INTRODUCTION AND JUSTIFICATION

In November 2013, then President of the Ukraine, Viktor Yanukovych, suspended negotiations to strengthen political and economic relations with the European Union (EU) and instead reached an agreement with Russia to receive a $15 billion economic bailout. This movement away from the EU and toward renewed ties with Russia quickly divided the country and led to a series of political protests throughout the nation.

By February 2014, Yanukovych was deposed by parliament and fled Ukraine. In mid-April, the unrest in eastern Ukraine escalated once again as pro-Russian forces established control over key government buildings in Luhansk, Donetsk, Kostiantynivka, Horlivka and Sloviansk in the east of the country. Following presidential elections in June, the new President Petro Poroshenko began military operations, with the aim of gaining control of these areas. Within weeks the Ukrainian military was able to gain significant ground and re-capture several areas within Donetsk Oblast. By the end of August, peace negotiations between Ukraine and Russia were held in Minsk and a ceasefire agreement was signed in September, though it held for only a short time. Ukraine's government has refused to recognize the autonomy of the Donetsk People's Republic or the Luhansk People's Republic, while continuing to maintain ambitions of joining NATO.

As the conflict escalated through the summer months, the Donbas region became heavily militarized as heavy weapons and equipment moved across the area, check points were established along major roads and armed groups settled in amongst the population. This militarization and the presence of armed actors began to raise protection concerns for the civilian population and reports of abuse were heard from both sides of the conflict. The Office for the High Commissioner for Human Rights issued a report in September 2014 detailing abductions, torture, ill-treatment, and intimidation of the population as well as harassment at checkpoints and restriction of movement.

Throughout the conflict in the Donetsk and Luhansk Oblasts, populations have been displaced due to the fighting. By the end of August, UNHCR estimated that 260,000 people were internally displaced throughout Ukraine. While people migrated to areas across the country, the majority remained close to their places of origin, concentrating in four Oblasts: Donetsk, Luhansk, Kharkiv and Zaporizhia.

Active fighting picked up again in early 2015 and led to further population movement. Internal displacement increased dramatically in January, from just over 600,000 at the end of December to over 1 million by the end of the first week of February, when the IRC took the decision to begin planning an assessment and potential emergency response program. A second ceasefire agreement was signed mid-February, and while tenuous, it created space to access some of the most affected areas near the frontline. It was at this point when the IRC felt that the reported needs of the displaced population within the government-controlled areas of Ukraine had outstripped the response capacity of the local government and community groups and that the concerns of the needs of those trapped within the areas outside of the government's control were likely to be increasing and unmet.

Sectors: Basic Needs, Environmental Health, Health & Protection
Contact: Bryce Perry (Bryce.Perry@rescue.org)

1Ukraine: War in East, Crimea Occupation, Human Rights Watch, January 2014.
STATEMENT OF INTENT

Objectives

- To gain an understanding of how people displaced to areas under the control of the Ukrainian government (government controlled areas - GCA) and those remaining in areas outside of the government's control (non-governmental controlled areas - NGCA) are meeting their basic needs, accessing healthcare, water and sanitation services and coping with violence, trauma and risk.

- To gather information from facilities, service providers, government administrators, community groups, vendors and conflict-affected populations in order to inform the IRC's response program strategy.

- To determine if and how service providers and service provision points could be supported with future programming.

Core Questions

GCA

- Basic demographic information
- Origin, intent to return, precursors for return
- Registration status and subsequent benefits
- Ability to meet basic needs, food security and access to financial institutions and resources
- Basic health needs and access to health care
- Water, sanitation, heating and electricity access and coping strategies
- Dimensions of violence against women and children and perceptions of safety and risk
- Effects of conflict on children

NGCA

- Basic demographic information
- Current Living Situation
- Access to social benefits
- Ability to meet basic needs, food security and access to financial institutions and resources
- Ability of local vendors to bring goods to market
- Basic health needs and access to health care
- Water, sanitation, heating and electricity access and coping strategies
- Dimensions of violence against women and children and perceptions of safety and risk
- Effects of conflict on children
METHODOLOGY

Selection of Assessment Area

Based on an analysis of news and initial reports from humanitarian actors on the ground, the IRC drafted a preliminary scenario definition (see Annex 1) and sent an assessment team to Kiev on 15 February, 2015. After initial meetings with key actors based in Kiev (see Annex 2), the team moved east to gain a better understanding of the needs both within the NGCA and in areas still controlled by the Ukrainian government, but receiving a large influx of IDPs.

Through continued discussions with key stakeholders in Kharkiv, Sloviansk, Sievierodonetsk and Donetsk (see Annex 2), the IRC identified locations for further assessment and the collection of primary data from the displaced and conflict-affected population, key informants and facility assessments. Time and access constraints required that the IRC take a purposeful sample of communities. Criteria guiding the IRC’s choice of assessment location included the following:

- Access
- Security
- Number and proportion of IDPs
- Proximity to the contact line
- Sites of recent bombardment, shelling and destruction

Data Collection

The IRC used open-ended questionnaires administered to both key informants and conflict-affected people and focus group discussions with women to collect the data needed to meet the objectives and answer the core questions outlined above. In order to complement this formative information on basic needs, food security and available resources provided by respondents themselves, the IRC conducted a rapid vendor assessment and asked health authorities to provide key epidemiological information within the assessed areas.

Key Informant respondents were purposefully sampled, ensuring that appropriate administrative officials and service provider representatives were reached in each assessment area. Snowball sampling was used to identify individual, conflict-affected people as respondents, with key informants directing the assessment team to areas where the target population was located, such as collective centers and affected neighborhoods.

Data collection tools (see Annex 3) included the following:

- GCA IDP & NGCA Conflict-Affected Person Interview Guide
- GCA & NGCA Key Informant Interview Guide
- Focus Group Discussion Guide
- Epidemiological profile assessment

Analysis

Data from the GCA and the NGCA were analyzed separately given that the circumstances surrounding the displaced population living within the GCA vary substantially from those facing the population living across the contact line. Fundamental differences that were expected to have an impact on need include the realities of displacement, access to financial services, the free movement of goods to market, the availability of benefits through registration and the existence of legitimate state services for those living in the GCA and the absence of those realities for those remaining inside the NGCA.
Limitations

The information presented below should not be interpreted to be representative of the experiences or needs of the population within the assessed areas. The IRC's findings are based on a limited number of interviews with a cross section of actors and conflict-affected people. In the NGCA the IRC assessment team needed to be accompanied by an official escort from the Donetsk People's Republic (DPR). While the IRC was able to choose some of the locations assessed, the official escort had influence over the assessment location and had pre-selected key informants in Horlivka. While difficult to gauge the extent of the bias associated with this influence, it is likely that pre-selected respondents and locations were biased toward emphasizing the extent of physical destruction caused by incoming bombing and shelling.

Data was collected by IRC emergency response team members working alongside native Russian speakers acting as interpreters. While the team of interpreters were trained on the aims of the assessment and the specifics of each question prior to data collection, it is impossible to gauge what may have been lost in translation, as time constraints prevented the translation-back translation of the tools.

Due to time and security constraints not all questions were asked of all respondents at all times, thus some of the findings presented below are based on an even smaller number of responses.

Ethical Considerations

All respondents, focus group participants and facility-level staff were briefed on the IRC's intentions and neutrality, informed of their right to refuse participation and right to refuse answering specific questions. Interviewers emphasized that no benefit would be granted to respondents for participating and no negative consequences would result from refusing. Informed consent to participate in interviews and observations was verbally granted prior to any questions being asked. Names or the identifying information of displaced and conflict-affected persons was never recorded.
RESULTS

The assessment team met with displaced and conflict-affected people, administrative officials and health and water management authorities in several towns and districts in both the GCA and the NGCA.

Data from secondary sources able to speak to both needs and access constraints throughout Eastern Ukraine helped the IRC to narrow its geographic focus to Donetsk Oblast for this initial assessment. Within the GCA, the IRC focused on a geographically contiguous cluster of raions receiving people recently displaced due to fighting during the battle for Debaltseve⁵, raions where the ratio of IDPs to host population was over 35%⁶, and/or where there were large numbers of people living in collective shelters⁷. Within the NGCA, the IRC coordinated with other international actors on the ground to ensure that there was no overlap in areas assessed. In line with the broad criteria laid out during the assessment planning phase (see above), the IRC coordinated with administrative officials from the DPR to gain access to heavily affected areas north and northeast of Donetsk city and adjacent to the contact line.

The key findings presented on the following pages are grouped by location (GCA vs. NGCA) and sector, to reflect the way in which the data were analyzed. Unless specifically noted, findings did not vary by assessment location within each separate area.

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⁵The IRC assessment in GCA occurred from February 25th to 27th, Ukraine forces withdrew from Debaltseve on February 18th, after a month of intense fighting
⁶Donetsk Oblast – IDP Situation as of 16 Feb 2015; Shelter Cluster Ukraine
⁷Information collected during meetings with UN, INGOs and local organizations

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The assessment team was unable to organize focus group discussions in the NGCA because the IRC did not have access to a local partner to gather women together and provide a safe space, access constraints necessitated a DPR escort when entering communities.
KEY FINDINGS

GENERAL

GCA

In the GCA, displaced people and families are staying in a variety of types of accommodation across the three assessed raions. The IRC assessment team met with IDPs living in summer camps and resorts in Krasnyi Lyman, in a dormitory for factory workers and with women staying in rented accommodation or with host families in Artemivsk. Key Informants named collective centers and summer camps, rented accommodation, empty houses and host families when asked to describe where IDPs were living. Of the five IDPs interviewed, two mentioned paying rent and three were staying either in a collective shelter or an empty home for free. However, three key informants noted that some IDPs are asked to contribute towards utility payments (even in some collective shelters). Access to information about how and where to find housing did not appear to be an issue within the areas assessed. There is a government website that identifies collective shelters for IDPs and Key Informants emphasized word of mouth, local authorities and local groups as ways in which newly arrived individuals and families can find accommodation.

All of the IDPs interviewed individually had arrived with, and were staying with, their families. Some focus group participants mentioned women moving alone, without their husbands or partners. Respondents reported that the displaced people currently living in the assessed areas arrived at various times within the past 10 months (since May 2014). Key informants cited several waves of displacement into the assessed areas and that IDPs who arrived in May from Kramatorsk and Sloviansk have returned. Additional waves over the summer months came from further inside Donetsk and Luhansk Oblasts and the most recent waves of displacement occurred within the last three weeks (at the time of assessment), with people arriving from Horlivka and Debaltseve. All IDPs interviewed expressed an intention to return home eventually, a sentiment echoed by three of four key informants commenting on intent to return.

NGCA

Of the key informants and conflict-affected persons (CAPs) interviewed within the NGCA, several stated that their homes were inhabitable (4), while a key informant in Horlivka noted that, of the 1000 homes damaged, 15% were no longer habitable. Six respondents stressed heavy damage to homes from fighting and five people discussed living in basements or bomb shelters for extended periods during fighting. However, it should be noted that the IRC did not speak with anyone currently living in this type of shelter. Twenty-five respondents were able to comment on family composition and how families may have been separated. While the majority of these respondents did not express concern over separated families (19), six people talked of family separation, notably children sent away to safety and parents remaining in the NGCA for work. Key informants in Horlivka reported collective or communal shelters within the city, but none of the CAPs interviewed in other areas were living in these types of accommodation, nor did they report hosting additional people within their households.

Shelling damage outside Sloviansk.
BASIC NEEDS

When asked about specific challenges facing the IDP population in the assessed areas, several key informants (3) emphasized the lack of jobs and employment opportunities, a concern echoed by the IDPs interviewed as well. When asked what IDP families would need most over the course of the next one to three months, 10 respondents, including four of the five IDPs interviewed, cited a variety of emergency needs, with disposable income being the most frequently mentioned need (6).

Four IDP respondents provided information on their expenditures, with each of them citing food as their largest monthly expense or expressing that they had spent a significant amount of resources on food before they started receiving food aid (3/5 bought their food at shops and supermarkets, while two relied on food distributions). Key Informants (4) from Krasnyi Lyman and Artemivsk confirmed that local shops and distributions seemed to be the main food sources for the displaced population. Three IDPs noted that their diets had changed since their displacement, with the same respondents citing that they are, at times, eating less than three meals per day, as well as eating simpler, with less meat and less variety. Food, rent and utilities were the only identified expenses mentioned by key informants. The same key informants cited concern for the IDPs as rent and food prices increase. Savings (4) and government assistance (4) were the resources most frequently cited by IDPs asked about how they were meeting their basic needs. Key Informants able to comment on the resources available to IDPs frequently mentioned government assistance (6), income from jobs or casual labor (4), savings (3) and borrowing money from friends or family (3). Three of the five IDPs interviewed did not know for how long they would be able to sustain themselves and one respondent felt that they would not be able to last more than a week in their current situation. Key Informants cited multiple sources of support for IDPs, with government cash assistance detailed during seven interviews and nine people noting NFI and food assistance from various international and Ukrainian organizations, such as ICRC, MSF, People in Need, Akhmetov Foundation, private companies and local community groups.

The markets in the assessed areas were functioning and busy, with a steady flow of customers, however, two IDP respondents reported that prices in stores have increased. Government assistance to registered IDPs, with registration ending in April 2015, is maxed at approximately 2500 UAH per month for six months. The assistance is available to all displaced people arriving from a list of eligible cities, but as of the date of the assessment, the list had not been updated to include cities where fighting had occurred recently (i.e. Debaltseve). While all families and individuals from eligible cities are entitled to register and receive benefits, the amount is calibrated to the number of children and the number of adults able and unable to work (e.g. disabled or of retirement age) in the household.

NGCA

Key informants interviewed in the NGCA reported a high level of need, increased food expenditures, few employment opportunities, limited savings, and little access to humanitarian assistance when asked about the major areas of concern for people living in the assessed areas. Thirteen of the 19 CAPs asked about income sources cited employment or income for at least one member of their household, but some stressed that the work was uncertain or temporary (3) and one interviewee was a former government employee that still worked on an ambulance, but no longer received a salary. The other six individuals mentioned savings (2), hand delivered remittances from relatives in Ukraine or Russia (2), humanitarian aid (1) and taking on credit from local stores (1). Fifteen CAPs responded to a question on changes to their eating habits and all but one person responded that their diets changed since the conflict began. Changes described include eating less (7), eating less variety (7), and food being more expensive (4)\(^1\). Several conflict-affected persons reported that stores were damaged, and that goods were not readily available. The IRC conducted a rapid vendor assessment of stores (n=70) operating in the assessment areas (see Annex 4). While results confirm a decrease in the number of open shops in the markets, compared to pre-conflict levels, vendors report access to adequate supply sources to meet an appropriate demand, but a reduction in consumer demand is reported and linked to the increase in prices of basic goods.

Only seven respondents (5 CAP, 2 KI) mentioned a DPR-provided benefit of 1000 UAH to vulnerable families or pensioners; however, clarity on how recipients were selected was not provided and only three CAPs stated that they had actually received a benefit. When asked about pensions or social benefits, nine respondents (6 CAP, 3 KI) discussed people being eligible to receive assistance from the Ukrainian government, but that access to the GCA was too difficult. Remittances from abroad have been cut off, and any transfer of money into the DPR is in-person and requires crossing borders into Russia or GCA. Key informants cited multiple sources of humanitarian aid (e.g. food assistance, NFIs) for conflict-affected households, including various international and Ukrainian organizations, such as ICRC, MSF, People in Need, Akhmetov Foundation and local community groups.

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\(^1\)Some respondents gave multiple answers to why their diets had changed, while others provided no detail

\(^{10}\)These reports are supported by the increasing rate of inflation. Ukraine was experiencing at the time of the assessment. http://www.cato.org/blog/ukraine-hyperinflates

\(^{11}\)Equivalent to 100 USD in March 2015

\(^{12}\)Each person able to work receives 400 UAH; those unable to work receive 800 UAH, and each child receives 800 UAH
The 2 main water providers in Krasnyi Lyman and Artemivsk Raions are Donbas Water Company (DWC) and Bahmut Water Company (BWC) respectively. Key informant interviews were conducted with an official from each company. Information collected during these conversations indicates that conflict and subsequent displacement has had no effect on their ability to meet the water demands of the population within the raions of Krasnyi Lyman and Artemivsk and each company reports to be operating as normal. Neither company reported any conflict-related damage to their distribution systems within the assessed raions.

There are six villages within Krasnyi Lyman raion that do not receive piped water from DWC, but instead rely on deep boreholes owned by DWC. Interviews held with mayors from three of these six villages confirm this. The mayors also indicated that some families have their own, private boreholes and that there are no issues with the provision of water to meet the needs of the village populations.

IDP interviews corroborated the information provided by the two water authorities, as none of the respondents interviewed reported any problems with access to water in sufficient quantities to meet their daily needs. Each collective shelter visited had adequate sanitation facilities and each IDP respondent had access to and used a functional toilet, though one respondent from a rural village used an outside toilet. Residents of each collective shelter visited had heating in their private living areas, cooking areas and access to hot water. All five IDPs interviewed reported a constant means of room heating, access to hot water, a means of bathing and the ability to launder clothes as well as a means of hygienically cooking their food. None of the families had any issues or problems with disposal of household garbage.

Two of the IDPs interviewed mentioned purchasing bottled drinking water for their families, but all five respondents indicated that they would drink water directly from the tap if necessary; with four of the five reporting that they would boil the tap water prior to drinking. None of the IDP respondents reported cases of diarrhea within their households since arriving at their current location.

The DWC is also the primary water provider within the assessed areas of the NGCA of Donetsk Oblast, where the majority of potential water and sanitation service disruption stems from conflict-related system damage, non-payment of staff salaries and warehouse looting. A key informant mentioned the DWC struggles to bring supplies of chlorine for water treatment across the contact line. Prior to the conflict they relied on supplies in Dnepropetrovsk that are no longer able to be delivered to Donetsk city. Shelling has destroyed parts of the DWC distribution system. The main water junction is estimated to need $800,000 worth of repairs. However, additional repairs are not possible at the time of the assessment, as active fighting continues and unexploded ordinance litters the area. Eight DWC employees have been killed trying to make repairs.

Within the assessed areas of NGCA, water, electricity and gas services have been restored in Horlivka and Donetsk cities. Krasnyi Partizan was cut off from the main water trunk distribution line because of conflict-related damage and the residents are collecting water from open wells. While the IRC did not visit any other towns completely cut off from the water system, it did hear from authorities of another, nearby location that could not be accessed because of mines. This infrastructure and access issue, along with the reported difficulty in obtaining chlorine for water treatment, jeopardizes the quality of water consumed at the household level across the NGCA of Donetsk. Eleven individuals were asked about diarrhea within their households and three confirmed recent incidents linked to poor quality drinking water.

All individual respondents (22) report easy access to toilets, some form of heating and a cooking facility within their living space. Garbage collection was confirmed by key informants to be functioning in Horlivka city, but one respondent mentioned that remote villages outside the city did not have collection services restored; this could be confirmed through observation in Krasnyi Partizan, where an overflowing dumpster was evident in the center of town. No household interview listed basic hygiene materials as an immediate need, though two people did mention that prices of basic items, such as soap, had increased.
HEALTH

There are five levels of care provided by the public health services in the assessed areas of both the GCA and NGCA:

• Oblast Hospitals providing specialized tertiary level care through advanced medical investigation and treatment. These facilities receive annual budgets from the central government in Ukraine12.

• Referral hospitals in major cities which offer surgery, specialized care and emergency services. These facilities receive annual budgets from the central government in Ukraine13.

• Territorial Centers or Family Hospitals which deliver primary care and act as a triage for referral hospitals and access to specialized care. These facilities are supported by city governments.

• Ambulatory health clinics in rural areas which are staffed by doctors to provide primary healthcare and are managed by the Territorial Centers, thus funded by city governments.

• Health posts, also for the provision of primary health care in remote rural areas and are staffed by a nurse-midwife and visited once a week by a doctor. These facilities are supervised and supported by the nearest ambulatory clinic.

Health care is free of charge for all users, but clients must pay the facility (or use a private pharmacy) to access drugs needed for specialized care.

Data on morbidity and mortality collected from hospitals in both the GCA and NGCA did not highlight specific conflict-related trauma or mortality, nor did they indicate any significant difference between the two areas. The main causes of adult mortality include cardio-vascular diseases, cancer, accidents, respiratory diseases, and viral, bacterial and parasitic infection. The five most common reasons for medical consultation (i.e. morbidity) within the assessed areas are respiratory infections, cardiovascular disease, cancer, diabetes and gastrointestinal illness in adults and respiratory, gastrointestinal, genitourinary, otolaryngological, and ocular illness and infections in children under five years of age.

GCA

Of the 13 IDPs and Key Informants asked about access to health care in the GCA, only three expressed a lack of access to care and that was due to the distance between given collective shelters and the hospital in Krasnyi Lyman. Respondents accessing care do so at nearby health posts or district hospitals, and only two people articulated difficulties in accessing care, which were distance and cost.

Chronic disease and disability were mentioned by five different respondents as primary health needs, an observation that is substantiated by the epidemiological data gathered from the three raions.

NGCA

Health authorities and other key informants confirm that health facilities are still functioning in the assessed areas, but that they face frequent shortages of drugs and medical supplies. Respondents reported that the NGCA suffers a greater shortage of drugs and medical supplies due to the economic blockade of goods crossing the contact line. Humanitarian actors (e.g. MSF, ICRC) are the only reported provider of pharmaceuticals and medical supplies to NGCA health facilities. The last supply from the government of Ukraine was in April, 2014.

In the NGCA, officials and other humanitarian actors indicate that family planning services are no longer readily available because a large number of female providers fled the area and contraceptives supplies are exhausted. Key informants interviewed in Gorlovka and Donetsk report that 30-50% of providers across the NGCA fled either because of fighting or due to unpaid salaries.

Of the 19 interviewed CAPs that responded to questions about access to healthcare, 12 noted various barriers to accessing health care since the conflict began. Concerns expressed included the following: cost of drugs or treatment / lack of money to pay for care (7), facility closure in Kyivskyi and Krasnyi Partizan (4), distance or lack of ambulance services (3), availability of drugs at facilities (2), discrimination or lack of quality care (2). The head doctor from the health facility in Panteleimonivka echoed these issues with access to care. She reported an 80% decrease to the utilization rate, from an average of 120 patients to 25 patients per day; identifying fear of armed actors and military presence as a potential access issue.

12No longer applicable for facilities in the NGCA
13No longer applicable for facilities in the NGCA
Access, registration, and host community relations

As stated above, government assistance to registered IDPs is available to families and individuals meeting certain vulnerability requirements. There are, however, barriers to registration. Four of the five IDPs interviewed reported difficulty in the registration process, and seven key informants discussed reasons why some IDPs did not register. The primary difficulties or reasons cited by the IDPs and KIs for not registering were (n=11, with some respondents providing multiple reasons): coming from areas not designated by the government of Ukraine as conflict areas (8), fear of being put on lists for military recruitment (3), families being too well off to need assistance (1), difficulties in assembling required documents (1) or unknown (1).

Four of the five IDPs interviewed noted that they had good relations with their host communities. However, the IRC encountered new arrivals in Krasnyi Lyman and Artemivsk who did not want to be interviewed, perhaps out of fear for how they would be treated if seen to be providing information. Furthermore, the IRC spoke with two people in non-government controlled areas of Donetsk that noted facing mistreatment and discrimination (particularly in employment) when traveling into government held areas of Ukraine. Lastly, an administrative official interviewed in Artemivsk indicated that IDPs were straining public services.

Movement out of the non-government controlled areas is a major concern for people on both sides of the conflict line. On January 21st, the Government of Ukraine instituted a requirement for passes to be able to leave the DNR and LNR which has significantly decreased the ability of populations to flee and to return into the NGCA to help family members. Participants in each of the two focus groups held spoke of the problems getting across checkpoints in Ukraine from the NGCA because of the imposition of the pass.

Violence against women, girls and boys

During focus group discussions, women in the GCA expressed feeling safe in their host communities, in many instances contrasting their current situation with the extreme insecurity that they faced in their home towns or villages. In both groups, there was strong social cohesion while displaced which may be strengthening their feeling of security. In one, the displaced were living in a collective center with people who worked for the same factory in their hometown and in the second, the displaced women were connected through their church.

When asked about specific forms of violence that women and children may be facing, shelling and generalized violence was mentioned first as the most important threats. Intimate partner violence was described as a problem during both focus group discussions. Rape and harassment by armed men was raised as a concern in three individual interviews but not in focus groups (only 4 respondents answered questions about violence because either the interviewer did not feel comfortable asking during the interview or the respondent did not wish to answer). One key informant related a personal experience of “refusing a man with a gun” and a second indicated that rape was a serious concern on both sides of the conflict line. While neither of the focus groups mentioned rape as a problem (it was only mentioned during individual interviews), both groups said that rape was not something that could be spoken about openly, even with family or friends. One focus group spoke of disappearances in their home cities, citing three cases of women not returning home from work or errands. They also indicated that men had been detained by armed groups as well and that some had been released.

Despite the prevailing sense of security expressed during individual interviews and focus group discussions in the GCA, many risk factors for violence were evident in observational data. The assessment team noted women and families renting rooms in strangers’ homes (mentioned in one focus group), women fleeing with children (in one center, it was estimated that 40% of the resident families were female headed households) and overcrowding and/or lack of privacy in two collective centers, including one where a family of five people shared one room with two twin beds. Lastly, in one of the cities assessed, Artemivsk, there was a large and visible presence of Ukrainian soldiers who had recently been evacuated from heavy fighting in Debaltseve. Intimate partner violence, exploitation and trafficking have been well documented in Ukraine prior to the current crisis and the presence of these risk factors could lead to increases in these types of violence in the near term, particularly as family resources dwindle.

Of the respondents that discussed specific protection issues in the GCA, no one indicated that boys or girls were at specific risk for violence, aside from the risks of being caught up in fighting or shelling pre-displacement. There were no reports of children engaged in exploitative work, or being asked to work in general.
PROTECTION CONTINUED

GCA continued

Emotional health and psychosocial well-being of children
Participants from each focus group in the GCA expressed concern for their children's health and emotional well-being. Although some children have fled with their mothers, while fathers stay home (2/2 FGD), no respondents knew of any unaccompanied children or of any children working. However, stress and health issues were raised as serious concerns in both focus groups and by two individual respondents. Women talked of children getting sick with colds, flu and fever and not having money for medicine. They also noted that while children felt safe in their current location they suffered anxiety, fear and nightmares because of their exposure to shelling and fighting.

Available Services
Ukraine has a social services network to provide support to vulnerable families through the Department of Family, Youth and Children. They function mainly as a referral agency that assesses family needs and connects individuals to services including counseling, humanitarian assistance (food, clothing, basic items – often provided by charity groups), and outreach and support for families experiencing difficulties (tensions or abuse in the home). Child protection services are handled by this same agency.

In the GCA, the Department of Family, Youth and Children is currently assisting IDPs through referrals to charities and other assistance providers (as they don't provide direct assistance themselves). During an interview with the assessment team, the staff from the office in Sloviansk and the office in Krasnyi Lyman expressed feeling overstretched by the influx of new clients. Last summer, the government made cuts to the agency and both offices visited had 50-75% less staff than they did in August. While representatives from each office said that dealing with cases of domestic violence, rape and child abuse were part of their mandate, they had no specialized staff for these cases, which were dealt with by generalist social workers.
Protection Risks for Women and Girls

In the NGCA, the IRC was unable to conduct focus groups with women and girls because of time and security constraints. Also, as many interviews were conducted outside and in areas where armed men were present, the interview team did not always ask sensitive protection questions. During individual interviews with CAPs, half of respondents (N=11) answered questions related to violence against women, with shelling, fighting and injury cited most frequently (6) when asked a question on the types of violence women and girls were facing throughout the conflict. Responses to this question often led to further discussion of the stress and fear provoked by these forms of generalized violence. Additionally, two people mentioned domestic fighting between husbands and wives, while one CAP respondent and one key informant referred to rumors of rape inside the GCA.

All the areas of IRC’s assessment in the NGCA were shelled (some heavily), with ongoing artillery and gunfire occurring during interviews in the Kyivskyi and Kuibyshivskyi districts of Donetsk city. Five of the nine conflict-affected women interviewed noted fear of shelling when leaving their homes, particularly at night, as their primary security concern.

There is a high level of military presence in the IRC’s NGCA assessment areas with road travel only possible through multiple checkpoints. The IRC saw armed groups present throughout towns and villages, including uniformed men unloading humanitarian assistance in Horlivka. While this seems to be a clear risk factor for women and girls, only one respondent spoke of it, saying he felt it was unsafe for his daughter to leave the house.

One respondent spoke of turning to armed groups when needing medical help and two others indicated that the military were a source of support and security.

Emotional health and psychosocial well-being of children

Children who have remained in the NGCA are facing high levels of stress that are affecting their well-being and behavior. When asked about children, respondents cited stress as the major concern they had for their children or children they see in their neighborhood (7 of 12 who answered this question). They spoke of children being fearful, not able to play outside, and showing aggressive behavior (this was raised by a hospital administrator). All respondents attribute this to the shelling and possibility of fighting erupting at any moment.

Five respondents within the NGCA noted that many children have been sent away and that, in general, they see fewer children in their community. One woman the IRC spoke with had sent her husband and daughter away but had to stay behind to work and one key informant spoke of many families sending their children to live with relatives outside the NGCA. While some schools are open, the IRC visited one school that had suffered damage and while still functional it had no central heat or piped water. An educational authority in Gorlovka told the IRC that six schools and three kindergartens were closed in the city and that after school programs were either closed or had been interrupted in recent months.

Available Services

In the NGCA, the IRC met with authorities in Gorlovka who indicated that some social services for families, domestic violence and child protection were functioning and in Donetsk, the IRC met with a volunteer group offering general counseling to populations in distress. However, the IRC found many issues accessing services in general. As discussed above, the majority of respondents (12/19) indicated that they faced problems accessing even basic health care because of cost, distance and damage to health facilities.
CONCLUSIONS & RECOMMENDATIONS

Overall, the IDP population in the locations assessed within the GCA appears to be demonstrating a relatively high level of resilience, with monthly cash assistance provided by the Ukrainian government, easy access to pre-conflict social welfare programs (e.g. pensions and disability payments), food and NFI distributions provided by local, national and international organizations; and additional support offered by the host communities. Populations assessed within the GCA are meeting their water and sanitation needs and the delivery infrastructure is still functioning at pre-crisis levels. Health facilities are strained by reduced government supplies and budget coupled with an increase in demand from the displaced population. Protection remains an area of concern, particularly for women and children who have fled their homes, are living on increasingly scarce resources, and are often separated from other family members. While families have found some stability in the GCA, protection needs may warrant further programmatic attention.

Instead of making explicit recommendations for the immediate delivery of additional humanitarian assistance to the GCA of Donetsk Oblast, the IRC will continue to monitor the situation through secondary data sources and will consider a more in-depth assessment in the future, if evidence of reduced coping or more severe needs arises.

More acute and urgent need was identified in the locations assessed within the NGCA, where people’s reduced access to money, financial services, and social assistance limits their purchasing power while they are simultaneously faced with increasing prices due to market restrictions and currency devaluation.

Access restrictions limit the amount of humanitarian assistance provided to the remaining population and damage from heavy shelling reduced people’s quality of life within their own homes. The persistent and pervasive presence of armed actors is creating stress, tension, and difficulties in accessing basic services and markets within the NGCA. Lastly, heavy infrastructure damage throughout the assessed areas interrupted water supplies and damaged health facilities. Protection is an acute concern in the NGCA, with women reporting high levels of distress for themselves and their children, increased tensions at home, and very little access to protection services.

Humanitarian assistance recommendations for the NGCA include the following emergency priorities:

- Vouchers for basic commodities (e.g. food, hygiene items) targeted to highly vulnerable households
- Distribution of basic hygiene items in areas where prices have increased dramatically and/or there is limited availability in the market
- Distribution of water collection and storage containers in areas where household-level water access has been cut for small portions of the community
- Distribution of household water filters in locations where residents have been cut off from piped water supply and reverted to drinking from open wells
- Household-level water quality monitoring
- Supply health facilities with primary health care and chronic disease drugs and supplies
- Establish psychosocial services for women and children to meet immediate needs for emotional support.
- Integrate case management for survivors of GBV into general psychosocial interventions to open avenues for women and girls who have experienced violence to get assistance.
- Establish referral pathways and increase information about available services for survivors of GBV and vulnerable children and families through social centers, distribution points, volunteer and church groups, and other community networks.
- Deploy child protection specialists to establish specialized programming for children.

Recommendations for recovery assistance within the NGCA include the following:

- Distribution of construction materials to assist in rebuilding and reconstruction of homes
- Voucher-for-work programming to strengthen purchasing power in NGCA and aid in improving public services (e.g. debris clearing, reconstruction, garbage collection)
- Provide transportation to health facilities through a targeted voucher program
- Repair and rebuilding of damaged schools and hospitals
- Set up a Psychological Aid Program for children at schools and health facilities, with referral pathways to more targeted psychosocial or psychological support and intervention

Given the greater needs and almost complete lack of actors, the IRC will use its immediate resources to respond first in the NGCA. Further assessment is likely to be conducted on both the needs and feasibility of response in Luhansk Oblast, which is presumed to be even more isolated and with even greater needs than Donetsk.
ANNEXES

1. Preliminary Scenario Definition
2. Interviews Conducted
3. Data Collection Tools
4. Vendor Assessment Results