

# PROTECTION MONITORING: UKRAINE

OCTOBER - DECEMBER 2022



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## INTRODUCTION

This report summarizes the findings of protection monitoring conducted in Ukraine in the oblasts of Lviv, Chernivtisi (West), Chernihiv (North), Dnipro, Zaporizhzhia, and Kharkiv (East), between October and December 2022. Since the onset of the Russian invasion in 2022, millions of Ukrainians have been displaced within Ukraine as well as fled the country to seek safety and avoid active conflict.

This report seeks to identify trends in protection risks and violations, issues in access to services (particularly for the most vulnerable), gaps in assistance etc. during the reporting period, in order to inform the ongoing and planned humanitarian response, and support evidence-based advocacy on behalf of persons of concern. Findings from protection monitoring are visualized in an interactive dashboard which enables DRC and the protection community to access this data and observe trends over time, population group, geographic area, etc.

To view the Protection Monitoring dashboard summarizing the main findings for the reporting period, [click here](#).

## METHODOLOGY

Protection monitoring data has been gathered through mixed methods including in-person household (HH) surveys, focus group discussions (FGDs), direct observation, and Rapid Protection Assessments (RPAs). The report also reflects on the findings of the Protection Cluster community-level protection monitoring which DRC participates in, and which is conducted through key informant interviews (KIIs). DRC protection monitoring activities target a variety of groups including Internally Displaced Persons (IDPs), returnees, host community members, and people directly exposed to and affected by the current armed conflict.

Between 1<sup>st</sup> of October and 31<sup>st</sup> of December 2022, DRC protection teams monitored 1,269 households (HHs) corresponding to 3,412 persons. The majority of the monitored HHs were IDPs (77.7% - 985), out of which two thirds were displaced between February and May 2022. 15.1% (191) were conflict affected persons who remained in conflict-affected areas, 6.3% (80) were returnees, and 0.9% (12) were representatives of the host communities.

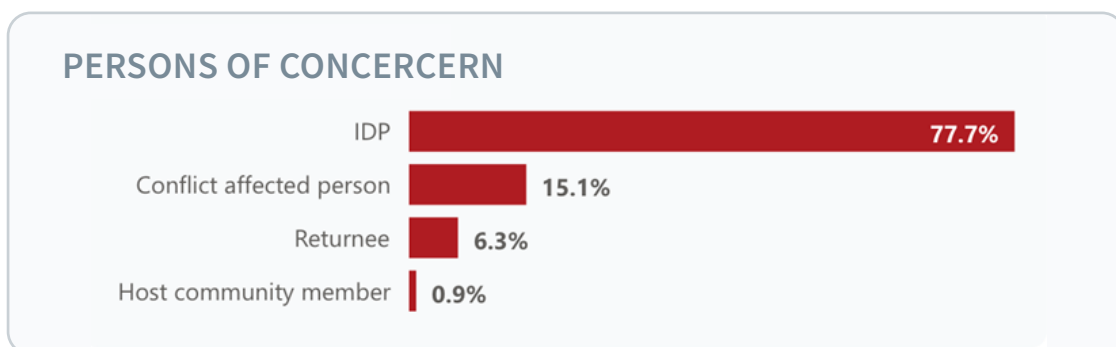
## KEY FINDINGS

- Even though all areas of the country were affected by the conflict, needs and protection risks vary in each monitored Oblast (region) and manifest differently depending on the identified at-risk groups.
- PWSNs such as the elderly, chronically ill, persons with disabilities etc. who were already vulnerable before the second phase of the war are now even more vulnerable, struggle to access social services, and have impacted quality in life. This is the case both for the displaced, and those in areas of habitual residence.

- DRC’s protection monitoring (PM) activities have detected three main PoC groups with recurrent protection threats including: IDPs, communities living close to the contact line, and communities in conflict impacted areas. These groups are affected by different challenges and protection risks. For example, IDPs report challenges with cohesion/integration and access to basic services; communities close to the contact line are continuously exposed to life threatening risks and are unable to meet basic needs; and communities in conflict-affected areas currently live in highly contaminated areas where services have not yet been restored.
- DRC has identified unequal access to essential services, with rural areas found to be more underserved due to safety and security constraints and remoteness/accessibility challenges.
- Persons with disabilities and elderly face significant protection risks and barriers in accessing basic and life-saving services.
- Displaced and conflict affected communities’ vulnerabilities are exacerbated by poor living conditions, particularly in wintertime.
- Access to livelihoods in conflict-affected areas has been severely impacted, causing displaced and conflict affected persons to resort to a variety of coping strategies to meet their basic needs. Further attention is to be paid to possible negative coping strategies employed.
- Family separation remains one of the main challenges faced by displaced and conflict-affected communities, due to various barriers impeding family reunification.

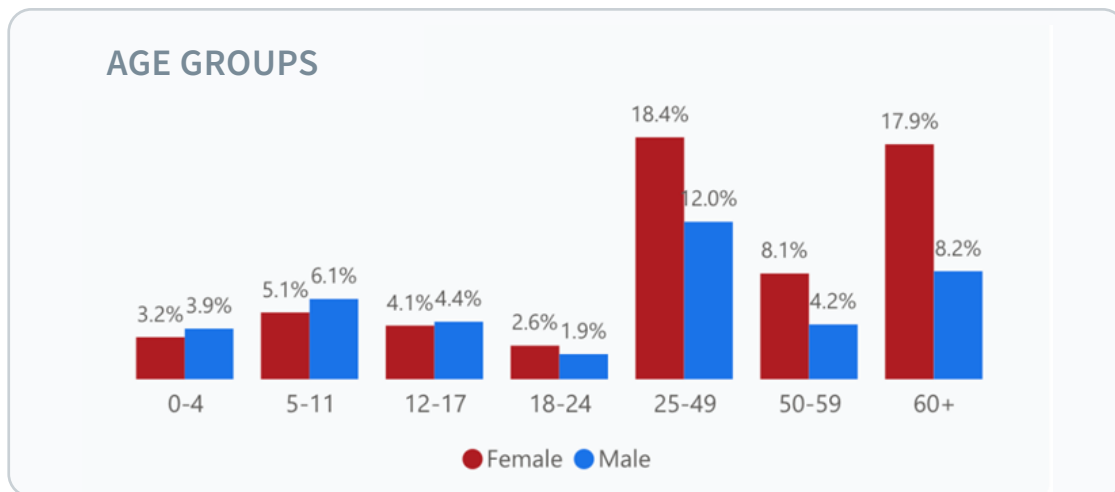
## DEMOGRAPHICS

As mentioned, the highest proportion of respondents were IDPs, followed by conflicted affected persons, returnees, and host community. This is visualized in *Graph 1* below. In addition, the primary age groups targeted in the surveys were 25-49, and 60 and over. This is visualized in *Graph 2*.



*Graph 1: Persons of Concern*

Protection Monitoring age groups data are presented in the graphic below:



Graph 2: Age Groups

## POPULATION MOVEMENT

### DISPLACEMENT

Significant population movements were observed at the beginning of the crisis, reaching over 8 million (M) IDPs in May 2022<sup>1</sup>. In December 2022, an estimated 5.9M IDPs and 5.2M returnees were reported in the country by IOM's Displacement Tracking Matrix. Among IDPs, 680,000 were newly displaced between November and December 2022. Most of these new displacement movements took place from locations in the East (43%) and in the South (25%).

The new displacement is mainly linked to the worsened security situation and continued evacuations, especially during winter. The Ukrainian Government has been repeatedly appealing to the population close to contact lines to voluntarily evacuate since July 2022. In November, the Government of Ukraine started organized evacuations from Kherson due to fear of humanitarian crises in winter time as the region's infrastructure was heavily affected by shelling and ongoing military activities, prioritizing elderly, women and children, sick and persons with limited mobility. The primary destinations for evacuees were Kryvyi Rih, Mykolaiv, and Odesa with the possibility of further movement to Kirovohrad, Khmelnytski and the western oblasts of Ukraine.

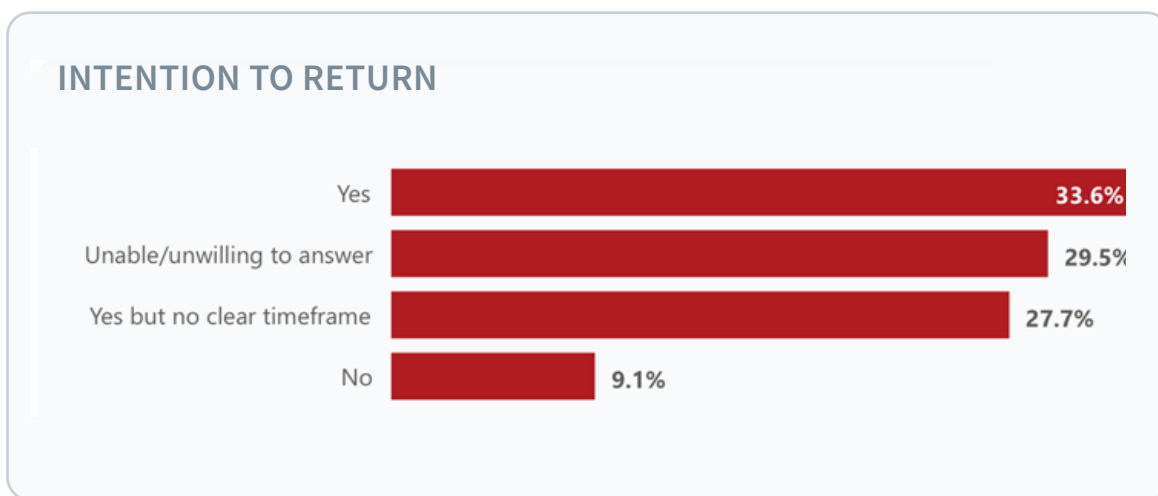
When it comes to internal displacement, some areas targeted by protection monitoring host a significant number of IDPs, even though they are still experiencing active conflict. According to [IOM Displacement Report](#), **Dnipropetrovsk Oblast** is hosting almost 363,000 IDPs and is as well a destination for the persons evacuated from the contact line areas of Donetsk oblast (from Pakrovs town to Dnipro). **Kharkivska Oblast** became fully accessible in October 2022, hosting approximately 442,500 IDPs. **Lvivska Oblast** hosts 252,000 IDPs, 70,000 are hosted in **Chernivetska Oblast**, and 77,000 IDPs are estimated to be present in **Chernihivska Oblast**.

<sup>1</sup> Ukraine Internal Displacement Report, May 2022, IOM [https://displacement.iom.int/sites/g/files/tmzbd11461/files/reports/IOM\\_Gen%20Pop%20Report\\_R4\\_ENG%20\\_final\\_0.pdf](https://displacement.iom.int/sites/g/files/tmzbd11461/files/reports/IOM_Gen%20Pop%20Report_R4_ENG%20_final_0.pdf)

## RETURN

High volumes of return were observed during the first few months of the conflict, from April to September 2022, which decreased over time. According to IOM's Ukraine returns report issued on 5th December<sup>2</sup> 2022, the highest number of returns were recorded in September, with just over 6 million persons.

Protection monitoring data indicates that **only one-third (33%) of IDPs have clear intentions to return**, while the rest are undecided. The undecided respondents reported that **55% of them were planning local integration** and about **4% expressed intentions to move and live abroad**. Return intentions of IDPs are visualized in *Graph 3* below.



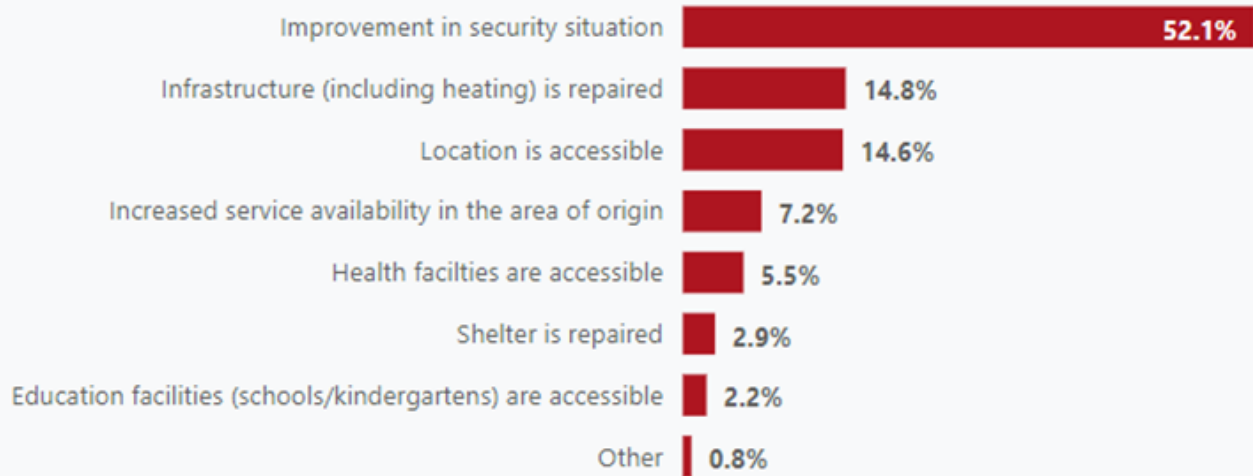
*Graph 3: Intention to return*

For those planning to return, the decision-making process was primarily influenced by the safety situation in the area of habitual residence (as reported by 49% of respondents), restoration of infrastructure (16%), accessibility to locations linked to security situation (13%), accessibility to basic services, such as health, education, access to utilities, etc. (18% cumulative), and restoration of housing (3%). For example, in **Dnipropetrovska and Zaporizhzhska Oblasts**, IDPs were reporting occasional visits to their places of origin with the intention to assess the situation for possible return, and/or gather some personal belongings to cope with wintertime. These respondents reported returning to temporary / collective centers where they were hosted during the initial displacement soon after due to unsafe living conditions, absence of basic utilities, and infrastructure destruction in areas of origin. Furthermore, limited or no access to basic services in areas of origin was specifically highlighted, including lack of medical services and education. Other constraints of return included loss of personal belongings and household items. Factors affecting intentions to return are visualized in *Graph 4* below also available in the interactive dashboard.

<sup>2</sup> Ukraine Returns Report, (25 November - 5 December 2022), [IOM, https://dtm.iom.int/reports/ukraine-returns-report-25-november-5-december-2022](https://dtm.iom.int/reports/ukraine-returns-report-25-november-5-december-2022)



## DECIDING FACTORS TO RETURN



Graph 4: Deciding factors to return

## MAIN PROTECTION RISKS AND NEEDS

### LIFE, SECURITY AND SAFETY

More than 75% (760) of all monitored HHs reported experiencing safety and security threats at the time of displacement, and 58% of IDP HHs indicated fear of shelling as their main safety concern, with **23% of IDPs reported actually experiencing these threats in the location of their displacement.**

The risk of shelling remains the main security concern reported by survey respondents. Communities feel least safe in the areas close to to the contact lines, as well as in the areas bordering the Russian Federation due to frequent shelling and high level of explosive ordinance contamination.

## FACTORS INFLUENCING THE SENSE OF SAFETY



Graph 5: Factors influencing the sense of safety



Even though missile attacks took place all over the country, perceived safety and security risks were higher in the areas that were previously or are still directly affected by the conflict as evidenced by 60% of interviewees in Chernihivska Oblast and 50% in Kharkivska Oblast, compared to 25% in other surveyed oblasts. In comparison, other surveyed oblasts reported an average of 25% of respondents feeling relatively unsafe. The exception is Chernivetska Oblast where 94% of monitored HHs reported feeling safe.

In **Kharkivska Oblast**, one of the primary safety risks indicated is lack of access to adequate shelter. For instance, in urban areas residents reported facing impediments to access bomb shelters during the air alerts. This was particularly the case for individuals with reduced mobility who cannot reach basements in the absence of electricity and elevators, and basements/bomb shelters are not designed for ensuring access to persons with reduced mobility. The constraints on physical access to safe shelters is affecting all persons living in multi-story buildings both in rural and urban areas.

In **Chernihivska Oblast**, the permanent risk of deliberate or indiscriminate injury of civilians due to ongoing missile strikes and explosive ordnance contamination is particularly affecting the Hromadas bordering the Russian Federation and the villages where the military troops were present from February to April 2022. In addition to exposing populations in affected areas to life threatening risk, contamination also impacts livelihood opportunities and freedom of movement. A practical example of this is lack of access to agricultural lands or forests for cultivation or mushroom gathering. Until lands are cleared from contamination (which the Mine Action Sub-cluster estimates could take between 5 and 20 years) economic activities and safe freedom of movement will be severely impacted.

## LIBERTY AND FREEDOM OF MOVEMENT

Curfew is in effect in all areas of Ukraine from 23:00h to 05:00h in the North, and from 00:00h to 05:00h in the East and the West; however, this does not apply to state emergency services such as hospitals, ambulances, fire brigades, etc.

The DECREE OF THE PRESIDENT OF UKRAINE [No. 64/2022](#), released in February 2022, allowing the government to mobilize a larger number of conscripts through an accelerated procedure is still in force. The conscription primarily affects men 18 to 60 years of age. This particular age group has been therefore restricted from leaving the country. As a result, there is a widely reported fear of conscription in the North and West as indicated by protection monitoring data, which is reflected in the coping strategies adopted by affected persons, for example self-restricting movements due to fear of being conscripted unexpectedly (reported in Chernihivska).

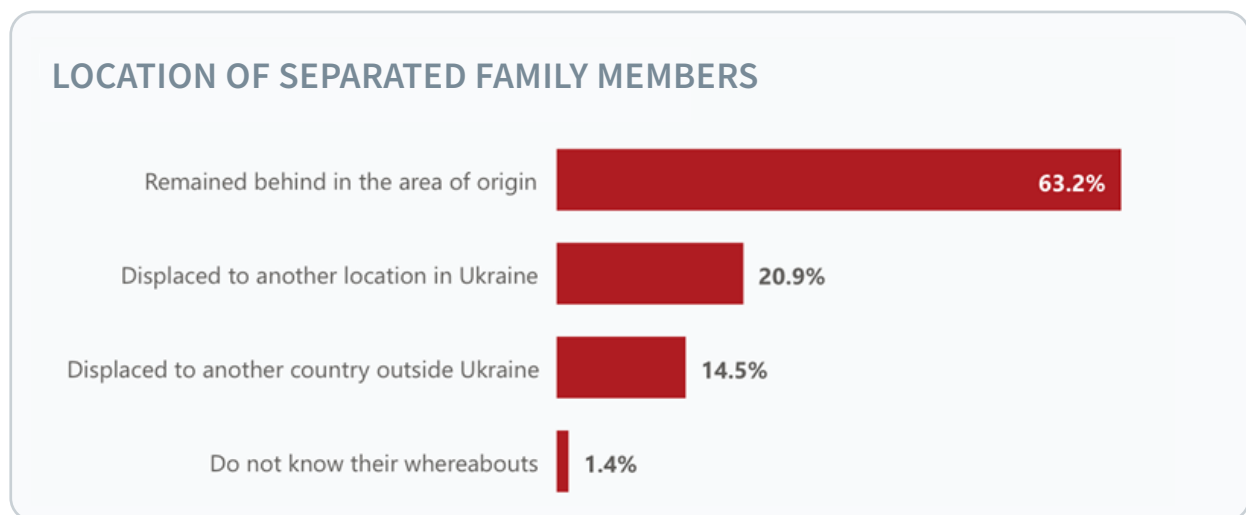
In the **West**, men residing in urban areas reported that they were avoiding registration as IDPs due to conscription fears and were consequently unable to benefit from the state-provided support to which they are entitled to such as access to shelter, social protection, free medical care, and other services. On occasion, interviewees were seeking legal counsel because they were asked to provide a military Identity Document (ID) while exercising their civil rights. For example, the military ID was asked when registering a marriage in the state registry office. In other occasions, military ID was also asked to complete the IDP registration process. It should be noted that, similar practices have not been observed in other areas during the reporting period.



## FAMILY SEPARATION

The conflict in Ukraine led to an unprecedented level of family separation, both within the country and across international borders. More than 45% (573) of interviewed HHs reported being separated from at least one family member, out of which 63% left at least one member behind in the area of origin, 21% were split in different oblasts within the country, and 14% have one or more members abroad.

Even if family reunification is perceived as a priority, communities reported that inadequate living conditions, high transportation costs (including from the contact line areas or from settlements in rural areas), or transportation costs for persons who cannot travel independently were the most common factors hindering family reunification. Other equally important reasons reported were the current socio-economic situation of the HHs, lack of livelihood opportunities in the places of origin or displacement, and availability of services in those locations. *Graph 6* visualizes the various location categories of separated family members.



*Graph 6: Location of separated family members*

HHs often mentioned that lack of space in collective shelters and inadequate conditions to provide necessary care for their family members (namely elderly) hindered family reunification.

Family separation has a particularly negative impact on children, as well as on persons with specific needs, and exacerbates their vulnerability as they can no longer receive family support. Consequently, the older persons and the persons with disability who require permanent care became fully dependent on institutional care and state provided social assistance. Taking into account that state services have been severely weakened by the conflict and the caseload has significantly increased, the persons depending on institutional care and assistance receive, *de facto*, very limited support.

Even though family separation was one of the most noticeable protection risks, further comprehensive analysis is required to ensure adequate response to family reunification needs. In cases where transportation costs were the main barrier, DRC was able to respond through Individual Protection Assistance (IPA). However, as family unity is hindered by several factors including safety, willingness, and possibility to move to and from conflict-affected areas, access to services, adequate living conditions, and livelihood opportunities, a multisectoral and integrated response is required to mitigate the risk of family separation.



## CIVIL STATUS AND DOCUMENTATION

Almost all (99%) members of the surveyed HHs possess at least one type of personal identity document, including electronic IDs available through the DiiA (Державні послуги онлайн) platform. In case of lost documents, there is an accelerated procedure in place for their restoration which has proven effective.<sup>3</sup>

DRC data has identified an increasing need for information and legal support on access to social benefits and other civil documentation, including Housing, Land and Property (HLP) related documents. The more acute legal aid needs were observed in Kharkivska and Chernihivska Oblast. For example, in most of the collective shelters visited in Kharkiv by DRC teams, residents requested information and legal assistance concerning access to social benefits, as most facilities did not provide any related information materials. Similar concerns were observed in the rural areas of Chernihivska Oblast.

Registration at the place of residence of IDPs is one of the requirements under the Law on the IDPs (20.10.2014. №1706)<sup>4</sup>. This registration is directly linked to almost all state-provided services, including for the provision of IDP allowance and access to housing in collective shelters. IDPs that change their place of residence without informing social service agencies are at risk of losing their IDP allowance. On 14<sup>th</sup> October 2022, the Cabinet of Ministers amended the Rules on Provision of IDP Subsistence Aid through Decree No. 1168, reintroducing the practice of verification of IDP's place of residence. Accordingly, it allowed the territorial offices of the National Social Service to conduct a random verification of the actual place of residence/stay of the internally displaced persons. When an IDP was not found at the place indicated in the application for subsistence aid, the verifying authority was required to give notice to the IDP to identify himself/herself at the local National Social Service office within ten days, otherwise, the subsistence aid would be suspended. IDPs who applied for subsistence aid before 30<sup>th</sup> April 2022, but had not yet received it by 30<sup>th</sup> November 2022 could submit a new application in person or by mail to the local office of Social Protection before 1<sup>st</sup> December 2022. The authorities started the verification process in December 2022 in different oblasts without prior announcement of where and when these would take place, with this lack of information preventing humanitarian actors from providing timely and specific legal information to affected persons. In December, Lviv protection actors reported approximately 400 persons with suspended allowances, as a result of these verification exercises. At country level, three national NGOs (R2P, Rokada and 10<sup>th</sup> of April) reported to the national protection cluster that 2,816 IDPs were affected by allowance suspensions, out of 4,577 persons that have been notified. In practice, it was observed that informing local authorities about address change was not a common practice or a priority among IDPs, and it was usually only carried out when required for other civil processes.

<sup>3</sup> Legal alert #81, [https://pro.drc.ngo/media/tf4ngdkz/drc-legal-alert-issue-81-1-may-31-may-2022-final\\_word-version.pdf](https://pro.drc.ngo/media/tf4ngdkz/drc-legal-alert-issue-81-1-may-31-may-2022-final_word-version.pdf)

<sup>4</sup> DRC Ukraine Legal Alert: Issue 85 | 1 September – 31 October 2022, <https://pro.drc.ngo/media/t2zb4apd/drc-legal-alert-issue-85-1-september-31-october-2022.pdf>



Regarding **access to civil documents for persons with a disability**, protection monitoring data indicates that 52% (660) of the HHs interviewed have at least one member with a disability, although only 32% (208) of them are receiving disability allowance. The most frequently reported reasons for not accessing disability status and associated allowances include limited capacity of the state-designated agencies to effectively respond to the applicant caseload and very long and complicated bureaucratic procedures which also require frequent travel, visits, and examinations in relevant medical facilities. Normally, most of the PoC cannot overcome the above-mentioned barriers without legal assistance and financial resources.

DRC data shows an increased demand for information concerning **access to compensation for damaged property**. The Cabinet of Ministers of Ukraine passed the [Decree № 380](#), on 26<sup>th</sup> of March 2022 on the Procedures for notification about damaged and destroyed real estate property as a result of hostilities. Owners of damaged or destroyed property could submit the required information to the Centre for Administrative Services (CNAP), or to a notary via Diia Portal; however, the mechanism which would enable PoC to effectively access the compensation has not been finalized as of end of December.

## SOCIAL COHESION

Overall, most IDPs reported good relationships with host communities, however some tensions were indicated in western Ukraine largely due to language differences. IDPs who are coming from Russian speaking families indicated facing problems in obtaining information to access services in a language they understand. Among the monitored Oblasts, these constraints have been predominantly detected in Lviv region where 22% of respondents reported an “acceptable” or “bad” relationship with host communities (compared to 6% to 10%, in other areas).

## GENDER BASED VIOLENCE (GBV)

Focus group discussions and household interviews showed extremely low levels of awareness and a lack of ability to recognize gender-based violence among surveyed communities. This applies to both female and male representatives of the surveyed groups. Out of 1,260 respondents, 85% (1,069) reported that they had not observed an increased risk of GBV in the community. Almost 14% (175) were not willing or unable to provide an answer and only 1.3% (16) reported an observed increased risk of GBV during last month. When interviewees were asked whether they have observed increased tensions in the families, 75% (947 HHs out of 1,255) of the interviewees responded negatively, 13% (155) were not aware, and just above 12% (153) reported increased tensions.

The referral system for provision of specialized services to GBV survivors still needs to be strengthened. Many of the service providers (including the relevant institutions in some areas) have been displaced, while at the same time high levels of staff turnover is also reported to be a common issue. In all areas where DRC operates, there is an insufficient number of social workers for addressing GBV related needs. Another challenge observed is the lack of safe spaces for women and girls, particularly in collective shelters.



It is important to single out that traditional gender norms may have a direct impact on the responses received through PM. In parallel to strengthening response mechanisms to GBV, awareness raising, and sensitization of frontline responders remains a priority. DRC will collect more qualitative data on this issue in the future to better understand where GBV needs are most prevalent, and where prevention and response should be prioritized.

## BASIC ECONOMIC & SOCIAL NEEDS

### ADEQUATE STANDARD OF LIVING

Poor living conditions were one of the most frequently raised problems by the communities, especially in wintertime and particularly in the collective shelters. Among other issues, lack of living space, no access to hot water and heating system, insufficient sanitation facilities, no social space for children or women, were reported. Unrelated persons were often required to share living spaces with limited or no privacy. Lack of adequate learning space for school age children relying on online education has both been observed by DRC protection teams and reported by respondents. Since October 2022 when recurrent power cuts started, elevators stopped functioning in multistore centers, creating difficulties for persons with mobility impairment. The concern was particularly mentioned in the relatively bigger collective shelters located in western (Lviv) and eastern (Dnipro) Ukraine, where higher numbers of IDPs are concentrated.

Humanitarian assistance is provided to a larger extent in the collective shelters located in urban areas, although not all necessary services for PWSNs are consistently available and are often provided on a one-off or ad-hoc basis. Taking into account the continuous movement of IDP residents, one-off assistance is not always accessible to new arrivals, leading to gaps in assistance. DRC's analysis shows the need for improving coordination among humanitarian actors at field level, strengthening common referral pathways among different service providers, and scaling up information sharing about services and targeted locations. Such coordination mechanisms have proven efficient in Chernivtsi where relatively fewer actors are present and the authorities have demonstrated high levels of responsiveness. Overall, it is essential to strengthen protection mainstreaming in all collective shelters, enhance identification and improve living conditions for vulnerable individuals, especially for persons with serious health conditions, elderly, and persons with limited mobility.

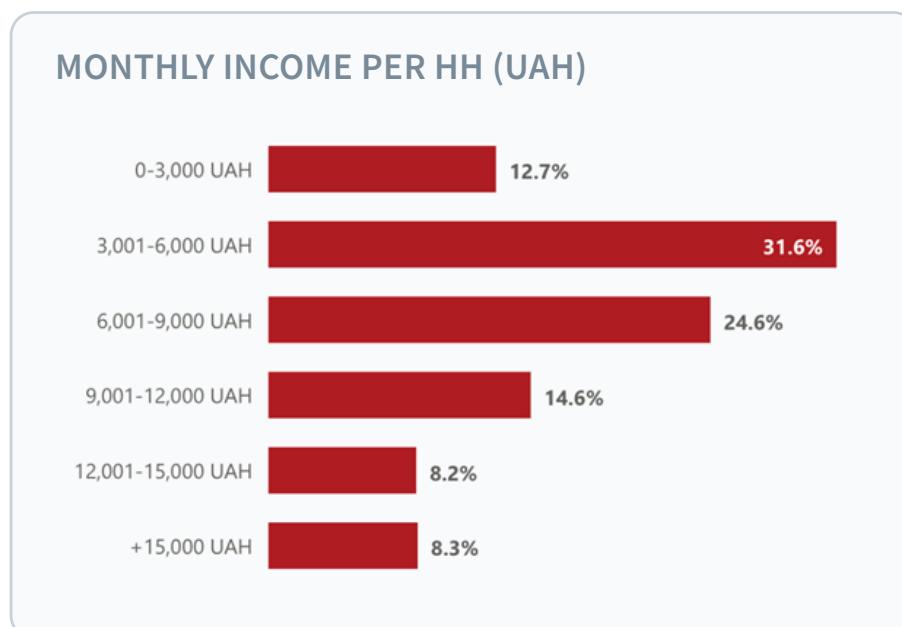
In the conflict-affected areas of Chernihiv city, the local authorities have estimated that approximately 13,000 private apartments and 2,000 private houses were damaged, and in need of repair/rehabilitation, however reliable shelter damage figures for the entire region have not yet been released. Although humanitarian organizations and local authorities started shelter response in September 2022, as of the 31st December, a substantial proportion of residential properties were not yet repaired. In addition, lack of access to electricity, water, heating fuel or disruption of central heating systems have created additional risks especially for HHs with members with a medical condition, infants, and the elderly.

In Dnipro, the majority of the 184 collective shelters were initially intended as transit points, however these shelters have been used as long-term residences due to the lack of other housing options for IDPs. As a result, collective shelters have become overcrowded over time with both initially and newly displaced households, and living conditions have deteriorated. Pressure on collective centers/shelters will continue with the absence of systematic housing policies and functioning mechanisms for alternative housing.

In Kharkiv, initial estimations indicate approximately 5,000 apartments and houses have been damaged or destroyed. In addition to shelter damage, living conditions deteriorated in the winter due to lack of access to electricity, heating, and hot water, as indicated by residents of collective centers. In Kharkivska Oblast, surveyed IDPs report that PWSNs such as children, the elderly, and those affected by a disability face accessibility problems as collective centers lack ramps, elevators, and other infrastructure to support individuals with reduced mobility. Lack of appropriate spaces for children in many collective shelters was indicated as a concern by protection monitoring participants.

## LIVELIHOODS

Livelihood opportunities have been heavily affected by the conflict. The situation is equally challenging for IDPs and conflict-affected persons, making them highly dependent on state social protection benefits and humanitarian assistance. The state provided allowances are the main income for 61% of surveyed HHs. Most of the respondents (83%) reported a monthly income below 12,000UAH (approximately 300 USD). Average monthly income of respondents is indicated in *Graph 7* below.



*Graph 7: Monthly income per HH*

As a result of inadequate income, almost 60% (526) of surveyed HHs across regions reported that they spent savings to meet household needs. Another 38% (331) mentioned reducing food, health, and education expenses as coping mechanisms.



Graph 8: Coping strategies

While urban areas mainly depend on the restoration of businesses and services (or provision of income opportunities to IDPs), lack of livelihood opportunities in rural conflict affected areas frequently caused by the contamination of agricultural land due to ongoing shelling, or the presence of unexploded ordnance and mines. This risk has been repeatedly raised by FGD participants in Chernihivska and Kharkivska Oblasts.

In Kharkiv, local authorities underlined that there are limited livelihood opportunities as many local businesses have closed, having an impact on both local (conflict-affected) communities and IDPs. Frustration among residents is on the rise as they report receiving less assistance than IDPs, even they believe their situation is similar. The current socio-economic situation in Kharkiv suggests a need for increased income-generating opportunities for all affected groups, in order to reduce dependency on social protection benefits and humanitarian assistance. During the reporting period, IDP FGD participants stated that they had to reduce spending on basic needs, particularly on hygiene products, non-food items, communication, and medical needs, as well as indicated a reliance on humanitarian assistance borrowing money to meet their basic needs. Participants also stated that older individuals are not able to find work, as employers prefer to hire younger candidates, and that most employment opportunities require travelling through checkpoints which increases conscription fears amongst men.

In Dnipropetrovska Oblast, IDPs reported not being able to find jobs, and being perceived as unreliable employees as they might soon return to the area of origin.

Furthermore, protection monitoring data shows that 71% (472) of all HHs with at least one member with disability do not generate any income (no family member working in the HH) and are fully depending on the state provided allowances/humanitarian assistance.



## ACCESS TO HEALTHCARE

Access to healthcare was highlighted as one of the primary concerns of target communities. Both IDPs and conflict-affected groups reported difficulties in receiving required health services. For example, only 55% reported having access to primary healthcare, 29% reported access to specialized health services, and 16% to emergency healthcare. Although healthcare is free of charge for all displaced persons, there are services- according to IDPs - which are not included in the free healthcare package, such as specific MRI and specialistic visits. Persons primarily depending on state provided allowances do not have sufficient resources to pay the expenses for medicines and examinations that are not covered by public health insurance.

In rural areas lack of transportation or high transportation costs are the main reported barriers to access to healthcare due to travel distances required to reach health facilities. For example, in some areas across Chernihivska Oblast, communities reported that there is no public transportation available to access specialized health services which are located in the municipal centers.

One of the most frequently requested types of assistance by IDPs is assistive devices. Prior to the conflict, costs for persons with chronic health needs were covered by local authorities, which for IDPs, must now be covered by authorities in the area of displacement. As the existing capacities of public social services in the main IDP concentration areas have been overwhelmed by new arrivals, health services are either not provided or provided with substantial delays. Two groups particularly affected by the above-mentioned delays are those who already had disability status and in need of new devices (including children), and those who **were in need** of assistive devices but had not finalized the administrative procedure to be recognized as a PwD before the war started.

## ACCESS TO MHPSS

Psychological trauma is highly prevalent amongst respondents in Chernihivska Oblast. Respondents express feelings of fear and uncertainty each time the air alarms sounded, especially in Hromadas where troops were directly confronted in the past. In addition, lingering fear was expressed by communities living in border areas, caused by concerns regarding future escalation of the conflict and the proximity to Belarus and the Russian Federation. Across the Oblast, there are several government, NGO and UN entities working to provide adequate mental health and psychosocial support (MHPSS) services, however there is still stigma attached to seeking psychological help which is discouraging people from accessing the available resources. In western Ukraine, DRC detected similar MHPSS patterns among IDPs, however they also indicated eviction fears, and fear of discrimination.

According to the MHPSS working group<sup>5</sup>, there are currently 40 organisations providing different levels of MHPSS in Dnipropetrovska Oblast. However, despite the efforts to train certified psychologists, there are gaps in the area. Longer-term support (such as therapy) has been commonly associated to having a mental disorder and is a source of stigmatization.

<sup>5</sup> [Ukraine: Mental Health and Psychosocial Support Technical Working Group | ReliefWeb Response](#)



Participants also reported that the MHPSS mobile service does not have comprehensive coverage, on-line/phone PSS services are not available to all persons in need due to lack of internet and mobile/phone networks, and in-person MHPSS activities are respondents preferred modality. Finally, information about available MHPSS services is reported to be limited, reducing access to these services as a result of information gaps.

FGD participants in Kharkiv reported that residents of collective shelters struggle to cope with displacement stress and trauma, and anxiety about their future. As a result, there is an urgent need for scaling up MHPSS, which has also been confirmed by local authorities who have reported extreme distress among IDPs and conflict-affected populations in the region. The provision of psychosocial support services is present in most of the collective shelters visited by DRC teams; however, the scope and quality of services is variable, and rural areas remain alarmingly underserved.

Overall DRC protection monitoring data shows that 63.9% of the monitored HHs reported having access to MHPSS services, 22.1% are unable/unwilling to answer, and 14.3% indicated not having access to services. Among those without access to MHPSS services, the main barriers indicated are the lack of available services in their area (47.3%), and lack of information about the services (32.3%).

## ACCESS TO INFORMATION AND REFERRAL SYSTEMS

Information on available services is a need highlighted by respondents in all areas, particularly concerning the information related to allowances, and available humanitarian assistance (e.g. legal, health, NFI, and cash). DRC teams noted that many of the visited collective shelters do not have any information materials available, except for the shelters located in large cities.

DRC has been actively supporting the existing protection cluster referral system through mapping service providers in the areas where protection teams operate, by adopting interagency referral forms and guidelines to ensure timely responses, and by facilitating access to services for PWSNs. Overall, there are challenges as referral pathways have not been taken up by many actors, which limits their effectiveness, and reduces the capacity for PWSNs to receive support quickly and efficiently across sectors for their specific needs. Referral pathway efficacy is further constrained by the limited involvement of state agencies in interagency humanitarian referral mechanisms. Information and assistance gaps reported by persons of concern indicates that there is a clear need to prioritize service mapping and effective referral mechanisms across areas in order to improve service delivery to affected populations.

## ACCESS TO EDUCATION

In Ukraine, in-person classes resumed in September 2022, and online lessons have been provided since the onset of the war. PM shows that almost all children within surveyed HHs were receiving education, with 29% (136) attending schools in-person and 60% (279) receiving education online.

In Chernihivska Oblast, beneficiaries reported that many schools are working online, however only children whose families can purchase devices, pay for internet services, and have reliable power supply can access education. For instance, out of 382 schools in the region, 224 operate remotely, 96 works in hybrid mode and only 62 are open for in-person learning. No other data are now available for other regions.



## PRIORITIES OF HOUSEHOLDS

Unmet basic needs are the primary concern for both displaced and conflict-affected populations across all regions. Surveyed HHs reported that their socio-economic situation had deteriorated, and available assistance was not sufficient to meet their housing, medical, hygiene, food, and other basic needs.

Monitored HHs highlighted multipurpose cash as a main priority for assistance, with 32% of respondents. This provides flexibility to the persons of concern to meet their changing basic needs over the time. The following priorities listed were access to health services (22%), shelter assistance (13%) including access to housing and repairs, and food (11%).

## RECOMMENDATIONS TO THE HUMANITARIAN COMMUNITY AND NATIONAL/LOCAL AUTHORITIES

- There is a need to improve the conditions of collective shelters/centres to address protection mainstreaming gaps, such as ensuring there is privacy for women and girls, adapting collective shelters to support populations with reduced mobility, and addressing overcrowding in cities where IDP populations are highest.
- Access to services and humanitarian assistance in rural areas should be prioritized, as monitoring findings indicate that there is a significant disparity compared to urban areas. Lack of service availability creates significant access challenges, with vulnerable populations such as the elderly and those with mobility issues most heavily impacted. Compounding this issue is that many vulnerable populations also lack the social networks they relied on before the war as family members have been displaced. Efforts should be enhanced to ensure that the assistance reaches persons in need wherever they are residing, and wherever institutional capacities have been severely impacted by the conflict, humanitarian organizations should scale up their response maintaining close coordination with relevant authorities.
- In most of the cases, PWSNs lack resources to mitigate protection risks and achieve a dignified standard of living. Tailored, targeted, multisector assistance for persons with specific needs should be prioritized by humanitarian actors.
- A substantial number of displaced persons do not express their immediate intention to return, or they face significant barriers. The humanitarian community, in cooperation with local authorities, should focus on strengthening programs for enhancing IDP inclusion and integration, and fostering cohesion through community-based approaches.
- Livelihood programs for IDPs and conflict-affected persons is becoming key for allowing PoC to meet their basic needs and mitigate dependence on humanitarian aid and state provided allowances. Livelihood interventions with a particular focus on engaging groups experiencing exclusion, such as persons with disability, female headed households and other vulnerable groups should be prioritized.



- > Lack of access to information on available services was regularly reported through protection monitoring activities. The humanitarian community should ensure adequate provision of information and awareness raising for all affected populations on availability of services. In addition, there is a critical need to prioritize functional and timely referral pathways, as this gap will otherwise impact effective service delivery to individuals with multisector needs.
- > Multipurpose and sectoral cash assistance should be scaled up, targeting underserved areas (mainly rural), and focusing on vulnerable groups with limited access to digital platforms and information. Delivery modalities should consider the needs of target populations, including in-person registration and assistance to ensure that the most vulnerable are not left behind.
- > While tackling family separation will remain challenging with active hostilities ongoing, investigating, advocating, and designing programs aiming to support restoration of property, provision of livelihoods, and provision of basic services- especially for PWSN - should be prioritized to facilitate family reunification.