

# Population Profiling in Collective Sites

August 2025 | Ukraine

## Context & Rationale

Since the start of the full-scale war in 2022, Ukraine has continued to face widespread internal displacement. Around 3.8 million people remain displaced within the country as of July 2025<sup>1</sup>. Collective sites (CSs), housing approximately 72,000 people, have evolved from emergency shelters into long-term accommodation for Ukraine's most vulnerable displaced populations.

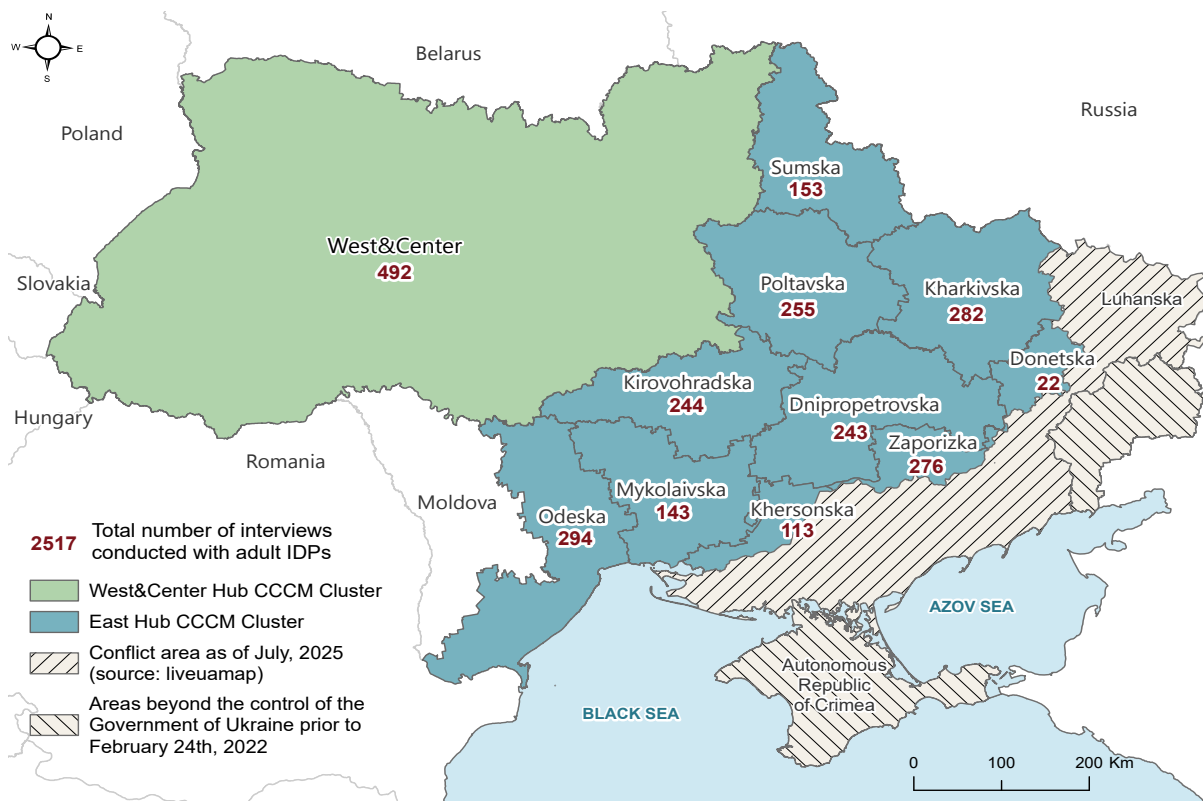
Many residents of CS are older people, persons with disabilities, or households with limited economic resources. These groups face compounded challenges in securing employment and transitioning to independent housing arrangements.

The assessment seeks to understand the social characteristics, needs, and circumstances of internally displaced persons (IDPs) living in CSs. Results may be used to inform further humanitarian planning and guide targeted interventions for vulnerable IDP populations.

## Key Findings

- Adult IDPs in CSs were mostly women (75%) and older people (51%) in the situation of protracted displacement, reflecting an ageing displaced population with limited prospects of attaining self-reliance.
- Most adult IDPs in CSs (60%) reported psychological challenges, increasing to 74% in Eastern war-affected areas. One in five adult respondents reported disabilities, identified by WG-SS (Washington Group Short Set<sup>2</sup>).
- Over half (56%) of working-age IDPs reported being employed, yet their full labour force participation was constrained by caregiving responsibilities (53%). IDPs over 60 mostly relied on pensions (87%) and IDP allowance (62%).
- Unaffordable housing was the primary barrier to leaving CSs (cited by 72% of IDPs), with 88% of residents planning to stay in these facilities in the long term.

## Assessment Coverage



<sup>1</sup> International Organization for Migration (IOM), Jul 11 2025. DTM Ukraine — [Returning Home From Abroad](#) — July 2025. IOM, Ukraine.

<sup>2</sup> The Washington Group Short Set is a standardized disability measurement tool developed by the Washington Group on Disability Statistics. It identifies individuals who may experience functional limitations through questions covering six core domains: seeing, hearing, mobility, cognition, self-care, and communication. [Washington Group on Disability Statistics](#). Washington Group Short Set on Functioning.

## Methodology Overview

The assessment employed a quantitative methodology using structured face-to-face interviews with adult IDPs (18+) residing in collective sites (CSs) hosting at least 10 adults. A total of 2,517 interviews were conducted across 381 randomly sampled collective sites throughout Ukraine's Government-Controlled Area.

Two distinct sampling approaches were implemented by macro-region. The Eastern macro-region targeted 10 priority frontline oblasts, achieving oblast-level representativeness with 95% confidence and 7% margin of error. The Central/Western macro-region, located further from the frontline, achieved macro-regional representativeness with 95% confidence and 5% margin of error.

The data was aggregated and analysed across multiple geographical levels: oblast-level results for Eastern frontline oblasts ( $\pm 7\%$  margin of error), macro-regional results for both regions ( $\pm 7\%$  and  $\pm 5\%$  margin of error respectively), and national-level results. Data was disaggregated by demographic characteristics to identify specific vulnerability groups, including people with disabilities, single caregivers, and elderly populations.

The assessment systematically compared findings between Eastern and Western/Central macro-regions across key indicators. In this situation overview, regional differences are reported only when exceeding the statistical margin of error by more than 10 percentage points, indicating substantive territorial variation.

To learn more about methodology and its limitations, please refer to this assessment's [Methodology Note](#).

## Demographic Characteristics

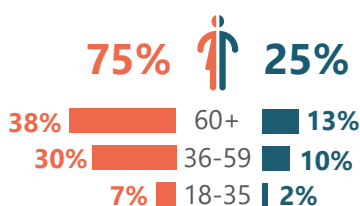
### Adult IDP Population

The majority of adult IDPs assessed in CSs were women (74%), while men accounted for only 26%. This gender distribution differed from the overall demographic profile of the IDP population. According to the International Organisation for Migration (IOM)'s April 2025 report on internal displacement, among households composed solely of adult IDPs, women made up 57% and men 43%<sup>3</sup>. These findings were supported by REACH's 2024 Vulnerability Assessment, which similarly identified a disproportionate representation of women (64%) compared to men (36%) in CSs settings<sup>4</sup>.

The average age of the adult IDPs assessed was 57 years, reflecting the ageing structure of the CS population. The older adults (60+) formed the largest group at 51%, followed by middle-aged adults (36-59) at 39%, and youth (18-35) at only 10%.

Working-age adults (18-59 years) comprised 49% of the CS residents, while pre-retirement individuals (50-60) accounted for 18%. This age structure, as shown in Fig. 1, suggests that a significant portion of the population is already retired or nearing retirement. This may influence the types of services and support needed in CSs, particularly in relation to health, mobility, and livelihoods programming.

Fig. 1: Assessed Adult IDPs in CSs, by Age and Gender



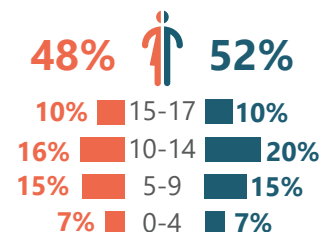
### Caregiving and Children

A quarter of respondents (25%) reported caring for children, with 54% of them identifying as single parents. Single parents with three or more children represented 4% of all respondents, indicating heightened care burdens and vulnerability.



Regional variation was observed in women's caregiving roles, with 41% of women in the Eastern macro-region reporting childcare responsibilities compared to 52% in the Western/Central macro-region. This may have reflected disparities in childcare infrastructure and security-related displacement patterns, with more women caring for children having relocated to the Western and Central macro-regions, further from the frontline.

Fig. 2: IDP Children in CSs by Age and Gender (proxy data from caregivers)



Among families with children, IDPs reported an average of two children per caregiver residing in CSs. The child population showed a balanced gender distribution, with boys and girls each comprising around 50% (Fig. 2).

3 International Organization for Migration (IOM), Apr 2025. [Ukraine: Internal Displacement Report — General Population Survey, Round 20](#), IOM, Ukraine.

4 REACH Initiative, Dec 2024. [Ukraine: Vulnerability Assessment in Collective Sites](#) — December 2024. REACH, Ukraine.

**The average age of children was 10.** Children were distributed across age groups as follows: 14% were aged 0-4 years, typically requiring full-time care or pre-school; 30% were aged 5-9 years, which may still have limited parents' ability to engage in full-time employment; 36% were aged 10-14 years; and 19% were aged 15-17 years

## Disability and Mental Health

People with disabilities represent a considerable portion of Ukraine's population and those affected by displacement. According to ACAPS (2025), over six million people in Ukraine are estimated to have a disability, with around three million formally recognised, half of whom are aged 60 and above<sup>5</sup>. In line with this, 31% of IDP-only households reported having at least one person with a disability (IOM, 2025)<sup>6</sup>.

**Fig. 3: Regional Disparities in Disability and Mental Health Among Adult IDPs**

Indicator	Eastern Macro-region	Western & Central Macro-regions	Total
WG-SS disability	17%	14%	16%
Formally recognised disability	14%	26%	20%
WG-SS Anxiety and depression <sup>7</sup>	74%	46%	60%

As shown in Fig. 3 above, **20% of IDPs in CSs had reported having a formally recognised disability**, with notable regional differences: 26% in the Western and Central regions versus 14% in the East.

Among those with formal disability status, 10% of all respondents are classified as Group III, 7% as Group II, and 1% as Group I under Ukraine's disability classification system<sup>8</sup>. Group I represents those requiring the most intensive support services.

Notably, **the share of respondents reporting functional difficulties based on the WG-SS** (which assesses difficulties in six core functional domains: seeing, hearing, walking, cognition, self-care, and communication) **was slightly lower (16%)**. This difference may reflect that many officially recognised disabilities are Group III (which usually involves fewer functional difficulties), underreporting, or conditions not captured by the WG-SS.

Among those identified with a disability according to the WG-SS, 73% were aged 60 and above, and 26% were between 36 and 59. Women made up 73% of those who reported functional difficulties. This highlights the

increased vulnerability of older displaced women to health-related limitations in CSs.

**Mental health conditions were widespread, affecting 60% of all respondents.** Based on Fig. 3, the Eastern macro-region showed markedly higher disability and mental health rates, particularly anxiety and depression (71% vs 46% in Western & Central macro-regions). This likely reflected greater conflict exposure and trauma in Eastern areas, along with more limited access to mental health services in conflict-affected zones.

## Children with Disabilities

**While 4% of internally displaced children in CSs had a formally registered disability, the WG-SS methodology identified functional limitations in 9% of this population (Fig. 4).** This discrepancy may suggest issues such as underreporting of disability cases, procedural barriers to formal assessment, or gaps in caregivers' understanding of disability recognition processes.

**Fig. 4: Regional Disparities in Disability and Mental Health Among Children IDPs**

Indicator	Eastern Macro-region	Western & Central Macro-regions	Total
WG-SS Disability	10%	7%	9%
Formally recognised disability	5%	3%	4%
WG-SS Anxiety and depression	42%	18%	30%

**Mental health issues affected nearly one-third (30%) of displaced children**, with 27% experiencing anxiety and 16% experiencing depression on a daily or weekly basis, as reported by caregivers. These rates showed regional variations, with Eastern regions reporting 42% prevalence compared to 18% in Western and Central areas.

This trend of mental health issues among displaced children in CSs was consistent with findings from adult IDP populations, indicating that proximity to conflict zones amplified psychological distress across all age groups. Complementary research by War Child (2025) highlighted the particular vulnerability of children, with caregivers reporting heightened levels of anxiety, depression, and psychosomatic symptoms experienced by minors<sup>9</sup>.

Despite these challenges, many children appeared to demonstrate resilience. According to caregiver responses, 64% of children were described as having no difficulty adapting to life changes. Similarly, 76% were said to form friendships easily. This may point to strong social coping mechanisms among displaced youth.

5 ACAPS, Jun 5 2025. [Ukraine: Humanitarian Access for People with Disabilities](#). ACAPS, Switzerland.

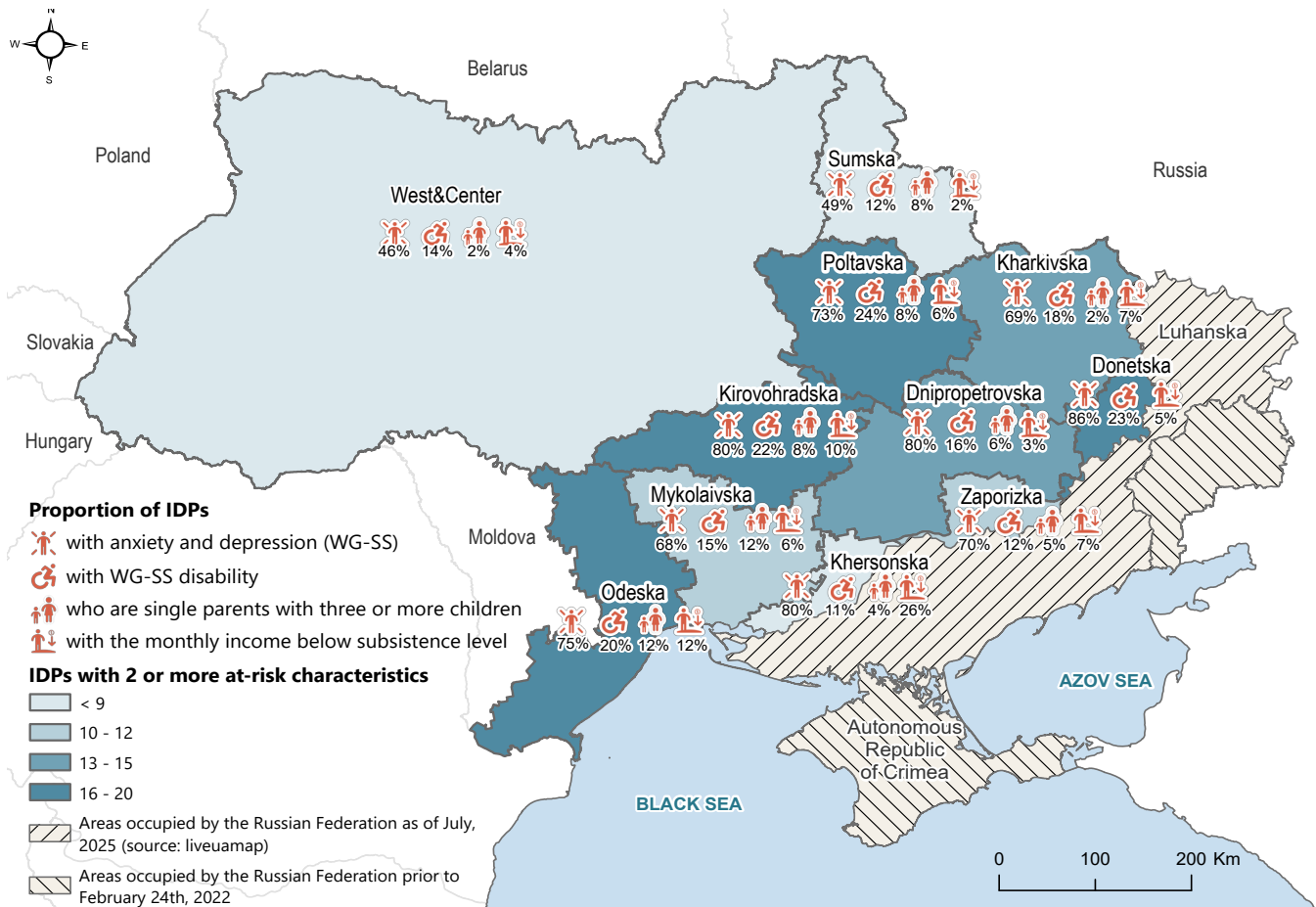
6 International Organization for Migration (IOM), Apr 2025. [Ukraine: Internal Displacement Report — General Population Survey, Round 20](#). IOM, Ukraine.

7 WG-SS indicators measured self-reported frequency of anxiety and depression symptoms using standardized questions with predetermined response categories.

8 Ukraine's disability classification system has three groups based on support needs: Group I (constant care required), Group II (significant limitations, self-care possible), and Group III (moderate impairments, can work/study with support). Ministry of Health of Ukraine (2023). [MOH informs about the criteria for establishing disability](#).

9 War Child International, Apr 2025. [Invisible at the Frontline: Disability and Childhood in Wartime Ukraine — Needs and Barriers Faced by Children with Disabilities and their Families in War-affected Communities of Ukraine](#). War Child International.

## Presence of At-Risk Adult IDPs in Collective Sites: Mental Health, Disabilities, Single Caregivers, and Low Income



## Displacement History

**Most IDPs in CSs reported experiencing protracted displacement, with 81% displaced for over 18 months, revealing that residence in CSs exceeds short-term emergency phases.** The majority have been displaced for extended periods: less than 1% for up to 1 month, 4% up to 6 months, 8% up to 1 year, and 6% up to 1.5 years.

Regional trends indicated that most IDPs (78% in the Eastern macro-region, 86% in the Western/Central macro-region; regional differences indicative but below the threshold for statistical significance) had been displaced for over 1.5 years, suggesting a shift towards long-term needs, including housing, services, and integration, with differences representing minor trends below the threshold for statistical significance. Meanwhile, a smaller segment still requires urgent assistance upon evacuation. The response must therefore strike a balance between immediate relief and sustainable, long-term support.

Over one-fifth (22%) of respondents reported having at least one household member who had been separated for over three months and was still not back, while 6% said the person had since returned. **Among those who reported separation (22% of the total sample), 7% reported child separation, referring to household members under 18 living in a different location.**

**Separation from older household members (65+) was reported by 24%,** with notable regional differences: 30% in the Eastern macro-region, compared to 18% in the Western/Central macro-region

The higher separation rate of older people in the Eastern macro-region may have been due to displacement dynamics near the frontline. It is possible that some IDPs periodically return to their original homes, leaving behind older relatives who either choose to stay or cannot relocate, which could explain the increased separation.

**The majority of residents in CSs (88%) planned to remain in the CSs, indicating these sites function as long-term housing for many IDPs. Only 3% expressed clear intentions to leave.** These results are consistent with REACH's 2024 Vulnerability Assessment, according to which 84% of households intended to stay for at least 12 months<sup>10</sup>.

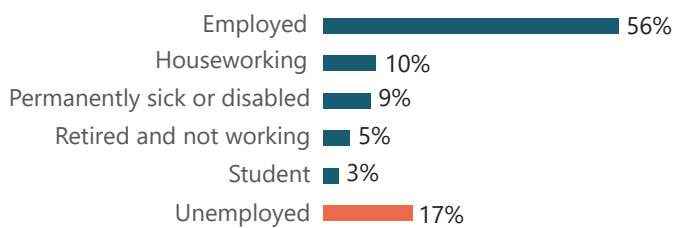
**Notably, 72% of respondents cited high housing costs as the main barrier to leaving CSs.** This issue was more acute in Western and Central macro-regions (79%) than in the Eastern (65%), reflecting regional disparities in the housing market. Furthermore, 30% of IDPs reported uncertainty about their relocation plans, indicating a lack of clarity or preparedness for transition.

## Employment and Livelihoods

### Employment Situation

**Employment remained low among IDPs in CSs, with over two-thirds of both men and women (68%) not employed.** Regional disparities were particularly notable among women: while male employment rates were similar across regions (33% Western/Central macro-region vs. 30% Eastern), female employment was higher in Western and Central macro-region (38%) compared to the Eastern (27%), indicating that regional factors disproportionately affect women's employment opportunities.

**Fig. 5: Employment Status of Working-Age IDPs**



**Among the working-age population, adults aged 36-59 reported the highest employment rate at 59%, followed closely by younger adults aged 18-35 at 56%.** However, employment rates in the Eastern macro-region were lower for both age groups compared to the Western and Central macro-region: 52% versus 66% for the 36-59 group, and 50% versus 60% for the 18-35 group. IDPs approaching retirement age exhibited moderate employment rates (47% overall), with 41% employed in the East and 53% in Western and Central macro-region.

Employment was particularly low among IDPs with functional limitations, with 91% not working at the time. Among working-age IDPs with disabilities (WG-SS), 73% were not employed, with regional disparities: 60% in the West and Centre compared to 79% in the East. Among older IDPs aged 60 and above, only 7% were employed, and 46% of all respondents identified as non-working pensioners, consistent with the CS population's age structure, where 51% were aged 60+.

**Fifty-three per cent of respondents reported caregiving responsibilities that hindered their full access to work,** including care for children, older adults, or persons with disabilities. This figure excluded individuals who were permanently unable to work or were serving in the military. Among this group, **women (54%) more frequently reported that such duties prevented their full labour market participation,** compared to 29% of men, showing a notable gender imbalance. Notably, **59% of single caregivers remained employed,** likely reflecting the financial necessity to support their households without additional adult help.

### Employment Search

**Among all respondents who did not work, 71% reported not seeking work, while 18% were actively searching and ready to start within two weeks, and 10% were looking but not prepared to begin**

**immediately.**

A notable gender gap was observed in job search activity: 73% of non-working women were not seeking work compared to 64% of non-working men, likely reflecting caregiving responsibilities. Regional variations also emerged, with higher inactivity rates in the Eastern macro-region (68%) than in the West and Centre (58%).

Age affected job search engagement, with 77% of younger adults (18-35) not seeking employment, middle-aged adults (36-59) at 67%, and those 60+ at 85%. Among people with WG-SS disabilities, 75% in the East and 87% in the West and Centre were not looking for a job, compared to 69% for those without disabilities across both regions.

**Fig. 6: Employment Barriers Reported by Unemployed IDPs Actively Seeking Work (in the 4 Weeks Prior to Data Collection)**



**Main Reasons for Not Seeking Employment Reported by IDPs**

**44%**

Care responsibilities for other household members

**36%**

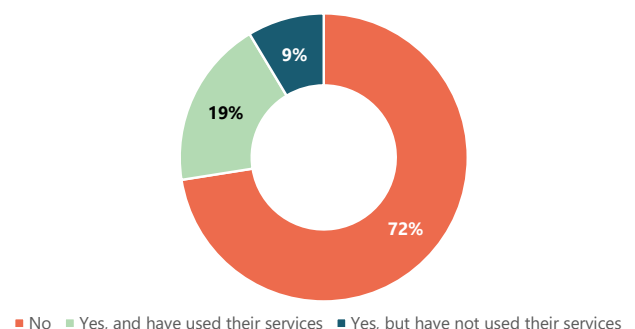
Disability and health-related limitations

### Employment Support

The reach of formal employment support services varied considerably among different IDP demographic groups. Overall, 72% of surveyed IDPs in CSs did not use employment centre services, as shown in Fig. 7.

Among surveyed IDP women, 24% reported using employment centres' services compared to only 6% of men. The 36-59 age cohort showed the highest engagement (22%), with an additional 10% registered but not yet using services. **These figures suggest that middle-aged and preretirement adults are the primary groups who perceive employment centres as relevant and useful for their needs.**

**Fig. 7: IDPs Registered at Employment Centres**

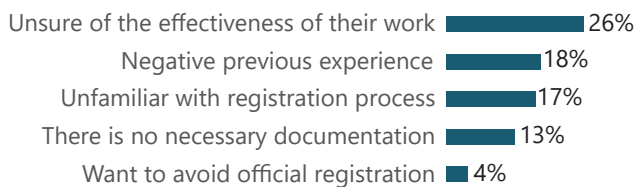


■ No ■ Yes, and have used their services ■ Yes, but have not used their services

In contrast, men and younger individuals appeared less engaged with these services, with only 9% of the 18-35 age group using services and 5% registered but not using services, possibly due to lower trust in public employment support systems, lack of relevant job offers, or preference for informal job-seeking methods.

These findings underscore the need for targeted outreach to underrepresented groups, particularly younger IDPs and men, while strengthening existing services for active users.

### Fig. 8: Reasons IDPs Do Not Register with Employment Centres



**The prevalence of doubts about the effectiveness (26%) and personal negative experiences (18%) indicated a lack of trust that may have prevented IDPs from engaging in formal employment support, as illustrated in Fig. 8.** The high proportion of those unfamiliar with registration procedures (17%) may have indicated insufficient information dissemination, while barriers with documents (13%) presented additional obstacles to service access. Among men, 11% reported avoiding registration with employment centres, possibly due to concerns about visibility in official systems and potential conscription.

**Employment support needs among IDPs in CSs revealed a clear preference for immediate, practical assistance.** While two-thirds (66%) reported no current need for employment support, those seeking support prioritised retraining courses (9%), job-search counselling (8%), and childcare support (8%).

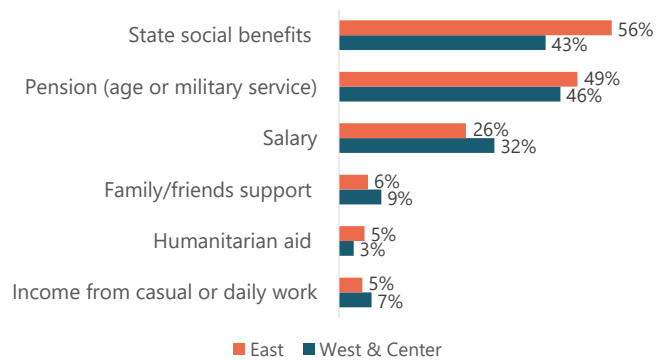
**Specialised services such as entrepreneurship training, IT courses, and career counselling received minimal interest (1-2%),** likely reflecting limited awareness of these options or the urgent need for immediate income generation. The results suggest that employment centres should offer easy-to-access short-term help and raise awareness about professional training options.

## Income and Expenses

**Income data for IDPs in CSs showed a strong dependence on state support, especially in the Eastern macro-region, where 56% relied on state social benefits (e.g. disability pension, maternity benefits).** This likely reflected limited job opportunities, an older population, and a higher share of people with disabilities.

As shown in Fig. 9, the income from formal employment remained low (26-32%), while income from self-employment or agriculture was nearly absent, pointing to restricted access to resources. Support from relatives/friends accounted for a small share (6-9%).

Fig. 9: Main Income Sources Among IDPs in CSs



**The overall median income reported by IDPs nationally was UAH 8,000. A slight regional difference was observed, with the median income of IDPs at UAH 8,000 in the East and UAH 9,000 in the West and Centre.** This difference likely reflected varying access to employment opportunities, economic conditions, and the age and vulnerability profile of displaced populations across regions.

The mean monthly income across macro-regions was UAH 10,100. A small gap between mean and median (6%) indicated relatively even income distribution, with most IDPs in CSs experiencing similarly low income levels.

For comparison, the REACH 2024 Vulnerability Assessment<sup>11</sup> reported a median income of UAH 6,000 and 10% of IDP households below the subsistence minimum<sup>12</sup> (UAH 3,028 per month for working-age adults in 2025<sup>13</sup>). In this year's assessment, 5% of IDPs reported a monthly income below this threshold, which may have indicated a modest improvement in economic conditions. The breakdown by different IDP groups is shown in Fig. 10.

Fig. 10: Income Distribution Among Different IDP Groups

Indicator	Caregivers of children	Single Caregivers (children)	Working-age IDPs	IDPs of preretirement age	Older IDPs (60+)	IDPs with WG-SS disability	Employed IDPs of working age	Unemployed IDPs of working age
Median income (UAH)	12000	10000	9000	8000	6300	6000	12000	6000
% Under subsistence level (<3000 UAH)	2%	1%	6%	9%	2%	6%	2%	12%

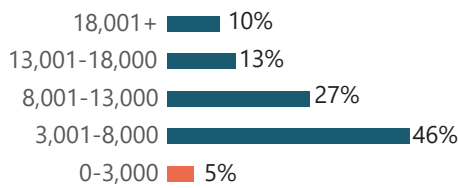
**Median monthly expenditures amounted to UAH 8,000.** The Western and Central macro-regions reported higher average spending (UAH 10,000) compared to the Eastern (UAH 9,500). As shown in Fig. 11, the majority of IDPs (46%) reported monthly incomes between UAH 3,001-8,000.

11 REACH Initiative, Dec 2024. [Ukraine: Vulnerability Assessment in Collective Sites](#) — December 2024. REACH, Ukraine.

12 The subsistence minimum represents the monetary value of a set of food products sufficient to ensure normal functioning of the human body and preserve health, as well as minimal sets of non-food goods and services necessary to meet basic social and cultural needs. National Agency on Corruption Prevention. (2025, January 3). [Subsistence minimum](#).

13 Government Contact Center. (n.d.). [Subsistence minimum](#).

**Fig. 11: IDP Reported Total Monthly Income Distribution by Groups**



## Social Assistance and Livelihood Coping Strategies

**IDP allowance was the most widely accessed type of social assistance, reported by 67% of respondents.**

There were notable regional differences: 72% in the Eastern macro-region reported receiving such assistance, compared to 61% in the Western and Central macro-regions.



**Primary social benefits IDPs reported receiving, % of adult IDPs in CSs**

**67%**

IDP allowance

**44%**

Pension benefits

**12%**

Social benefits (health, disability, age)

**Among those receiving IDP assistance, older adults aged 60+ accounted for the largest share (62%),** followed by individuals aged 36-59 (30%). Women made up 78% of recipients, and 17% of those receiving assistance identified as persons with WG-SS disabilities.

**Pension benefits were accessed by 44% of IDPs,** reflecting the large share of older individuals and the relative accessibility of age-related support. Among IDPs aged 60 and older, 87% primarily relied on pension benefits. Only 4% of adult IDPs accessed parental benefits. Low-income and war-related benefits were accessed by just 1-2% of IDPs, pointing to possible systemic barriers such as complex procedures or poor information.

**One in five IDPs (21%) received no social assistance at all,** which may have reflected either gaps in eligibility identification or serious constraints in accessing available support.

Livelihood Coping Strategies (LCS) indicators measured population responses to economic, environmental, or conflict-related shocks of different severity levels<sup>14</sup>. In this assessment, IDPs were asked whether they had to resort to specific coping strategies during the 30 days prior to the assessment to compensate for a lack of resources to cover their expenses.

Notably, **21% of respondents reduced essential health-related expenditures,** including on medicines, which may have served as an indication of unmet basic health needs with potentially serious long-term consequences.

Seventeen per cent of respondents borrowed money,

while 11% used savings or consumed stored goods, pointing to erosion of financial and material buffers. An additional 5% purchased food on credit or took food on loan, indicating limited access to basic nutrition.



**Key Livelihood Coping Strategies of IDPs**

**21%**

Reduced essential health spending

**17%**

Borrowed money

**11%**

Used savings or consumed stored stocks

**Fifty-seven per cent reported adopting none of the listed coping strategies,** potentially indicating either short-term stability or limited coping capacity.

Coping strategies were more frequently reported in the Eastern macro-region compared to the Western and Central macro-regions. In particular, 23% of residents in the East reported borrowing money, compared to 11% in the West and Centre. Likewise, **27% in the Eastern macro-region reduced essential health-related expenditures, including on medicine, versus 15% in the Western and Central macro-regions.** These differences underscore regional variation in coping behaviours and suggest that households in the Eastern macro-region may be under comparatively greater pressure.

<sup>14</sup> World Food Programme. (2023). [Livelihood Coping Strategies Indicator for Food Security - Guidance](#).

**Note.** WFP.

## Housing

Accommodation arrangements in CSs may include written agreements between IDPs and site management that specify a guaranteed minimum duration of stay. This minimum term of residence in CSs is typically determined by the contract between the IDP and site management<sup>15</sup>. This provides predictability and prevents arbitrary evictions.

**87%**

of IDPs reported receiving a contract from CS authorities guaranteeing a minimum time of stay

**Most IDPs reported receiving a written agreement guaranteeing a fixed duration of stay**, providing basic predictability in accommodation. This suggests a relatively formalised approach to housing arrangements, which may have helped reduce uncertainty and stress among displaced populations.

**Over half of IDPs faced damaged or destroyed housing without an active or effective compensation process**, underscoring ongoing difficulties in securing reimbursement. A higher share of IDPs in the East reported such situations (60%) compared to 43% in the Centre and West, which may reflect regional differences in how accessible or responsive compensation procedures were to affected populations.

**52%**

of IDPs reported damaged or destroyed housing with no or stalled compensation process

Sixteen per cent of respondents indicated that their housing had remained undamaged, reflecting a measure of housing stock preservation and suggesting a potential foundation for future return. Additionally, **8% reported damaged housing with an ongoing compensation process**, demonstrating that reimbursement mechanisms were operational for a portion of affected individuals.

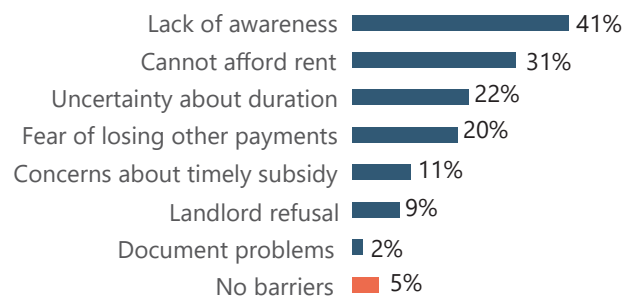
As previously mentioned, 16% of IDPs in CSs reported having WG-SS identified disabilities. According to REACH's 17th round of Collective Site Monitoring, 46% of CSs lacked disability-friendly infrastructure (54% in Eastern macro-region, 41% in Western/Central)<sup>16</sup>. **Only 20% had adequate accessibility features for persons with disabilities (excluding WASH), such as elevators, ramps, and handrails on doors. Critical gaps included: 65% lacked accessible shelter, 68% lacked accessible bathing facilities, and 72% lacked accessible toilets**<sup>17</sup>. These figures indicated a systemic mismatch between the level of accessibility in CSs and the needs of persons with disabilities.

## IDP Rent Subsidy

Findings on IDP awareness of the Ministry of Social Policy's experimental rent subsidy programme indicated limited knowledge and low participation. The programme aims to provide financial assistance for housing rental but requires a formal rental agreement and results in the loss of eligibility for other types of state support, including monthly IDP payments and the "Prykhystok" initiative<sup>18</sup>.

**Notably, 45% of respondents reported being unaware of the rent subsidy programme. Forty-four per cent were aware but had not yet applied.** While the reasons for this remain unclear, possible explanations include the requirement to waive the right to receive IDP allowance payments, potential reluctance among landlords to formalise rental agreements, and residents' preference to remain in CSs where rent is minimal or not charged. As shown in Fig. 12, lack of awareness was reported as the primary barrier to rent subsidy participation (41%), followed by affordability concerns (31%) and uncertainty about programme duration (22%). Further research is needed to clarify these barriers.

**Fig. 12: Self-Reported Reasons for IDP Non-Participation in Rent Subsidy**



Respondents aged 60 and above reported the highest level of unawareness (51%), followed by those aged 18-35 (47%). The age group 36-59 showed the lowest level of unawareness, at 37%.

Among IDPs with the lowest household income (UAH 0-3,000), 62% reported being unaware of the programme. The highest levels of awareness without participation were observed among those with household incomes of UAH 13,000-18,000 and over UAH 18,000.

The combination of low awareness (45%), low application rates (only 2% of respondents applied), and administrative requirements presents substantial challenges to the effectiveness of the experimental rent subsidy programme for IDPs residing in CSs.

15 Right to Protection. (2022, July 15). [Temporary housing for IDPs: new conditions for provision](#).  
16, 17 REACH Initiative, Jul 2025. [Ukraine: Collective Site Monitoring — Minimum Standards, Round 17](#). REACH, Ukraine.  
18 Decentralization.ua. (2022, March 28). [The MinRegion has launched the Prykhystok social initiative — the project aimed at accommodating Ukrainians, having had to move from warfare areas](#).

## Access to Services

### Access to Medicines and Healthcare

**The need for medicines was assessed across all age groups based on the past 3 months prior to the assessment.** It was most common among older IDPs aged 60 and above, with 95% reporting that they needed them, consistent across all regions. Among IDPs aged 36-59, regional variation was observed: 75% in the Eastern macro-region reported needing medicines, compared to 63% in the Western and Central. Among younger individuals (18-35), 48% reported needing medicines, with no notable regional differences.

**80%**

of surveyed IDPs in CSs reported needing medicines in the three months prior to the assessment

**Access to medicines was lower in the East (55%) compared to the West and Centre (63%),** with the difference slightly below the threshold for statistical significance. The most commonly cited barrier was the **high cost of medicines, reported by 43% of IDPs in the East and 36% in the West and Centre, again slightly under the significance threshold.** A small proportion (3% nationally) indicated that the medicines they needed were not available at all.

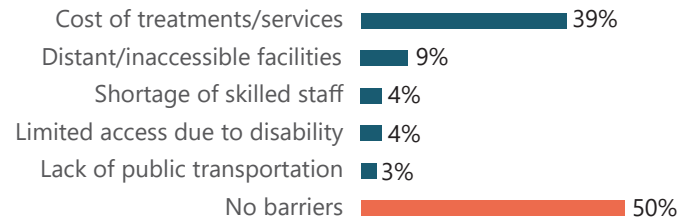
The type of settlement influenced access to medicines. **In Eastern rural areas, 34% of IDPs reported being unable to obtain needed medicines due to cost, compared to 23% in Western and Central rural areas.** This suggests that IDPs in rural Eastern regions faced greater affordability barriers than those in the rural West/Centre.

Nationally, in urban areas, there were no notable differences between macro-regions. Notably, **urban IDPs overall more frequently cited cost as a barrier to accessing medicines and had lower access (55%) compared to rural IDPs (71%).**

**Only 33% of IDPs reported no need for healthcare in the three months preceding the assessment.** The remaining majority (67%) reported experiencing varying degrees of healthcare needs: 12% needed care regularly, 35% required care occasionally (several times during that period), and 20% sought care only once. IDPs in CSs aged over 60 most frequently reported being in need of healthcare, with 15% reporting a need for regular healthcare (multiple times per week).

Barriers to healthcare access showed regional consistency, with treatment costs representing the primary challenge (see Fig. 13).

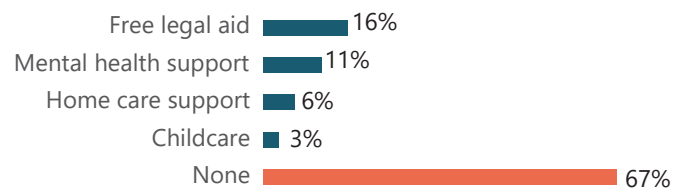
**Fig. 13: Key Barriers to Healthcare Access Reported by IDPs**



### Access to Social and Administrative Services

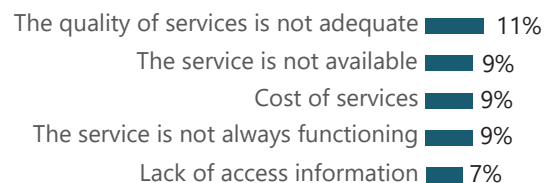
Two-thirds of IDPs reported having no need for social assistance. As shown in Fig. 14, among those who required support, legal aid and mental health services dominated demand, reflecting displacement-related documentation issues and the psychological impacts of war.

**Fig. 14: Key Social Assistance Needs Reported by IDPs**



**Over half of IDPs (59%) reported facing no barriers to accessing social assistance,** with those in the Eastern macro-region more frequently reporting no barriers (64%) compared to 53% in the West and Centre. Based on Fig. 15, the primary obstacles for IDPs in accessing social services were inadequate service quality (11%), followed by three barriers each affecting 9% of respondents: service unavailability, the cost of services, and services not always functioning properly. Insufficient information about how to access services was reported as a barrier by 7% of IDPs.

**Fig. 15: Top-5 Key Barriers Preventing Access to Social Assistance Reported by IDPs**



## Access to Education

Only 3% of IDPs in CSs were engaged in education at the time of the assessment, either at a university or through vocational training.



### Adult IDP Participation in Vocational Training and Education, 2024-2025

2%

Attended university

1%

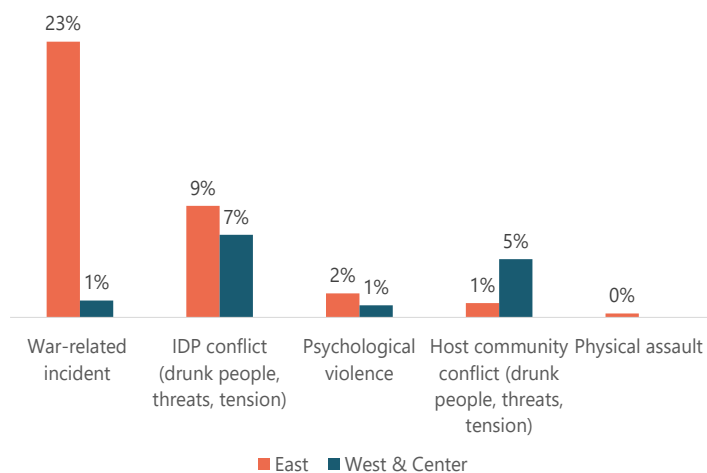
Attended professional training

Among the remaining 97% who were not enrolled, the majority (81%) cited a lack of interest or considered education a low priority. Structural barriers were mentioned less frequently, including difficulties balancing work and studies (7%), health issues hindering learning (7%), financial constraints (5%), and caregiving responsibilities (4%).

## Safety and Security

Overall, one in four IDPs (25%) reported experiencing security-related incidents in their place of residence at the time of the assessment. As shown in Fig. 16, security risks were significantly more pronounced in the Eastern macro-region. Nearly a quarter of IDPs in this area reported exposure to military activity, whereas in other regions such incidents were marginal. Reports of psychological violence remained limited and stable across regions (1-2%). Physical and sexual violence were rarely disclosed (less than 1%), which may suggest both low prevalence and potential underreporting due to fear or stigma.

**Fig. 16: Top-5 Security Incidents Reported by IDPs in CSs**



### Share of IDPs in CSs reporting security incidents, by macro-region

32%

East macro-region

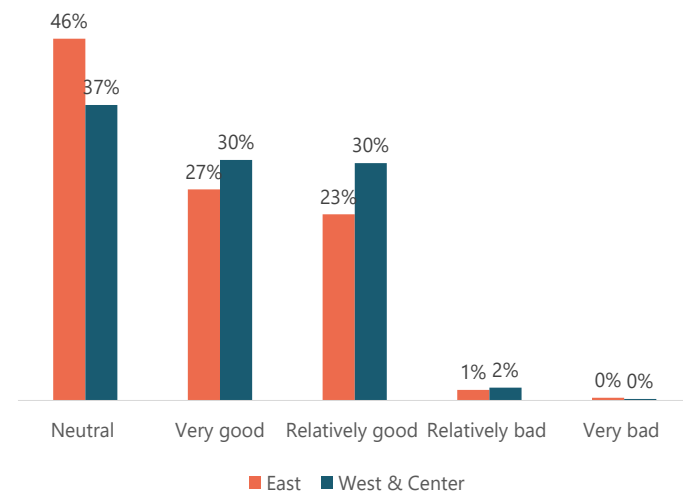
14%

West/Centre macro-region

## Social Cohesion

IDPs demonstrated strong community ties across both macro-regions, with minimal signs of perceived social tension (1-2% negative assessments), as shown in Fig. 17. The absence of "very bad" ratings indicated stable social relations among IDPs and host communities.

**Fig.17: Social Cohesion Among IDPs in CSs, by Macro-region**



## Conclusion

Throughout 2025, collective sites have continued to serve as extended-stay residential settings for approximately 70,000 IDPs in Ukraine. These residents are predominantly older people and women, most of whom remain in protracted displacement. Amid a backdrop of significant reductions in humanitarian funding early in the year, response efforts focused on supporting the newly displaced and those located closer to the frontline. In this context, many long-term collective site residents have experienced limited changes in their circumstances. They continue to express intentions to stay in these facilities, lacking the capacity to transition out without targeted support.

Challenges to the local integration of these IDPs persist, particularly for older people and caregivers. Reported incomes among collective sites residents remained low and insufficient to cover expenses. This is despite a modest increase in income levels and employment rates among working-age IDPs compared to the previous year. Many continued to rely on state assistance, such as pensions and IDP allowances. Caregiving responsibilities constrained the labour market engagement of working-age IDPs. A growing concern is the increasing prevalence of mental health conditions among collective sites residents, including children, particularly in the Eastern macro-region close to the frontline.

Housing unaffordability, especially acute in the Western/Central macro-region, but reported nationwide, remains a major barrier to local integration for IDPs living in collective sites. Although the governmental rent subsidy programme introduced in January 2025 represents an important step toward addressing this issue, uptake among collective sites residents has been low so far. This is largely due to rent costs perceived as unaffordable, as well as limited awareness of the programme. These findings suggest that existing support mechanisms may not yet align with the financial capacities or information access of IDPs in collective sites.

A dual-track approach appears pertinent to facilitating sustainable local integration for this population. Older collective sites residents, many of whom face functional limitations, require age-appropriate accommodations and consistent access to healthcare to maintain dignified living conditions. There is an urgent need to improve healthcare access, particularly in rural Eastern areas, and to address the lack of disability-friendly infrastructure in collective sites. Mental health services should be integrated into both primary healthcare and community support systems to ensure comprehensive care.

Meanwhile, working-age IDPs would benefit from flexible and inclusive employment opportunities, professional training tailored to local labour market demands, and caregiving support, which together underpin their prospects to achieve independent living. Special attention

should be given to youth and men, who currently show low engagement with employment services.

Crucially, expanding access to affordable and social housing options for these IDPs is likely to serve as a key enabler in reducing long-term dependence on collective sites. Administrative procedures for support programs should be simplified and awareness campaigns increased to promote uptake.

Strong community ties and low social tensions present an opportunity to foster inclusive integration, though security concerns in Eastern regions, including exposure to military activity and family separation, must be addressed to ensure safe and dignified living conditions.

## ABOUT

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).



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