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# Protection needs overview and GBV safety audit findings

Collective sites in Kherson Oblast — February 2026



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## Introduction

This report summarises the findings of protection monitoring conducted in collective sites in Kherson city and Kherson Oblast between 27 January and 3 February 2026. The data collection aimed to provide an overview of residents' living conditions, protection risks, and challenges, as well as their access to state services and humanitarian assistance.

The findings are intended to inform humanitarian actors and government authorities on priority protection concerns and support evidence-based recommendations to improve safety, strengthen access to services, and enhance protection for vulnerable population groups residing in collective sites. The report also highlights existing support practices and priority areas for further humanitarian and protection interventions.

## Assessment methodology

DRC conducted a protection assessment in collective sites located in Khersonska, Dariivska, and Chornobaivska hromadas of Khersonskiy raion. The assessment aimed to provide a snapshot of key protection risks faced by residents of collective sites and to complement DRC's ongoing protection monitoring activities in the area. Data collection took place between the 27th of January and the 3rd of February 2026. As part of the assessment, DRC conducted five focus group discussions (FGDs) and seven key informant interviews (KIIs) with a total of 59 participants, including 43 women and 16 men. Participants included 45 internally displaced people (IDPs) and 14 non-displaced residents.

The FGD and KII tools covered a range of protection-related topics. In addition, GBV Safety Audits were conducted in four collective sites by trained GBV staff to identify potential GBV risks and barriers across sectoral responses, including basic needs, Shelter/WASH, CCCM, and protection services. Participants were selected using a combination of purposive and random sampling. Due to security constraints, interviews were conducted both in person and remotely by trained DRC protection staff. While efforts were made to ensure diverse participation, the findings are not statistically representative and should be interpreted as indicative of the experiences of residents in the assessed locations.

## Assessment findings

### Context overview

The ongoing conflict continues to significantly affect security, housing conditions, and the well-being of civilians in Kherson Oblast. Hostilities, infrastructure destruction, explosive ordnance contamination, and persistent security threats have forced many people to flee their homes and seek temporary accommodation in collective sites. There are currently eight active collective sites in Kherson Oblast, including six in Kherson city, hosting approximately 727 residents.<sup>1</sup> Collective sites are intended as a last-resort, temporary accommodation option; however, the most vulnerable evacuees and newly displaced people often remain there for extended periods. Residents frequently face substandard living conditions, including overcrowding, limited privacy, inadequate accessibility for persons with disabilities, and

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<sup>1</sup> [Microsoft Power BI](#)

insecurity of tenure. The temporary nature of these facilities, limited infrastructure, and reliance on external assistance create additional challenges, particularly in situations of prolonged displacement.

Residents in the assessed collective sites include individuals displaced since the escalation of hostilities in 2022, as well as those displaced earlier since 2014. Among them, older persons, persons with disabilities or limited mobility, families with children, and survivors of mine- and explosive-related incidents face heightened protection risks. Barriers to physical access, mobility constraints, and insufficiently adapted infrastructure increase safety risks and contribute to social isolation. A summary of the assessed collective sites is provided below.

- Dormitory, Kherson, 76-B Komkova St. — 157 residents.
- Mother and Child Centre, Kherson, 41 Tsiolkovskoho St. — 4 residents.
- Dormitory, Kherson, 28 Beryslavske Hwy. — 117 residents (access was restricted due to the security situation; a monitoring activity was conducted online).
- Hotel, Kherson, 19 Olesia Honchara St.— 50 residents (access was restricted due to the security situation; a monitoring activity was conducted online).
- Dormitory, Kherson, 31 Myru St. — 31 residents (access was restricted due to the security situation; a monitoring activity was conducted online).
- Modular settlement, Kyselivka village, 50 Osvitianska St.— 181 residents.
- Modular settlement, Chaikyne village, 27 Tsentralna St.— 23 residents.

According to observations from DRC, the highest concentration of conflict-displaced people living in collective sites in the city of Kherson is located in facilities situated in areas with heightened security risks. These locations are particularly vulnerable due to ongoing artillery and FPV drone attacks, and their proximity to frequently targeted sites such as markets, energy infrastructure, administrative buildings, and other public facilities. The proximity to the frontline and the persistence of shelling significantly constrain humanitarian access and the ability to conduct regular monitoring visits. As a result, the consistency and predictability of humanitarian response are affected, the range of services that can be delivered is reduced, and the timely identification and response to residents' urgent needs becomes more challenging.

## Displacement dynamics and evacuations

Findings from FGDs and KIs indicate several key trends related to evacuation, displacement, and accommodation in collective sites. In most cases, displacement was driven by immediate threats to life and safety, including shelling of residential areas and disruptions to essential services and communication. Residents of the assessed collective sites include people displaced from high-risk areas of Kherson city, particularly the island part of the city and the Korabelnyi and Dniprovskiy raions, as well as from frequently shelled hromadas across Kherson Oblast, including Dariivska, Stanislavska, Bilozerska, and Novokakhovska hromadas.

Most residents have been living in collective sites since 2022, indicating the protracted nature of displacement. At the same time, some individuals reported arriving within the past six months, reflecting continued displacement from frontline and high-risk areas. A smaller number of residents were previously displaced since 2014 from Donetsk and Luhansk oblasts, highlighting cases of repeated displacement. One FGD participant who has been living in the collective site since 2014 shared: *“In 2014, we were relocated from the Luhansk Oblast when the conflict started. My husband received a concussion, and we moved for treatment and remained displaced after that.”*

Key informants reported several cases of family separation during evacuation, particularly when men of conscription age were stopped at checkpoints for document verification and subsequently mobilised into the Ukrainian Armed Forces. These situations influenced families' decisions regarding further relocation. FGD participants also described separation from family members who remained in other regions of Ukraine or abroad, contributing to emotional distress and uncertainty about the future.

Accommodation in collective sites is coordinated with local authorities and the regional military administration, with evacuations often supported by volunteer organisations. Emergency evacuation hotlines are available, and residents may also seek assistance directly from local authorities or collective site administrations. Despite this, according to FGDs and KIIs, awareness of evacuation and relocation options and related rights remains limited. While participants reported that information sessions are regularly conducted and that residents know where to seek guidance, including from volunteer groups, humanitarian actors, and site administrations, many indicated that they do not actively seek or retain detailed information about relocation procedures due to reluctance to leave their current place of residence. Instead, residents reported relying primarily on collective site administrations to organise relocation if the security situation deteriorates. Participants also expressed limited confidence in relocation options and living conditions in other areas.

Key reasons for remaining in collective sites include perceived relative safety compared to areas of origin, access to accommodation, reliance on humanitarian assistance, emotional attachment to home communities, previous negative displacement experiences, and incidents of discrimination or degrading treatment in other locations where they were previously displaced. One key informant described the case of a mother and her 11-year-old daughter who had previously stayed in temporary accommodation in a boarding school in another region. The child experienced bullying at school due to her status as an internally displaced person, which led to anxiety and refusal to continue attending school. As the family's home was located in a high-risk area in proximity to the frontline, they ultimately relocated to stay with the child's grandmother in a dormitory used as a collective accommodation site.

Additional factors discouraging further relocation include adaptation to the current environment, established social networks, health conditions, concerns about living conditions in potential resettlement locations, and difficulties related to crossing checkpoints.

## **Safety and security risks in collective sites**

Findings from FGDs and KIIs indicate that the security situation remains a major protection risk for residents of collective sites. Several assessed sites are located close to the frontline and are exposed to frequent shelling, remote mining with PFM-1 anti-personnel mines, and high activity of short-range combat UAVs. Some locations are considered extremely high risk and remain largely inaccessible to humanitarian actors due to ongoing hostilities.

Participants reported artillery shelling, drone activity, and regular explosions nearby, creating a persistent sense of danger and elevated stress even where direct strikes occur less frequently. Respondents noted that "*drones fly over the modular settlement*" and that "*strikes near the dormitory occur almost daily.*" Incidents of shelling without prior air raid alerts were also reported, limiting the ability of residents to reach shelters in time. In most assessed sites, shelters are located outside the buildings, have limited capacity, or are in poor technical condition. Many are not accessible to persons with disabilities or people with limited mobility. Residents with physical impairments, including those using crutches or wheelchairs, often require assistance to reach shelters and, in some cases, remain in their rooms during shelling,

increasing risks to their lives and health. One key informant noted that *“people with limited mobility find it difficult to reach the concrete shelter because of the gravel.”*

Key informants and participants also highlighted safety concerns related to resident screening procedures. Limited background checks during admission may affect the safety of the living environment. Some participants reported cases where individuals with criminal records or repeated violations of residence rules related to alcohol or drug use continued to reside in collective sites due to lengthy and complex eviction procedures. As one key informant explained, in cases where no physical violence occurs, law enforcement responses are often limited to preventive conversations, which may not prevent repeated incidents and can reduce residents’ willingness to report safety concerns.

The territories of many collective sites are not fenced and lack effective access control, increasing the perceived risk of unauthorised entry and negatively affecting residents’ sense of safety. Participants reported incidents of theft and highlighted the need to keep entrance and corridor doors locked to prevent access by outsiders. As one FGD participant noted, *“Room doors must always be locked. There was a case when a resident’s phone and money were stolen.”*

Insufficient lighting, particularly along routes to toilets and showers located outside residential buildings, creates additional protection risks, especially for women and girls. A key informant reported that these areas are perceived as particularly unsafe due to poor lighting, lack of fencing, and the fact that some facilities are also used by individuals from outside the site. In some locations, incidents of sexual harassment were reported on the collective site premises. Such incidents may remain underreported due to fear of stigma, lack of trust in protection mechanisms, or concerns about negative consequences for survivors. One key informant noted that a survivor chose not to report an incident to the police due to feelings of shame.

Participants and key informants also reported cases of conflict, physical violence, and extortion among residents. In several instances, police were called to respond to these incidents; however, informants indicated that limited enforcement mechanisms and slow response times reduced the effectiveness of these interventions. At the same time, some collective sites have introduced measures to improve security. On one site, a concrete protective structure was installed around a building, reducing the risk of injury from shrapnel. Residents and staff identified this as a positive example of risk mitigation. Some sites have also introduced 24-hour staff presence, which helps monitor safety concerns and respond to incidents. However, opportunities to expand such measures remain limited due to funding constraints.

### **Psychosocial wellbeing and social cohesion**

Across the assessed collective sites, FGD participants reported high levels of psychological stress, emotional exhaustion, and anxiety linked to ongoing insecurity, forced displacement, damage or loss of housing, and prolonged uncertainty about the future. As one key informant noted, *“People are exhausted and want to return to their own homes. The lack of stable income creates uncertainty about the future and increases dependence on humanitarian assistance.”* In some cases, stress is further exacerbated by separation from family members who remain in territories occupied by the Russian Federation or frontline areas, leading to persistent concerns for their safety.

In several collective sites, key informants also reported negative coping mechanisms, including alcohol and drug use. These behaviours were associated with increased conflict, aggressive conduct, and safety risks within the shared living environment. One key informant described a case where a resident

repeatedly abused alcohol, smoked inside the room, creating a fire hazard, neglected personal hygiene, and was involved in multiple conflicts that required police intervention.

At the same time, positive coping strategies and informal community support mechanisms were observed. Participants highlighted mutual assistance, social interaction, and shared activities as important sources of psychological resilience. Residents reported spending time together playing cards, watching television, or engaging in household tasks and handicrafts as ways to manage stress. Some participants also mentioned the use of sedatives or other coping strategies to deal with anxiety and ongoing uncertainty.

In one collective site, participants reported social tensions between individuals displaced since 2014 and those displaced following the escalation of hostilities in 2022. Differences in experiences and expectations sometimes affect relationships between residents and may lead to conflict, complicating social cohesion within the collective living environment.

## Access to services

### ***Basic living conditions***

Living conditions in the assessed collective sites were generally described by FGD participants as acceptable; however, several issues affecting the safety, dignity, and comfort of residents were identified. In one collective site, some rooms lack windows, resulting in poor ventilation and low indoor temperatures, reportedly dropping to around +14°C during colder periods. Participants also highlighted the need to install entrance doors on each floor to restrict access by unauthorised individuals and improve overall security within the buildings.

Many collective sites remain highly dependent on electricity supplies. During prolonged power outages, residents reported disruptions to lighting, heating, and water supply, which significantly affect daily living conditions. In some cases, residents reported using gas cylinders for heating, which increases the risk of fire, explosion, and carbon monoxide poisoning.

### ***Accessibility of the facilities for people with disabilities***

The needs of people with disabilities are only partially addressed in most sites. Infrastructure is often not adapted for people with limited mobility, and facilities frequently lack the necessary accessibility features. In addition, collective sites are generally not equipped to accommodate individuals who require regular assistance or medical supervision.

Participants expressed mixed views regarding accommodation arrangements for persons with disabilities. While some emphasised the importance of improving accessibility and inclusive living conditions within collective sites, others suggested that referral to specialised institutions may be more appropriate for individuals with significant care needs.

Persons with disabilities were also reported to face additional barriers in accessing humanitarian assistance and often rely on informal support from other residents, which may increase dependency and vulnerability.

### ***Employment opportunities***

Employment opportunities for residents of collective sites remain limited. Available jobs often require travel to areas with elevated security risks. Male respondents highlighted the risk of mobilisation as a

factor affecting employment opportunities. Additional barriers include health conditions, disability, and risks associated with travel through areas contaminated by explosive ordnance.

#### *Access to humanitarian assistance*

Residents of the collective sites reported that they receive humanitarian assistance, including food and hygiene kits, mostly once a month or less frequently. Access to assistance is largely facilitated by the efforts of the centre's administration, which organises delivery and informs residents. At the same time, there were instances when assistance was provided without taking into account the actual needs of recipients. Priority areas for humanitarian support remain the provision of multi-purpose cash assistance. In addition, support is needed for the repair of certain facilities in the modular settlement and for the improvement of shelters.

#### *Documentation and IDP status*

FGD participants reported challenges in applying for IDP status due to missing documentation. In some cases, applicants were redirected between institutions or informed that their applications for financial assistance had been rejected. People previously displaced and registered in other regions also faced difficulties when attempting to re-register their status. The administration of collective sites provides support with document preparation, applications for assistance, and individual counselling, within the limits of available resources.

#### *Compensation for damaged and destroyed housing*

In the assessed collective sites, housing remains one of the main factors of residents' vulnerability. The vast majority of FGD participants and key informants reported that their homes had been damaged or destroyed as a result of hostilities, or that their housing is located in territories occupied by the Russian Federation or areas affected by active hostilities, making safe access impossible. *"A shell hit my apartment; almost nothing was left intact, so I had to move here from another district of the city,"* an FGD participant reported.

The lack of physical access to housing due to ongoing shelling, explosive ordnance contamination, and movement restrictions constitutes a major barrier to documenting damage and submitting applications for compensation. FGD participants noted that even when there was a need to visit their homes, reaching them was difficult and dangerous: *"It is impossible to get there because of heavy shelling and mined territory. In many cases, transport providers refuse to travel to high-risk areas,"* an FGD participant reported. As a result, many households have been unable to document damage due to restricted access or the absence of required documentation.

Despite the general awareness among surveyed collective site residents about state compensation mechanisms, including the "eRecovery" programme, their practical application remains challenging. In most collective sites, discussion participants noted a low level of awareness of the step-by-step procedures and highlighted the complexity of the remote damage assessment process using drones, which is often perceived as a fee-based service. The lack of clear, accessible information and limited support from local authorities further delays compensation processes. At the same time, in one collective site, participants reported that representatives of local authorities and site administrations provide consultative and organisational support regarding the documentation of damage, and that the first remote assessments have already commenced.

Damaged or destroyed housing located in unsafe areas, combined with restricted access, contributes to prolonged stays in collective sites. For the surveyed FGD participants, residence in collective sites is

involuntary, as they are unable to safely return home or independently restore their housing. Despite their willingness to consider returning if the security situation improves, the lack of safe access to housing, difficulties in obtaining compensation, and limited financial resources keep households in a state of protracted displacement and dependent on external assistance.

## **Gender Based Violence (GBV) safety audit findings**

Across the assessed collective sites in Kherson city and surrounding hromadas of Kherson Oblast, findings point to structural and operational gaps that contribute to elevated risks of gender-based violence (GBV), particularly for women and girls. While the level of risk varies by location, the overall protective environment in collective centres and modular settlements is shaped by protracted displacement, ongoing insecurity, and limited institutionalised protection mechanisms.

Residents have lived in displacement for extended periods while remaining exposed to shelling, drone activity, and disruptions to infrastructure and electricity supply. In frontline-affected settlements, daily exposure to insecurity and uncertainty contributes to significant psychological stress. Participants reported that prolonged strain, combined with difficult living conditions, can increase social tensions within collective sites and households, and in some cases, contribute to harmful coping mechanisms such as alcohol misuse, which may increase the risk of interpersonal violence.

Environmental factors further heighten vulnerability. In several sites, lighting is inadequate or unreliable, particularly during electricity outages. Poorly lit corridors, outdoor pathways, and access routes to toilets and showers were identified as areas where residents, especially women, girls, older persons, and persons with disabilities, feel unsafe. As a result, some residents reported limiting their movement after dark as a self-protection measure.

WASH facilities were consistently identified as locations of increased risk. Across sites, participants reported a lack of sex-segregated facilities, insufficient privacy due to broken locks or inadequate partitions, and limited accessibility for persons with disabilities. In some modular settlements, WASH facilities are communal and located outside residential buildings, which increases exposure to harassment or safety concerns when accessing them, particularly at night or during winter months.

Institutional protection and GBV monitoring systems within collective sites remain limited. None of the assessed sites reported conducting regular safety audits, and only one site displayed information about available GBV response services. While police may respond to incidents in some locations, responses are often focused on general security rather than survivor-centred support. Coordination with GBV response actors and the integration of formalised referral pathways aligned with national GBV standards were not consistently observed in site management practices.

Confidential complaint and feedback mechanisms, including reporting channels related to protection from sexual exploitation and abuse (PSEA), were either absent, poorly communicated, or not trusted by residents. The lack of trained focal points and clearly communicated reporting procedures contributes to underreporting and limits access to support services.

Social isolation also contributes to vulnerability within collective sites. Women reported limited opportunities to participate in community decision-making and few structured community activities. Concerns were also raised about the presence of unfamiliar individuals in open-access settlements. In most sites, community-based protection mechanisms or women-led committees were not in place, reducing opportunities for collective risk mitigation and early identification of protection concerns.

Overall, while humanitarian assistance generally supports the provision of basic living conditions, the combined effects of insecurity, infrastructure gaps, weak monitoring systems, and limited community engagement create an environment in which GBV risks remain elevated and insufficiently addressed through structured, survivor-centred approaches. Addressing these risks will require strengthening integrated protection measures, including improvements to site infrastructure, the establishment of clear referral and accountability mechanisms, and greater participation of women and community members in safety planning and site governance.

## Site profiles

### **Komkova 76 dormitory, Kherson city**

The collective site accommodates 157 residents, the majority of whom are internally displaced persons (IDPs), including recently arrived families with children. Displacement is largely protracted, with an average length of stay exceeding 1.5 years, and some residents have lived in the facility since 2014. While basic needs are generally met and humanitarian assistance is delivered directly to the site, reducing the need for residents to travel to access support, the prolonged nature of displacement contributes to cumulative stress, social isolation, and increased vulnerability.

The building has sustained damage from military attacks, including damage to the roof and windows, which results in water leakage into rooms on the upper floors. Temporary repairs have been implemented; however, the overall condition of the building remains a source of stress for residents and may contribute to tensions within households. Electricity is generally available but subject to short-term outages due to damaged infrastructure, which affects daily activities, including safe food preparation, as kitchens rely on electric appliances. Although gas is available on site, it is not connected for safety reasons. A basement shelter is present but was not formally equipped; residents have adapted it independently, and some individuals reportedly sleep there regularly due to security concerns.

At the household level, privacy and safety remain key concerns. Rooms are separated by gender, and families can be accommodated together; however, residents reported the need for improved door locks and clearer room allocation procedures to strengthen safety, particularly for women and girls.

Communal WASH facilities require improvements in terms of privacy, lighting, and lock functionality. In addition, poor infrastructure conditions and overcrowding contribute to increased stress and a higher likelihood of interpersonal tensions among residents.

Protection risks are further compounded by the absence of internal monitoring or reporting mechanisms and limited structured awareness-raising activities. Although information on legal aid and GBV hotlines is displayed, referral pathways are not well understood by residents, particularly women, creating additional barriers to reporting incidents and accessing services. No internal incident response procedures aligned with GBV or PSEA standards were identified. Conflicts among residents, including incidents of physical violence linked to alcohol misuse, have been reported. The primary response mechanism is contacting the police, who reportedly respond when called. A staff member is present on site at all times, and municipal police patrol the surrounding area.

Psychological consultations are available once per week through a partner organisation. However, residents, particularly women, reported feelings of social isolation and limited access to broader psychosocial support. Women also noted that they had not received dignity kits or menstrual hygiene

support, despite representing a significant proportion of the population and facing safety concerns when travelling to markets.

Overall, while basic needs are largely met, a combination of infrastructure damage, limited privacy, prolonged displacement-related stress, insufficient GBV prevention programming, and weak referral systems creates an environment where residents face heightened protection risks and barriers to accessing GBV prevention and response services. Strengthening community-based protection mechanisms, improving infrastructure and lighting, enhancing awareness of GBV services and referral pathways, and establishing internal complaint and conflict mitigation mechanisms would help reduce protection risks within the site.

### **Mother and Child Centre, 41 Tsiolkovskoho Street, Kherson city**

The Mother and Child Centre provides accommodation exclusively for women with children in a densely populated urban area of Kherson, with good access to healthcare facilities, shops, pharmacies, and public transport. The facility has stable infrastructure, adequate lighting, and no reported structural damage from military attacks. Electricity outages are rare and short-term, and no military facilities are located nearby. The Centre also includes a fenced outdoor playground and walking area, which contributes to a generally safe environment for residents and children.

Each woman resides in a separate room with her children, and accommodation with men is not permitted. Male visitors are allowed only on the first floor, and residents reported having sufficient personal space and privacy. WASH facilities are centralised, accessible on all floors, and equipped with locks, with the second-floor facilities designated exclusively for women residents. The Centre is not overcrowded and includes a fully equipped shelter that residents can use during air raid alerts.

Despite the relatively strong physical safety environment, internal mechanisms for monitoring GBV risks and systematically sharing information with GBV AoR or Protection Cluster partners are not in place. While a panic button system exists and residents reported that police respond quickly and professionally, the current response mechanisms remain primarily security-oriented rather than survivor-centred.

Women are required to submit a written notice when leaving the Centre, indicating their expected departure and return times. While staff explained that this measure is intended for accountability and safety purposes rather than to restrict movement, it may influence residents' perception of autonomy and freedom of movement.

Referral pathways to specialised GBV, psychosocial, legal, and health services are not systematically integrated into the Centre's operations. Although a GBV shelter exists in the city, structured information-sharing and survivor-centred referral systems aligned with GBV AoR standards remain limited.

Overall, the Centre provides a relatively safe and dignified living environment, particularly in terms of infrastructure and physical protection. Strengthening GBV risk monitoring, survivor-centred referral pathways, and coordination with protection actors would further enhance safeguarding and accountability mechanisms within the facility.

### **Chaikine, Kherson Oblast, Modular town**

The modular IDP settlement in Chaikyne village is partially populated, with additional housing units expected to accommodate more residents. The settlement is designed to provide longer-term

accommodation for internally displaced persons and is located on the outskirts of the village, with limited access to external services and no formal perimeter control.

While individual housing units provide adequate privacy at the household level, several site-level protection risks were identified. The absence of fencing, unregulated access to the settlement, lack of night-time security, intermittent electricity outages, and insufficient lighting create safety concerns, particularly for women and girls. Women reported fear related to the presence of unfamiliar individuals within the settlement, which affects their sense of safety.

Communal WASH facilities also present protection concerns. Facilities are not sex-segregated, and during the winter months, they are exposed to low temperatures, which discourages safe use, particularly during evening and night hours. The shower facility is not operational during winter, further limiting access to basic hygiene services and increasing reliance on alternative coping strategies.

A reported case of repeated night-time harassment of a young female resident highlights the need for practical safety measures within the settlement. Although information on GBV services and referral contacts is displayed near the administrative building, prevention efforts currently rely mainly on information dissemination, with limited physical or operational risk mitigation measures in place.

Humanitarian assistance is provided within the modular settlement, which reduces risks associated with movement outside the site. Primary healthcare services are available through the on-site FAP (primary health post), while access to specialised services requires travel to Snihurivka, which may limit accessibility for some residents.

Key gaps identified include the absence of clear access rules for visitors and external actors, limited structured participation of women in safety planning, and the lack of confidential reporting mechanisms and strengthened PSEA systems. Strengthening site security, improving lighting (including solar-powered solutions), introducing controlled access procedures, and establishing participatory safety planning and basic incident response procedures would help mitigate protection risks.

Overall, while household-level privacy and access to basic assistance are generally adequate, safety concerns remain due to weak perimeter control, inadequate lighting, and insufficient WASH safety measures, which contribute to heightened GBV risks within the settlement.

### **Kyselivka Modular town, Kherson Oblast**

The Kyselivka modular settlement, designed to accommodate up to 334 residents, currently hosts 181 people. The safety audit indicates that the protection environment is significantly affected by proximity to the frontline, frequent drone activity, energy instability, and the structural limitations of collective accommodation.

Key risk factors include unreliable lighting, overcrowding, limited privacy, and inadequate WASH facilities, particularly affecting women, older persons, and persons with disabilities. The ongoing security threats create sustained psychological stress, restrict residents' ability to move safely within and outside the settlement, and contribute to increased tensions within the community.

Although residents generally maintain access to markets, healthcare, water supply, and humanitarian assistance, these services remain fragile and highly dependent on electricity supply and daily security

conditions. Power outages directly affect residents' ability to meet basic needs, maintain communication, and carry out daily activities with dignity.

WASH facilities were repeatedly identified as high-risk areas, lacking adequate privacy, accessibility, and lighting. These conditions increase daily protection risks, particularly for women and persons with disabilities, and discourage safe use of sanitation facilities.

Significant gaps related to GBV risk mitigation and response were also identified. There is no visible information on GBV services or PSEA reporting channels, no trained focal points, and no confidential complaint or feedback mechanisms. Despite the presence of humanitarian actors, structured awareness-raising and prevention activities are limited. Key informants also reported alcohol misuse, social tensions, and incidents of physical violence among residents, which further increase protection risks.

Overall, while basic survival needs are largely met, the site does not fully ensure adequate levels of privacy, dignity, and protection. Priority measures to mitigate risks include improving lighting through solar-powered or other sustainable solutions, strengthening WASH privacy and accessibility, increasing information dissemination on available services and reporting mechanisms, and establishing community-based structures such as resident committees with strong participation of women. In addition, the introduction of confidential complaint and feedback mechanisms, regular GBV/PSS/legal service visits, and safe spaces or WGSS-type activities would help strengthen protection outcomes and support community resilience.

## Recommendations

### To the humanitarian community:

- Provide information and legal assistance/counselling related to housing damage documentation, compensation claims, and access to legal support, including for people displaced by conflict registration and social benefits.
- Conduct regular awareness and prevention activities on safety, violence prevention, and access to support and referral pathways, including GBV-related services.
- Institutionalise regular GBV safety audits and establish simple internal risk-monitoring mechanisms in all sites with visible GBV response service contacts, ensuring alignment with survivor-centred principles.
- Support the improvement of lighting in corridors, outdoor pathways, and WASH areas to improve night-time safety for women and girls
- Ensure WASH facilities are sex-segregated where feasible, functional locks, adequate partitions, , and accessibility for persons with disabilities.
- Ensure that any activities implemented in collective sites are implemented in line with the [Recommendations to HCT members on Protection-orientated programming and do no harm in frontline areas](#)
- Facilitate access to information on employment, professional retraining, remote work, and livelihood opportunities for internally displaced people.

### To the authorities:

- Ensure the availability of shelters and safe access routes in collective sites, with a focus on accessibility and inclusion of population groups in vulnerable situations.
- Strengthen access control and safety management in collective sites, including clear admission procedures and coordination with law enforcement, while respecting residents' rights and dignity.
- Improve implementation of state housing and compensation programmes for internally displaced people, including support with documentation and remote access options.
- Provide clear information on evacuation procedures, people displaced by conflict rights, and procedures related to disability status due to conflict-related injuries.
- Develop and implement standardised protocols for collective site management, including response to security incidents and inter-agency coordination between social services, police, and healthcare providers.

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