Regional Situation Report

Ukraine Crisis

January - June 2026

Highlights

- **The humanitarian context in Ukraine has deteriorated significantly**, with June recording the highest monthly civilian casualty toll since April 2022, amidst an increasingly hazardous operational environment where attacks on aid workers have risen by 20 per cent compared to 2025.
- **Harsh winter conditions and energy infrastructure attacks endangered millions**; power failures crippled maternal and neonatal health, **doubling premature births along some front-line areas.**[1] Therefore, UNFPA is scaling up its operational reach for the upcoming winter, specifically prioritizing high-risk groups such as older persons, individuals with disabilities, internally displaced persons (IDPs), and survivors of gender-based violence (GBV).
- **UNFPA delivered robust results across the region,** reaching nearly 100,000 people with sexual and reproductive health (SRH) services and over 61,000 with critical GBV prevention and response activities in Ukraine, Moldova, Belarus, Poland and Romania.
- **UNFPA accelerated its strategic pivot** from emergency aid toward institutionalizing critical services within national architectures, while continuing to deliver essential, life-saving interventions to front-line communities, including construction of bunkerized maternity hospitals in areas with prolonged shelling.
- **Family-centred reintegration and prevention:** UNFPA provides trauma-informed psychosocial support to veterans and their families, including counselling, support for the transition to civilian life, and education on non-violent parenting and equitable partnership. Ukraine is facing one of Europe's largest reintegration efforts in recent decades, with over 1.5 million veterans and around 6 million affected family members.
- **Nominally 90 per cent funded, UNFPA's 2026 regional appeal masks a critical funding gap.** This figure reflects budget targets scaled down at the end of 2025 to prioritize the most vulnerable in acutely affected regions. However, as the humanitarian context deteriorates and winter preparations intensify, the current funding is insufficient to simultaneously sustain immediate life-saving care and the transition to long-term recovery, leaving essential services underfunded.

12.1 million
Total people in need[2]

2.8 million
Women of reproductive age in need[1]

1.9 million
Young people (10-24) in need[1]

1.7 million
Persons with disability in need[3]

932,910
Total people targeted by UNFPA

[1] "With maternity centres under attack, more women are at risk of dying in pregnancy and childbirth in Ukraine", UNFPA (10 December 2025).
[2] According to the 2026 Humanitarian Need and Response Plan (HNRP) and the 2025–2026 Refugee Response Plan (RRP), 12.1 million people require assistance. This includes 10.8 million within Ukraine and 1.3 million refugees across Poland, Romania, Moldova and Belarus. In Moldova, the figures also account for members of the host community in need.
[3] According to the Regional Refugee Response Plan (RRP) 2025-2026, 6 per cent of the total refugee population in RRP countries live with a disability. In Ukraine, the number of people with disabilities amounts to 5 million.

Regional Situation Overview

The war continues to drive a protracted humanitarian crisis affecting Ukraine and neighbouring countries. In Ukraine, the humanitarian operating environment has deteriorated further, characterized by intensified aerial bombardments, deeper hostilities along the front lines, and systemic attacks on critical energy and civilian infrastructure.

This volatility has fueled protracted displacement, with 3.4 million people internally displaced within Ukraine and 5.8 million Ukrainians recorded as refugees globally. Nearly 5.2 million (90 per cent) of these refugees are hosted across European countries[4], where they face mounting socio-economic pressures, including rising cost of living and shrinking international assistance.

The humanitarian situation was further compounded during the 2025–2026 winter, the harshest in decades. Systematic strikes on energy infrastructure in Ukraine, paired with extreme sub-zero temperatures, severely crippled essential service delivery. This impacted the most vulnerable, particularly regarding SRH, where power failures interrupted critical life-saving care for pregnant women and newborns while darkened streets during long periods of blackouts and increased tensions within families struggling to keep warm heightened vulnerability to GBV.

Protection risks remain acute for those most affected by the conflict, spanning from people living on or near the front lines to those internally displaced in Ukraine and those seeking safety and support in host communities throughout the region. Women, girls, young people, persons with disabilities, LGBTQI+ individuals and minority groups, such as the Roma people, face heightened exposure to GBV, including intimate partner violence and technology-facilitated abuse. This risk is further compounded for the many older persons residing near or on the front lines. These vulnerabilities are exacerbated by psychosocial distress, and the disruption of SRH and GBV services and referral pathways.

Recent data, including the UNHCR Lives on Hold No. 7 survey, reveal that return aspirations remain highly scenario-dependent, with economic stability and safety in Ukraine as primary enablers. Meanwhile, demographic profiles within the displaced population are shifting, with a noted increase in working-age males. Across all contexts, a critical protection gap persists; more than half of the refugee population in the EU remains unaware of essential legal, psychosocial, or helpline support services, significantly hampered by language barriers, cultural stigma, and social isolation.[5]

UNFPA Regional Response

In the first half of 2026, UNFPA's regional response accelerated its strategic pivot from emergency service provision toward institutionalizing critical SRH and GBV services within national health and protection systems. This transition is defined by a commitment to sustainability, localization and the alignment of humanitarian programming with long-term national recovery frameworks.

SRH integration and national ownership: UNFPA prioritized the integration of service delivery into national health systems to ensure continuity amidst ongoing volatility. In Ukraine, this involved adapting facilities, including the construction and equipping of bunkerized maternity units, and reinforcing mobile capacity to respond to and reach front-line populations where access to services is limited and extremely risky. In Moldova, UNFPA spearheaded a landmark transition model by integrating refugees' access to SRH services directly into the state-run National Health Insurance Scheme, establishing a

[4] Operational data portal, UNHCR, Ukraine Refugee Situation as of April 2026, and Ukraine, Internal Displacement Report, General Population Survey, IOM, May 2026.
[5] Socio-Economic Insights Survey 2025 Regional Report - to be released soon.

sustainable national co-financing blueprint. In Belarus, the successful handover of a mobile health clinic to the national health system marked a key milestone in service sustainability. These efforts, complemented by localized training for health providers, ensure that SRH services remain resilient as the operational model shifts from international support to national ownership.

Specialized GBV care and transition: The response emphasized a continuum of care, moving from broad emergency provision to highly specialized, survivor-centred interventions. Across the region, UNFPA advanced the phased transition of emergency safety models: women and girls' safe spaces (WGSSs) in Moldova have transitioned into sustainable government-funded day centres, while Orange Safe Spaces in Belarus are now operated by civil society organizations. In Ukraine, the focus remained on increasing the availability of and access to GBV services, including support for survivors of domestic violence, the rehabilitation and long-term support of conflict-related sexual violence (CRSV) survivors, economic empowerment through VONA hubs (specialized centres established by UNFPA in Ukraine to support vulnerable women, including GBV survivors and IDPs, in achieving greater self-reliance) and the promotion of digital tools to enhance access and service mapping. This strategy leverages the expertise of women-led organizations to ensure localized, trusted protection pathways that are integrated into national social protection frameworks.

Youth resilience and data-driven planning: Adolescent and youth programming evolved from awareness-raising to targeted resilience, mental health support and employability. Simultaneously, UNFPA bolstered national capacities through evidence-based policy tools, including population data transformation in Ukraine and technical capacity-building in Moldova and Belarus. This focus on demographic and social resilience ensures that humanitarian interventions directly support national recovery goals, leaving no one behind during the transition toward long-term social welfare.

Regional Results Snapshot

99,020
People reached with SRH services
97% female, 3% male

30,340
People reached with SRH information and awareness-raising

61,220
People reached with GBV prevention, mitigation and response activities
86% female, 14% male

13,020
People reached with awareness-raising and GBV life-saving information

70
People reached with Humanitarian Cash & Voucher Assistance for GBV and SRH

238
Health facilities supported

48,010
Non-food items (such as dignity kits and maternity kits) distributed to individuals

57
Safe spaces for women and girls supported

2,190
Service providers trained on GBV and SRH-related topics

130
Other types of GBV service delivery points supported

Results Snapshot by Country

	Ukraine	Rep. of Moldova	Belarus	Neighbouring EU Countries
People reached with SRH services	88,500	10,460	60	-
People reached with GBV prevention, mitigation, and response activities	45,290	14,300	390	1,240
People reached with in-person information, awareness raising, and sensitization sessions for SRH	25,170	5,170	-	-
People reached with awareness-raising activities and GBV-life-saving information in-person	-	11,560	-	1,460
People reached with Humanitarian Cash & Voucher Assistance for GBV and SRH	-	70	-	-
Service providers trained on GBV and SRH-related topics	1,140	850	-	200
Health facilities supported*	233	3	2	-
Safe Spaces for women and girls supported*	28	24	3	2
Other types of service delivery points supported*	119	11	-	-
Non-food items (such as dignity kits and maternity kits) distributed to individuals	47,110	900	-	-

Note: The data is rounded to the nearest ten except for the indicators referring to the UNFPA-supported service delivery points marked with an asterisk (*).

Ukraine

Situation overview

The operating environment in Ukraine has deteriorated significantly due to intensified aerial bombardments, including the persistent use of drones and missiles in urban and front-line areas. Hostilities have driven a surge in civilian casualties. Following a record high in May, June 2026 saw the highest monthly civilian casualty toll since April 2022, as verified by the UN Human Rights Monitoring Mission in Ukraine (HRMMU) in its "Protection of Civilians in Armed Conflict" report (June 2026).[6] Humanitarian operations are increasingly hazardous; attacks on aid workers have risen by 20 per cent compared to the same period in 2025, with multiple strikes having hit UN and NGO warehouses and vehicles. Systematic attacks on energy and civilian infrastructure have crippled essential utilities such as water pumping stations, leaving thousands without running water.

An estimated 10.8 million people require humanitarian assistance in 2026[7]. Displacement remains protracted, with 3.4 million IDPs; 79 per cent have been displaced for over a year and 40 per cent multiple times. Beyond displacement, Ukraine faces a massive veteran reintegration effort, involving an estimated 1.5 million veterans and 6 million family members. These profound challenges, compounded by untreated trauma and economic insecurity, strains families and exacerbates protection concerns, necessitates a family-centred, trauma-informed response.

The 2025–2026 winter period proved to be one of the most punishing in recent history, characterized by a devastating combination of extreme weather and systematic strikes against national energy infrastructure. This environment left millions without heat, water, and power, creating an existential threat to the most vulnerable, especially older persons and persons with disabilities, whose mobility and care needs were severely restricted, as well as women and adolescent girls, who faced heightened psychological distress and dangerous protection 'dark zones' during blackouts. For sexual and reproductive health, the consequences were critical: dependency on stable electricity for neonatal incubators, oxygen supplies, and emergency surgery meant that frequent blackouts transformed routine maternity care into a high-risk event. Health workers reported sharp increases in obstetric complications and premature birth rates, which in some frontline areas was double the national average, necessitating the urgent expansion of bunkerized, power-resilient maternity facilities to ensure continuity of care.

Access to essential care remains fragile, especially in frontline and occupied areas, which are critically underserved. Healthcare infrastructure has been critically degraded by 3,115 documented attacks, including on maternity facilities, since February 2022, with direct negative consequences for access to maternal and newborn health, including emergency obstetric care. GBV risks have intensified for 2.9 million people, driven by displacement, psychosocial distress, and economic hardship. CRSV remains systemic; UN monitors continue to document all reported occurrences, with the majority of male survivor cases are linked to Ukrainian prisoners of war, civilians detainees and civilians from the occupied territories In frontline and occupied areas like Kherson, nearly 6,000 civilians, including 180 children, remain trapped with severe food shortages, having virtually no access to specialized services. Addressing these acute vulnerabilities remains a critical humanitarian priority.

[6] OHCHR Ukraine: Reports on the Protection of Civilians (14 July 2026)
[7] Ukraine Humanitarian Needs and Response Plan 2026 (January 2026)

UNFPA Response

UNFPA continued to deliver services through, and strengthen, Ukraine's own health, social and data institutions, building toward a planned transition of services to national and municipal ownership. This work is anchored in partnerships with civil society organizations rooted in the most marginalized communities, including Roma, LGBTQI+ people, older persons, persons with disabilities and sex workers, ensuring that no one is left behind as the response evolves.

Sexual and reproductive health: Between January and June 2026, UNFPA Ukraine's SRH programme reached over 88,500 beneficiaries through service provision, prioritizing access in conflict-affected and hard-to-reach areas. Mobile maternity units proved critical, serving 36,359 people, including persons with disabilities, internally displaced persons, and pregnant women, across rural settlements. To bridge gaps in community-level access, UNFPA expanded the integration of SRH services into primary healthcare (PHC) facilities. Seeking to bypass the stigma and safety barriers that prevent survivors from reporting GBV, UNFPA integrated GBV case management into standard SRH services across 20 barrier-free gynaecological consultation rooms. These safe, "one-stop" points of care successfully overcame traditional institutional and physical reporting obstacles, reaching 872 vulnerable women with immediate medical care, trauma-informed counselling, and safety support. Recognizing the need for safe maternal care amidst ongoing hostilities, UNFPA completed two bunkerized, fully equipped maternity facilities in Kharkiv in June. Complementing these infrastructure gains, UNFPA distributed 28,305 mother-baby kits to pregnant and lactating women, supported 25 perinatal centres with life-saving neonatal drugs, and strengthened the local health workforce by training 1,073 providers.

Gender-based violence: UNFPA remains steadfast in delivering life-saving services, with a strategic focus on front-line communities. Mobile psychosocial support teams, women and girls' safe spaces, and dedicated case managers supported around 45,300 people (83 per cent women and girls). UNFPA also distributed over 18,800 dignity kits across the Dnipro, Donetsk, Kharkiv and Kherson regions to address immediate needs.

UNFPA efforts prioritize inclusivity and specialized resilience. To ensure accessibility for persons with disabilities, UNFPA installed hearing accessibility systems in the WGSSs in Dnipro and Odesa. UNFPA also extended dedicated support to front–line rescuers from the State Emergency Services through art therapy and stress management to address burnout.

Economic empowerment remains a cornerstone of UNFPA recovery efforts: through 34 VONA hubs, 3,725 vulnerable women received career and business guidance, resulting in over 750 employment placements or business launches, while 420 women completed vocational training with startup kits. At the community level, UNFPA fostered locally-driven prevention by training 66 representatives across 30 projects. In parallel, UNFPA championed advocacy through the "Red Shoes Across the Country" initiative to highlight support for survivors of CRSV.

Veterans: UNFPA approaches veterans as individuals and families navigating the overlapping consequences of war, many of whom are survivors of violence and trauma themselves, often facing stigma and barriers to seeking help. Programming is family-centred and trauma-informed: reintegration is understood as a family and community process, not an individual one. UNFPA utilizes a national network of "TatoHubs" (Dad Hubs) and Survivor Relief Centres to provide psychosocial support, legal aid, and GBV case management. UNFPA is scaling up nationwide information campaigns and large-scale awareness activities on mental health, building on research into how veterans prefer to be reached to drive help-seeking and connect more veterans to existing services, including the National Helpline for Men.

Adolescents and youth: UNFPA is strengthening youth resilience and well-being through targeted psychosocial and professional support. Between January and June 2026, UNFPA provided, through their partners, 119 individual psychological and 132 career consultations, with 89 per cent of participants reporting improved emotional well-being and clearer future plans. UNFPA facilitated mutual support groups for 45 youth workers in Kharkiv, Odesa, and Dnipro, with practical stress management, self-care, and peer support tools. In June, UNFPA launched the "Building Youth Potential" programme for adolescents and young people aged 14–35, supporting an initial cohort of 20 from 10 regions. Concurrently, the "Pubertat" digital campaign promoted essential sexuality education, reaching over 1 million unique profiles and expanding its online community to nearly 20,000 followers.

Population and development: UNFPA is advancing data-driven decision-making in Ukraine, essential for both recovery and long-term planning. A key achievement was the transfer of mobile operator data to the State Statistics Service of Ukraine (SSSU), which supported the production of the first governmental population estimates since the start of the full-scale invasion. This collaboration marks a significant milestone in strengthening national statistical capacity.

To support subnational planning, UNFPA piloted a Local Population Projection Tool in Mykolaiv Oblast, helping local authorities better project demand for essential public services. This initiative has garnered strong interest from regional leaders, reinforcing the feasibility of data-informed governance. Additionally, UNFPA registered an international technical assistance project for the digital transformation of SSSU. As a first step, UNFPA transferred 50 headsets to the agency, building on previous support for their in-house call centre to enable independent, phone-based data collection and surveys.

Coordination Mechanism: UNFPA continues to drive strategic, evidence-based coordination in the GBV and SRH sectors, fostering sustainable, localized service models across Ukraine's humanitarian landscape.

GBV Leadership: The GBV Workstream, led by UNFPA, defined a 2.9 million people-in-need (PiN) figure for the 2026 Humanitarian Need and Response Plan (HNRP), providing the baseline for a streamlined national response. The launch of the Ukraine Interactive GBV Service Map significantly enhanced localized coordination and nationwide visibility of, and access to, life-saving humanitarian and government-led services. Strategic support also included the release of a national Dignity Kits Guidance Note and standardized operating procedures for actor engagement in Transit Centres. To inform front-line assistance, the GBV Workstream partnered with the World Food Programme to conduct a joint assessment with women in Eastern Ukraine, yielding evidence-based recommendations that are now being integrated into protection programming. Furthermore, a dedicated Mental Health and Psychosocial Support Task Force was established to map capacity gaps, improve referral systems, and guide GBV-sensitive mental health interventions. To address emerging digital risks, including technology-faciliated GBV, a GBV Data Ethics and Technology Task Team was launched to oversee the ethical deployment of artificial intelligence and manage data risks ethically. Finally, UNFPA's leadership in the Government-led Inter-Agency Working Group on CRSV was reaffirmed through the extension of its co-chair role in the Holistic Service Provision Subgroup, ensuring survivor-centred, multi-sectoral assistance.

SRH Strategic Direction: UNFPA's leadership in the national SRH Technical Working Group catalysed high-level health planning, notably through a session with the World Health Organization and UNAIDS to align health interventions. Institutional capacity was significantly bolstered by the signing of 26 Memoranda of Understanding (MoUs) with local health departments, operationalizing mobile clinics and cancer screening pilots. Additionally, UNFPA strengthened the professional response by supporting the

Second All-Ukrainian Midwives Forum, fostering joint pathways to professionalize midwifery and ensure the sustainability of maternal care standards nationwide.

Adolescent and youth: At the recent Ukraine Recovery Conference (25-26 June, Gdansk, Poland), which brought together 7,500 participants, including government representatives, international organizations, financial institutions, the private sector, and over 100 delegations from donor countries and partner organizations, UNFPA signed an MoU with the Ukraine's Ministry of Youth and Sports to advance the Youth Well-Being Index, placing young people at the centre of Ukraine's recovery and future development.

Republic of Moldova

Situation Overview

During January–June 2026, Moldova managed the protracted presence of over 140,000 Ukrainian refugees, characterized by continuous movements across the border. While the Government officially extended temporary protection status until 1 March 2027[8], the transition from direct humanitarian aid to long-term inclusion under the National Development Plan 2025–2027 faces severe structural bottlenecks. Declining international assistance, compounded by rising housing, food, and energy costs, has driven the closure of multiple Refugee Accommodation Centres, reducing collective capacity to approximately 780 residents. This downscaling has forced vulnerable, female-headed families into substandard housing, intensifying protection risks[9], including intimate partner violence, sexual exploitation, and technology-facilitated abuse, particularly for adolescent girls, Roma women, older persons, and women with disabilities.

Access to essential care remains uneven, particularly outside Chisinau, where refugees face significant hurdles due to language barriers, documentation requirements, and social stigma. This fragile situation was further strained in March 2026 when a drone strike on the Novodnistrovsk hydropower facility contaminated the Dniester River, triggering a 15-day environmental alert that cut off centralized water for 100,000 people. Vulnerable refugees and host communities were disproportionately affected, struggling to access emergency water distribution.[10]

As humanitarian funding declines, the transition toward EU-aligned national systems offers a sustainability pathway, yet it risks creating service gaps in specialized GBV response, mobile SRH outreach and youth-friendly referral mechanisms. Sustained investment is vital to ensure these services are maintained and the most at-risk populations are not left behind.

UNFPA Response

Sexual and reproductive health: In 2026, UNFPA continues to safeguard SRH rights by strengthening national systems to support refugees while simultaneously expanding integrated care and outreach services for young people across Moldova.

In partnership with Moldova's National Health Insurance Company (CNAM), UNFPA ensured uninterrupted access to essential services, including comprehensive SRH care, for refugee women under temporary protection. This collaboration supported 4,927 pre-hospital and primary care services – guaranteeing routine care, screenings and referrals – alongside 820 specialized outpatient services and 127 emergency hospitalizations. Furthermore, access to essential medicines and medical products

[8] UNHCR Republic of Moldova Operational Update, January 2026.
[9] UNHCR Republic of Moldova Operational Update, April 2026.
[10] Chemical Emergency - 03-2026 - contamination of the Nistry river, IFRC, March 2026.

was secured for 81 refugee women. To address health disparities, the youth-focused mobile clinics reached 2,385 young beneficiaries across southern Moldova. Through outreach and direct consultations, the project equipped youth with critical knowledge on psychological well-being, online safety, violence prevention, nutritional and pubertal disorders, first aid for injuries, and substance abuse, while promoting youth-friendly services. Complementing this, the initiative delivered intensive psychosocial support to 5,170 beneficiaries, bridging healthcare gaps for underserved populations. Furthermore, UNFPA's provision of technical support, and essential SRH equipment and medical devices (such as gynaecological chairs) supported health facilities to reach 8,077 people with vital SRH services, including antenatal and postnatal care, and gynaecological services.

Gender-based violence: In 2026, UNFPA continues to deliver a comprehensive GBV response that bridges immediate, survivor-centred care with strategic investments in sustainable, nationally-owned systems and local community empowerment.

UNFPA sustained 24 partner-managed WGSSs, reaching 14,298 women and girls (8,854 refugees and 5,444 host community members) with GBV prevention, psychosocial support, and survivor-centred services. To ensure sustainable, nationally-owned systems, UNFPA advanced the phased transition of WGSSs into government-funded day centres by strengthening local capacity, transferring operational knowledge and providing technical accompaniment. Two centres in Ștefan Vodă and Chișinău have successfully transitioned from pilot concept to fully functioning municipal and state ownership, establishing a scalable, cost-efficient model for the remaining 22 spaces. Additionally, 898 dignity kits were distributed to support protection and hygiene needs.

Specialized protection was bolstered by the new Salvia Crisis Centre in the border region of Ștefan Vodă. With a 25-person capacity, the centre has delivered over 250 services to survivors and their children, including safe accommodation, legal and psychological assistance, psycho-pedagogical support, and specialized case management. A newly developed operational manual now standardizes these service delivery and cross-border referral procedures. The Safe@Home team reached 504 women and girls, including those with severe disabilities unable to access facility-based services, providing first-line psychosocial support.

UNFPA maintained vital protection pathways for 90 survivors, providing emergency cash assistance to 71 people, including 36 women with disabilities. Economic self-reliance was institutionalized through three certified micro-qualification vocational courses designed to transition survivors from emergency aid to sustainable livelihoods, graduating 45 women with 30 more currently enrolled. Localization efforts through the Equality Camp empowered 25 women-led organizations, while 10 community-based non-governmental organizations (NGOs) received grants to scale local GBV prevention, ensuring sustainable, locally-led responses.

Neighbouring EU Countries

Situation Overview

In Poland and Romania, protracted displacement continues to expose refugee women and girls to significant GBV risks and SRH disparities. Findings from the latest Socio-Economic Insights Survey,[11] which assesses refugee needs across nine host countries in the region, highlighting a critical protection gap: 21 per cent of refugees are completely unaware of specialized services, with particularly low

[11] Launched in 2023, the Socio-Economic Insights Survey is a joint annual household assessment tracking Ukrainian refugees across countries covered by the Ukraine Refugee Response Plan. For the 2025 survey round data collection took place during May - November 2025, assessing 4,260 households and 9,667 individuals across nine host nations: Bulgaria, Estonia, Hungary, Latvia, Lithuania, Moldova, Poland, Romania, and Slovakia.

awareness in Poland. Awareness of essential response mechanisms remains alarmingly low, with 54 per cent of refugees unaware of legal assistance, 56 per cent lacking knowledge of psychosocial care, and 64 per cent unaware of helpline support. When seeking help, refugees are primarily hindered by language barriers, cultural hurdles, stigma and shame. Country-specific challenges further illustrate these regional trends.

In **Poland**, host to the region's largest refugee population, awareness of specialized GBV services is particularly constrained, with 79 per cent of refugees unaware of available helplines. Refugee women report persistent safety threats, identifying verbal harassment (23 per cent) and status or gender-based discrimination (19 per cent) as top community security concerns.

In **Romania**, 35 per cent of refugee households face severe material and social deprivation — the highest in the response zone — disproportionately impacting women and adolescent girls. Systemic integration remains challenging: only 16 per cent of refugees speak the local language proficiently, creating acute obstacles when accessing family planning networks, maternal healthcare or confidential GBV referral pathways.[12]

UNFPA Response

During the first half of 2026, UNFPA in partnership with Impact Innovations Institute (IMINI) and local women-led organizations continued to prioritize specialized, survivor-centred services through the deployment of digital safety technologies and targeted community outreach to counter the low awareness of localized protection networks. A total of **145 emergency alerts** were triggered and successfully processed through the emergency features of Safe YOU, a UNFPA-supported GBV app, and survivors of violence received direct, confidential specialized counselling from connected institutional experts.

To mitigate low awareness of GBV services in **Poland,** an outdoor and digital marketing campaign was conducted in June, displaying ads on Warsaw city lights (1,462,265 viewers) and Krakow taxis screens (377,414 displays). Additionally, social media posts with life-saving GBV information generated around **150,000 engagements**. Safe YOU achieved major regional positioning at the *Women in Tech Summit* in Warsaw, the largest conference for women in STEM/IT in Central and Eastern Europe, addressing cyberviolence and technology-facilitated GBV.

In **Romania,** the UNFPA-supported Safe YOU application gained massive institutional validation by winning gold in the "Community Support" category at the *Romanian Sustainability & Corporate Social Responsibility Awards*. A total of **193 professionals** were trained in utilizing the Safe YOU application. This included **70 multi-sectoral specialists** in Dâmbovița County (including police officers, social workers, priests and social counselors) and **123 community health nurses** across northern Romania (Suceava and Bistrița counties) who act as front-line responders to domestic abuse and alcohol-exacerbated violence in rural pockets. To increase outreach and awareness of GBV, Safe YOU strengthened its social media presence with targeted content tailored specifically to the needs of women and girls, generating 4,437 engagements.

[12] Socio-Economic Insights Survey 2025 Regional Report - to be released soon.

Belarus

Situation Overview

The humanitarian situation in Belarus remained stable during the reporting period. UNFPA's efforts continued to address the residual needs of refugees from Ukraine, while providing essential support to women and girls facing multiple vulnerabilities, including older women, women with disabilities and those in difficult life circumstances.

As humanitarian needs evolve from emergency response toward longer-term recovery, there is a sustained demand for psychosocial support, protection services and SRH information. This transition is further complicated by the gradual reduction of humanitarian funding, which poses challenges to maintaining community-based support services established during the emergency phase. Ensuring continued access to services for vulnerable populations remains a key priority as the programming context shifts toward sustainable, locally-led approaches. No significant political, security, public health or environmental developments affecting humanitarian operations were reported during the reporting period.

UNFPA Response

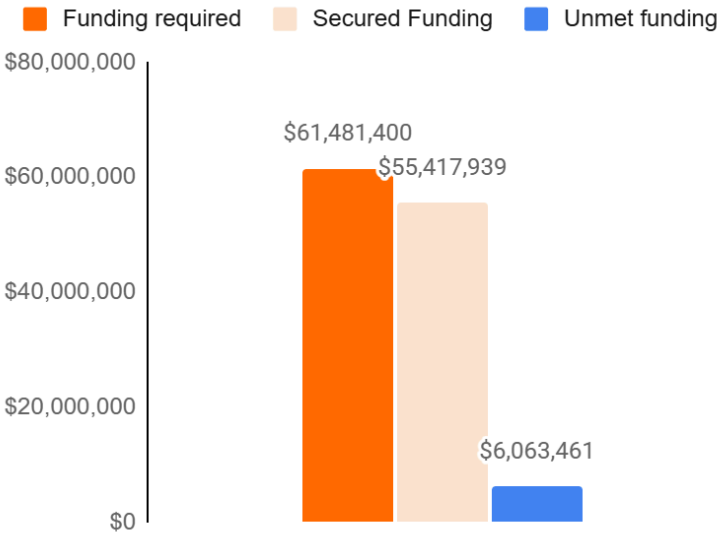
UNFPA Belarus has focused on institutionalizing support through national systems and local partnerships, prioritizing sustainability planning as humanitarian programming transitions toward recovery.

Sexual and reproductive health: UNFPA completed the successful transfer of the UNFPA-supported mobile health clinic to the national health system, ensuring the continued provision of SRH outreach services beyond the humanitarian response. Coordination with national health partners has been strengthened to maintain referral pathways and ensure continuity of quality service delivery.

Gender-based violence: Priority has been given to sustainability planning for the Orange Safe Spaces (OSS) programme. This includes developing a comprehensive phase-out plan to transition key psychosocial and protection services to host organizations while safeguarding access for vulnerable women. Technical guidance was provided to OSS consultants and partners to strengthen referral mechanisms, maintain survivor-centred approaches, and preserve community-based psychosocial support. Work is ongoing on a practical handbook documenting the OSS model and lessons learned to support future replication.

Coordination: UNFPA remains engaged with national counterparts and civil society organizations to bolster the long-term viability of critical SRH and GBV services.

Regional Funding Status



While UNFPA has nominally secured 90 per cent of its US $61.5 million regional financial requirement for 2026, this figure masks a critical funding gap. In order to align with constrained global resource trends, budget targets were scaled down at the end of 2025 to prioritize the most vulnerable in acutely affected regions, which was not a reflection of a reduction in overall needs. As the humanitarian context deteriorates in 2026, marked by intensified attacks on energy infrastructure and health facilities as well as civilians and humanitarian workers, and with preparations for the coming winter intensifying, current resources are insufficient to simultaneously sustain immediate life-saving care and the transition to long-term recovery. Even at high funding levels, the appeal does not cover the full scope of GBV and SRH-related humanitarian needs across the country, nor does it factor in the magnitude of needs arising from winterization challenges, and it leaves the critical transition from emergency aid to long-term social inclusion and recovery in Ukraine and neighboring countries severely under-resourced. Consequently, UNFPA and their partners face an imminent service delivery cliff heading into 2027. To stabilize essential services and foster broader regional resilience, it is imperative that funding for 2027 is secured early. Moving beyond 12-month project cycles toward sustained, multi-year support is critical, enabling UNFPA and its partners to plan with the long-term vision required to bridge the gap between urgent care and sustainable recovery.

Our deepest thanks go to Denmark, Estonia, the European Union, France, Greece, Iceland, Ireland, Japan, the Republic of Korea, Norway, Spain, Sweden, Switzerland, the United Kingdom, and the King Salman Humanitarian Aid and Relief Centre (KSrelief) for their indispensable contributions in 2026. We are grateful to partners providing support via United Nations pooled funds and those contributing flexible resources through the UNFPA Humanitarian Thematic Fund.

EECA region	Ukraine	Republic of Moldova	Belarus	Poland	Romania	Regional Coordination	Total
Funding required	$51,830,000	$6,975,000	$201,400	$1,080,000	$820,000	$575,000	**$61,481,400**
Secured Funding*	$47,836,275	$6,658,004	$134,564	$276,220	$176,220	$336,656	**$55,417,939**
Funding raised, %	92%	95%	67%	26%	21%	59%	**90%**

*Disclaimer: Secured funding refers to funding available as of 30 June 2026 that is based on cash received during the reported period as well as funding rolled over from previous years. It does not include funds from agreements that had been signed but not yet received at the end of the reporting period.

"We continue to operate despite constant air raid alerts. In fact, air raid alerts here can last 20 or even 23 hours a day. Nevertheless, we continue to work, receive visitors, and provide primary medical care."

Natalia Sribranets, Director of the Primary Healthcare Centre of the Krolevets City Council, Ukraine

Current Donors

Austria, Belgium, the Czech Republic, Denmark, Estonia, the European Union, France, Greece, Iceland, Ireland, Japan, the Republic of Korea, Norway, Portugal, Spain, Sweden, the United Kingdom, USAID's Bureau for Humanitarian Assistance (BHA), the US Department of State Bureau of Population, Refugees, and Migration (BPRM), and King Salman Humanitarian Aid and Relief Centre (KSrelief), UNFPA Humanitarian Thematic Fund

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