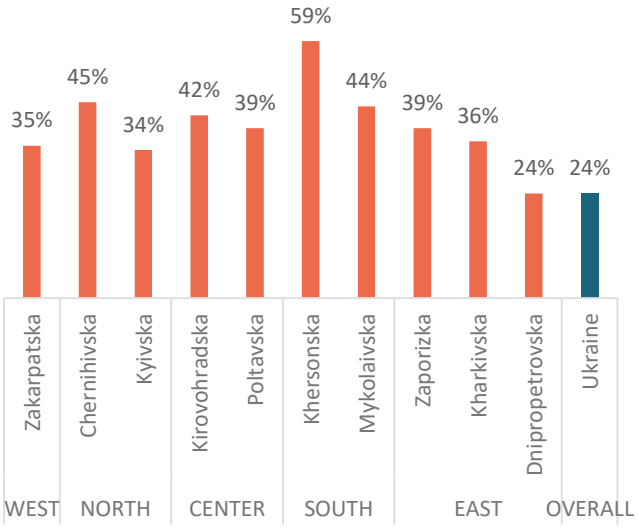
4. Housing and Living Conditions

4.1. Housing, Land and Property

Most households living in collective sites encountered serious challenges due to damaged or destroyed housing in their areas of origin. This issue was highlighted by the fact that **households frequently reported seeking administrative and legal services for compensation for their damaged or destroyed property (24%) (Figure 19) and the acquisition or rehabilitation of property documentation (10%).**

Most households living in collective sites owned accommodation in territories they lived in before displacement, with 95% reporting home ownership. However, a staggering 73% of these households had their accommodation damaged, destroyed or in an unknown condition. **Among those with destroyed or damaged accommodation, only 11% have ongoing compensation process[26].**

Figure 19. Households who need compensation for damaged or destroyed property, by oblasts with share higher than national



> ***"My house has been* destroyed, and it's not entirely clear to me how to get compensation. I went and prepared the documents, but I had to wait for the commission. I ran out of time then, so nothing worked."**
>
> **City in Kirovohradska oblast, Female participant in the FGD with people with intersectoral vulnerabilities**

The loss of owned housing by IDPs due to war-related destruction or damage has increased their vulnerability. The lack of accommodation in pre-displacement area contributed to prolonged stays in collective sites: while 32% of IDPs staying in collective sites for less than 3 months reported having accommodation that was not damaged or destroyed. This percentage dropped to just 21% among those who had been in collective sites for more than 3 months. Additionally, households with members with disabilities were more likely to have experienced damage or destruction to their accommodation and to encounter difficulties with the compensation process, with 46% of these households reporting such issues, compared to 36% of those without disabilities. Additionally, 70% of households living in collective sites in active frontline zones had destroyed or damaged accommodation and were struggling with compensation-related challenges.

In terms of geographic distribution, 76% of households in Kharkivska and 67% in Khersonska oblasts reported problems with the compensation process, significantly

> ***"Our house, as well as my mother's one in [settlement], was destroyed. We cannot receive compensation for damaged property due to a problem with documents. Payments for IDPs were also cancelled for [city name], arguing it is safe here. I have 6 children; I can't provide for them without work and financial assistance."***
>
> **City in Zakarpatska oblast, Male participant in the FGD with Roma minority**

[26] Resolution of the Cabinet of Ministers No. 767 of September 2, 2020 "On Payment of Monetary Compensation to Victims of Residential Buildings Destroyed as a Result of a Military Emergency Caused by the Armed Aggression of the Russian Federation"

higher than the national average of 40%. FGD participants partially explained this discrepancy, pointing to bureaucratic hurdles and the lack of specialized legal assistance as obstacles to receiving compensation.

4.2. Security of tenure

The security of tenure for households in collective sites remained a significant concern, with a notable proportion fearing eviction due to lack of formal contracts, threats from authorities, and instability in certain regions (Figure 23). Regarding tenure security, 86% of households in CSs had a contract guaranteeing a minimum duration of stay. However, in some oblasts, nearly half of the households lacked contracts, including 47% in Mykolaivska and 43% in Zhytomyrska. Additionally**, households in non-residential collective sites (28%), rural collective sites (18%), and those displaced for less than three months (22%) were less likely to have contracts.**

Figure 20. Fear of eviction from the collective site in the next 6 months, by rural/urban area

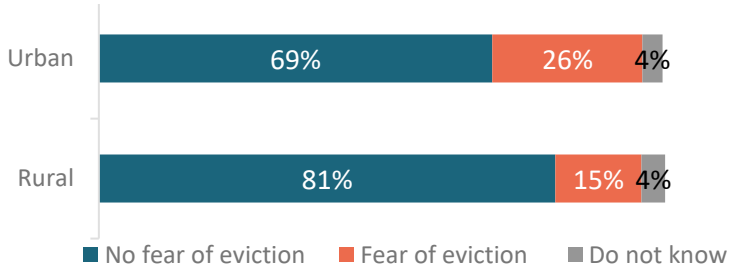
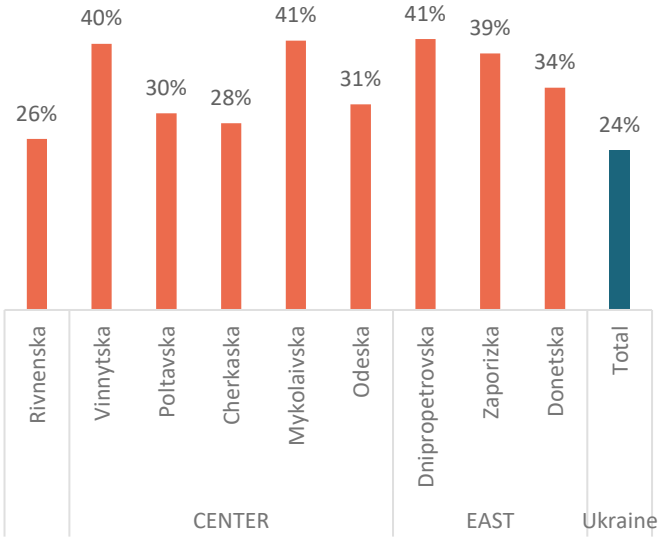


Figure 21. HHs that fear eviction from the CS in the next 6 months, by oblast with share higher than average



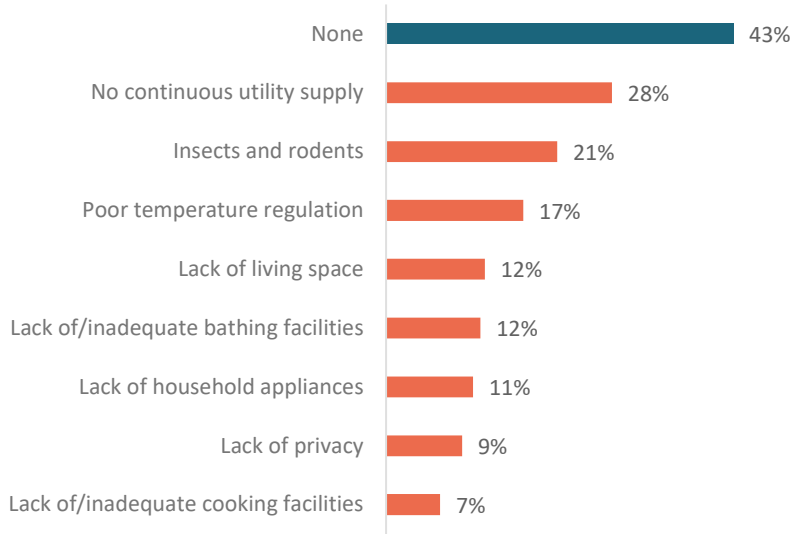
Approximately 24% of households in collective sites feared eviction, with this proportion rising to 41% in Dnipropetrovska and Mykolaivska oblasts, and 40% in Vinnytska (Figure 21). The most common reasons for this fear include concerns about the site potentially closing (80%), receiving threats of eviction (9%), and witnessing other households being evicted (8%). Threats of eviction were reported only in Khersonska oblast and Kyiv city.

Furthermore, **households that reside in urban collective sites were more likely to fear eviction (26%), compared to those living in rural areas (15%).** The highest percentages were observed in Dnipropetrovska (41%), Mykolaivska (41%), Vinnytska (40%), Zaporizka (39%), and Donetska (34%) oblasts.

4.3. Living conditions

Living conditions issues were common for almost half of the households living in collective sites. Generally, 28% of households faced barriers related to the lack of continuous utility supply, including electricity, gas, and water. These concerns were supported by the CSM data from Round 13 of data collection (July 2024): a significant proportion of collective sites (31%) lack backup power sources, such as generators or other autonomous systems, to ensure continued supply during power outages and blackouts. Additionally, 21% of households reported problems with insects and rodents. Nevertheless, 43% of households residing in collective sites reported no general issues with their living conditions.

Figure 22. Living conditions issues in the collective site, by HHs in CSs



Overall**, 57% of households living in collective sites report at least one living condition issue within their collective site** (Figure 22). Problems with dysfunctional temperature regulation were reported by 54% of households living in Chernihivska oblast, while issues with insects and rodents was common for 54% of households in Kharkivska oblast. Similarly, in Dnipropetrovska oblast, 54% of households reported a lack of continuous utility supply, including electricity, gas, and water. In Ternopilska oblast, 39% of households reported overcrowding, indicating a significant issue with lack of living space.

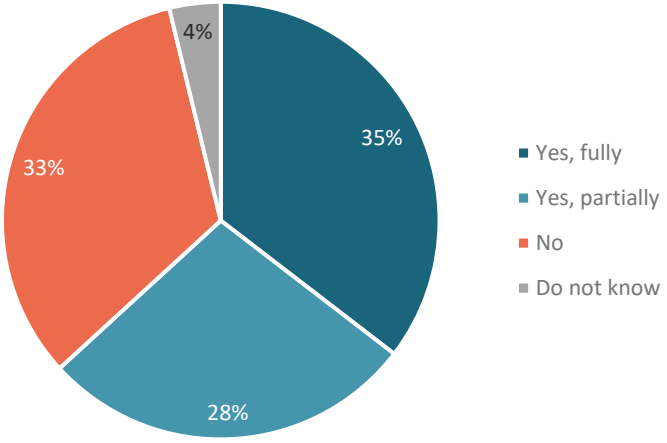
Living conditions vary depending on the type of building, whether residential or non-residential. Of the buildings hosting IDPs, 79% were residential, while the remaining 21% were non-residential. In residential areas, 25% of households faced issues with insects and rodents, compared to just 8% in non-residential ones. Additionally, **14% of households in non-residential centres reported challenges related to a lack of privacy—such as the absence of partitions or doors in sleeping areas and locks in Water, Sanitation and Hygiene (WASH) facilities—while only 8% of households in residential areas experienced similar issues**.

In FGDs, participants were asked to report on and rank issues with their living conditions by the highest priority. The most prominent concerns were poor ventilation, inadequate maintenance of WASH facilities, and the absence of gas stoves to facilitate cooking during power outages. Interestingly, while lack of space in living areas was a commonly reported problem, it was not prioritized by respondents when asked to identify the most pressing living condition issues, suggesting that space allocation may be a less immediate concern compared to other factors. Participants also reported a lack of tailored allocation plans for vulnerable groups and a high demand for cleaning services due to the presence of people with disabilities.

4.4. Living conditions for people with disabilities (for HHs with disabilities)

The recurring issue recognized not only in Vulnerability Assessment, but also in CSM, was a lack of disability-friendly infrastructure that many collective sites continuously failed to provide. Out of 993 households with disabled members, majority reported that their site was either partially (28%) or not at all (33%) suitable for people with disabilities, with the most concerning regions being Dnipropetrovska, Kyiv City, and Vinnytska oblasts (Figure 23).

Figure 23. Proportion of HHs living in CSs with at least one member with disability reporting that site is adequately arranged to accommodate people with disabilities



This finding is corroborated by the CSM data from September 2024, which highlights a significant lack of disability-friendly infrastructure, including both essential features such as elevators, external ramps, horizontal bars on doors, and accessible bathrooms and toilets. The data reveals that **48% of surveyed collective sites were not equipped with accessible infrastructure (excluding WASH facilities),** with Zaporizka (71%), Dnipropetrovska (70%), Ternopilska (64%), and Kharkivska (61%) oblasts having the highest proportions. Additionally, 31% of collective sites had only partial disability-friendly infrastructure in place.

Regarding WASH infrastructure, only 27% of CS managers confirmed the availability of disability-friendly bathing facilities, with Zaporizka (5%) and Poltavska (7%) oblasts reporting the lowest availability. Similarly**, only 26% of CSs were equipped with disability-friendly toilets**, with Poltavska (9%) and Zaporizka (11%) oblasts showing the lowest proportions.

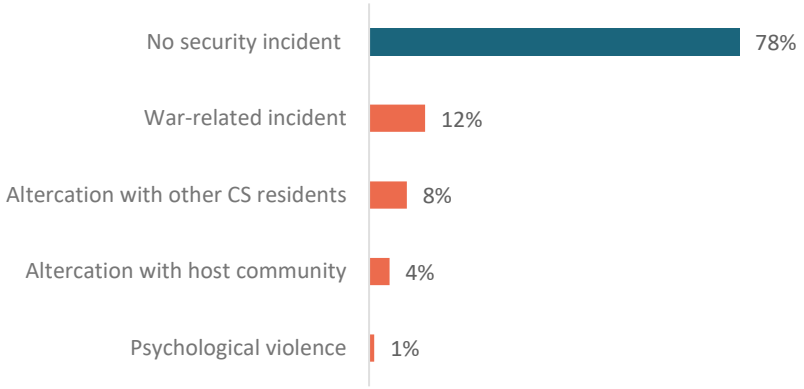
The need for disability-friendly infrastructure was echoed in the qualitative findings from FGDs, during which IDPs frequently mentioned inadequate arrangements for people with disabilities and limited mobility in collective sites.

> ***"My son with a disability uses a wheelchair, so he needs an inclusive space. We have not been able to find housing that is accessible to him. Unfortunately, the city does not have enough conditions for this vulnerable category of citizens."***
>
> **City in Lvivska oblast, Female participant in the FGD with people who are caregivers**

4.5. Safety and security in collective site and area of living

Security concerns and incidents vary significantly across regions, with a notable difference in a sense of safety, depending mostly on the area of residence. Almost half of all households (44%) reported feeling completely safe walking alone around the area surrounding the collective site in the last three months. This sense of safety was highest in Volynska (77%), Cherkaska (73%), and Mykolaivska (73%) oblasts. Although only 1% of respondents indicated feeling completely unsafe, this number was significantly higher in Khersonska oblast, where 47% of respondents expressed such concerns. Additionally, respondents in active frontline zones were more likely to feel completely unsafe, with 18% reporting this sentiment.

Figure 24. Proportion of HHs in CSs reporting security incidents over the last 3 months



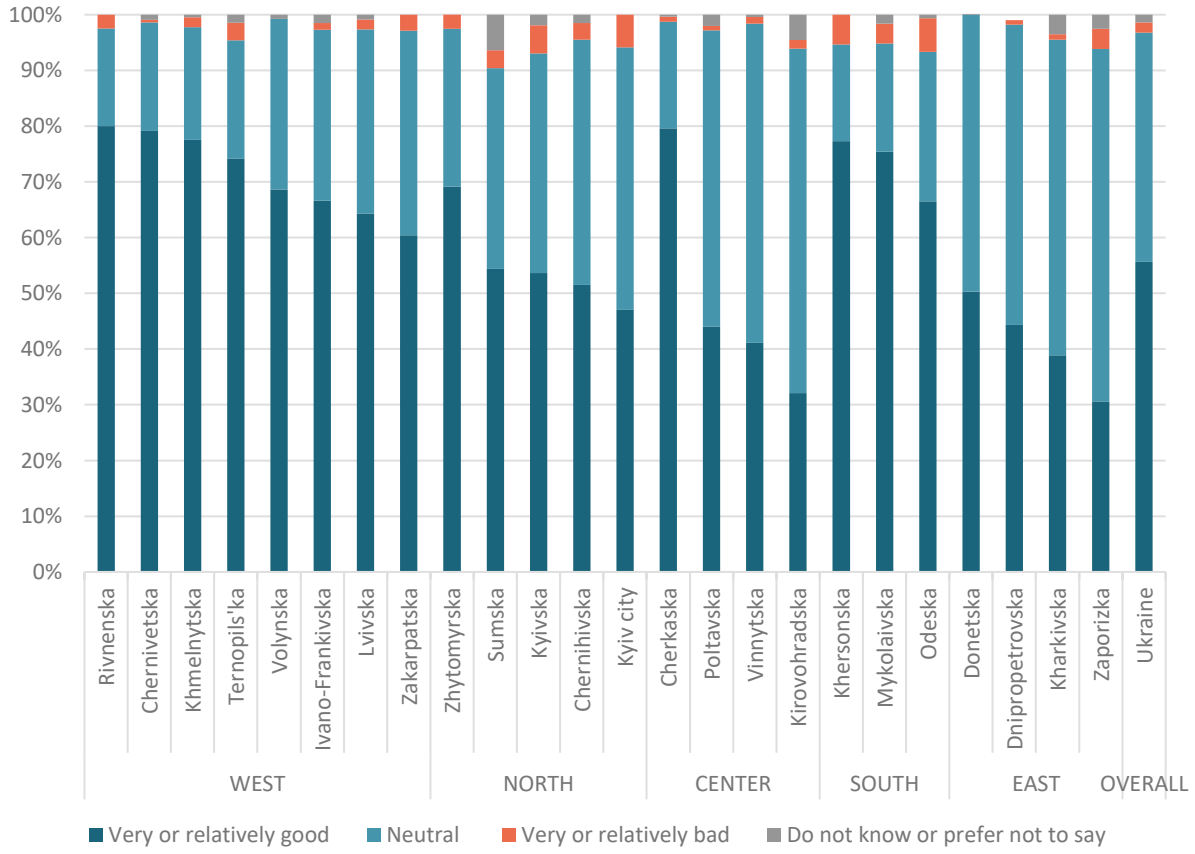
In terms of security incidents, 78% of households reported no security incidents in their current settlement over the last three months (Figure 27). However, **12% of households did experience war-related incidents, such as shelling and broken windows**, with the highest proportions reported in Kharkivska (69%) and Khersonska (61%) oblasts. Furthermore, twice as many households reported altercations with other IDPs residing in collective sites as households that experienced altercations with host community members (8% and 4%, respectively). The highest proportions of these altercations were reported in Zaporizka (17%) and Zakarpatska (15%) oblasts.

5. Social Cohesion

5.1. Community engagement

Generally, households residing in collective sites reported having positive relationships with host communities. These relationships were often influenced by factors such as location of the site and household characteristics that potentially affect perceptions of each community. Most households described relationships between CS residents and the host community as neutral (41%) or relatively good (32%), with 24% reporting "very good" relationships. The highest proportions of "very good" or "relatively good" relationships were found in Rivnenska and Cherkaska oblasts (80% each), followed closely by Chernivetska (79%), Khmelnytska (78%), and Khersonska (77%) oblasts (Figure 25). However, 2% of households reported relationships as "relatively bad," and 0,25% describe them as "very bad." The regions with the highest proportion of households reporting "very bad" relationships were Mykolaivska and Odeska (2% each), followed by Khmelnytska, Kyivska and Zaporizka (1% each). Additionally, households in CSs located in active frontline zones tended to have better relationships with the host community, with 83% reporting "relatively good" or "very good" relationships, compared to 59% in CSs in non-frontline areas. In a similar vein, 66% of households in rural areas reported having positive relationships, compared to 53% of households in urban areas. This disparity is likely attributed to the smaller population and size of rural settlements. Out of all households in CSs, approximately one-fifth was residing in rural areas. In addition, rural areas were less densely populated, which increases the likelihood that residents of these communities will form relationships with a larger proportion of their neighbours, in contrast to the more crowded environments of urban areas.

Figure 25. Relationship between CS residents and host community in last 3 months, share of HHs in CSs



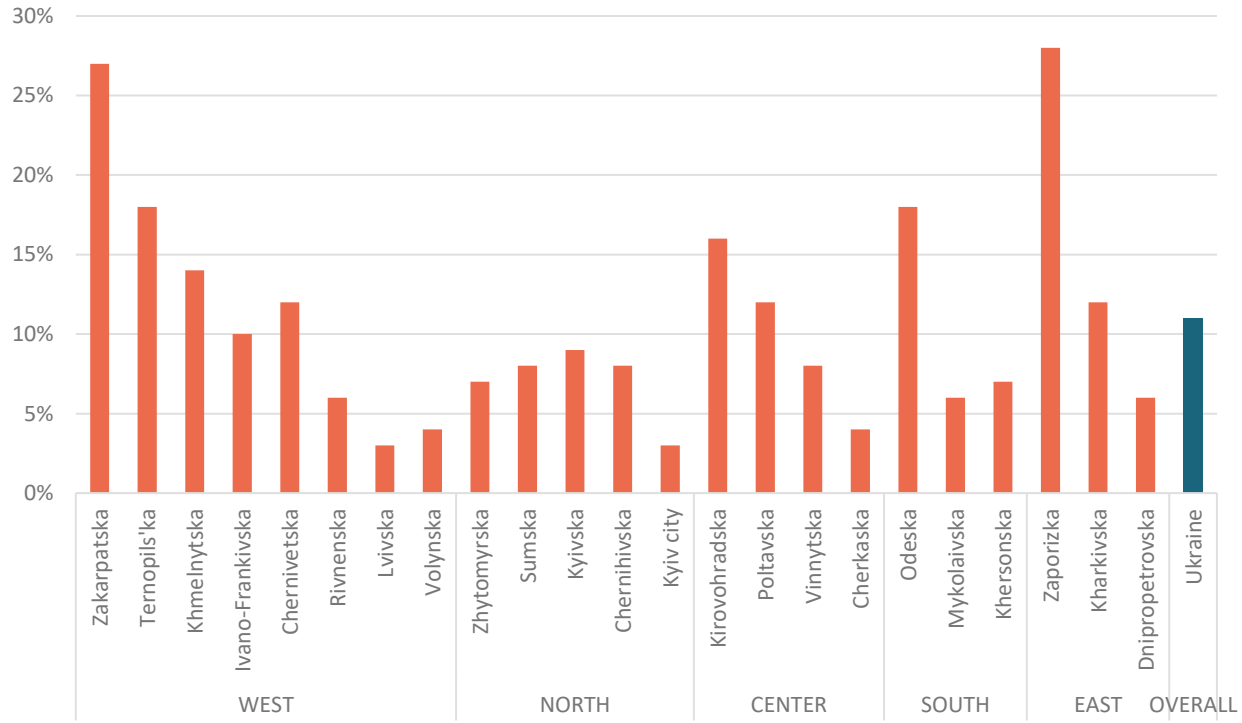
During the qualitative round, focus group discussions revealed that many participants experience a sense of detachment from their current place of residence, often driven by nostalgia for their places of origin. This emotional connection played a significant role in shaping their decision-making regarding future and overall outlook on movement intentions. It was common for FGD participants to experience feelings of isolation, leading to a lack of desire to integrate, fuelling the desire remain in the collective site, or contributing to uncertainty about prospects.

> ***"Everything is here [in the CS]. Our house no longer exists in the habitual place of residence. There is nowhere to return now, everything is destroyed. We live one day at a time, because we don't know what tomorrow will bring."***
>
> **City in Kirovohradska oblast, Male participant in the FGD with people with intersectoral vulnerabilities**

5.2. Discrimination

Most households in collective sites reported not experiencing discrimination based on being IDP, with 89% stating they have not faced such discrimination. However, 11% of households reported feeling at least one form of discrimination, whether in terms of finding jobs, access to services, or an overall feeling of generalised discrimination. Among those who mentioned specific instances of discrimination, 2% reported discrimination in the labour market or when trying to access social assistance, while 1% reported discrimination when trying to access basic services or when trying to rent out a house. The highest rates of discrimination were observed in Zaporizka (28%), Zakarpatska (27%), Odeska (18%) and Kirovohradska (16%) oblasts (Figure 29). Zakarpatska also has a higher proportion of households feeling discriminated against when attempting to access social assistance (8%).

Figure 26. Proportion of HHs in CSs reporting experiencing at least one form of discrimination from host communities, by oblast



Among those who reported experiencing discrimination (452 persons), the most common reasons cited were language (39%) and ethnicity (9%). These issues were particularly salient in the western and central oblasts, where language and cultural differences between host populations and IDPs arriving from the east were most stark. They were also especially relevant in Zakarpatska and Odeska oblasts, where most of Ukraine's Roma minority population—which already faced high levels of discrimination from other communities—was concentrated, and where CSs hosting Roma IDPs also tended to be located.[27]

> ***"When I first came here, I applied to an organization for IDPs from Luhansk oblast, where we signed declarations for the whole family. When we went to the local clinic, we were refused, I'd even say, we were simply kicked out."***
>
> **City in Zakarpatska oblast, Female participant in the FGD with Roma minority**

More respondents in FGDs than KIIs reported instances of discrimination, which might suggest a lack of awareness among key informants or representatives of governmental and non-governmental institutions about the real extent of discrimination faced by IDPs. Many FGD participants shared various instances of discrimination based on their IDP status, language, and other factors. Discrimination based on ethnicity was particularly salient among the Roma community. FGD participants shared that they struggled to find a collective site to settle in due to the common rejection of Roma people. Several participants also mentioned facing discrimination when seeking medical services, applying for kindergarten, or attending job interviews.

5.3. Political and social participation

Participation in social and political life among households in collective sites remained limited, with factors such as length of displacement, household composition, and regional differences influencing engagement in community activities. Most households in collective sites reported not participating in social or cultural activities (festive activities, library meetings, arts, sports, hikes, excursions etc), with 61% stating they do not attend such events. The most mentioned activities included cultural events (30%), festivities (20%), and outdoor activities (12%). Population categories least likely to engage in these activities include households with only male adults (76%), those recently displaced (76%), and households with a member who has a disability (68%). Households living in CSs within active frontline zones were particularly unlikely to attend, with 90% not participating.

Furthermore, most households in CSs (90%) did not actively participate in the social or political life of the community (local charity organisation, youth or women's organisation, etc), although 8% have contributed to local charity organisations. Participation in charity work was highest in Kyiv city (24%) and Volynska oblast (23%). Households displaced for less than three months were especially unlikely to engage in social or political activities, with 97% reporting no participation.

During key informant interviews respondents frequently identified joint social events as an effective means of improving relationships between IDPs and the host community. They suggested a variety of themes for these kinds of events: cultural activities tied to the national holidays, environmental awareness initiatives, mental health awareness events, excursions, etc. In contrast, only a few FGD participants viewed social events as a solution. While KIIs focused on participatory events and projects, FGD participants tended to emphasize the emotional atmosphere and sentiments between the two communities. Most respondents named empathy, open-mindedness, and respectful behaviour as key to improving relations between locals and IDPs. Many also mentioned that considerable time was needed for both communities to understand

[27] See for example European Roma Rights Centre (2018) *Roma belong – Statelessness, discrimination and marginalisation of Roma in Ukraine* https://www.errc.org/reports-and-submissions/roma-belong--statelessness-discrimination-and-marginalisation-of-roma-in-ukraine

one another. Only a few IDPs mentioned social events, such as excursions and Ukrainian language courses, as helpful.

CONCLUSION

Approaching the fourth year of the full-scale war in Ukraine, about 77 thousand IDPs, either in protracted displacement or newly displaced, were living in collective sites. Despite the original intention that these sites serve as short-term, temporary solutions, a large majority of people in collective sites have lived in these locations for over two years. To examine the specific displacement situations of IDPs living in collective sites and the impact these have on their chances of achieving durable solutions, REACH Initiative has conducted the mixed-method vulnerability assessment in collective sites commissioned by the CCCM and Protection clusters. The assessment findings reveal that the population in collective sites included a higher representation of groups with pre-existing vulnerabilities compared to the general population of Ukraine, in particular the older people, people with disabilities or chronic health conditions. These individuals continued to face numerous obstacles to leaving collective sites, whether in terms of integrating into host areas or returning to the war-affected areas of origin.

IDPs in collective sites often experienced multiple vulnerabilities across the age-health-gender spectrum that interweaved the difficulties they faced in a displacement situation. Concerningly, many vulnerable IDPs found it difficult to meet their basic needs in a dignified manner, considering that many collective sites were not equipped to accommodate the older people, people with disabilities, and chronic illnesses. At the same time, while a basic level of essential services was available to site residence, older or disabled residents with complex and intersecting vulnerabilities—over-represented in collective sites compared to the general population—struggled to access the levels of specific, specialised care they require. Additionally, IDP children in collective sites were observed to face obstacles to accessing education, particularly with the online or hybrid forms of instruction, due to the lack of necessary technical equipment and overcrowded spaces that were not conducive to studies.

These vulnerabilities lied at the root of the persistent lack of economic self-reliance and dire financial situation among IDPs in collective sites, with less than half (47%) of working-age IDPs being employed, and 10% of displaced households in collective sites having a per-person monthly income below the subsistence level of 2,920 UAH. There is a need for disability-inclusive opportunities and job assistance for working-age individuals with disabilities and chronic illnesses, as well as for single mothers requiring flexible job options to balance their caregiving responsibilities that have intensified as a consequence of displacement. In rural areas, IDPs encountered perpetual limitations in finding employment and accessing job search assistance, including counselling and retraining programmes. Addressing the above-mentioned challenges in response efforts is key to reducing the widespread reliance on social payments or humanitarian aid over the long term among the residents of collective sites.

It is equally important to consider the costs of private rental housing and the overall cost of living in host areas, which was perceived as unsustainable for IDPs in collective sites when contemplating the option of transitioning into private housing. From the perspective of most of the residents of collective sites, leaving current accommodations and aiming to achieve local integration was not a financially viable choice, as well as returning to their war-torn areas of origin. Without addressing the shortage of affordable rental options and social housing, the efforts to integrate these IDPs will remain fruitless, leading to the potential segregation of the most vulnerable displaced people in host areas.

Ultimately, the integrated governmental-humanitarian support for IDPs in collective sites should rest on empowering IDPs in collective sites to pursue independent living and economic self-reliance by addressing systemic barriers to achieving livelihoods and employment for working-age individuals with disabilities and single caregivers. Attaining this goal is also contingent on resolving the housing disadvantages of IDPs by providing affordable housing solutions and compensating individuals for damaged or destroyed property. Subsidised costs associated with healthcare and medications can further remove a significant financial burden for many IDPs in collective sites facing health-related issues. Support of this kind can create stronger opportunities for these IDPs to establish themselves in host communities and develop a sense of belonging in new places, preventing the formation of enclaves of inescapable vulnerabilities in collective sites.

ANNEX I : SAMPLING BREAKDOWNS

Table 1: Sampling of households living in the collective sites, by oblast

Oblast	# of site residents, as of June 2024	# of household interviews conducted
Cherkaska	2,364	196
Chernihivska	508	37
Chernivetska	4,114	226
Dnipropetrovska	12816	664
Donetska	151	69
Ivano-Frankivska	1,963	134
Kharkivska	5,555	323
Khersonska	179	12
Khmelnytska	2,823	180
Kirovohradska	2,574	224
Kyivska	4,649	193
Lvivska	8,313	547
Mykolaivska	827	48
Odeska	1,154	66
Poltavska	4,533	242
Rivnenska	2,059	125
Sumska	440	29
Ternopilska	1,237	104
Vinnytska	2,739	153
Volynska	1,189	61
Zakarpatska	3,876	269
Zaporizka	4,468	215
Zhytomyrska	708	54
Total	**69,239**	**4,083**

Table 1. Sampling of key informants, by oblasts and type

Type of Key Informant	Number of interviews	Oblasts
Site Manager	1	Lvivska
Local employment centre's employee	3	Odeska, Rivnenska, Dnipropetrovska
Social department in local authority' employee	3	Mykolaivska, Cherkaska, Chernivetska
Local NGOs' representatives	6	Khersonska, Kyivska, Poltavska, Zaporizka, Ivano-Frankivska

Table 2. Sampling of focus group participants, by oblasts and type

Region	Oblast	Type of Focus Group Participants
West	Lvivska	People with caregiving responsibilities
	Ivano-Frankivska	Single mothers / Women-headed households
	Zakarpatska	Roma minority
East	Dnipropetrovska	Households with low income
	Kharkivska	People with disabilities
Centre	Kirovohradska	People with multiple vulnerabilities
North	Kyivska	Single mothers / Women-headed households
	Zhytomyrska	People with mental health issues
	Chernihivska	People with disabilities
South	Mykolaivska	Single mothers / Women-headed households
		People with care needs
	Odeska	People who were homeless before displacement