

## Duty of care: operating in high-risk and frontline areas

Since the full-scale Russian invasion in February 2022, Ukraine has been under countrywide air attacks. At the same time, active ground hostilities stretch along a 1,000km front line in the east and southeast of the country. Shelling, air strikes, and ground attacks from Russian territory also affect the northeastern border with Russia, including Chernihivska, Kharkivska, and Sumska oblasts (Babel 18/09/2023; EUobserver 02/02/2024; ACLED 26/04/2024; BBC 03/01/2024). More than 3.3 million people live close to the front line, a third of whom face the impact of the highest level of housing and infrastructure damage (CARE 22/02/2024; HIAS/ZOA 22/03/2024). Until March 2024, 950,000 people, 120,000 of whom were IDPs, resided in areas 25km within the front line, exposed to regular shelling and long-range attacks (IOM 07/05/2024; DFS/IMPACT 05/03/2024). Humanitarian needs within this 25km range are higher than areas beyond, with livelihood and shelter needs being particularly acute and insecurity constraining market access (IOM 07/05/2024).

Humanitarian assistance delivery continues in frontline and high-risk areas despite the continued threats of shelling, air strikes, drone attacks, and contamination with landmines and explosive remnants of war. In these conditions, humanitarian organisations have a moral, financial, and legal obligation to ensure the safety and wellbeing of their staff and their families (IASC 12/02/2024). This duty of care is directly related to the occupational hazards of working in conflict zones, which can lead to injury, death, prolonged exposure to stressful environments, and other general safety concerns (IASC 21/04/2020). Duty of care practices can include the evacuation of staff from affected areas, psychological support, financial assistance, and paying salaries in advance (HI et al. 15/08/2023; KII 04/04/2024 c; KII 05/04/2024; KII 08/04/2024 a; KII 25/04/2024).

In Ukraine, smaller national NGOs (NNGOs), Civil Society Organisations (CSOs) and volunteers deliver much of the assistance in frontline areas. And yet, despite Ukrainian organizations making up more than two-thirds of all operational responders, less than 1% of the \$6.4 billion in tracked funding that went to Ukraine between 2022 and 2023 was allocated directly to them (RI 24/02/2023; TNH 26/03/2024; OCHA accessed 06/06/2024). This has resulted in noticeable barriers to accessing duty of care and ensuring the safety of staff.

### KEY MESSAGES

- Humanitarian response and funding in Ukraine are prioritised along the front lines and in high-risk areas, with those delivering assistance and providing support to people in need at risk of facing emotional or physical harm from threats that include shelling, artillery, missile attacks, and air strikes.
- Duty of care practices by international organisations towards national stakeholders is not a substitute for NNGOs' own duty of care, which faces challenges including a lack of direct and sustainable multiyear funding and insufficient overhead costs.
- Key informant interviews (KIIs), focus group discussions (FGDs), and existing secondary data identified funding access, information access and sharing, and differing operational realities as overarching themes to explain duty of care gaps, particularly for NNGOs and volunteers.
- While some international partners have a clear policy not to drive stakeholders to respond in frontline areas, and share risk management strategies, other duty of care expectations are not as clear, including the provision of training, equipment, and feedback mechanisms.
- A number of duty of care gaps persist in Ukraine, particularly for NNGOs and volunteers. The KIIs and FGDs iterated some of these gaps, including the need for vehicle maintenance, personal protective equipment (PPE), insurance, awareness raising, and capacity building.

### TABLE OF CONTENTS

Key messages.....	1
Defining duty of care.....	2
Why are there duty of care gaps for NNGOS and volunteers in Ukraine?.....	3
What duty of care gaps exist for NNGOS and volunteers? .....	4

## About the report

**Aim:** this report aims to highlight the duty of care challenges that humanitarian responders and volunteers face, particularly those responding in high-risk frontline and occupied areas in Ukraine, with a specific focus on NNGOs and volunteers.

**Methodology:** the report includes an analysis of available secondary data, complemented with semi-structured KIIs and two FGDs. The up-to-an-hour-long interviews involved 28 organisations (ten INGOs, 11 NNGOs, four UN agencies, two organisations representative of an INGO and an NNGO, and one volunteering platform), the majority of whom were working in high-risk areas. The two FGDs aimed at triangulating initial findings involved a total of ten NNGO representatives.

**Limitations:** the information collected and analysed from the secondary data, KIIs, and FGDs is not fully exhaustive and does not cover all duty of care practices, challenges, and gaps across Ukraine, including geographic differences. Given certain sensitivities, not all incidents are reported, and some were omitted in the analysis.

## DEFINING DUTY OF CARE

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Duty of care is cross-cutting and involves mitigating and addressing foreseeable risks that may cause emotional or physical harm to employees and eligible family members (IASC 12/02/24). Duty of care is reflected within policies, regulations, rules, administrative instructions, and other documents, including security risk management (Creta 18/08/2018; CHS Alliance 17/09/2019). Duty of care can also extend towards humanitarian stakeholders in the form of memoranda of understanding, principles of partnership, security management policies, and even explicit duty of care policies, among others (KII 04/04/2024 c; KII 26/03/2024; KII 27/03/2024 a; HPN 16/12/2009). Certain INGOs and UN agencies view partnership as an extension of their programmes and argue that they have both a moral and ethical imperative to provide affiliate staff with duty of care (KII 05/04/2024; KII 04/04/2024 c; NP 03/05/2023). INGOs in Ukraine that advocate duty of care tend to have a more comprehensive duty of care package for their staff and in their policies towards local humanitarian stakeholders (KII 22/07/2024; KII 04/04/2024 a; KII 04/04/2024 b; KII 27/03/2024 a; KII 04/04/2024 c).

Threats in the current context include shelling, artillery, various missile attacks and air strikes (such as guided and unguided air-dropped bombs), landmine and unexploded ordnance contamination, and drone attacks, including alleged deliberate attacks by Russian forces using first-person view drones (KII 29/07/2024; KII 19/07/2024; Zmina 27/05/2024 and 05/07/2024; DIIS 21/02/2024; KII 26/03/2024; KII 27/03/2024 a; Proliska accessed 20/06/2024; HEKS 20/02/2024). Those who conduct evacuation and rescue efforts of people in frontline areas, primarily volunteers, are also at risk of shootings and double-tap air strikes (where another strike follows an initial air strike) (Kim et al. 23/05/2024; NV 26/04/2024; BBC 14/04/2024; AI 30/09/2022; Kyiv Post 02/08/2022). Other risks include detainment by Russian authorities, particularly those in frontline and occupied areas. Those detained are likely to face mistreatment, torture, bogus charges (such as espionage or sabotage), disappearance, and death (OHCHR 27/06/2023; AWSO accessed 09/08/2024). To boot, Russian-occupied areas from Ukraine-controlled territory pose extremely constrained access for almost all INGOs and NNGOs and remain highly risky to operate in (ACAPS 06/02/2024).

Current duty of care practices that exist in Ukraine for international and national staff within INGOs, NNGOs, and the UN include, but are not limited to, life insurance, comprehensive health insurance (including counselling and psychological support), mental health support, and stress management (KII 05/04/2024; KII 08/04/2024 a; KII 29/07/2024; KII 04/04/2024 b; KII 27/03/2024 a). Some organisations offer remote work policies, longer annual leaves, and national holidays for citizen staff despite the suspension of public observances under martial law (KII 05/04/2024; KII 08/04/2024 a; Lockton 21/02/2024). Given the context, some organisations have included in their programmes the relocation of displaced national staff and their families, including housing and financial support (KII 24/04/2024; KII 25/04/2024; KII 04/04/2024 c; KII 05/04/2024; KII 08/04/2024 a; TNH 08/02/2024). Rest and recuperation are standard and mandatory for international staff and cover travel expenses to a location deemed safe. For volunteers, duty of care includes the right to safe and healthy working conditions, the right to reimbursement for expenses related to the volunteering activity, training sessions, and health and life insurance. They also have the right to independently choose areas of response and receive information about their rights and responsibilities (Human Rights Guide accessed 24/04/2024; VR 19/04/2024).

## WHY ARE THERE DUTY OF CARE GAPS FOR NNGOS AND VOLUNTEERS IN UKRAINE

The KIIs, FGDs, and existing secondary data identified funding access, information access and sharing, shifting operational realities, and stakeholder expectations as overarching themes to explain duty of care gaps, particularly for NNGOs and volunteers.

### Funding access

Less than 1% of \$6.4 billion tracked funding to Ukraine from 2022–2023 went directly to local and national Ukrainian organisations despite comprising more than two-thirds of all operating responders (RI 24/02/2023 and 23/07/2024; TNH 26/03/2024; OCHA accessed 06/06/2024). In Ukraine, some NNGOs and volunteers take on the highest risk burden despite having the least resources (NP 03/05/2023; Trócaire 15/06/2023; KII 02/04/2024 b; HI et al. 15/08/2023; ACAPS 16/06/2023; KII 05/04/2024; KII 25/04/2024). One NNGO shared that the practice of covering response-related costs from their own finances is widespread among smaller NNGOs and volunteers because of slow or insufficient financing (KII 23/07/2024). ACAPS triangulated this information within the FGDs, with a participant mentioning that they were aware of such practices among many NNGOs; another NNGO mentioned that its own staff have had to resort to such strategies (FGD 04/07/2024).

Regardless, there has been progress in the Ukrainian context regarding funding for NGOs, CSOs, and volunteers, including through the Ukraine Humanitarian Fund (UHF). In 2023, a review of small grants and programmes targeting NGOs, CSOs, and volunteers, particularly those operating on the front lines and in high-risk environments, recommended the implementation of a comprehensive, mandatory duty of care package across partnerships and funding mechanisms (OCHA accessed 12/08/2024; OCHA 23/05/2024). The latest round of UHF allocation for 2024 explicitly promoted a duty of care package for regional stakeholders that included first aid and security training, mental health and psychosocial support (MHPSS), PPE, and life and accident insurance (OCHA 20/12/2023 and 10/07/2024). More consistently, one UN agency covers duty of care for collaborators under a flexible capacity building cost, with one national organisation receiving over USD 70,000 of flexible funding with little reporting required, allowing it to spend the money as it sees fit (KII 22/07/2024). Increasingly, a separate budget line is included in budget proposals for security costs, such as PPE, as a way to ensure that coverage falls under duty of care for stakeholders (Mercy Corps 21/05/2024; HI et al. 15/08/2023; KII 01/04/2024). Another UN agency is currently aligning duty of care practices and partnership principles across implementing partners (KII 02/08/2024).

That said, funding access for all NNGOs and volunteers operating in high-risk areas remains a challenge, affecting their ability to mitigate risks (KII 24/04/2024; NP 03/05/2023; TNH 13/05/2024). Smaller NNGOs are still less likely to receive funding from international organisations and

donors because of funding and partnership requirements, including due diligence processes (IASC 27/02/2023; NP 03/05/2023; TNH 13/05/2024). According to key informants, international donors are less likely to notice the funding needs of smaller NNGOs and volunteers, particularly those who are not in partnerships with INGOs or the UN (KII 03/04/2024; FGD 27/06/2024; FGD 04/07/2024).

### Information access and sharing

There is limited information sharing related to duty of care between organisations (KII 24/04/2024; KII 25/04/2025; KII 18/04/2024; Insurance Business 06/09/2023; KII 17/04/2024; Mercy Corps 21/05/2024). While some volunteers benefit from the privileges of formal registration, other informal groups may not have the same awareness or understanding of their duty of care rights. One NNGO mentioned that they consistently have to explain the necessity of wearing PPE in high-risk areas to some volunteers. At the same time, much of the publicly available material on duty of care is in English, keeping a language barrier in Ukraine. There is also no standard term and definition of duty of care translated to Ukrainian, making it challenging to discuss the term among national staff and volunteers less aware of the concept (FGD 04/07/2024).

### Operational realities

Given that the front line extends over 1,000km, the risks vary. For example, Kramatorskyi raion faces additional risks, such as bullets, drones, and shelling; in these areas, duty of care priorities include first aid, insurance, and PPE. On the other hand, in Kharkiv, the focus is on psychosocial support and wellbeing, including stress-relief retreats, as people endure continuous attacks (KII 17/04/2024).

According to three NNGOs during the FGDs, international organisations and donor representatives are far from the front lines and not always familiar with the latest situation, raising concerns about their lack of contextual awareness. This subsequently affects the risk mitigation measures that NNGOs request and creates challenges in covering certain resources to mitigate risks in high-risk areas (FGD 04/07/2024; KII 24/04/2024; NP 03/05/2023; TNH 13/05/2024). Some donors continue to claim that life is returning to normal in areas that Ukraine has retaken, when in reality, these areas could be experiencing continued shelling and intensified hostilities, such as in Kharkivska oblast, for example (MO3 12/08/2024; OCHA 25/05/2024).

As key informants suggested, working towards common security management strategies, despite differences in risk appetite, with donors and international stakeholders would be important to accurately understand and convey the risk that implementing partners are taking (KII 27/03/2024 a; KII 18/04/2024; HI et al. 15/08/2023; KII 04/04/2024 a; NP 03/05/2023).

## Partnership expectations

Different organisational mandates, capacities, and cultures influence the risk appetite of organisations when weighing the severity of humanitarian needs against the risk to humanitarian responders, as well as the legal consequences of any incident (ICRC et al. 29/06/2023; GISF 29/06/2017; IASC 27/02/2023). Some international organisations have clearly defined no-go areas for their staff, such as within 15–20km from the front line. Others define their no-go areas based on rolling security assessments, where the ability to operate in frontline areas changes over time and location (KII 19/07/2024; KII 04/04/2024 a; KII 04/04/2024 b; KII 27/03/2024 a; KII 05/04/2024). Three international organisations reported partnering with NNGOs already responding in high-risk areas to avoid driving risk, while being flexible regarding imposing their own security measures, to give stakeholders the flexibility to respond in areas as they deem fit. Other expectations include never asking their NNGO affiliate to respond in any high-risk areas, even those already implementing their own response in those areas, and allowing the organisation to withdraw without repercussions (KII 02/04/2024 a; KII 05/04/2024; KII 10/04/2024; KII 08/04/2024 a; KII 04/04/2024 a; KII 04/04/2024 b; KII 04/04/2024 c).

There has been an increased formalisation of partnerships between local and international organisations and a gradual professionalisation of the NNGO and volunteer movement, with risks taken perceived as being more calculated (KII 17/04/2024; KII 05/04/2024). There remain questions nevertheless around whether donor funding and INGO support are inadvertently acting as a pull factor to high-risk areas, but it remains unclear from the NNGO KIIs. Two NNGOs interviewed directly referenced avoiding partnerships with international organisations to maintain flexibility in their operations (KII 24/04/2024; KII 02/04/2024 c). One NNGO recommended sharing internal security policies with affiliate organisations to avoid being placed at risk to another NNGO (FGD 27/06/2024).

NNGOs in the FGD session mentioned that international organisations did not systematically ask whether their activities exposed affiliate staff to increased risks they could not mitigate, including whether security-related incidents were subsequently relayed to donors (FGD 04/07/2024; KII 19/07/2024). Another NNGO said that it often initiates discussions around duty of care, as international stakeholders and donors do not ask about their duty of care needs (FGD 04/07/2024). According to one key informant, not all INGOs offer transparent information about their partnership values and principles, making it difficult for NNGOs to know which INGOs they would prefer to work with (KII 17/04/2024). This raises concerns around the sharing of responsibility, whether the risk is proportionate to the level of need, and whether there is full disclosure of the risks being taken. This includes communicating the option to postpone the response and withdraw from a high-risk area without any repercussion to the implementing staff or volunteers (KII 19/07/2024; KII 18/04/2024; KII 04/04/2024 a; KII 04/04/2024 b; KII 04/04/2024 c).

## WHAT DUTY OF CARE GAPS EXIST FOR NNGOS AND VOLUNTEERS?

A number of duty of care gaps persist in Ukraine, particularly for NNGOs and volunteers. The KIIs and FGDs iterated several gaps, including the need for vehicle maintenance, PPE, insurance, and awareness and capacity building.

### Vehicles and vehicle maintenance

Vehicles and vehicle maintenance are among the most common gaps that NNGOs discussed, including an organisation working closely with volunteers (KII 25/07/2025 b; KII 18/04/2024; KII 24/04/2024; FGD 27/06/2024; FGD 04/07/2024). While some donors and international organisations support NNGOs and volunteers with vehicle maintenance, existing initiatives cannot cover all needs (KII 23/07/2024). Three NNGOs interviewed for this report mentioned that some of their staff have resorted to contributing their personal finances to cover costs, such as for vehicle maintenance, to continue reaching people in need safely (KII 24/04/2024; KII 18/04/2024; FGD 04/07/2024). Volunteers who conduct evacuations from the highest-risk areas must avoid extended exposure and the risk of being stranded in those areas, requiring well-maintained vehicles, especially given damaged roads. Finding mechanics to fix vehicles and spare parts in high-risk areas is also another challenge (KII 19/07/2024; KII 24/04/2024; FGD 04/07/2024).

NNGOs also referenced armoured vehicles as part of this analysis, arguing that they need these for areas between 0–10km from the front line, but, according to key informants, donors refuse to cover these (KII 25/07/2024 b; Zmina 05/07/2024; FGD 27/06/2024; FGD 04/07/2024). Certain UN agencies and INGOs use armoured vehicles to ensure better safety for their staff in high-risk areas (KII 23/07/2024; KII 22/07/2024; KII 27/03/2024 a; KII 04/04/2024 a; KII 01/04/2024). There are differences in security protocols between certain international organisations, with some requiring armoured vehicles in high-risk areas, such as Kharkiv city, while others do not (KII 17/04/2024; KII 27/03/2024 a). According to FGD respondents, the lack of armoured vehicles has led to fatalities and injuries among volunteers conducting evacuations, such as in Kharkivska oblast, for example (FGD 04/07/2024). The handling of armoured vehicles requires custom driving courses given their weight and other factors that differ from driving the average means of transportation, including the ability to react safely to sudden hazards in a high-risk environment (KII 27/03/2024 a).

## Personal protective equipment

Not all NNGOs and volunteers have sufficient resources to purchase enough PPE two years since the full-scale Russian invasion (KII 29/07/2024; KII 03/04/2024; KII 01/04/2024; KII 25/04/2024; FGD 04/07/2024; NP 03/05/2023). Wearing PPE comprising a protective helmet and a life vest is obligatory in high-risk zones for many organisations (KII 22/07/2024; KII 04/04/2024 a; KII 08/04/2024 a; KII 18/04/2024; KII 04/04/2024 b; NSSU 11/12/2023). In Ukraine, PPE can cost from USD 450–1,000, which many NNGOs, particularly volunteers, cannot afford (NP 24/05/2023; KII 04/04/2024 a). Some NNGO staff respond in high-risk areas without PPE as they could not afford them, and their international affiliate would not cover the expense for them (KII 25/04/2024).

It is still unclear how much PPE has been distributed and in which areas there is the greatest need, despite at least half of the INGOs and UN agencies interviewed as part of the analysis providing, covering the expense, or lending PPE to implementing partners (KII 05/04/2024; KII 04/04/2024 a; KII 04/04/2024 b; KII 04/04/2024 c; KII 04/04/2024 b; KII 02/08/2024).

## Insurance provision

Health and life insurance is not always available to smaller NNGOs nor for all volunteers. Health insurance is particularly costly and not sufficiently covered, even for bigger NNGOs with international partnerships (KII 23/07/2024; FGD 04/07/2024; KII 24/04/2024). For example, an NNGO working mostly in high-risk areas since 2022 still struggles to get direct funding and does not have enough resources to cover health insurance for its staff (KII 24/04/2024). One NNGO mentioned that it has to prioritise life insurance for staff responding in higher-risk areas because the available funding is insufficient to cover all staff. This means that staff based in cities further from the front line, such as Kyiv and Lviv cities, are not prioritised for life insurance despite visiting high-risk areas, such as Kharkiv city (FGD 27/06/2024; FGD 04/07/2024). One NNGO operating in the highest-risk areas reported that it has life insurance covered for its staff and volunteers until the end of 2024, but it is unclear if it will be able to renew this support (KII 19/07/2024). Another NNGO mentioned that volunteers must cover their own insurance from their personal finances or through donations (KII 24/04/2024; FGD 04/07/2024; FGD 27/06/2024). It is unclear whether they are able to access this given the high-risk work and time-consuming bureaucracy.

Life insurance, comprehensive health insurance (including counselling and MHPSS), and stress management are available for most INGO and UN staff, both national and international (KII 05/04/2024; KII 08/04/2024 a; KII 29/07/2024; KII 04/04/2024 b; KII 27/03/2024 a). Some INGOs extend their insurance schemes to include accident insurance to stakeholder staff, with another initiative trialling insurance for less visible volunteers and smaller NNGOs (KII 08/04/2024 a; KII 26/03/2024).

## Awareness and capacity building

Training sessions are promoted and conducted within partnerships between the UN, INGOs, and implementing partners. The most commonly referenced types of training include MHPSS, hostile environment awareness training (HEAT), and security management training (KII 02/08/2024; KII 22/07/2024; KII 08/04/2024 a; KII 26/03/2024).

Volunteer groups and smaller organisations still face significant barriers to accessing these opportunities, leaving them without basic training (KII 29/07/2024). This includes HEAT or hostile environment integrated security training, first aid training (including the use of tourniquets), first psychological aid training, trauma training, and tactical medicine training (FGD 27/06/2024; FGD 04/07/2024). There is also a need for training for drivers to be able to work in highly kinetic environments (KII 04/04/2024 b). According to one NNGO, training sessions are available, but the need is high and continuous, particularly given a high level of staff turnover and existing budgets not accounting for these realities (FGD 27/06/2024). Several INGOs echoed that given high local staff turnover, training on humanitarian principles and international humanitarian law and discussions on visibility, are continuous (KII 27/03/2024 c; KII 26/03/2024).

One INGO stressed the need for training for implementing partners not only focusing on safety equipment but also exploring behavioural awareness (KII 08/04/2024 a). This includes increased awareness regarding digital security, which ensures that personal and organisational online footprints are cleared of any association with conflict parties. Such footprints could be in the form of evidence of coordination with national state responders, which could lead to targeting or detention by Russian forces and authorities (KII 27/03/2024 a; KII 26/03/2024; KII 02/04/2024 c).

Those responding in the highest-risk and newly retaken areas highly need mine awareness training (KII 29/07/2024; KII 25/07/2024 b; KII 23/07/2024). This includes behavioural awareness given the high level of unexploded ordnance and landmine contamination, as well as encouraging the need to avoid driving on asphalt (KII 23/07/2024). Areas that Ukraine has retaken are heavily contaminated, and there has been a deficit in asphalt roads even prior to the full-scale war, which suggests that, in practice, reaching people in need in remote areas requires driving on rough paths (KII 23/07/2024).

Those who engage with affected people in newly retaken areas need community and social cohesion training in response to heightened community tensions. This becomes a matter of physical safety in case of community violence against humanitarians and volunteers (FGD 04/07/2024).