UKRAINE

Duty of care: progress, remaining gaps, and current practice

ACAPS ANALYSIS HUB UKRAINE

Thematic report
17 November 2026

OUTLINE

This report is an update to ACAPS' August 2024 report 'Duty of Care: Operating in High-Risk and Frontline Areas', which outlines the risks humanitarian organisations face in Ukraine, the challenges affecting responders' access to duty of care provisions, and the persistent gaps that hinder a safer response. The analysis draws on secondary data and on a survey with 74 respondents developed by the Alliance of Ukrainian Civil Society Organizations and the Humanitarian NGO Platform in Ukraine, alongside 34 key informant interviews (KIIs) conducted by ACAPS, capturing the perspectives of Ukrainian local NGOs (LNGOs) and national NGOs (NNGOs), INGOs, UN agencies, and institutional donors.

In the two years since ACAPS last examined duty of care, the Russian Federation has continued its campaign of shelling, artillery, missile attacks, and air strikes, while adapting its technology, most notably through first-person view drones. Attacks have increased since June 2026 in urban centres, including in Kharkivska, Khersonska, and Odeska oblasts, as well as, at the time of writing, Kyiv, while frontline areas continue to record high rates of air and drone strikes, armed clashes, and shelling (AJ 28/09/2026; ACLED accessed 02/11/2026). Humanitarian operations have persisted and adapted within this increasingly unpredictable environment, with L/NNGOs continuing to conduct last-mile delivery of goods to communities and evacuating civilians from frontline and high-risk areas.

Drawing on survey responses and KIIs, the report identifies the challenges affecting access to duty of care provisions, particularly for L/NNGOs. These include operational difficulties and limited capacity to implement duty of care provisions, funding constraints, a disconnect between the continued prioritisation of frontline response and access to duty of care provisions, and information access gaps.

Finally, it outlines the crucial yet missing provisions that humanitarian responders say would enable a safer response, including greater access to physical equipment, health and life insurance, specific capacity building, and mental health and psychosocial support (MHPSS).

ABOUT THE REPORT

Aim

The report aims to strengthen the evidence base on duty of care challenges affecting humanitarian responders in Ukraine through independent analysis that informs discussions among donors, humanitarian responders, and policy stakeholders on staff safety and operational feasibility. The report assesses how duty of care practices have evolved since the publication of ACAPS' original report and identifies remaining challenges affecting humanitarian responders' access to duty of care provisions. The report does not provide specific recommendations on duty of care.

Methodology

The analysis draws on available secondary data, complemented by semi-structured KIIs. The up-to-an-hour-long interviews involved 34 organisations (11 INGOs, nine L/NNGOs, eight UN agencies, and six institutional donors), the majority of whom worked in high-risk areas and some in Russian-occupied areas. Interviewees included country directors, technical advisors, security officers, and partnership specialists, among others. These interviews were carried out between 21 September and 23 October 2026. The analysis is complemented by a quantitative element, namely a survey with 74 responses developed and shared by the Alliance of Ukrainian Civil Society Organizations and the Humanitarian NGO Platform in Ukraine. 49 of the respondents represent L/NNGOs, two volunteer charitable organisations, and 23 INGOs. Each respondent represents a separate organisation, except for three organisations that had two respondents each. The survey aimed to find out what safety and psychosocial wellbeing issues humanitarian workers experience, how organisations respond to duty of care challenges, and what role various stakeholders can play in protecting the rights of, and supporting, staff and volunteers involved in humanitarian response. The survey was open from 20 August to 10 October and shared countrywide with local and international organisations with humanitarian operations in Ukraine.

Limitations

The information collected and analysed is not exhaustive and does not cover all duty of care practices, challenges, and gaps across Ukraine, including the geographic differences between oblasts. Given certain sensitivities, not all incidents are reported, and some were omitted from the analysis. This analysis does not unpack the legislative frameworks present in Ukraine.

Acknowledgements

We are grateful to the organisations that contributed their time, insights, and data for this analysis, whether through KIIs or the survey.

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KEY FINDINGS

The rapidly evolving context

- The threat of shelling, artillery, various missile attacks, air strikes (such as guided and unguided air-dropped bombs), and landmine and unexploded ordnance contamination remains a significant risk to humanitarian operations. The type and level of threat have changed, with the increased use of drones, while the Russian Federation continues to violate international humanitarian law. Jet-powered Geran, fibre-optic, and mesh-network drones with frequency-hopping technologies are outpacing countermeasures, heightening the risk to humanitarian activities.
- There has been tangible progress in the institutionalisation of duty of care since 2024, partly because of the implementation of the minimum duty of care package. Close to 45% of L/NNGO and INGO survey respondents reported actively using the package as a benchmark for what to request from donors and partners as a minimum.
- Progress spans several areas, including increased awareness, direct funding, specific duty of care policies, higher overheads, and continued coordination. Implementation nevertheless remains uneven, organisations' capacity to assess duty of care needs varies, and the rapidly evolving context presents new challenges.

The barriers to duty of care provisions

- According to interviews with INGOs and institutional donors, the rigidity of global guidelines, often developed at the headquarters level, was seen as a challenge in operationalising and funding specific duty of care provisions in Ukraine. Interviewees from four INGOs and one UN agency further suggested that providing duty of care to implementing partners had become a compliance exercise.
- Nearly 90% of surveyed Ukrainian L/NNGOs cited lack of funding as the biggest obstacle to the provision of duty of care. According to interviewees, despite an overall increase in direct funding compared with 2024, lack of funding flexibility, short application timelines, capped overheads, and rigid budget lines make it difficult to implement duty of care provisions.

- According to survey respondents and interviewees, there is a disconnect between the continued prioritisation of frontline areas and access to duty of care provisions. Close to 60% of survey respondents from both INGOs and L/NNGOs considered that institutional donors and/or international partners had limited (51%) or no understanding (8%) of duty of care challenges related to frontline areas.
- Limited access to information, coupled with a lack of available support, remains a noticeable barrier to duty of care provisions for L/NNGOs. L/NNGOs reported not always being clear on whether they could access and request certain duty of care provisions from partners or institutional donors.

The gaps in duty of care provisions

- Access to insurance, MHPSS, and training remains a persistent challenge, as flagged in 2024. There are noticeable changes in the protective measures organisations are requesting because of the changing context. These include drone mitigation technology, which was systematically discussed in all duty of care conversations, with various strategies employed. INGOs and UN organisations reported using frequency analysers, with reports of certain NNGOs using jammers and net guns alongside frequency analysers. Institutional donors and INGOs currently funding L/NNGOs consider drone jammers to be a red line and are not willing to fund these.
- Access to armoured vehicles (AVs) remains difficult, with 59% of survey respondents identifying AVs as the hardest cost to secure funding for. Efforts to expand access through pooled procurement are hindered by bureaucratic constraints, dual-use restrictions and limited funding, while renting is often prohibitively expensive, financially risky and unsuitable for people with disabilities.
- Given high staff turnover rates, training sessions are considered a priority, with considerable gaps in the provision of Hostile Environment Awareness Training (HEAT) and first aid training for L/NNGOs. Training requests also include drone-awareness training, a reflection of the current operating environment.
- Health and life insurance remains a noticeable gap, with access to specific coverage depending on each responder's employment status. Insurance providers remain limited and costs high.
- Current initiatives have reduced the insurance gap for volunteers, but smaller L/NNGOs struggle to cover their staff, as coverage only becomes cost-effective for insurance companies when they can sign large tenders. Contractors continue to bear their own costs, meaning they are often not covered.
- According to interviewees, personal protective equipment (PPE) and first aid kits need to be updated; specifically for women, they need to be adapted to women's bodies. Women are responsible for large parts of the humanitarian response as men face the risk of conscription or are fighting.
- MHPSS is still considered taboo. Despite increased awareness, L/NNGO interviewees considered it deprioritised, even as around 40% of survey respondents from INGOs and L/NNGOs reported losing staff owing to stress, burnout, and concerns around insecurity in the 12 months prior to the survey.

A RAPIDLY EVOLVING CONTEXT

Humanitarian operations in Ukraine have had to evolve with the changing context, both within immediate front lines and beyond. The threat of shelling, artillery, various missile attacks, air strikes (such as guided and unguided air-dropped bombs), and landmine and unexploded ordnance contamination remains as significant a risk as described in the August 2024 report 'Duty of Care: Operating in High-Risk and Frontline Areas'. Double-tap strikes, the practice of following an initial strike with a follow-up strike, on emergency responders and evacuation workers continue to be an everyday threat, while the threat of detainment by Russian authorities continues to be a risk for those operating in frontline and Russian-occupied areas (CNN 21/08/2026).

The Russian Federation has nevertheless continued to adapt its technology. First-person view drones are steered in real time through an onboard camera, which makes them highly manoeuvrable and hard to evade. Geran drones have also evolved from being piston-engined to jet-powered, allowing them to fly at much higher altitudes and faster speeds, reducing time for interception (CSIS 04/09/2026; Reuters 16/09/2026). Finally, new drones resist being jammed as some are guided by fibre-optic cables that emit no signal to detect, others use mesh networks where each drone relays data to other drones, and algorithms let them jump between radio frequencies. These changes reduce the effectiveness of drone detectors and jammers, highlighting how fast the threat to civilians and humanitarian workers is evolving (TKI 21/10/2026). Since early October 2026, the interception of drones has decreased, while the resulting damage has increased.

By mid-September, discussions were underway about moving warehouses underground in response to damage inflicted on these facilities in recent months (KII 22/09/2026 a; WHO 04/09/2026; UN 10/08/2026). 19 attacks on humanitarian warehouses were recorded in July and August 2026, an increase from the 20 recorded over a six-month period from January–June (Health Cluster 26/10/2026). This highlights the risk to staff, particularly those who load items for distribution. Many warehouses are shared with non-humanitarian entities, complicating efforts to establish whether attacks constitute a deliberate targeting of humanitarian operations, personnel, or supplies, reflected in the cautious wording of public statements following incidents (KII 22/09/2026 a; KII 28/09/2026; UN 23/09/2026). Interviewees also flagged risks to other critical infrastructure, including sewage systems, water plants, and data and information centres, where damage could disrupt essential services and humanitarian operations (KII 28/09/2026; KII 29/09/2026 b; KII 06/10/2026 c).

All of this points to both direct and indirect impacts on humanitarian staff and operations, including damage to facilities, the killing or injuring of staff, and the cancellation or delay of operational activities (TKI 04/04/2026; Suspilne 22/09/2026; ECHO 19/08/2026). The operating environment has become increasingly unpredictable, and the risks faced by humanitarian organisations and civilians are, according to some L/NNGO interviewees, incomparable to other humanitarian contexts (KII 22/09/2026 b; KII 28/09/2026; KII 29/09/2026 c). Attacks on humanitarian responders in Ukraine have continued, with 311 incidents recorded in 2024, including 12 staff members killed; 285 incidents recorded in 2025, including nine staff members killed; and 257 incidents recorded between 1 January and 31 August 2026, with ten staff members killed (OCHA accessed 27/10/2026).

DUTY OF CARE SINCE 2024 – MARKED PROGRESS

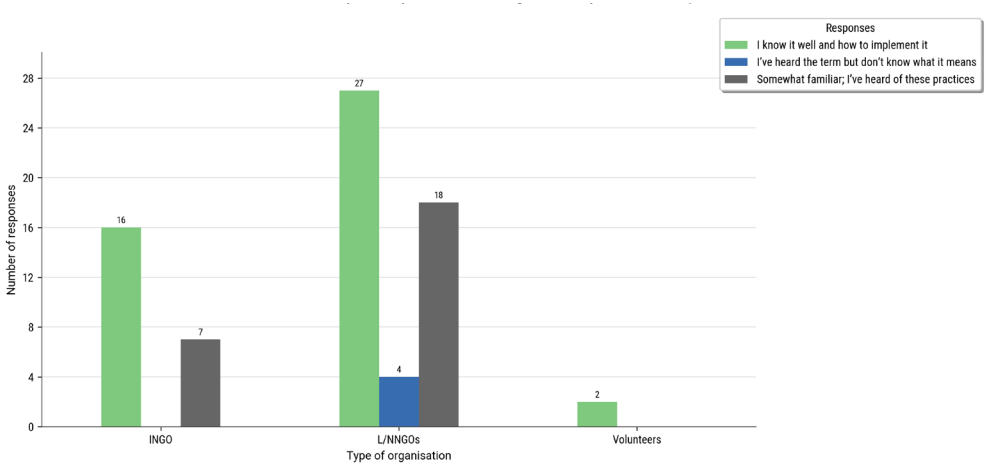
As defined in our last analysis report, duty of care is an obligation that mitigates and addresses foreseeable risks that may cause emotional or physical harm to employees and eligible family members (IASC 12/02/2024). It is reflected in policies, regulations, rules, administrative instructions, and other documents, including security risk management frameworks (Creta 18/08/2018; CHS Alliance 17/09/2019). Institutional donors and organisations working with implementing partners continued to stress the ethical and moral imperative they feel towards the organisations they fund or partner with, namely a responsibility to protect those who deliver and carry the greatest risk (Golub et al. 10/2024; KII 29/09/2026 c; KII 28/09/2026). This is extended through direct funding, as well as across memoranda of understanding, partnership principles, security management policies, and even explicit duty of care policies, among others.

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. Some organisations offer remote work policies, longer annual leave, and national holidays for citizen staff despite the suspension of public observances under martial law. Given the context, some organisations have included in their programmes the relocation of displaced national staff and their families, including housing and financial support.

In Ukraine, duty of care is regularly discussed within the OCHA and International NGO Safety Organisation co-led Ukraine Humanitarian Access Working Group, while an advisory group chaired by Nonviolent Peaceforce sits separately from the working group as a dedicated space to discuss duty of care (Caritas 14/10/2026; KII 05/10/2026; TNH 19/10/2026; KII 16/10/2026 b). Duty of care has also been a point consistently raised at Humanitarian Country Team meetings, signalling continued prioritisation of the topic (KII 29/09/2026 c; KII 05/10/2026). Duty of care has recently been included as a key priority as part of the Grand Bargain reform pact, an agreement between humanitarian donors and aid organisations to make humanitarian aid more effective and efficient, launched in May 2016 and updated in October 2026.

As shown in Figure 1, nearly 92% of Ukrainian L/NNGO survey respondents stated they understand the duty of care concept well and how to implement it or are at least somewhat familiar with the concept.

Figure 1. How would you rate your understanding of the Duty of Care concept?



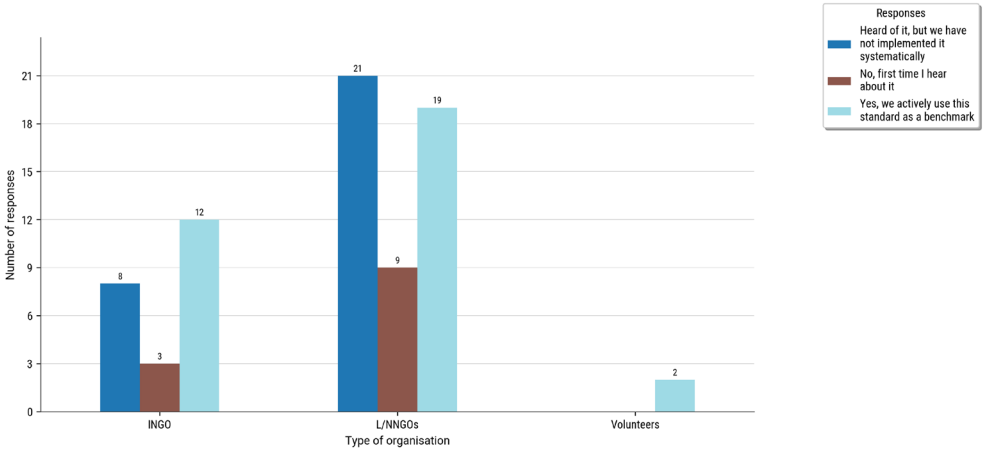
The minimum duty of care package proposed in October 2024

In October 2024, as part of the duty of care discussion and advocacy in Ukraine, the Swiss Agency for Development and Cooperation (SDC), the Humanitarian NGO Platform in Ukraine, and the Alliance of Ukrainian Civil Society Organizations proposed a specific package for frontline responders in the country. It outlines five components that should be an integral part of the support provided to volunteers and NGO workers (NGO Platform 10/2024). *These include:*

- *accident and life insurance for staff and volunteers of NGOs and civil society organisations*
- *psychosocial support*
- *individual first aid kits*
- *PPE*
- *training on the usage and application of duty of care minimum package items for those receiving this support, coupled with an introductory training on safety and security management*

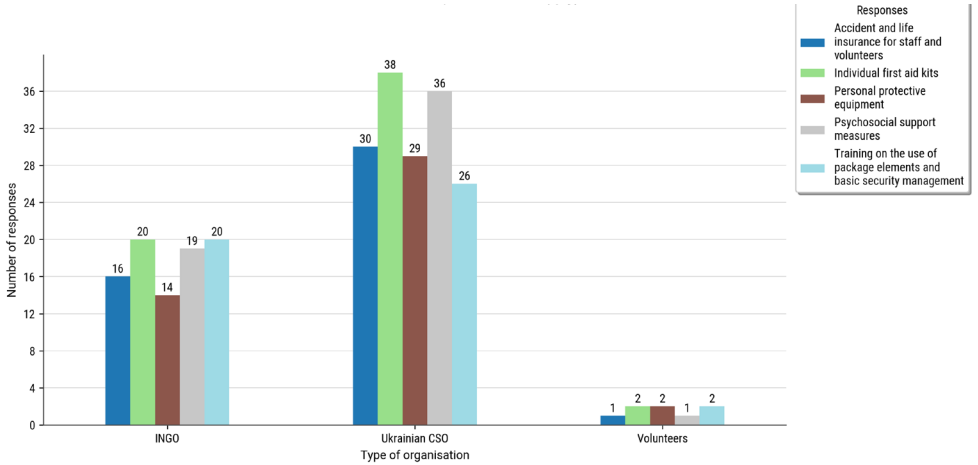
Two years later, based on the survey, 42.9% (21/49) of Ukrainian L/NNGO respondents reported actively using the minimum duty of care package as a benchmark to understand what they should be requesting as a minimum from donors and partners, while 38.8% (19/49) had heard of it but not systematically implemented it. 52.2% (12/23) of respondents working for INGOs actively used it as a benchmark, compared to 34.8% (8/23) who had heard of it but not systematically implemented it. 16% (12/74) of respondents had never heard of it.

Figure 2. Are you familiar with the minimum duty of care package developed and recommended for local humanitarian services in 2024?



The core elements of the duty of care minimum package that have been implemented across INGOs and Ukrainian L/NNGOs are shown in Figure 3 below.

Figure 3. Which of the 5 core elements of the 2024 minimum package has your organisation successfully integrated into its work? Select all that apply.



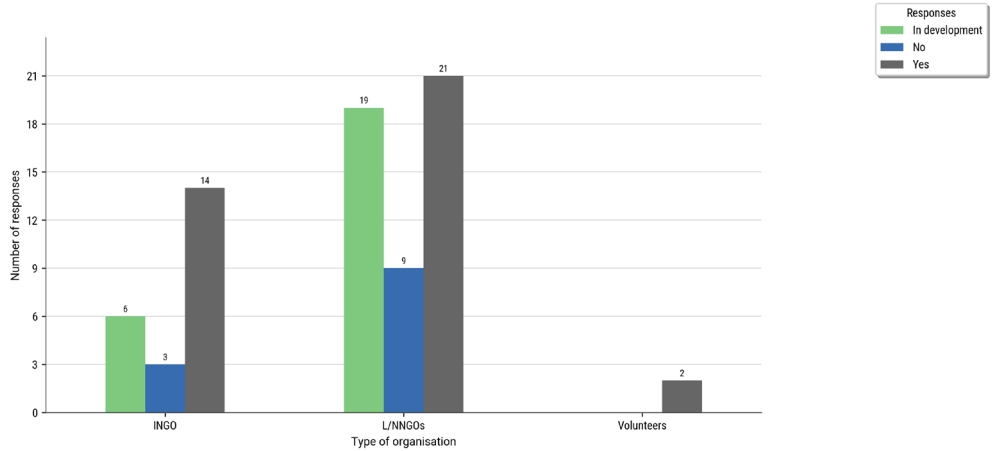
BARRIERS TO DUTY OF CARE PROVISIONS

The KIIs, survey, and existing secondary data identified operational difficulties and limited capacity, funding constraints, a disconnect in duty of care provisions versus the continued prioritisation of frontline areas, and inconsistencies in information access and sharing as overarching themes to explain gaps in duty of care provision, particularly for L/NNGOs.

Operational difficulties and limited capacity

The difficulty in implementing duty of care measures was systematically raised across KIIs, particularly given the rapidly evolving security dynamics (KII 22/09/2026 a; KII 28/09/2026; KII 02/10/2026). This was most clearly reflected in the limited number of L/NNGOs with a specific duty of care policy. Based on the survey data, 18.4% of Ukrainian L/NNGOs and 13% of INGOs do not yet have an official duty of care policy, while 38.8% of Ukrainian L/NNGOs and 26.1% of INGOs are in the process of developing one (Figure 4). From the perspective of one INGO respondent, a set of organisational guidelines clearly identifying duty of care needs based on the type of humanitarian response the organisation carries out would allow local organisations 'contracting' bigger partners to specifically ask: "What can you do for us when it comes to duty of care?" (KII 09/10/2026)

Figure 4. Does your organisation have an official Duty of Care policy or internal procedures?

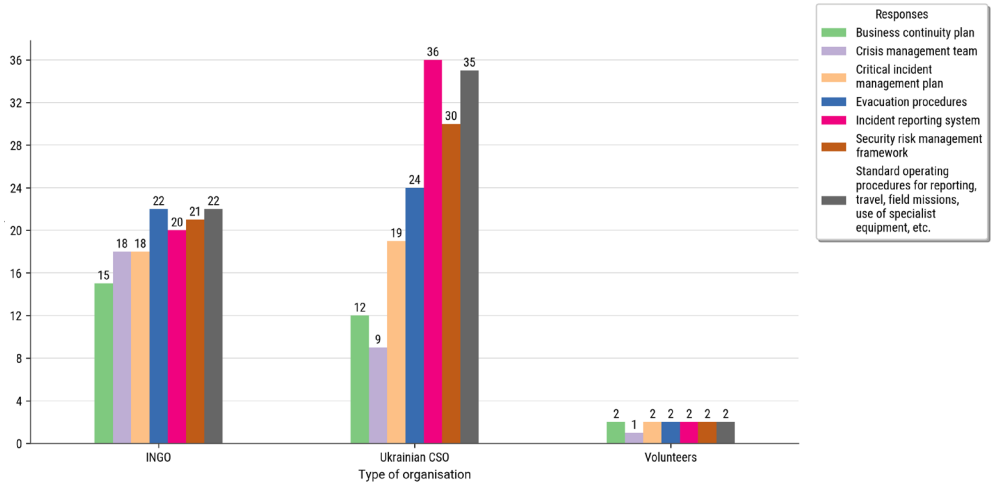


From the perspective of INGOs managing large stakeholder networks, interviewees highlighted challenges in implementing duty of care measures for downstream partners, given the diverse profiles they work with, which differ in terms of the number of full-time staff and operational footprint (KII 28/09/2026; KII 02/10/2026; KII 29/09/2026 a). Two INGO interviewees stressed that the minimum duty of care package was an important advocacy achievement but insufficient as an operational tool as it lacked technical guidance (KII 28/09/2026; KII 02/10/2026). One INGO respondent went on to stress that aside from the difficulty in budgeting, it was tough to establish what specific duty of care provisions to cover, over what period, and how to harmonise access to all their partners (KII 28/09/2026).

From the perspective of institutional donors, there is greater emphasis on organisational structures given that some organisations have been established for four years already, with others existing even prior to the full-scale invasion (KII 16/10/2026 c; KII 23/10/2026). 34.7% of Ukrainian L/NNGOs reported having no

security department or qualified specialist, compared to only 13% of INGOs. One UN representative highlighted funding security officers, although an L/NNGO stressed that even if this was a noticeable improvement, these security personnel are unable to keep up with all of the changes in the context or take part in all of their humanitarian operations (KII 22/09/2026 b; KII 28/09/2026; KII 13/10/2026 c). Having a dedicated security team that performs security analysis and assessments while identifying whether or not a programme should continue running, as argued by one UN respondent, would enable organisations working in frontline and high-risk areas to push back against donors and partners when they are unable to operate due to lack of safety, programme criticality, or inability to mitigate certain risks (KII 22/09/2026 a; KII 07/10/2026; KII 28/09/2026).

Figure 5. Which of the following elements related to Duty of Care are in place in your organisation? Select all that apply.

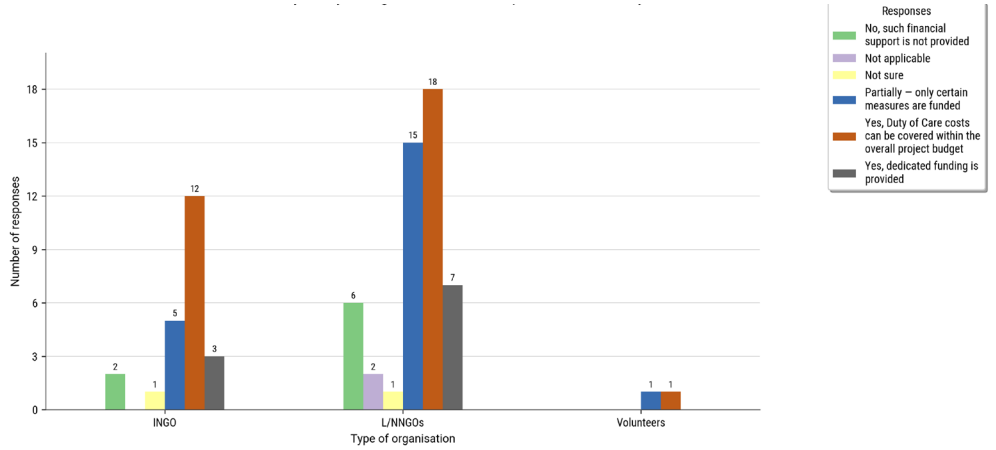


Other organisation-wide measures, as shown in Figure 5 below, remain difficult to implement, particularly for L/NNGOs working in frontline and high-risk areas (KII 07/10/2026). These include having a crisis management team or a business continuity plan. The difficulty in implementing, however, cannot be separated from cuts in foreign assistance that result in staff loss, placing additional burden on existing workload and limiting the ability to adapt to rapidly changing needs (CARE et al. 20/02/2026).

Funding constraints

Despite remaining the world's most funded humanitarian response, Ukraine still faces a 27.6% funding gap relative to Global Humanitarian Overview requirements (OCHA accessed 22/10/2026 a). The rise in direct funding to L/NNGOs, from less than 1% of USD 6.4 billion from 2022–2023 to 6.4% of USD 2.1 billion in 2026, translates in absolute terms into a 109% increase (OCHA accessed 22/10/2026 b). Despite this, 89.8% of Ukrainian L/NNGO survey respondents highlighted lack of funding as the biggest obstacle to funding duty of care provisions, compared with 52.2% of INGO respondents. More specifically, Figure 6 below shows that only 40% of INGO and Ukrainian L/NNGO respondents can cover duty of care costs within the overall project budget, 28% can fund certain measures only, just 13% have dedicated funding, and 10% can rely on no such financial support.

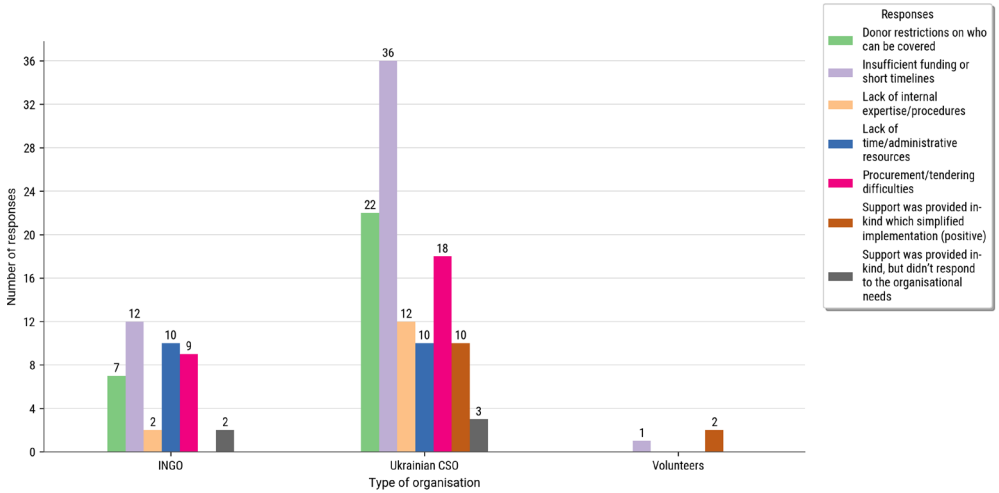
Figure 6. Does your organisation receive support from donors and/or international intermediaries that directly fund your organisation for the implementation of duty of care measures?



As per the interviewees, funding duty of care provisions was difficult given funding constraints, including lack of flexibility, lack of specific duty of care budget lines, and restrictive overheads. All L/NNGO interviewees stressed that they require flexible funding, particularly in the event of sudden changes to the context and their operating environment. L/NNGO interviewees argued there is not always time to write

to donors, with short timelines for budget proposals and lack of internal capacity (KII 29/09/2026 b; KII 22/09/2026 b; KII 14/10/2026 d; KII 13/10/2026 b). Some organisations also have very small budgets, not enabling them to include duty of care provisions (KII 14/10/2026 c). As shown in Figure 7 below, 73.5% of Ukrainian L/NNGO survey respondents consider insufficient funding or short timelines the primary challenge. One L/NNGO interviewee specifically flagged that considerable time and resources were spent on donor reporting and abiding by bureaucratic requirements (KII 13/10/2026 a; CARE et al. 20/02/2026).

Figure 7. What key challenges (or experiences) did you face when using or implementing this support?



For donor governments, multilateral organisations, and INGOs, policies and guidelines are frequently developed at the headquarters level and may not be reflective of the situation in Ukraine. This was stressed by an institutional donor, who claimed that global policy limits their funding manoeuvrability when it comes to the Ukrainian context given that duty of care conversations are not happening to this extent in other humanitarian contexts and therefore require extensive lobbying (KII 15/10/2026 a). One example is a requirement that only staff working on the projects they fund are entitled to duty of care provisions. A UN agency working with implementing partners highlighted the same limitations, whereby global policies limit the overheads they can include in partner budget proposals, directly affecting funding for duty of care provisions (KII 20/10/2026 a). An INGO staff member also stressed that a lot of time was spent convincing programme staff why they need to systematically include duty of care provisions for partners in budget lines (KII 09/10/2026).

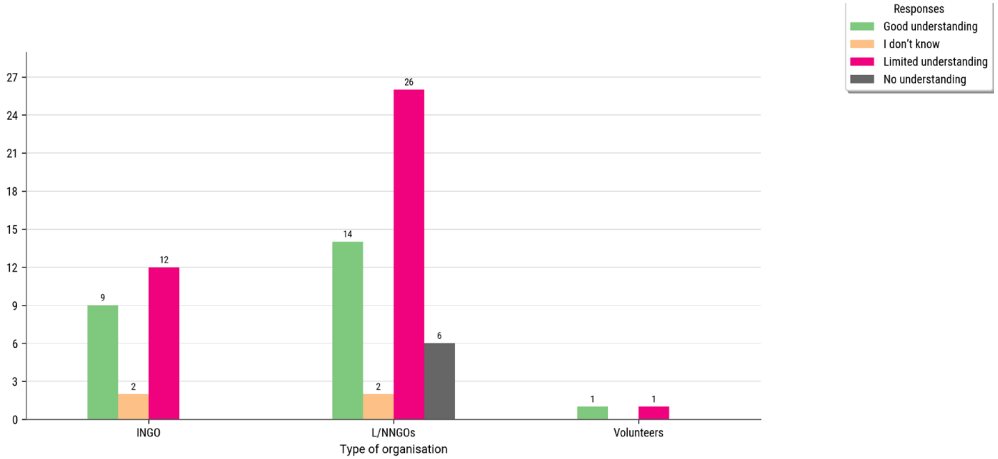
Even so, duty of care provisions have become more common in funding proposals since 2024, particularly for organisations working in frontline and high-risk areas, according to cluster coordinators (KII 29/09/2026 a; KII 29/09/2026 c). This includes proposals within the Ukraine Humanitarian Fund, a funding mechanism that has supported N/INGOs and UN agencies responding to the humanitarian situation in Ukraine and the primary mechanism for existing US humanitarian funding in Ukraine, where a duty of care budget line has become mandatory. Leaving it blank requires justification (KII 16/10/2026 a; OCHA accessed 27/10/2026).

Three INGOs also specifically mentioned having duty of care policies for their partner organisations, and as part of this policy, partners need to budget for duty of care. If funding for certain duty of care measures was not required – for example, if they had already included these as part of other project proposals – they could note it down as USD 0 but would need to justify why (KII 16/10/2026 b; KII 07/10/2026; KII 09/10/2026). Four of the six institutional donors who were part of the KIIs mentioned they had increased their overhead percentage and had started directly funding duty of care provisions (KII 07/10/2026; KII 09/10/2026). One institutional donor said the duty of care minimum package allowed them to develop a systematic approach on duty of care; prior to this, they did not have anything (KII 20/10/2026 b).

A disconnect between duty of care provisions and continued prioritisation of humanitarian operations in frontline areas

Since 2022, duty of care discussions in Ukraine have been guided by conversations on the transfer of risk to organisations undertaking last-mile delivery in frontline areas (IASC 06/2023; KII 15/10/2026 b; KII 08/10/2026). While this remains a central concern, KIIs with two L/NNGOs, two UN agencies, three institutional donors providing direct funding, and four INGOs working through operational stakeholders highlighted the broader dimension to duty of care provisions, namely the extent to which decisions to fund, prioritise, and sustain humanitarian operations in frontline areas are accompanied by adequate consideration of the risks faced by those delivering in frontline and high-risk areas (KII 22/09/2026 a; KII 05/10/2026; KII 08/10/2026; KII 02/10/2026; KII 12/10/2026; KII 15/10/2026 a; KII 15/10/2026 b; KII 16/10/2026 b; KII 06/10/2026 b; KII 06/10/2026 b; KII 13/10/2026 a). As one interviewee working primarily with organisations conducting evacuations argued, funding has incentivised continued frontline response, including the evacuation of civilians, and duty of care needs to reflect this operational reality (KII 14/10/2026 d).

Figure 8. How would you rate donors/or international intermediaries understanding of Duty of Care challenges related to aid delivery in frontline areas?



51% of both INGO and L/NNGO respondents considered that institutional donors and/or international partners had limited understanding of duty of care challenges related to frontline areas, with an additional 8% claiming there was no understanding. L/NNGO interviewees stressed that they had been and would continue operating in frontline and high-risk areas even if they feel they are bearing most of the risks and are forced to adapt with the available means (NVP 09/2026; KII 22/09/2026 a). They are often working within their communities, and while the violence has become normalised and an everyday reality, L/NNGO interviewees stressed that duty of care provisions needed to reflect current operational conditions. Four INGOs and one UN organisation interviewed further suggested that duty of care provisions had become a means for organisations to demonstrate that they were "doing something" for their implementing partners and were seen as a compliance exercise, further highlighting this disconnect (KII 22/09/2026 a; KII 08/10/2026; KII 07/10/2026; KII 06/10/2026 a; KII 16/10/2026 b).

Access to information

Since the 2024 ACAPS analysis, which found information-sharing a considerable gap, particularly in Ukrainian, the Alliance of Ukrainian Civil Society Organizations has developed a handbook on duty of care, highlighting risk statistics (2022–2026), a matrix of responders (state, donors, NNGOs, volunteers) and their respective responsibilities, international standards, gaps in Ukrainian legislation, and the SDC minimum duty of care package (Alliance UA CSO LinkedIn 17/10/2026).

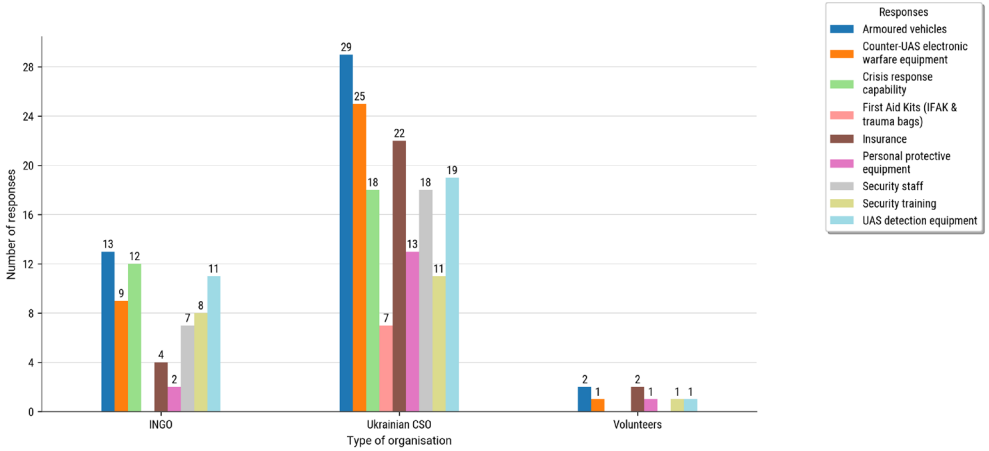
L/NNGOs reported not always being clear whether they can access and request certain duty of care provisions from partners or institutional donors (KII 29/09/2026 d; KII 09/10/2026; KII 23/10/2026). According to survey respondents, support was difficult to access, with 28.3% of survey respondents unaware of the support that exists, with a further 30% claiming that support did not exist. While it is unclear what type of support was being referred to, this points to limits in the information shared and gaps in understanding organisational and individual rights (KII 29/09/2026 d; CARE et al. 03/09/2026). Timing was also argued to have had an impact on duty of care provisions. These provisions were added to project proposals after the minimum duty of care package was advocated, but organisations were not aware that they could continue including duty of care provisions as part of their project proposals (KII 09/10/2026; KII 23/10/2026). This points to the duty of care conversation being cyclical mainly around the elaboration of the yearly Humanitarian Needs and Response Plan.

REMAINING DUTY OF CARE GAPS IN UKRAINE

Findings from our August 2024 analysis pointed to challenges for local organisations and volunteers in accessing duty of care provisions. These included limited access to PPE, insufficient health and life insurance coverage, lack of funding for staff safety measures and transportation, barriers to accessing security training, and uneven information-sharing about security risks. This affected the ability of grassroots responders to safely deliver aid.

Many of the issues present in 2024 continue to be a challenge today, with noticeable changes in the type of requests given the changing context. Figure 9 below highlights which duty of care costs are currently the hardest to secure funding for, reflecting the current humanitarian operating environment.

Figure 9. Which duty of care costs are hardest to secure funding for?



Physical equipment

PPE and first aid kits

An April–June survey found that of 72 respondents, 37.3% were not fully equipped with PPE and 25.3% were not equipped at all (RCC 20/08/2026). Figure 9 above confirms that funding for PPE provision remains difficult to secure, particularly for Ukrainian L/NNGOs. Those who have access to PPE, specifically ballistic vests and helmets, considered it outdated, with a continued need for lightweight armour for mobile teams, first aid kits, and tourniquets (KII 13/10/2026 a; KII 14/10/2026 b). In some cases, humanitarian responders and volunteers do not want to wear bulletproof vests as this creates distance between the people providing and receiving support (KII 13/10/2026 c; KII 30/09/2026). Up to 90% of staff delivering programmes in certain areas could be women, in part given the risk of conscription for men (KII 22/09/2026 b; KII 29/09/2026 a). There has been a continued push to apply a gendered lens to duty of care conversations, including the provision of PPE, which is currently not adapted to women's height, weight, body shape, or needs (KII 22/09/2026 b; KII 13/10/2026 a; RCC 20/08/2026; CARE 17/04/2025).

Electronic countermeasures

Duty of care needs reflect changing threats, specifically drones, and are currently focused on electronic countermeasures, with discussions centred on creating and enabling an environment for their use (KII 22/09/2026 a; NVP 20/01/2026; TKI 04/04/2026). These countermeasures include drone detectors, considered a passive tool, which are becoming increasingly common among humanitarian responders. They require costly training, however, and struggle to keep pace with the realities of drone warfare (KII 22/09/2026 a; KII 08/10/2026). According to one UN interviewee, there is also a risk that convoy leaders get tunnel vision and focus entirely on the detectors, rather than picking up on the physical environment (KII 13/10/2026 c; KII 22/09/2026 a). One INGO respondent stressed that their new operating procedure requires security officers to systematically join humanitarian operations when this type of equipment is used (KII 08/10/2026). As discussed above, a third of the L/NNGOs surveyed do not have a security department or a qualified specialist, meaning they would not be able to include such measures as part of their operating procedure.

Conversations have also centred around drone jammers, devices that emit signals and interfere with the drone and the controller, restricting the drone's ability to reach the intended target. Given their potential to interfere with conflict parties and the potential impact on civilians, no institutional donor or INGO interviewed funding L/NNGOs said they would be openly willing to fund these. They are currently seen as a red line (KII 02/10/2026; KII 22/09/2026 a; KII 28/09/2026; KII 05/10/2026). There are still reports of L/NNGOs using jammers, however, with some donors turning a blind eye to their use (KII 06/10/2026 c; KII 20/10/2026 a). According to one L/NNGO respondent, they are not requesting funding for such devices but rather asking not to be defunded if they are using these (KII 14/10/2026 d). If an organisation is operating in an area where a jammer is required, interviewees from one INGO and one donor stressed that perhaps the organisation should question whether they should be operating in that area in the first place (KII 22/09/2026 a; KII 05/10/2026). The reported use of drone jammers has resulted in discussions on the complementarity of duty of care, on the one hand, and, on the other, international humanitarian law and humanitarian principles; according to two INGO interviewees, the Ukrainian context cannot be considered an exception to these rules (KII 21/09/2026; KII 05/10/2026). Failing to address these issues and concealing their use from institutional donors and partner organisations risk, according to several respondents, creating a climate of distrust and a vacuum in which undocumented practices emerge (KII 12/10/2026; KII 15/10/2026 a; KII 16/10/2026 b). If their use became more widespread, one NNGO interviewee stressed that there would also be a need to budget for relevant training (KII 14/10/2026 d).

Vehicles

Much of the conversation is focused on access to AVs, also given the changing context and increased presence of drones. In Khersonska oblast, one UN respondent stressed that the AV is your shelter, and you should not be operating without one (KII 30/09/2026). Access remains limited, and despite five of the L/NNGO interviewees having one or more AVs, none considered these enough, particularly among those conducting evacuation activities. Up to 30 AVs have been purchased through the Ukraine Humanitarian Fund, but this is not enough considering the scale and size of the humanitarian response (KII 13/10/2026 a). According to 59% of survey respondents, it is the hardest cost to secure funding for (KII 22/09/2026 a).

There are initiatives to increase organisations' access, including pooled vehicles procured by the UN. Bureaucratic constraints, dual-use arguments (i.e. that an AV is not solely considered a humanitarian good), and limited funding have made setting up this pool slow and difficult (KII 22/09/2026 a). A greater number of L/NNGOs are directly requesting these from donors, aiming for cost efficiency, and not necessarily wanting the same model as the UN, which can be three times the cost (KII 14/10/2026 d). Renting is not an option according to two L/NNGO interviewees given high premium costs and the risk of paying compensation if the vehicle is destroyed (KII 13/10/2026 a; KII 14/10/2026 d). Rental vehicles are also not appropriate for people with disabilities, who require a specific type of AV (KII 13/10/2026 a).

Capacity building

As stressed by a service provider providing training sessions to humanitarian organisations, having equipment is useless if you are unable to use it. This same respondent noted an increase in the number of requests for training on safety and security, changing from individual requests to organisational requests. This is in part owing to the recognition that such training sessions build muscle memory, which can be life-saving in the event of an attack (KII 29/09/2026 b). But as one respondent stressed, we do not consider training to be duty of care, rather capacity strengthening/building (KII 09/10/2026).

High turnover rates mean that organisations need to consistently budget for training, with recent requests, including for training on drone mitigation and AV training, reflecting the changing operational reality (KII 09/10/2026). In an April–June survey, 50.7% of 72 respondents reported an urgent need for unmanned aerial vehicle/drone countermeasure and protection training, and 41.3% reported an urgent need for HEAT (RCC 20/08/2026). According to two L/NNGO interviewees, HEAT was difficult to obtain given the length of the training, which can last up to a week, the price, and as most training is provided in Kyiv, it required travel and increased the risk of conscription. Given these challenges, some staff have never received it (KII 16/10/2026 d; KII 13/10/2026 a).

Insurance

Health and life insurance remains difficult to obtain, particularly for small L/NNGOs, volunteers, and contractors, with the latter being cited specifically in the context of insurance. As shown in Figure 9 above, L/NNGOs considered insurance to be the third most difficult expense to secure funding for. There is a considerable difference in access to insurance and in the types of coverage available by employment status, with limited insurance providers and high costs (RCC 20/08/2026; Alliance UA CSO LinkedIn 17/10/2026). By mid-September 2026, advocacy was underway to improve insurance legislation to better protect humanitarian workers (GreenPost 10/09/2026; KII 29/09/2026 d). There was little awareness of this recent initiative in any of the KIIs conducted.

Hired employees benefit from a basic level of coverage through the mandatory state social insurance system, but this does not account for the specific war-related risks of humanitarian work. Smaller L/NNGOs are struggling to cover their own staff in frontline and high-risk areas with health and life insurance as coverage is only cost-effective for insurance companies when they can sign large tenders (KII 22/09/2026 b; KII 29/09/2026 c; KII 14/10/2026 a). There is evidence of low payouts in case of death, no support for the family of the deceased, and no medical coverage (RCC 20/08/2026). One INGO respondent stressed that localisation is ensuring that local organisations also come up with solutions to ongoing issues, including access to insurance. One solution implemented has been creating a cohort and finding an insurance company that would insure the staff of organisations who were members of this cohort (KII 09/10/2026). The budgeting is also done according to biyearly or annual insurance cycles rather than the project length, allowing for continued coverage.

Volunteers fall under another category, with legislation providing separate insurance mechanisms and one-time state aid. Challenges include tedious administrative procedures and difficulties in confirming an insurance case (Alliance UA CSO LinkedIn 17/10/2026). For contractors, the situation is the weakest as they predominantly bear their own costs (KII 13/10/2026 b). A specific initiative launched by SDC and implemented by the Relief Coordination Centre and Nonviolent Peaceforce is attempting to overcome these challenges (SDC 26/06/2025). The initiative was in the early stages of being trialled in 2024, with few volunteers covered. From 2025–2026, 3,900 volunteers from 163 organisations operating in Dnipropetrovska, Donetska, Kharkivska, Sumska, and Zaporizka oblasts were insured (RCC 20/08/2026). As argued by two interviewees, the initiative proved successful in terms of claims compensated, and staff members were more at peace knowing that they were covered in case something happens (KII 16/09/2026 b; KII 14/10/2026 d). Another workaround, which has proven less successful, involves organisations increasing programme costs in project budget proposals, paying contractors a higher salary, and asking them to buy insurance with the difference. Most reported buying the cheapest option with poor insurance coverage or not buying any at all (KII 16/10/2026 d; KII 13/10/2026 c).

Discussions also highlighted the issue of taxation, whereby insurance contributions paid by an organisation for employees or volunteers may be interpreted as an additional benefit and become subject to taxation by the State (KII 16/10/2026 d; State Tax Service of Ukraine 21/09/2023; KII 12/10/2026). This was considered a barrier to developing insurance as an element of duty of care coverage within L/NNGOs, with one institutional donor specifically stressing they were advocating to the Ministry of Finance to provide tax exemptions for the provision of insurance (KII 12/10/2026).

Mental health and psychosocial support

Four years into the full-scale invasion, there are continued and growing concerns for greater MHPSS; as stressed by one respondent, the feeling among staff as compared to four years ago has worsened (KII 22/09/2026 b; KII 14/10/2026 a). MHPSS remains taboo, particularly for men (KII 22/09/2026 b; KII 09/10/2026; KII 13/10/2026 c). As shown in Figure 10, 44.9% of respondents from Ukrainian L/NNGOs and 39.1% from INGOs reported losing staff in the 12 months prior to the survey owing to safety concerns, stress, or burnout. Only 10.1% of L/NNGO respondents saw the minimum duty of care package as reducing staff turnover and burnout rates as compared to 87% of INGO respondents.

All L/NNGOs stressed that overall, they did not feel it was a priority among donors. Funding cuts had deprioritised this, and according to L/NNGO KIIs, funding for MHPSS should also include staff retreats to safer parts of the country (KII 13/10/2026 a; KII 14/10/2026 a). Recent analysis stresses that these allowed time for strategic planning, staff wellbeing, and informal communication as institutional resilience depends on human resilience (Oxfam 20/01/2026).

Discussions with institutional donors and INGOs highlighted a willingness to fund all MHPSS-related support, but according to one UN respondent, global policies limit funding possibilities, and each request requires a procurement process, which takes considerable time (KII 20/10/2026 a; KII 23/10/2026). To bypass this, several INGO and UN respondents highlighted the fact that they extended their own internal services to partner organisations (KII 07/10/2026; KII 23/10/2026; KII 20/10/2026 a).

Figure 10. Have staff left your organisation during the past 12 months due to security concerns, stress, or burnout?

