



IHA-ACAP PROJECT

ADRA UKRAINE



BASELINE REPORT

AUGUST 2016

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I. INTRODUCTION

The Assistance to Conflict Affected Population (ACAP) project is a ten-month project being implemented by ADRA Ukraine with funding from Global Affairs Canada – International Humanitarian Assistance through ADRA Canada. The project targets areas in GCA (Government Controlled Area) in Eastern Ukraine. The target beneficiaries in GCA are located in Luhansk Oblast (Schastye, Novoaidar and Sary Aidar) and Donetsk Oblast (Marinka, Vernethoretskoe, and Kurachovka) while considering the fact that the exact final target locations in these Oblasts will be determined in collaboration with the Shelter Cluster.

The ultimate objective of the proposed project is to alleviate suffering and save lives of Ukrainian IDPs and Host Community women, men, girls and boys who have been affected by the conflict through:

- (a) Increased access to unconditional cash grant for priority repairs of damaged houses and/or basic survival needs
- (b) Increased access to psycho-social services and unconditional cash grants for most at risk survivors of trauma and distress

In line with the above mentioned sub-objectives, the following support will be delivered:

- (a) At least 250HH (i.e. 600 individuals) both men and women will have provision of CAD 537 (approximately UAH 10,000) for light repairs and 150HH (360 individuals) will receive CAD 1,073 (approximately UAH 20,000) for heavy/medium repairs. In total, 400HH will have access to unconditional cash for repairs which they could also use for other HH basic survival needs.
- (b) At least 1,500 individuals – 900 women and 600 men (in GCA) will receive psycho-social support; out of which 485 individuals (300 adults and 185 children) will receive unconditional cash assistance of CAD 200 (approximately UAH 4,000) to cope with their basic survival needs. Most of the Psychosocial Support beneficiaries are the ones who have undergone deep post-traumatic stress/depression due to the conflict and have experienced effects of the crisis such as significant loss of income, family members, and property.

In the month of July, ADRA set out to conduct a baseline study and collected data from the targeted beneficiaries in the GCA locations. For the shelter component, the study was conducted in Schastye, Sary Aidar in Luhansk region, including Marinka, Verkhnetoretskoe in Donetsk region. On the other hand, for the psycho-social support component, the study was conducted in Kramatorsk (Donetsk oblast), Severodonetsk, and Lisichansk (Luhansk oblast).

II. OPERATIONAL CONTEXT

As a result of collapse of the Yanukovich government, Ukrainian revolution of February 2014, and a secession crisis of Crimean Peninsula, conflict erupted on December 2014 between the pro-Russian and pro-Ukrainian groups, in the eastern Ukrainian oblasts of Donetsk and Luhansk. Parts of Donetsk and Luhansk Oblast are no longer under the control of the government of Ukraine. Violent unrest has affected these areas for almost two years. Extremely vulnerable population that live in or near the areas of conflict along the front lines or “buffer zone” have had their houses damaged or demolished due to heavy shelling. Without the capacity nor the financial resources, the community members live in poor or inadequate accommodation conditions and with lack of gender sensitive psychosocial health

services that would help them to cope with the effects of psychological post-traumatic and emotional distress.

III. OBJECTIVE OF THE BASELINE SURVEY

The specific objective of the baseline survey is to provide baseline information on the psychosocial environments, basic survival needs and shelter conditions of the IDPs and the conflict-affected host community in the target locations of Luhansk and Donetsk oblasts. The baseline report will also give an overview of the real situation on the ground and thus assist in future planning of the project's activities. It will also be useful during designing the project's monitoring and evaluation (M&E) system. The latter will help with measuring efficiency and overall performance through future evaluations. The baseline objective aims to gather data that would inform ADRA managers regarding the actual situation with shelter conditions and psychosocial situation in the assigned locations during the commencing of ACAP Project.

IV. DATA COLLECTION TOOLS AND METHODOLOGY

Data Collection for the Shelter Component

The baseline survey data collection on the shelter component of the Project was done in two stages. The first stage included data collection during the beneficiary registration process to which some baseline questions were included in the registration form using Kobo Toolbox system (See Annex A for the sample of the questionnaire). The project Community Workers (CWs) – 2 females and 2 males with one working in each location were trained on how to use the Kobo toolbox using smartphones and uploading the data collected into the system for the M&E team in Kramatorsk to analyze and also use for the selection of target beneficiaries. The hiring of the CWs was done in close consultation with the HR department who ensured that the gender ratio, education level and place of residence was considered. The importance of having a team of CW who can read and write was of utmost importance because of the use of the Kobo Toolbox which needed a substantial working knowledge and good basic education for the interpretation of the questions. They also had to be residents of the target location because this would pivot the confidence of the community members working with their own local person and thus increase communication between the project and the beneficiaries and at the same time promote a sense of project ownership for the sake of future sustainability. A training workshop for the CWs was held not only to introduce them to the Kobo Toolbox survey system but to also train them on how to administer the questions to the beneficiaries.

Being the fact that the baseline questions were included in the registration process, a total of 300 questionnaires were administered using the Kobo Toolbox during the registration process which had begun in the month of June 2016. The use of the Kobo toolbox gave us only quantitative results which left some gaps in understanding our beneficiary population in a more holistic nature.

The need to have a reliable, comparable qualitative and quantitative report prompted the M&E team to design another questionnaire that would be administered through the interview method in order to collect more qualitative structured data (See Annex B for the sample of the questionnaire). This then led to the second stage of the data collection which was administered manually through the interview method in the month of July 2016. At this stage, 10 volunteers (6 males and 3 females) were selected, recruited and trained on how to conduct the interviews using the questionnaires. In Schastye (2 males, 1 female), in Stary Aidar (1 male) and Marinka (1 male and 2 females), Verkhnetoretskoe settlement (2 males). The selection of the volunteers was made prudently basing upon their M&E past experience,

appropriate educational background so as to make translation of the questions easy and comprehensible to the beneficiaries; and not forgetting their reputation with the community members in order to improve communication and build a level of trust between ADRA and the community. The project M&E team attentively ensured all the enumerators were local representatives of the community members affected by the conflict. The whole process took a maximum of 3 days in each location. During this stage, 226 questionnaires were administered to the beneficiaries. Thus we can conclude that 226 beneficiaries were interviewed using the second questionnaire.

Data Collection for the PSS Component

The questions for the PSS baseline survey were incorporated in the PSS beneficiary registration form in cooperation with the PSS Coordinator. Unlike the shelter component, the beneficiaries who are seeking psychosocial support are not registered and selected in a communal basis (i.e. as a cluster) but are rather registered as they attend their first counselling session. This means that the data collected was only for the first cluster of beneficiaries who had started attending the counselling sessions during the month of July. It is also vital to note that because of the nature and sensitivity of the PSS, the “doctor-patient confidentiality” principle was taken into account. Thus, the data collection was administered by the project’s psychologists. The PSS baseline survey questionnaire combined standardized, open-ended and closed, fixed-response questions (See Annex C). During the time the baseline data was being collected, only 5.8% (88 out of 1500) beneficiaries had been registered in all the 3 target locations (i.e. Kramatorsk, Lisichansk, and Severodonetsk. This being a great limitation for the PSS baseline study.

V. LIMITATIONS OF THE STUDY

The great limitation for the study would categorically fall under the PSS component where only 5.8% (88 out of 1500) of the beneficiaries’ data was sampled and analyzed. These number is extremely small for the study. As mentioned, this was due to the fact that baseline questionnaires were included in the registration forms which the beneficiaries filled out the first time they attended the sessions. This is the same form that will be used throughout the project period for registration of beneficiaries and selection of the ones who will receive the unconditional cash grant. Another challenge faced was that some of the PSS forms were not filled properly and only about 65 out of the 88 existing registration forms were accepted for further analysis. This may also have been triggered by the fact that the beneficiaries were being very cautious about what information they were sharing. The low number of registration during the month may also have been due to the fact that there was a variance in the time period in which some psychologists began working for the project. The hiring process for the Project’s psychologists was still ongoing during this period and in essence PSS activities were launched at different times in each location. In Kramatorsk, the activities began on 21.06.2016; Severodonetsk and Lisichansk offices began their operation on 25.07.2016. Some of psychologists in certain locations began their work on the 1st of August 2016. This variance was due to the fact that ADRA had to ensure that they had a team of psychologists who are experts and can deal with sensitive matters in post-traumatic issues and distress.

The main limitation in the shelter component would be the fact that some of the interviews took place at the same time the beneficiary sensitization meetings was taking place and thus there is a possibility of the beneficiaries influencing each other’s response.

FINDINGS

A. SHELTER COMPONENT

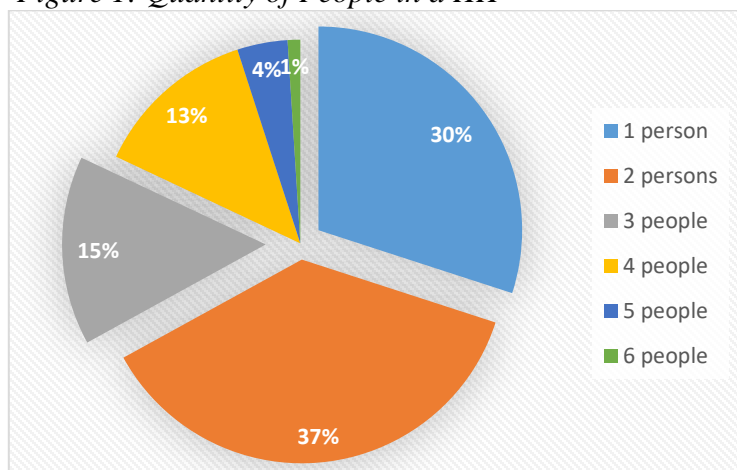
1. Household Demographics

The findings for the HH demographics was collected and analyzed from the Kobo tool box system where about 75% (i.e. 300 out of 400) of the registered beneficiaries' information was analyzed.

1.1. *General Description of the Population and Households*

The graph below gives an overview study of the number of individuals in a HH.

Figure 1: Quantity of People in a HH



The study indicates that at least 37% of the HH have 2 people, 30% are living alone, 15% have 3 people, 13% have 4 people, 4% have 5 people while the rest of the 1% have 6 people. According to the 2010 UN-ECE report, the estimated national average per HH is 2.68¹. We can therefore conclude that the average size of a family in the targeted population is 2 persons as per the figure above.

1.2 *Characteristics of the Gender Population*

The table below gives an overview of the gender population as proportioned in the sampled population:

Table 1: Gender Population

| Table 1. | Males | Females |
|--------------------------|--------------|----------------|
| Proportion of population | 41% | 59% |

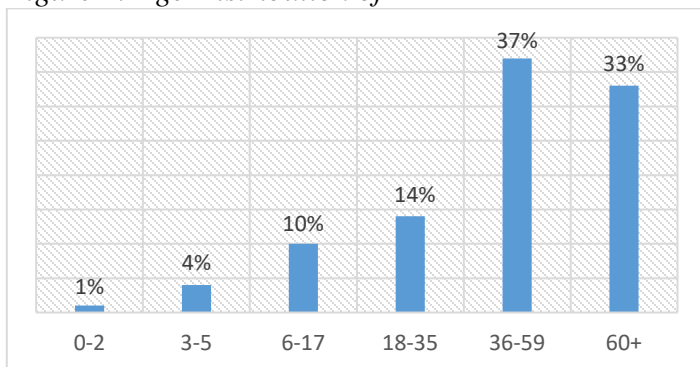
According to the study, the proportion of the target population have more females than male with 41% male and 59% female. We can assume that most of the men have probably moved to other towns in search of jobs or have joined the military thus leaving the women to care for the family.

¹ <https://www.nakono.com/tekarta/databank/households-average-household-size/>

1.3 Age Distribution of the Households

The graph below gives the age strata for the target population.

Figure 2: Age Distribution of HH

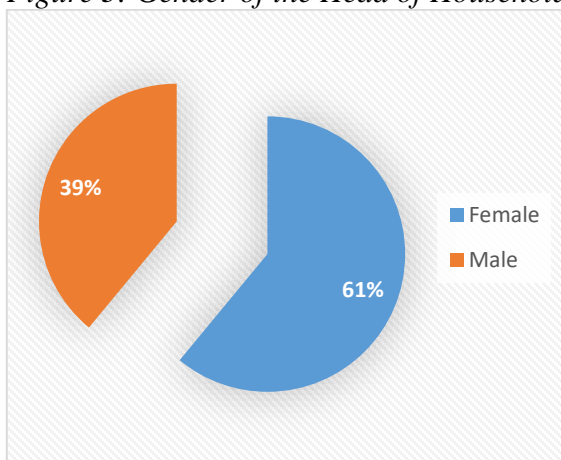


Of the total population sampled, 37% of the target population are between 36 and 59 years of age, 33% are above 65 years and over, while only 14% fall under the age bracket of between 18 and 35 years of age and 10% between the age of 6 to 17 years of age. Only 5% fall between the age bracket of 0-5 years of age. In relation to the age groups, it is apparent in the study that most of the people in the target areas are individuals in their active years where they can actively get involved in various jobs to take care of their families.

1.4 Description of Household Heads

Overall, 61% of the households among the targeted beneficiaries are female headed while 39% are male headed households as shown in the figure below:

Figure 3: Gender of the Head of Household



This is an indication that women play a big role in the target population not only at the house hold level but even in the community. We can therefore conclude that they are actively involved in decision making at both the household and community level. As mentioned earlier, the difference could also be the fact that most men have moved to other towns in search of jobs or have joined the military.

In regards to the above finding, it is vital to further understand our population in terms of age in relation to gender assuming that the women are still holding the highest percentage as head of

households. In the below table, it clearly indicates that 25.3% of household heads are between the ages of 58 and 65 years while another 13.7 % of head of households are between the ages of 50 and 57 years of age. The study further indicates that 13% of the population are between the age bracket of 66 and 73 while another between 74 and 81 years of age respectively. Noting from the findings of figure 3 and Table 2, we can assume that the population in the target area are mostly women between the ages of 50 to 81 years.

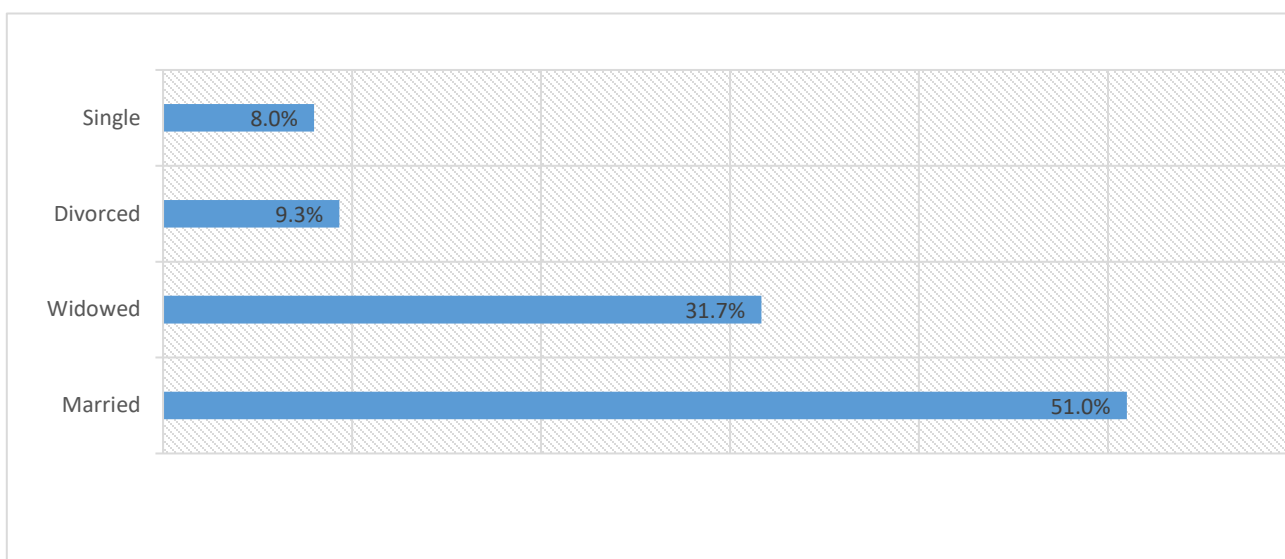
Table 2: Age of the head of household

| Age groups, years old | 18-25 | 26-33 | 34-41 | 42-49 | 50-57 | 58-65 | 66-73 | 74-81 | 82 and above |
|------------------------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------------|
| Percentage | 1% | 4% | 11,3% | 11% | 13,7% | 25,3% | 13% | 13% | 7,7% |

1.5. Status of the Head of Household

The graph below gives the status of the head of household of the sampled beneficiary population.

Figure 4: Marital Status of the Head of Household



The above graph indicates that about 51% of the household heads are married while 31.7% are widowed. The results indicated can be reasonably explained taking into account the high number of senior citizens in the region. Divorced and single representatives of heads of households compose 9.3% and 8% of the target population households respectively.

2. Status and Criteria of Vulnerability of Households

2.1 General Description of the Vulnerability Levels of Households

The survey assessed the vulnerability levels of households in regards to the Humanitarian Sphere Handbook and project proposal criteria in Donetsk and Luhansk oblasts with a focus on households

who lost a family member due to the conflict, single headed households, pensioners over 60 years, family members with disabilities or those who were injured in the conflict, pregnant or lactating mothers, chronically ill individuals, and households that have lost their source of their income due to the conflict. The table below presents a summary of these findings:

Table 2 Vulnerability Criteria and Status of the Households

| Category | % of status and criteria of vulnerability among the HH |
|---|---|
| single headed households | 23.2% |
| pensioners over 60 (Elderly persons) | 21.1% |
| Households with chronically ill family members | 20% |
| lost the source of their income due to the conflict | 11.5% |
| households have children under the age of 18 | 7.6% |
| Single parents | 6.1% |
| People living with disabilities | 5.6% |
| Families with more than 2 children | 2.2% |
| family members injured in the conflict | 1.6% |
| lost a family member due to the conflict | 0.7% |
| pregnant women or lactating women | 0.6% |

In reference to the above results, 23.2% are single headed 21.1% are pensioners over 60 years old (elderly) and 20% of them have family members who are chronically ill. About 11.5% of targeted households of Donbas (Donetsk and Luhansk Oblast) have lost their source of income due to the conflict.

2.2 IDP Status of Family Members of Households

The study shows that only 12% of the households sampled had all their family members registered as IDPs. Eighty-two percent (82%) of the households reported that none of their family members had registered as IDPs. At least 6% of the households had some of their family members registered as IDPs. Table 3 below gives a summary of the findings.

Table 3: Number of households with family members with IDP registration

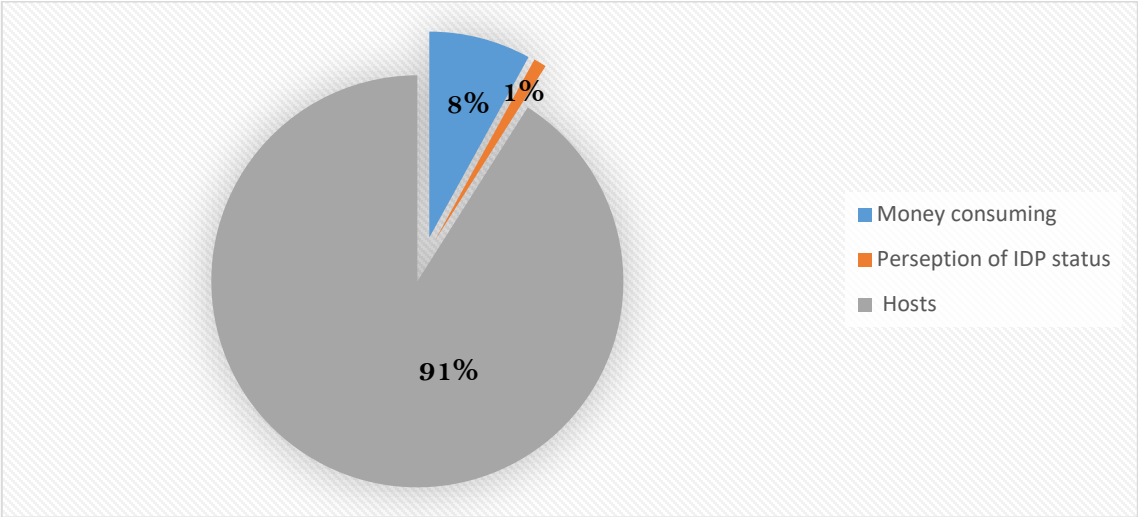
| Households with all family members registered as IDPs | Households with none of the family members registered as IDPs | Households with a few of the family members registered as IDPs |
|--|--|---|
| 12% | 82% | 6% |

Further, the study indicated that 23% of IDPs were registered in the year 2014 while 77% obtained their status in 2015.

In another finding, about 61.3% of the IDPs reported they moved once or twice since the conflict started; 38.7% of IDPs changed the places of residence three or four times since the beginning of the crisis. Most of the IDPs from the households surveyed stated they had left their place of origin in July-August 2014 or January-November 2015.

The graph below indicates the various reasons why some of the beneficiaries are not registered as IDPs.

Figure 5: Reason for not being registered as IDPs

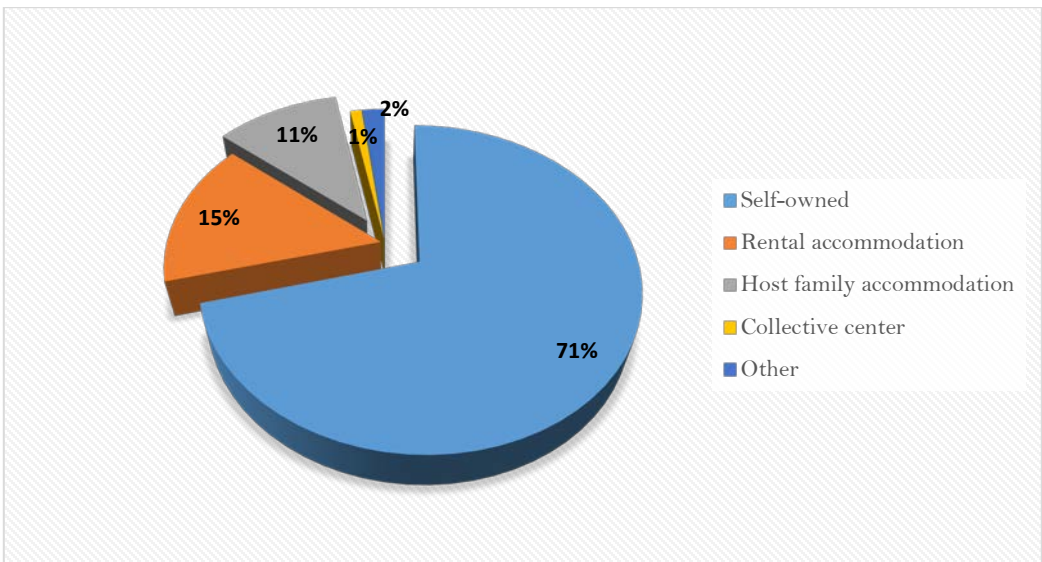


The main reason for non-registration is that 91% of the respondents are not IDPs but host community members. The other 8% of the respondents find the registration process money consuming. Only 1% of targeted households had mixed feelings towards receiving an IDP status.

2.3 Type of Accommodation/Residence for Households

The Graph below gives an overview of the type of residence/accommodation the beneficiaries are residing in:

Fig. 6 Type of Accommodation Household Reside In



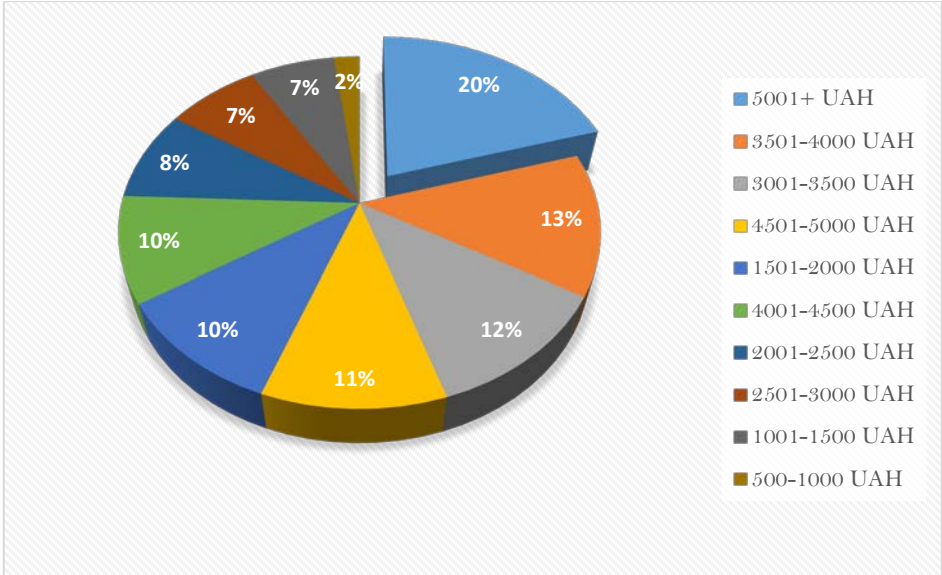
The study indicates that, 71% of households live in self-owned houses or apartments, which can be a valid reason for providing aid to restore or repair their homes. About 15% of households surveyed rent an apartment or house while 11 % are accommodated by a host member/family. Only 1% of the households have their residence in a communal/collective center and 2% stay in garden cottages, dorms, and community facilities.

3. Households Livelihoods and Coping Strategies

3.1 Households’ Monthly Expenditures

The baseline survey collected data from participants on their income, expenditure and debts. Figure 7 below represents data on the total monthly expenses of a household.

Figure 7: Households’ Monthly Expenses



Slightly more than 20 % of the surveyed households spend more than 5 000 UAH each month. As it is clear in Fig. 7 above, 2 % of the households are managing within the sum of 500 to 1000 UAH. The rest of the population's income is spread out above 1000 and 4000 UAH as shown in the figure above.

The study went further to find out what are the main expenditures of the households per month. As it is shown in Table 4, the highest monthly expense was on food which stands at 38%. While 16.6% of households spend on medical costs and 14% of HH spend on utilities payment. About 5.3% of the monthly budget is spread on rent payment. According to the study findings, the average amount of monthly rent payments is estimated to be around 1 275 UAH. Overall, travel expenses are abreast with the spending on rent. Debt repayments cover 2% of household finances per month; and finally education occupies the last place in the households list of monthly expenditures. Thus sampled families are able to save only 0.3% each month.

Table 4 Monthly Expenses of Household

| Needs | Percent of monthly expenses |
|----------------------|------------------------------------|
| rent | 5.3% |
| utilities | 14.0% |
| renovation | 5.3% |
| food | 38.0% |
| medical costs | 16.6% |
| education | 1.0% |
| hygiene | 4.5% |
| travel | 5.3% |
| debt repayments | 2.0% |
| total other expenses | 7.5% |
| savings per month | 0.3% |

3.2 Households' Main Source of Income

Households in the survey were asked to name up to three main sources of their current income. The various sources of income cited are listed in Table 5 along with the percentage of respondents citing their income sources. Nearly 84.3% of the respondents noted that their main source of income was tied to social benefits e.g. pensions, welfare benefits etc. This is a clear indication that most of the beneficiaries are senior citizens who are at their retirement stage and are receiving social benefits from the government. Wages from local employment was the other main source of income, and was cited by 31.3 % of respondents.

Table 5: Source of Income

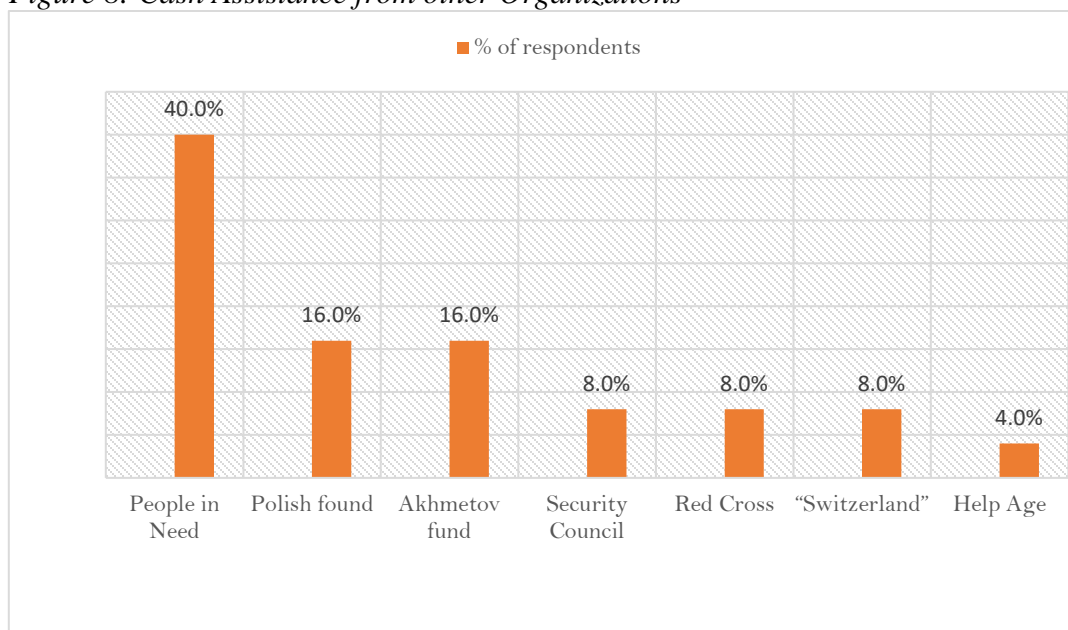
| Income Sources | Percentage |
|-------------------------|-------------------|
| Social benefits | 84.3% |
| Salary | 31.3% |
| Humanitarian assistance | 19.7% |
| Other | 4.7% |
| Savings | 0.7% |
| Gifts | 0.3% |
| Remittances | 0 |
| Debts / borrowing | 0 |

For 19.7 % of the sample household, humanitarian assistance was the main source of income. About 4.7 % of respondents cited various “other” activities such as temporarily side jobs, assistance from relatives, and business activity.

3.3 Cash Assistance from other Humanitarian Organizations

Overall, respondents reported receiving cash assistance from other humanitarian organizations in the last three months. About 40% received cash assistance from People in Need (PIN). About 4.0% mentioned Help Age, 8% of respondents named Red Cross, 8% of respondents point out State Security Council, 16.0% of the recipients noted support from a “Polish fund” as they were unable to name the organization, 8% said “some organization from Switzerland”, 16%% indicated that a local organization named “Renat Akhmetov” fund. As for the amount provided by this NGOs and governmental agencies, respondents informed the following: Help Age – 1600UAH as a one-time payment; PIN – 6000 UAH restricted cash grant for coal as a one-time payment; State Security Council – 880 UAH per month; “Polish fund” – 450UAH at least 3 times with no indication whether it was monthly or one-time payment. Red Cross – 660 UAH as a one-time payment; “Switzerland” – 2000 UAH as a one-time payment; Renat Akhmetov fund – respondents listed food, NFI, and “small help”.

Figure 8: Cash Assistance from other Organizations



Ultimately, since there are HH that have received cash assistance in the past. It is vital to find out from the beneficiaries how they spent their cash assistance as this would give ADRA an overview of the spending pattern of the beneficiaries. The table below gives an outline of how the cash assistance offered by other organizations was spent among the beneficiaries.

Table 6. How Households Spend Received Cash Assistance

| Purposes | Households - cash assistance receivers |
|------------------------------|--|
| Repair of the house | 24.2% |
| Rent & utilities | 12.1% |
| Food | 9.1% |
| Water sanitation and hygiene | 0% |
| Health | 30.3% |
| Other | 24.2% |

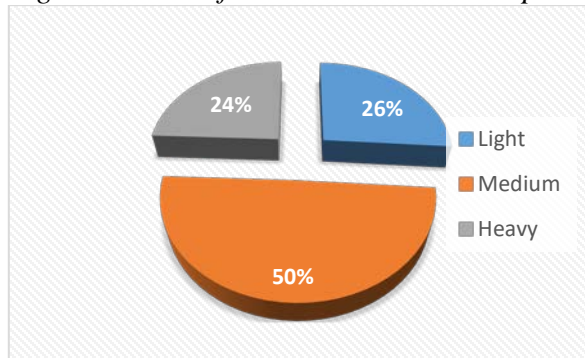
About 30.3% of the beneficiaries spent their cash assistance on Health which includes buying of medicine, attending medical clinics etc. At least 24.2% of the beneficiaries spent the cash assistance offered by other organizations on repairs of their houses while another 24.2% spent it on other facilities such as: coal and wood, construction materials and clothes. Only 12.1% spent their cash on rent and utilities, 9.1% on food and none of the beneficiaries who received cash assistance from other organizations spent it on water, sanitation and hygiene.

When they were requested to list down the kind of repairs that were done in their homes, the following were listed: sealing up holes in the walls; installation of flooring; stove heating repair; roofing coverage with asphalt felt; nailing up windows; and finishing decoration works.

4. Level of house destructions classified by households surveyed

Respondents were offered to identify the extent of their house destruction. The beneficiaries were asked to give their assumptions while classifying the level of house destruction.

Figure 9 Level of House Destruction as per Beneficiary Classification

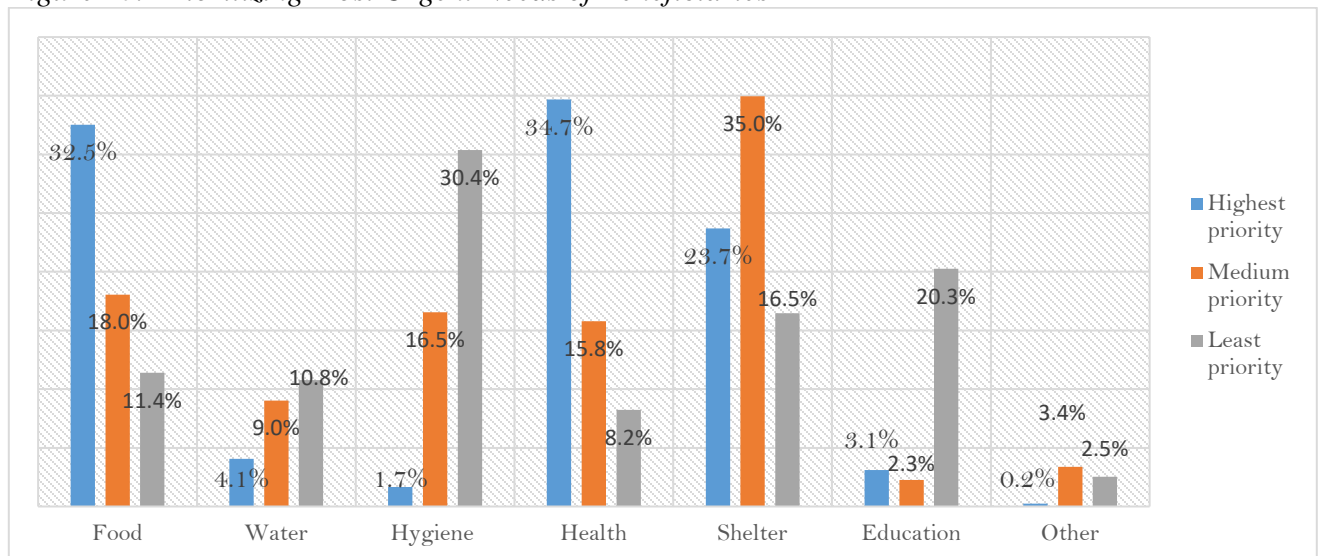


Thus, the results received on this topic were utterly presumable. Figure 9 shows that 50% of households recognized the heaviness level as medium. While 26% of sampled household representatives indicated they were in need of light repair and another 26% of the respondents reported heavy status of house destruction and / or its complete demolition.

5. Prioritizing the Needs of the Population

In order to find out the needs of the community, the respondents were requested to categorize and prioritize the most urgent needs in the community. The graph below gives an overview of how the community prioritized their needs.

Figure 10: Prioritizing Most Urgent Needs of Beneficiaries

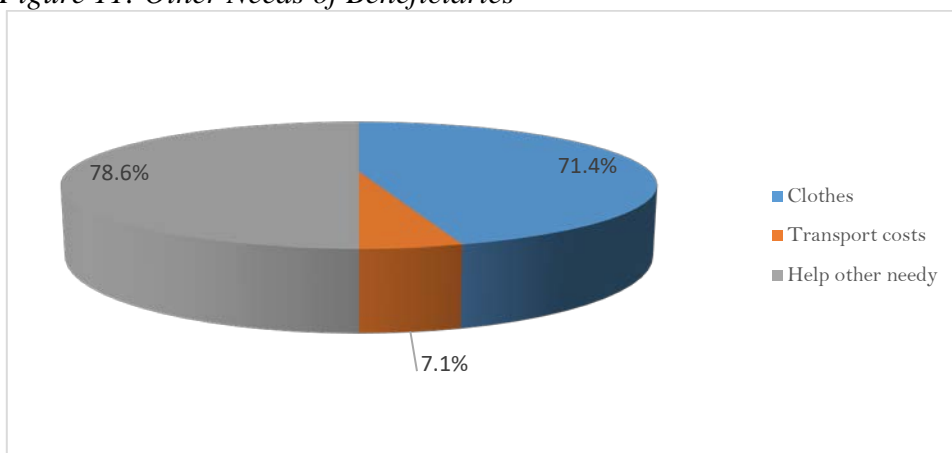


Noting from the graph, it is clear that the highest priority need for the community is Health at 34.7% followed by food at 32.5% and Shelter at 23.7%. Strangely though, shelter is also the highest medium priority at 35%. The above graph is a clear indication that shelter is indeed a need in the community as there is continuous shelling which leads to damages which are repairable and sometimes total damages that need reconstruction of the houses. Food on the other hand is another need that calls out

for attention as there is indication that a high number of the respondents are considering it both as high and medium prioritization.

Among the other urgent needs, recipients listed transport costs, clothes and even the need to help other people (see Fig. 11).

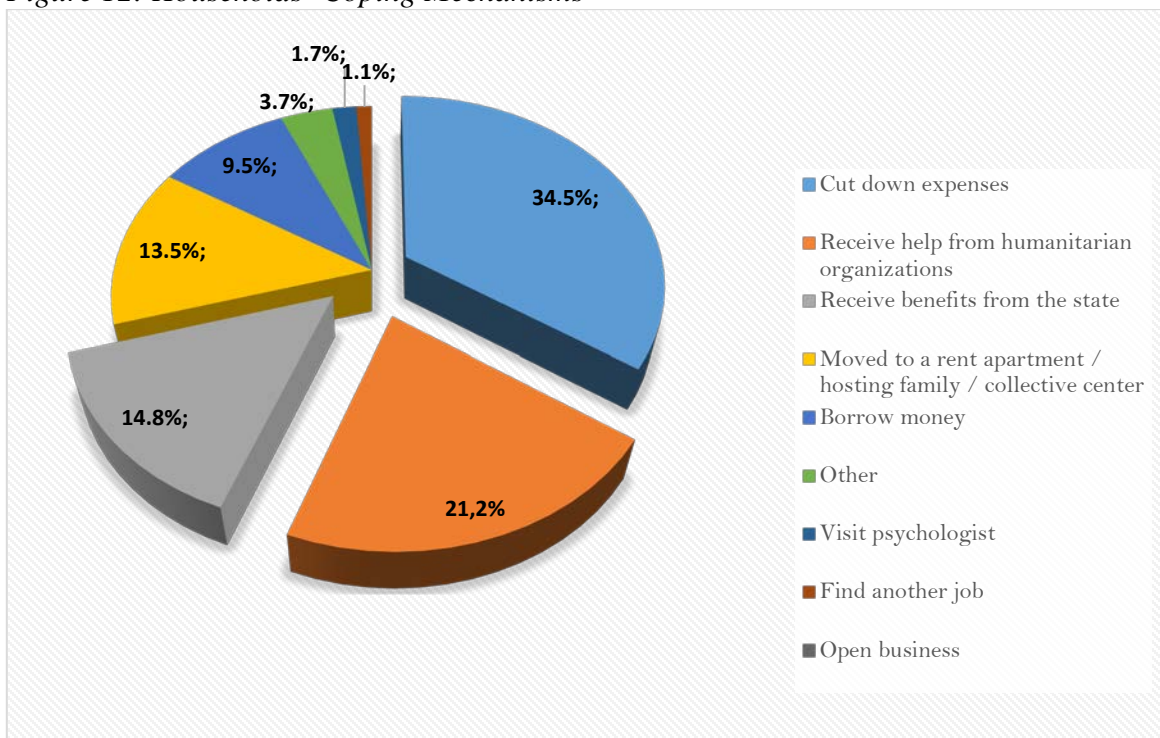
Figure 11: Other Needs of Beneficiaries



6. Coping Mechanisms

It was also necessary to find out the coping mechanisms of the beneficiaries during and after the conflict. The graph below outline clearly how the targeted population are coping with the conflict in order to survive.

Figure 12: Households' Coping Mechanisms



Households surveyed were asked to pick the appropriate coping mechanism(s) among the listed suggestions and/or to name their own ways to deal with the conflict. About 34.5% of the households surveyed preferred to cut down their monthly/daily expenses as a way of coping with the conflict. While 21.2% reported that they receive humanitarian assistance from non-governmental organizations and considered it the solid survival mechanism in the context of the conflict. Another 14.8% reported on depending on state benefits which includes retirement pension, unemployment payments, disability benefits, loss-of-breadwinner allowances, maternity aid etc. About 13.5% moved to rental accommodations/apartments or were hosted by their relatives while others were living in a community center or as they call collective center. Only about 9.5% of the respondents indicated that they borrowed money from friends and relatives to survive.

The other 3.7% noted various coping mechanisms which included: vegetable gardening for household consumption, canning of food for use during winter, hiding in the basement during shelling, family and community support.

VI. OBSERVATION DURING THE DATA COLLECTION

In each of the targeted location, authorities were supportive; they provided the ADRA team with premises, maintained discipline among the beneficiaries, and assisted with the data collection. In all the locations of conducting baseline survey (Luhansk oblast: Schastye, Stary Aidar; Donetsk oblast: Marinka, Verkhnetoretskoe) ADRA observed a high number of elderly people, a few people living with disability and others who had problems with hearing properly and this could be because of the heavy shelling in the areas.

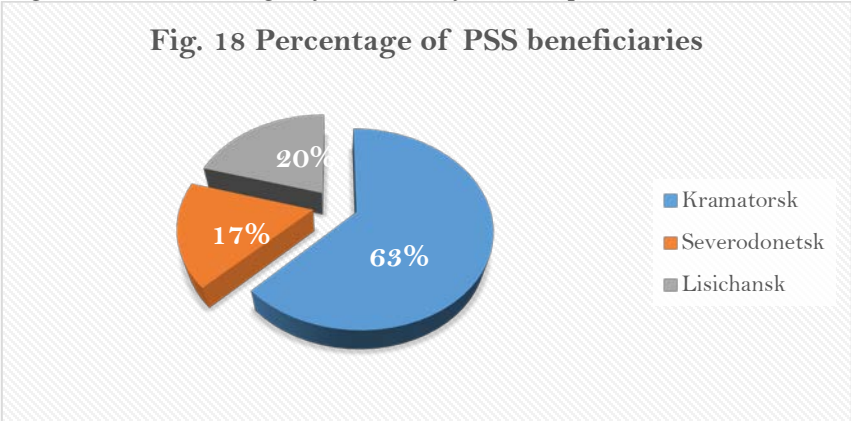
B. PSYCHOSOCIAL COMPONENT

1. General Overview of PSS Beneficiaries

1.2. Disaggregated Data by Age, Gender, Marital Status, and Place of Residence

Psychologist of IHA ACAP Project registered 63% of clients in Kramatorsk, 20% in Severodonetsky, and 17% in Lisichansk (see Fig. 14). It is vital to note that the registration forms consisted of baseline questions to assist in doing the study. Therefore, the number of registration forms analyzed depended on the number of beneficiaries registered by the time the baseline study was being conducted. The figure below gives an overview of the percentage of registered beneficiaries at the time of data collection whose information was used to conduct the study.

Figure 14: Percentage of PSS Beneficiaries per Location



Out of the registered beneficiaries, it was vital to have an understanding of the population that we were dealing with in terms of age, sex and marital status. Below is a critical look into the background of the beneficiaries that were registered during the period.

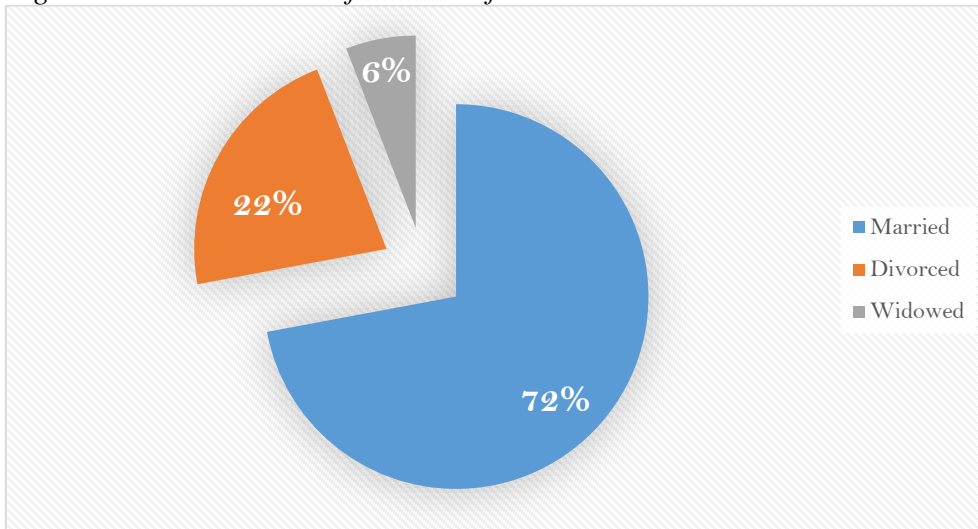
Table 8: Age Disaggregation of the PSS Beneficiaries

| Age | 19-35 | 36-59 | 6-10 | 11-14 | 60+ | 3-5 | Unknown | 15-18 |
|------------------------------------|-------|-------|-------|-------|------|------|---------|-------|
| Percentage of beneficiaries | 23.9% | 23.9% | 13.6% | 12.5% | 9.1% | 8.0% | 6.8% | 2.3% |

As shown in the above Table 8, among the age groups of PSS beneficiaries about 23.9% of beneficiaries are between “19 to 35 years old” and “36-59 years old” respectively. We can therefore assume that the beneficiaries who come for psychological support are between the ages of 19 and 59 years of age. On the hand, the child psychologists are dealing with beneficiaries between the age of 6 to 10 years who are about 13.6% of the targeted beneficiaries and 12.5% between the age of 11 and 14 years of age and only 8% between the age of 3 to 5 years. Of all the PSS beneficiaries, only 9.1% are above 60 years of age.

According to the data collected on the marital status of the clients, 72% are married, 22% - divorced and only 6% are widowed (see Fig. 15). This justifies the above age disaggregation data with most of the beneficiaries falling under the married age brackets.

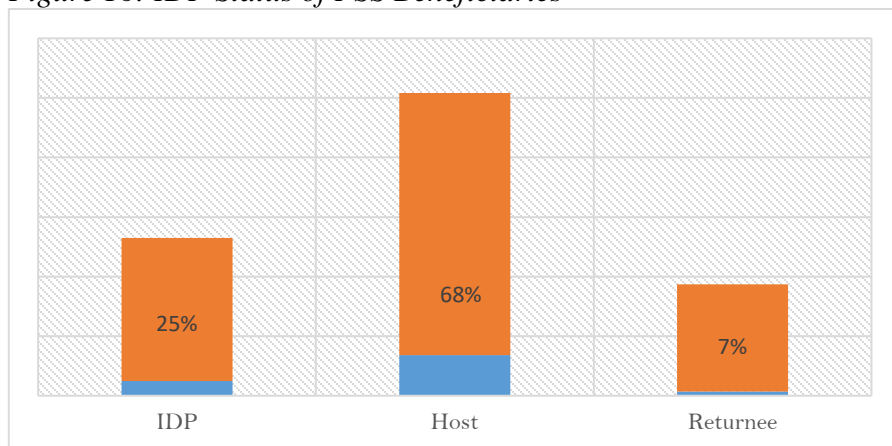
Figure 15 Marital Status of PSS Beneficiaries



1.3 IDP Status of PSS Beneficiaries

According to the study, about 25% of PSS beneficiaries are IDPs, 68% are host community and 7% are returnees. It is important to note that not all of the beneficiaries have registered themselves as IDPs. For the ones who are registered, some received their official registration in December 2014 while others between September and October 2015.

Figure 16: IDP Status of PSS Beneficiaries



The study then ventured to find out what reasons exist for some of the IDPs not being registered. The table below gives an outline of why some of the beneficiaries are not registered.

Table 10: Reason for Non Registration

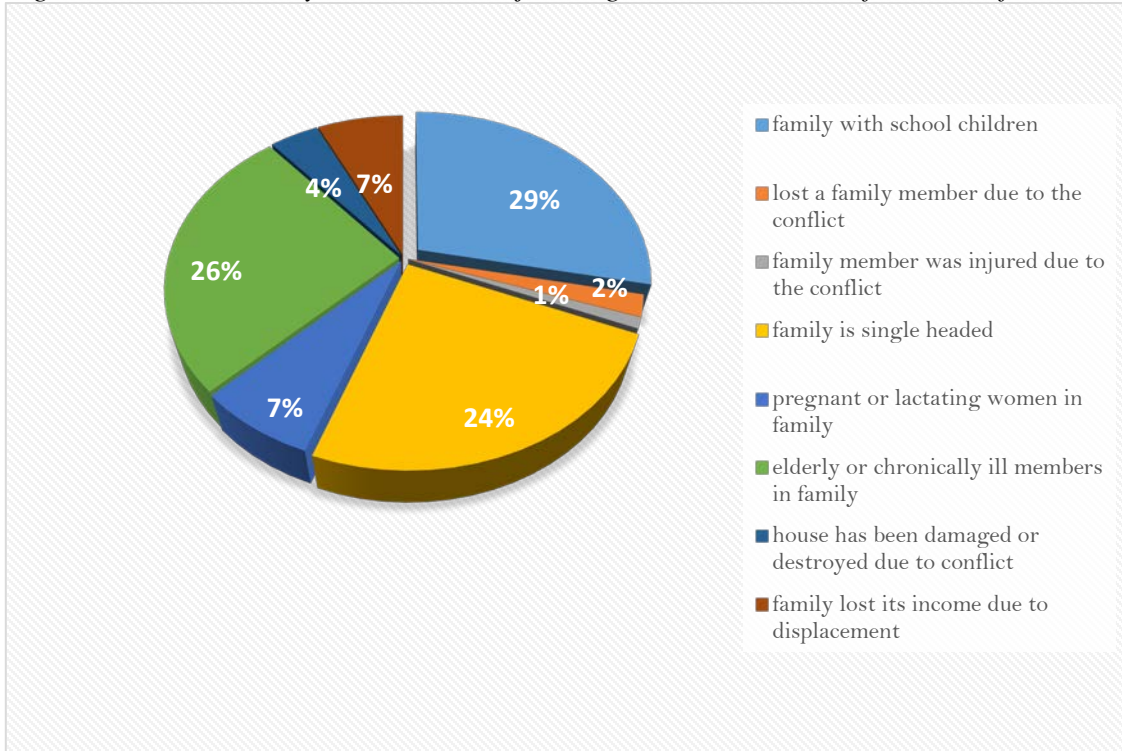
| Does not ensure enough social benefits | Time consuming | Cannot afford to register as an IDP | Too ashamed to register as an IDP | Other |
|--|----------------|-------------------------------------|-----------------------------------|-------|
| 0% | 5% | 0% | 5% | 90% |

Only 5% of the IDPs noted that it was time consuming to register as an IDP and another 5% noted that they were too ashamed to register as IDPs. The highest number of beneficiaries fell under the category of “other” and indicated the following: (a) they considered themselves as locals and so did not think they fell under the IDP status (b) they were living with their family members and so did not consider themselves as IDPs (c) they were living under the ATO zone and after the conflict they began to move back to their homes.

1.3. Vulnerability of PSS Beneficiaries

According to the Humanitarian Sphere Handbook, vulnerability status may include but not limited to: Children under 5 years of age, Pregnant and Lactating Mothers, People Living with HIV/AIDS (Chronic Illness), elderly persons, People Living with Disabilities etc. However, in the IHA-ACAP proposals, there were certain extra criteria that were to be considered when registering beneficiaries e.g. families who have lost their source of income due to conflict, family members who got injured due to the conflict, families with school going children etc. The below graph gives an overview of the vulnerability status and criteria of the registered beneficiaries:

Figure 17: Vulnerability Status and Project Registration Criteria of PSS beneficiaries

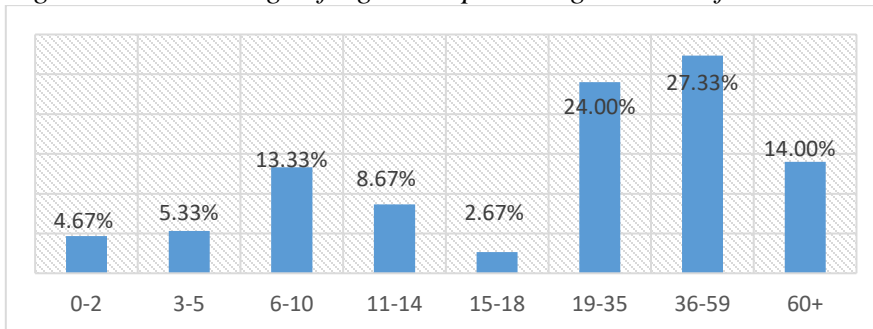


As it is shown in Fig. 17, 28% of the beneficiaries had school going children, 26% had elderly or chronically ill member(s) in their family; 24% of PSS clients' families were single headed. Seven percent (7 %) of PSS clients' families lost their income due to displacement. Four percent (4%) of PSS beneficiaries' households had their house damaged or destroyed due to the conflict. Only two percent (2%) of PSS clients' families lost their family member because of the conflict and 1% of clients had a relative injured.

1.5. Household Demographics of PSS Beneficiaries

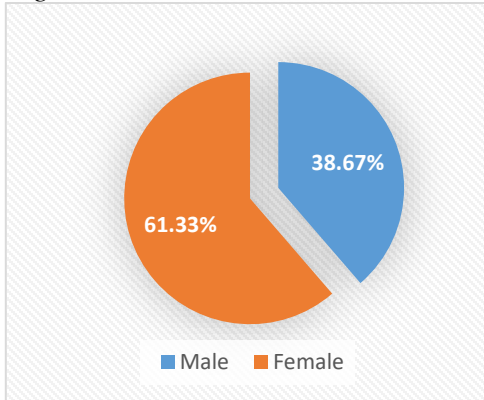
About 27.33% of the PSS beneficiaries fall under the age group of between 36 and 59 years of age. Another 24% fall between the ages of 19 and 35 years of age. The lowest age group fall between 15 and 18 years of age while 14% are above 60 years of age.

Figure 18: Percentage of Age Groups among PSS Beneficiaries



In relation to the age group, the study clearly indicated that most of the beneficiaries are female as compared to the male counterparts. At least 61.33% of the beneficiaries are female while only 38.67% are male. The figure below gives an overview of the findings.

Figure 19: Gender Distribution among PSS Beneficiaries



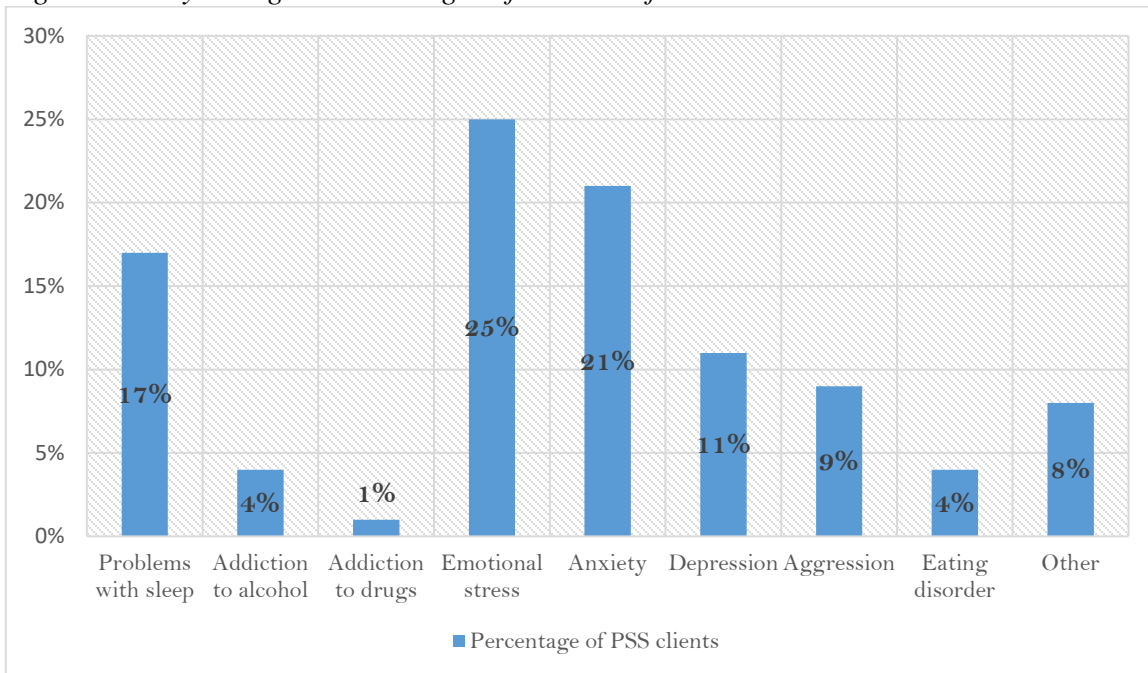
1.6. Psychosocial Help Provided by Other Organizations

There were 11.4% of registered PSS beneficiaries who reported that they received psychosocial help from other NGOs. Out of this, 3.4% of them named Caritas; 5.7% of beneficiaries mentioned ADRA; and 2,3% indicated “Akhmetov fund”. That can be an early pointer there is still a high demand of psychosocial gender sensitive assistance among conflict affected population. There were only 5.7% of beneficiaries who indicated that they were affected physically in the conflict. They reported cases of suffering from shock after shelling, their hearing ability affected, and had lost a close relative due to the conflict. All registered PSS beneficiaries (100% of the sampled ones) indicated that they suffered psychologically due to the conflict.

1.7. Psychological Challenges of PSS Beneficiaries

With the help of the psychologists, beneficiaries pointed out the most significant psychosocial problems they were facing. The figure below gives a more indicative overview of the psychosocial challenges faced by the beneficiaries.

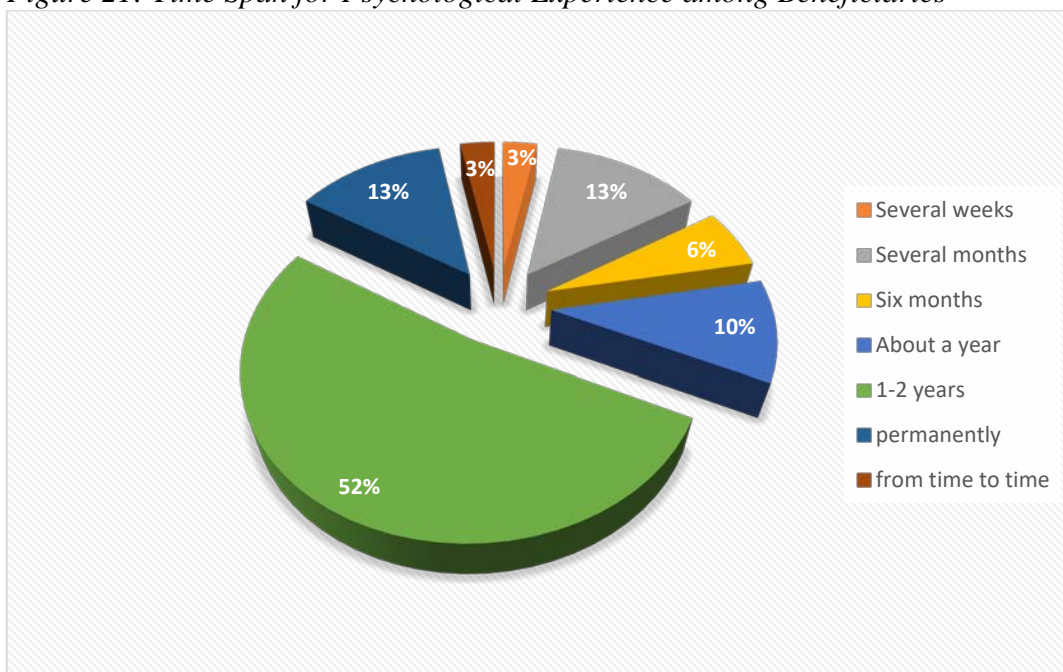
Figure 20: Psychological Challenges of PSS Beneficiaries



According to the data received, 25% are suffering from emotional stress, 21% of them have issues with anxiety and 17% of the beneficiaries have problems with sleep. The rest of the beneficiaries indicate as follows: 11% suffer from depression, 9% from Aggression, 4% have eating disorders and addicted to alcohol respectively; and only 1% are addicted to drugs. The rest of the 8% indicated various issues such as increasing arterial pressure, heart ailments, thyroid body issues (as a physical result of emotional and psychosocial problems); sociopathy, mental debility, PTS (Post Traumatic Syndrome) from ATO (Anti-Terroristic Operation), panic attacks, and parental irascibility. One of the beneficiaries mentioned personal development as a motive to visit ADRA psychologist.

For the purposes of solid psychological analysis, ADRA psychologists needed to know the period in which the beneficiaries experienced the above-listed issues. According to the received data, 52% were psychologically challenged with the above-mentioned problems for 1 to 2 years (see Figure 21).

Figure 21: Time Span for Psychological Experience among Beneficiaries



1.8. Coping Strategies of PSS beneficiaries

Among the coping mechanisms in handling psychosocial complications, PSS beneficiaries listed taking medicine or herbal sedatives, visiting psychologist or psychiatrist, reading books, positive thinking, communication with friends/ family/ beloved ones/ positive people, watching movies, visiting church, doodling, bead embroidery, doing puzzles, adopting animals, vegetable gardening, equestrian sport, walks and fresh air, an inpatient treatment in a hospital setting. Among the unhealthy managing tools PSS clients named food, sleep, and a break in communicating with anyone.

1.9. Attitude Towards Receiving Psychosocial Support

Attitudes of PSS beneficiaries towards receiving counselling varied from “affirmative” to “with cautiousness”. About 85% of the beneficiaries’ attitude was good and 2.3% of them stated “very positive”, and 1.1% of them indicated that they were “grateful”. Four and a half percent (4,5%) felt “normal” about receiving help; 1.1% of beneficiaries were “ready to receive”. Only 1.1% took the services of counselling “with cautiousness”, 1.1% “hadn't thought about it”, and 1.1% had “no attitude” towards counselling.

1.10. Psychological Support from the Community

There were 22% of beneficiaries reported receiving psychological support from the community while the rest of the 78% had not received any support. Among the reasons of not-receiving such assistance beneficiaries named the following: (a) they did not seek for any assistance (b) did not have sufficient information about such assistance (c) were afraid to open up (d) the community doesn't consider IDPs' need in psychosocial support and (e) did not care about such assistance.

VII. CONCLUSION

This report has attempted to analyze information collected through the IHA ACAP baseline survey on the shelter conditions and psychosocial environments of the populations, households, and communities in the areas targeted by the IHA ACAP Project. Specifically, it has provided baseline values for indicators in a wide range of areas, including: households and PSS targeted population livelihoods, vulnerability levels, prioritizing their most urgent needs and coping strategies in handling the conflict. The findings from this study are expected to be used as the benchmark against which progress made by the IHA ACAP team in the target communities can be established.

Based on the above findings of shelter component of the project, the following conclusions were reached:

Among the main vulnerability criteria of sampled households fell under pensioners over 60, chronically ill and those who lost their source of their income due to the conflict. Therefore, there is no doubt that these conflict affected households are in an emergency situation, especially given the fact that 82% of the households are hosts currently dwelling in the damaged houses that need to be repaired before the winter season sets in the month of November/December.

The above results already disclosed that three most urgent needs of the targeted households are Shelter, Health, and Food. That increases the possibility of spending the cash grants partially on basic survival needs and partially on renovations of houses damaged due to the conflict. Keeping in mind that the Project's cash assistance is not restricted, the above-mentioned way of spending the cash grant is especially pertinent because of the danger of shelling in the designated areas of Project operation that restrains households from doing a comprehensive renovation. Nevertheless, considering the possibility of a rainy autumn and the onset of winter, a certain amount of cash provided by ACAP Project with high probability level will be spent on basic roofing and windows repair and other winterization works.

The beneficiaries cited two main coping mechanisms i.e. cutting down expenses (35%) and relying on humanitarian assistance (21%) indicates a noticeable money shortage as well as the fact that households almost entirely depend on relief actions designed to provide help with basic repair and satisfy most urgent survival needs.

In view of the above stated, of psychosocial component of the project, the following conclusions were reached:

Fifty-two percent (52%) of PSS beneficiaries reported experiencing psychological issues for a period of 1 or 2 years. This is an indication that despite the targeted PSS locations (Kramatorsk, Severodonetsk, and Lisichansk) are not in a high risk of shelling any more, the target population is still experiencing the after-effects: emotional stress, anxiety, problems with sleep, and depression.

Most of PSS beneficiaries who reported receiving psychosocial help mentioned ADRA as one of the most active organizations that are providing support to the community. This is a good advantage for ADRA in strengthening their relationship with the community.

VIII. RECOMMENDATIONS

Taking into account all targeted locations contains a high population level (in Marinka it is estimated at 9000 people; estimation of 12000 people in Schastye; about 3008 people estimated in Verkhnetoretskoe² and 283 persons estimated in Stary Aidar³) and big number of houses damaged due to the conflict; it is recommended to prolong the shelter component of IHA ACAP project.

Inasmuch as and in accordance to the above given findings, Health was reported to be the highest-priority urgent need, it is recommended to conduct needs assessments in Health focus area in order to have a better understanding of the health issues that need to be addressed for a better implementation and planning strategy. Being the fact that the study showed a presence of chronically ill individuals, it is recommended, after conducting needs assessments, to develop awareness campaign on how to live with particular chronic illnesses e.g. HIV/AIDS, Diabetes, etc.

According to the baseline data, Food was named as the second most urgent need of the highest priority among the targeted households. It is recommended to arrange an emergency food voucher for beneficiaries to cater for their daily food needs. Likewise, considering the population in all targeted locations are involved in agricultural activities, it is recommended to launch a Food Security Program to support innovation for more efficient and sustainable agricultural production to enhance food security, incomes, and nutrition that benefit small-scale farmers.

The population number in Kramatorsk is equal to 198,895 people; in Severodonetsk live 145,000 persons; in Lisichansk it is more than 100,000 people⁴. Considering high level of population in PSS targeted locations and the fact that (according to the baseline data) 52% of sampled PSS beneficiaries reported experiencing after-effects and psychological issues for a period of 1 or 2 years, there's still a high demand of psychosocial support in this regions. It is recommended to extend the IHA ACAP Project in providing psychosocial services.

² Verkhnetoretskoe Settlement Council retrieved from rada.info/rada/04341873/

³ State Service of Statistics of Ukraine retrieved from www.uukrstat.gov.ua, 2014 - 2015

⁴ State Service of Statistics of Ukraine retrieved from www.uukrstat.gov.ua, 2016

ANNEX A
KOBO TOOLBOX QUESTIONNAIRE

ACAP Shelter Survey/ Needs Assessment in
Russian and English

* Project

* Name of enumerator

* Date of interview

* Gender of respondent

- Male
 Female

Location of interview

GPS coordinates can only be collected when outside.

Picture (optional)

* Act of destruction photo

* What is your current address?

* What is your address of origin?

*What is the name of the head of household?

*What is the gender of the head of household?

- Male
- Female

*What is the age of the head of household?

*What is the marital status of the head of household?

- Single
- Married
- Divorced
- Widowed

*What is the passport number of the head of household?

*What is the tax ID of the head of household?

*What is the phone number of the head of household?

*** How many people are in your household?**

*** What age groups are in your household?**

- Male 0-2
- Female 0-2
- Male 3-5
- Female 3-5
- Male 6-17
- Female 6-17
- Male 18-35
- Female 18-35
- Male 36-59
- Female 36-59
- Male 60+
- Female 60+

*** Do you have children under the age of 18 in your household?**

- Yes
- No

*** Does anyone in your household have a disability?**

- Yes
- No

*** Have you lost a family member due to the conflict?**

- Yes
- No

*** Has anyone in your family been injured in the conflict?**

- Yes
- No

***Are you a single headed household?**

Yes

No

***Is there anyone in the household who is pregnant or had a child in the last year?**

Yes

No

***Is there anyone in the household who is chronically ill?**

Yes

No

***Has your home been destroyed or damaged due to the conflict?**

Yes

No

***Have you lost your income due to the conflict?**


Yes

No

***When did you arrive at your current location?**



***When did you leave your home?**

***How many times have you moved since being displaced?**

***Are all people in your household registered as IDPs?**


- Yes (all)
- Yes (not all)
- No (none)

If no one in your household is registered as an IDP, please indicate why.

- Not enough benefits
- Time consuming
- Money consuming
- Perception of IDP status
- Other

If you did not register as an IDP for another reason, please specify.

If you did register as an IDP, when was it?

*** Has anyone from your household temporarily returned to your place of origin?**

Yes

No

If someone has temporarily returned, how many times?

*** Has anyone from your household permanently returned to your place of origin?**

Yes

No

*** What kind of accommodation does your household reside in?**

Rental accommodation

Host Family accommodation

Collective center

Self-owned

Hotel

Other

*** How many rooms do you have in your accommodation?**

If you live in another accommodation type, please specify.

If you are in a rental accommodation, how much is the monthly rent?

* What are your monthly expenses in utilities?

* What are your monthly expenses in renovation?

* What are your monthly expenses in food?

* What are your monthly expenses in medical costs?

* What are your monthly expenses in education?

* What are your monthly expenses in hygiene?

* What are your monthly expenses in travel?

* What are your monthly expenses in debt repayments?

* What are your total other expenses?

* What are you able to save per month?

***What are your total monthly expenses?**

- 500-1000
- 1001-1500
- 1501-2000
- 2001-2500
- 2501-3000
- 3001-3500
- 3501-4000
- 4001-4500
- 4501-5000
- 5001+

***What are the three main sources of income in your household?**

- Salary
- Humanitarian assistance
- Gifts
- Social benefits
- Savings
- Remittances
- Debts/ borrowing
- Other

If main income is other, please specify.

***Do you, as the enumerator, recommend we provide aid?**

- Yes
- No

If you do not recommend we provide aid, why not?

ANNEX B
SHELTER BASELINE SURVEY QUESTIONNAIRE

Assistance to conflict affected population – Ukraine
Baseline Survey Questionnaire

Hello, my name is

_____. I am representing ADRA Ukraine, a non-governmental organization that is implementing a project concerning support of civil population affected by the military conflict in the Eastern part of Ukraine.

We are conducting a baseline survey among beneficiaries for our project regarding unconditional financial support from Canadian government for destroyed houses renovation.

Your participation in the survey is voluntary and we will never use the information in a way that identifies you. You can choose not to answer any or all the questions. However, we hope that you will participate since your views are important. I would like to assure you that the decision to participate in this interview, or not, will in no way affect, either positively or negatively your chances of benefiting from the project's interventions. I would like to ask you some questions for about 10-15 minutes.

Do you have any questions?

May I begin the interview? Yes _____ No _____

Date: _____

Location of interview: _____

Household ID number: _____

Name of Interviewer: _____

Signature: _____

1. Did you receive any cash assistance in the last 3 months?
(Tick the applicable answer)

Yes

No

If yes:

a) from which organization?

b) how much?

If you received cash assistance, what did you spend it on?

(Tick the applicable answer)

Repair of the house

Rent & utilities

Food

Water sanitation and hygiene (drinking water, soap, dignity kits etc.)

Health (medicine, hospital visits etc.)

Other

If other, please specify:

If you have chosen (a), what kind of repair did you do?

2. Does your house still need any repair?
(Tick the applicable answer)

Yes

No

If yes, what kind of repair does it need?

(Tick the applicable answer)

- Light (roofing damage up to 35-45 m², small-scale repairs to windows, ceiling, and doors required)
- Medium (between 45 m² – 100 m² of the damaged roof, more substantial repairs to windows, doors, etc. no major reconstruction is required)
- Heavy (major reconstruction of the house is required or the house was burned/damaged completely)

3. How do you prioritize your most urgent needs:

| Most urgent needs | Highest priority | Medium priority | Least priority |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Food | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hygiene (soap, dignity kits etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Shelter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have chosen "other", please specify (indicate 1 for highest, 2 medium and 3 least).

4. What are you coping mechanisms in dealing with the conflict?

(Tick the applicable answer)

- cut down expenses

- borrow money
- receive benefits from the state
- receive help from humanitarian organizations
- find a new or another job
- open business
- moved to a rent apartment/ hosting family/ collective center
- visit psychologist
- other

If you have chosen "other", please specify.

ANNEX C
PSYCHOSOCIAL SUPPORT BASELINE SURVEY QUESTIONNAIRE

ACAP
PSS Beneficiary Receipt Form

Thank you for choosing ADRA Ukraine to be your trusted partner. We kindly request you to fill out the form to help us serve you better. Information collected will help ADRA to effectively and efficiently serve you. The information shared in this form will be **strictly confidential** and will not be shared by any other person or organization outside of ADRA. If you feel uncomfortable to share some of this information, please do not feel obliged to do so.

Do you have any question?

Yes

No

If yes, please indicate?

GENERAL INFORMATION

| | | | |
|---|--|---------------------|-----------|
| Client No. (to be provided by psychologist) | | Place of Residence: | Region: |
| | | | District: |
| Age: | | Passport No. | |
| Telephone No. | | Email address: | |

STATUS OF CLIENT

1. Status of displacement (Tick the applicable answer):

IDP

Host

Returnee

If you are a registered IDP, please indicate when you registered?

2. Are all people in your household registered as IDPs?

Yes

No

If no, why? (Tick the applicable answer)

Registration does not ensure enough social benefits

Time consuming

Cannot afford to register as an IDP

Too ashamed to register as an IDP

Other

If other, please specify:

3. Marital status

Single

Married

Divorced

Widowed

4. Please, provide the following information (Tick the applicable answer):

your family has school children

you lost a family member/relative due to the conflict

your family member/relative was injured due to the conflict

your family is single headed

you have pregnant or lactating women in your family

you have elderly or chronically ill members in your family

your house has been damaged or destroyed due to conflict

your family lost its income due to displacement

5. The composition of the family in regards to gender and age:

| | 3-5 yrs | 6-10 yrs | 11-14 yrs | 15-18 yrs | 19-35 yrs | 36-59 yrs | 60+ yrs |
|------|----------|----------|-----------|-----------|-----------|-----------|----------|
| Male | Quantity | Quantity | Quantity | Quantity | Quantity | Quantity | Quantity |

| | | | | | | | |
|--------|----------|----------|----------|----------|----------|----------|----------|
| | | | | | | | |
| Female | Quantity | Quantity | Quantity | Quantity | Quantity | Quantity | Quantity |
| | | | | | | | |

6. Has any member of your family received any psycho-social support since the conflict?

Yes

No

If yes, what kind of help and who provides it?

7. Were you or any of your family member affected physically due to the conflict?

Yes

No

If yes, please specify?

8. Were you or your family member affected psychologically due to the conflict?

Yes

No

If yes, please indicate the appropriate answer below with a tick:

| Issues: | How long have you been experiencing this? |
|---|---|
| <input type="checkbox"/> problems with sleep | |
| <input type="checkbox"/> addiction to alcohol | |
| <input type="checkbox"/> addiction to drugs | |
| <input type="checkbox"/> emotional stress | |

| | |
|--|--|
| <input type="checkbox"/> anxiety | |
| <input type="checkbox"/> depression | |
| <input type="checkbox"/> aggression | |
| <input type="checkbox"/> eating disorder | |
| <input type="checkbox"/> other | |

If other, please specify:

9. What is your attitude towards accepting psychological help?

10. What are your coping mechanisms in handling these complications?

11. Do you get any psychological support from the community?

Yes

No

If no, why do you think this is so?

12. Are you receiving social benefits from the state to deal with the psychological challenges you are facing?

Yes

No

If yes, what kind of benefits?

FOR OFFICIAL USE ONLY:

| # | Session | Date | Signature of recipient | Specialist (name, session type) |
|----|---------|------|------------------------|---------------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |

| | |
|--------------------------------|---|
| Recommendation for cash grant: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--------------------------------|---|

| | |
|--------------------------------|--|
| Reason for the recommendation: | <hr/> <hr/> <hr/> <hr/> |
| Approved by: | Name: _____ Signature: _____ Date: _____ |

If you are selected by ADRA Ukraine to receive ⁵unconditional cash grants, please note that you will be requested to share with us your personal information e.g. bank account details, ID Tax, address etc. in order to transfer the money to your account. ADRA Ukraine undertakes to keep the information provided **strictly confidential** and use it only for the purposes of psychosocial support.

I _____ agree that the information given above is true to my knowledge and that **IF** I am selected to receive the unconditional cash grant I will share my personal information so as to enable ADRA Ukraine to transfer the cash to my account.

Signature: _____

Date: _____

⁵ The Unconditional Cash Grant is provided to only the selected beneficiaries who comply with the criteria set out by ADRA Ukraine and its partners