This document is produced on behalf of the Humanitarian Country Team and partners.

This document provides the Humanitarian Country Team's shared understanding of the crisis, including the most pressing humanitarian need and the estimated number of people who need assistance. It represents a consolidated evidence base and helps inform joint strategic response planning.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

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PART I: SUMMARY

- Humanitarian needs and key figures
- Impact of the crisis
- Breakdown of people in need
- Concentration of needs
While absent from the international radar, the conflict in eastern Ukraine and its resulting humanitarian needs are a daily reality for 4.4 million people affected by the conflict, with no hopes for a quick end to their suffering. Some 3.8 million need humanitarian assistance, including livelihood and early recovery. Despite commitments to ceasefire over the past 30 months, hostilities continue. Of more than 10,000 people killed, 2,000 are civilians. Houses, schools, hospitals and other critical infrastructure continue to suffer damage. Some IDPs decided or were forced to return, as they could not afford anymore to live in the Government-controlled areas (GCA) where livelihood and shelter solutions are insufficient. However, they still continue to face difficulties in accessing Government support as well as limited services and markets in areas beyond Government control (NGCA). The conflict also intensified pre-existing systemic flaws, from ageing infrastructures to legislative shortcomings, etc. that, in turn, adds to the complexity of the situation, requiring concurrent humanitarian, recovery and development action. Insecurity, access constraints and limited resources are major challenges.

In winter, when temperatures drop below -20 degrees Celsius, any gap in assistance delivery will have life-threatening consequences. Households, finding durable solutions

As the situation becomes protracted, many civilians are increasingly unable to fend for themselves. Loss of livelihoods affects their ability to access basic services and erodes their ability to cope, especially for those living along the ‘contact line’ and in NGCA. This is further compounded by the difficult economic situation of the country, which results in increased vulnerabilities for many conflict-affected people. Depletion of savings is pushing many into debt forcing them into negative coping mechanisms. While some of the most urgent needs are addressed through the delivery of humanitarian aid, many households continue to struggle to survive and pay for basic services. The most vulnerable, both displaced and host communities alike, require solutions which go beyond humanitarian aid focusing on recovery and enabling self-sufficiency, including in NGCA.

HUMANITARIAN NEEDS

1. Protection
- Civilians continue to bear the brunt of the conflict.
- Hostilities, presence of landmines and Explosive Remnants of War (ERW) continue to threaten their lives and livelihoods. The Government’s decision to suspend social payments for 500,000-600,000 IDPs has had a devastating impact, particularly on IDP pensioners, many of whom live in NGCA. Legislation links the IDP status to access to social benefits, pensions and aid. The protractedness of displacement, Gender Based Violence (GBV), concerns related to housing, land and property are just some of the other major protection concerns. In 2016, many people returned back to NGCA as they could not afford living in GCA, in some cases, to areas of active hostilities. Others moved to places where humanitarian assistance is available. This unintended consequence of aid deliveries could become a significant pull factor unless people’s access to assistance, basic services and livelihood is addressed.

2. Access
- Access for people to goods, services and aid is challenging. The operating environment in Donetsk and Luhanska oblasts continues to be volatile, affecting assistance delivery. The ‘contact line’ has evolved into a difficult-to-cross border. Continued insecurity further hampers access for civilians and humanitarian actors alike. The temporary closure of the few main access corridors to NGCA regularly increases the hardship for people crossing. In NGCA, the de facto authorities imposed a mandatory ‘registration’ process of aid organisations, resulting in the suspension of operations for many actors. Some assistance continues to be provided, directly or indirectly, including through remote management. Government imposed bureaucratic impediments still remain in place.

3. Emergency shelter, water, health
- Time-critical humanitarian needs include shelter, water and health for people living along the ‘contact line’, in NGCA and in pockets of GCA. Access to health for one third of households in the conflict area is hampered, in an environment where every second family reports having one or more family members suffering from a chronic illness. Housing repairs continue, but ongoing shelling triggers new needs every day. Concerns on shelter, access to heating and running water are particularly high in winter. The risk and incidences of water shortages remain high across the front line as worn-out water supply infrastructure continues to suffer damage. Lack of mechanisms to pay utility bills across the ‘contact line’ also resulted in interruption of critical life-saving services, including water.

4. Disrupted livelihoods, finding durable solutions
- As the situation becomes protracted, many civilians are increasingly unable to fend for themselves. Loss of livelihoods affects their ability to access basic services and erodes their ability to cope, especially for those living along the ‘contact line’ and in NGCA. This is further compounded by the difficult economic situation of the country, which results in increased vulnerabilities for many conflict-affected people. Depletion of savings is pushing many into debt forcing them into negative coping mechanisms. While some of the most urgent needs are addressed through the delivery of humanitarian aid, many households continue to struggle to survive and pay for basic services. The most vulnerable, both displaced and host communities alike, require solutions which go beyond humanitarian aid focusing on recovery and enabling self-sufficiency, including in NGCA.
PART I: HUMANITARIAN NEEDS & KEY FIGURES

Based on population estimates by the Ukrainian Statistics Service as of 2016.

MoSP registered 1.7 million IDPs, countrywide. All of them need different type of assistance. Between 0.8 and 1 million IDPs reside permanently in GCA, while others move frequently across the ‘contact line’ and, for the purpose of the HNO, are accounted for in the population figure of those living in NGCA. Among those living in GCA, 0.3 million IDPs, the most vulnerable, are in need of life-saving humanitarian interventions.

PEOPLE IN NEED OF PROTECTION SUPPORT

CHILDREN (<18 YEARS)

0.3M

ADULT (18-59 YEARS)

0.5M

ELDERLY (>59 YEARS)

0.4M

BY AREA

GCA

75%

Luhanska

25%

Donetsk

65%

35%

Females

Males

NGCA

70%

50%

Females

Males

IDPs in GCA

CHILDREN (<18 YEARS)

0.7M

ADULT (18-59 YEARS)

1.0M

ELDERLY (>59 YEARS)

0.6M

BY AREA

GCA

70%

Luhanska

30%

Donetsk

40%

36%

Females

Males

NGCA

65%

35%

Females

Males

0.3M**

NO BREAKDOWN AVAILABLE

PEOPLE IN NEED OF WASH SUPPORT

3.7M

PEOPLE IN NEED OF PROTECTION SUPPORT

2.9M

ELDERLY WITH CHRONIC ILLNESSES

1.1M

MINES RISK EDUCATION NEEDS

0.6M

CHILDREN IN NEED OF SCHOOL KITS

0.2M

SHELTER NEEDS IN GCA AND NGCA

47k

NUMBER OF PEOPLE IN NEED OF HUMANITARIAN ASSISTANCE

3.8M

TOTAL POPULATION

45M

NUMBER OF PEOPLE AFFECTED

4.4M

* Based on population estimates by the Ukrainian Statistics Service as of 2016.
** MoSP registered 1.7 million IDPs, countrywide. All of them need different type of assistance. Between 0.8 and 1 million IDPs reside permanently in GCA, while others move frequently across the ‘contact line’ and, for the purpose of the HNO, are accounted for in the population figure of those living in NGCA. Among those living in GCA, 0.3 million IDPs, the most vulnerable, are in need of life-saving humanitarian interventions.
Largely unnoticed, the protracted crisis in eastern Ukraine continues to trigger humanitarian needs as fighting is still ongoing and hopes for a rapid solution are slim. Renewed attempts to implement the Minsk agreement brought limited respite for people in the conflict area. People’s coping mechanisms are weakened, making them more vulnerable as time progresses. Lack of trust, deepening political divide and the disruption of social networks due to displacement threaten social cohesion. Some steps have been taken by the Government assuming its responsibilities as duty bearer towards all Ukrainians, regardless of where they currently live. Yet, other measures appear to be discriminatory and attempts to put in place a comprehensive strategy to address the needs of all citizens are still in their infancy. The conflict and the continuously fragile political situation, coupled with the country’s unstable economic circumstances, affect the pace of much needed reforms to modernise the economy.

As conflict continues, and troops confront each other in densely populated areas, an estimated 4.4 million people continue to be affected by the crisis in eastern Ukraine, and their protection remains a key concern. Most of them, 2.9 million, live in areas beyond Government control. Pockets of humanitarian needs also exist in GCA. Many people fled the conflict area, within Ukraine and abroad. The Government has officially registered some 1.7 million people as Internally Displaced Persons (IDPs). Of these, between 800,000 and one million reside more permanently in GCA and – for the most part - require durable solutions. Despite security and other challenges, another group of registered IDPs, the majority of whom are female pensioners, move regularly across the contact line to access pensions and other social payments. Delinking social payments and pensions from the IDP status is crucial to ensure access of this latter group to the support they need.

Since the beginning of the conflict, almost 23,000 people were confirmed as injured and 9,700 killed. Most of the 2,000 civilian deaths resulted from indiscriminate shelling of residential areas. The ongoing violence presents a risk to life, safety and security for civilians living along the ‘contact line’ and for people crossing through checkpoints. Despite renewed commitments to the ceasefire, fighting never fully ceased. The situation remains fragile and prone to further escalation. Attempts to implement the disengagement of armed forces and weapons in specific locations as per new agreements reached by the Trilateral Contact Group in Minsk are still ongoing. In periods of relative calm, Explosive Remnants of War (ERW), Improvised Explosive Devices (IED) and landmines remain the most important threat for civilians. Challenges related to the receipt and restoration of identity and civil documents remain, so do concerns related to housing, land and property such as the lack of adequate housing for IDPs, looting, vandalism, and illegal occupation. Pre-existing protection concerns, such as gender-based violence, have been significantly heightened by the conflict. The human rights situation remains grim, particularly for people living in NGCA and along the ‘contact line’. Accountability will be key to the establishment of sustainable peace in Ukraine.

Damage to housing and critical civilian infrastructure continues to trigger humanitarian needs. In 2016, over 1,000 inhabited houses were newly damaged. Many residences offer limited protection to the extreme winter as windows and roofs are only covered with plastic foil. Many conflict-affected people cannot

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1. Despite a slightly improved performance in 2016 compared to the previous year, as per the World Bank Ukraine Economic Update (September 2016).


3. UN Human Rights Monitoring Mission in Ukraine (UN HRMMU) - Confirmed casualties between April 2014 and 15 November 2016. These are conservative estimates, the actual numbers of casualties are believed to be higher.

4. Shelter Cluster estimates.
afford coal or heating fuel and any gap or delay in assistance delivery is a direct threat to life, especially for the most vulnerable. Ageing water supply systems in the urban, densely populated area of Donbas are inter-dependent. Interruptions in one system have knock-on effects on others, with potentially sudden and large-scale humanitarian consequences. There are increasing difficulties in carrying out repairs as infrastructures continue to be damaged by the conflict and utility companies’ mechanisms to repay accumulating debts are yet to be found. This is further compounded by inability of population to pay for consumed services as they are under excessive pressure caused by the conflict. Of the 4.1 million people whose access to sufficient clean water is permanently affected by the crisis, some 950,000 experienced cuts in the second half of August 2016. The lack of money transfer mechanisms between GCA and NGCA triggered the suspension of electricity supply to water systems due to unpaid debts, leaving up to one million people on both sides of the ‘contact line’ temporarily without access to water. A major humanitarian crisis was averted as a humanitarian partner stepped in with a stop-gap measure, but this situation is likely to recur unless a permanent solution is found. The conflict’s impact on education is an additional concern for many families. In 2016, at least 24 cases of shelling on or in close vicinity of schools were recorded. IDP children have missed an entire year of school (12.5 months) while non-displaced children have experienced a gap of 3.5 months. Older persons living in institutions face significant risks of neglect, abuse and a progressive deterioration of their dignity due to lack of staffing, resources and access to basic care. Those living in NGCA, and in certain areas west of the ‘contact line’, face significant difficulties in accessing health care. Some 20 per cent of conflict-affected households in GCA also have at least one person with disabilities and specific needs.

Restriction of movement for people and goods between GCA and NGCA continue, reinforcing the isolation of affected communities in areas beyond Government control. The ‘contact line’ between GCA and NGCA has become a de facto border and the five official crossing points are overloaded. Since 2014, the Ukrainian legislation restricted freedom of movement of people and goods across the frontline. Since June 2015, additional limitations were imposed on commercial trade. This further disrupted market links and triggered an increase in consumer prices. Some 700,000 people travel across the ‘contact line’ every month in order to maintain family ties, look after property, access markets, health care and social payments in GCA. Waiting periods at the busiest and often unsafe checkpoints exceed, at times, 20 hours, forcing people to stay overnight with insufficient or no sanitary facilities and health care available. The humanitarian situation at the checkpoints regularly escalates due to heat waves in summer and the extremely harsh winter conditions, when reduced opening hours further slow down traffic, creating additional bottlenecks. Humanitarian partners continue to advocate for the opening of more checkpoints, and for the Government to ease restrictions of movement for civilians, restore commercial traffic across the frontline, resume banking and payment of social services. Timid attempts to reopen a cargo railway for coal transport were made in 2016. However, restrictions on trade remain largely in place. Government’s announcements to increase the amount of goods

5. WASH Cluster estimates.

TIMELINE OF EVENTS

February 2014
President Viktor Yanukovych flees following mass protests in Kyiv

April 2014
Armed groups take control of parts of the eastern Donbas region

August 2014
Preliminary Response Plan launched

November 2013
Protests commence in Kyiv

March 2014
Crimea Crisis erupts

June 2014
Ceasefire agreement reached, however, violence continued disproportionately affecting civilians in the area

September 2014
Minsk protocol signed
that individuals are allowed to transport over the ‘contact line’ (currently 50kg per person) are yet to materialize. Discussions at the Minsk-based negotiations around the opening of additional checkpoints, have yet to yield results.9

The suspension of social payments to IDPs is a major protection concern as pensioners are the only breadwinners for 38 per cent of conflict-affected families in GCA and 60 per cent in NGCA.10 Since February 2016, the Government suspended social payments and pensions for some 600,000 IDPs, until they revalidate their IDP certificates, portraying this as a way to fight ‘fraudulent schemes.’ This decision has increased movements of civilians across the frontline, and affected particularly pensioners residing in NGCA who, according to the Ukrainian legislation, are forced to register as IDPs to receive their entitlements. Almost 30 per cent of the conflict-affected people, including IDPs, are elderly, the majority of whom (more than 70 per cent) are women, who suffer particularly from limited access to health care, markets and social payments. This is of special concern, as they struggle to meet their basic needs, including hygiene items and mobility aids. The Government has launched a complicated procedure to verify the IDP certificates, which is proceeding slowly. Of some 390,000 appeals for reinstatement of social benefits which have been made after 8 June, 242,000 (or 62 per cent) have been reinstated, according to the Ministry of Social Policy, while some 84,000 (22 per cent) have been rejected and 63,000 (16 per cent) are still pending. Delinking the payment of social benefits (including pensions) from IDP status is essential. Authorities must ensure that all IDPs and people living in NGCA, regardless of registration status or location, are able to benefit from payments to which they are entitled.

The economic stagnation in the Donbas has been aggravated by more than two years of conflict. Families have depleted their savings and reduced spending on health and education in order to afford food. Women-headed households, especially those with children, are among the most likely to adopt negative coping strategies and suffer from food insecurity to a greater extent. This may be linked with lower income and higher dependency rates of female-headed households. The reduction of income for the conflict-affected population coincides with a significant increase of commodity prices.11 Many have stopped paying bills for electricity, gas and water, adding to the difficulties for utility companies to ensure supply. More households take on debt.12 Since the start of the crisis, prices for gas, heating, electricity, and other utilities have risen by 30 per cent.13 Mines and factories, many of which had been struggling before the crisis, suspended or reduced their operations due to security concerns, flight of workers, damage to facilities from shells and mortars, lack of investment and damage to transportation infrastructure. Many people are forced to make long and arduous detours to go to work or access markets and services. Some 45 per cent of the IDPs have difficulties in finding a new job14, and, in September 38 per cent...

### Timeline

<table>
<thead>
<tr>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td><strong>February 2015</strong></td>
<td>Minsk II signed. Provisions include facilitation of humanitarian assistance. Revised HRP launched</td>
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<tr>
<td><strong>September 2015</strong></td>
<td>Revamped ceasefire marks the start of the school year</td>
</tr>
<tr>
<td><strong>February 2016</strong></td>
<td>The Ministry of Temporary Occupied Territories and IDPs was established</td>
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<tr>
<td><strong>September 2016</strong></td>
<td>Renewed ceasefire agreements bring a short lull</td>
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<tr>
<td><strong>January 2015</strong></td>
<td>A Temporary Order by GoU limits Freedom of Movement and introduces ban on commercial supplies to NGCAs</td>
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<tr>
<td><strong>July 2015</strong></td>
<td>De facto authorities require ‘accreditation/registration’ in NGCAs. Humanitarian aid delivery to NGCAs is suspended</td>
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<tr>
<td><strong>February 2016</strong></td>
<td>Suspension of social benefits and pensions to some 600,000 IDPs</td>
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<tr>
<td><strong>October 2016</strong></td>
<td>Fighting picks up again</td>
</tr>
</tbody>
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9. An additional checkpoint in Zolote in Luhanska oblast has been prepared for opening, however had not started operations as of 31 October.
10. IAVA 2016.
11. In 2015, Ukraine observed the second highest food inflation rate in the world. Due to a deteriorating exchange rate (the Hryvnia is worth approximately three times less than in the beginning of the conflict) and a 30 per cent increase in gas and electricity tariffs, food prices increased by 40 per cent (ACAPS, Multi Sector Market Environment Analysis October, 2016).
12. Multi Sector Market Environment Analysis October 2016, ACAPS.
of IDPs were unemployed. IDPs employment is best in urban environments and significantly worse in towns of up to 100,000 residents and villages. While IDPs are hit particularly hard, unemployment among non-displaced population in the conflict area of Luhanska and Donetska oblasts are also higher than in the rest of Ukraine, with 28 per cent of the non-displaced experiencing difficulties in finding a job. In NGCA, while data on employment is difficult to obtain, surveys indicate that, for urban areas, in 11 per cent of households the main breadwinner had to change their job since the start of the conflict because their workplace had shut down or was inaccessible. The ongoing conflict also hampers agricultural activities. Two thirds of rural households in the conflict area rely on backyard livestock. Commerical and subsistence agriculture production in the area along the ‘contact line’ have experienced a significant decline since the beginning of the conflict.

An estimated 200,000 people returned to their areas of origin in NGCA in 2016, mostly to locations where there has been no fighting for over one year. Some involuntary returns have also been recorded as some people could not afford housing and utility costs in urban areas in GCA. More than one in 10 households living in NGCA had one or several members who had returned home this year. One third of IDPs plan to return when the conflict ceases. As the winter is approaching, some IDPs fear that they will not be able to afford the rising costs for heating and electricity, and would be forced to return to NGCA. This is particularly worrisome as livelihood opportunities in NGCA and along the ‘contact line’ are extremely limited and, while the scope for humanitarian assistance provision in GCA is narrowing down, the impact of recovery and development action remains limited.

Nationwide, IDPs and the group with lower socio-economic income within their host communities share similar living conditions. However, IDPs who have abandoned their homes, income, and their social and economic ties in the Donbas or Crimea, have additional vulnerabilities. As displacement becomes protracted, coping mechanisms are eroding. The attitude of host communities towards IDPs is largely characterised by understanding and solidarity. However, more than two years of crisis have weakened communities’ and their capacity to support others. The significant influx of IDPs has increased competition for jobs, putting pressure on social services and housing as well as rents and wages. A comprehensive national strategy to address displacement is needed. This includes the development of localised systems that benefit IDPs and their hosts; measures aimed at addressing structural reforms; and the adaptation of legislative frameworks to better respond to the consequences of the conflict.

People’s access to goods and services is a challenge. While aid delivery continues, organisations’ ability to reach those in need continues to be constrained by bureaucratic impediments and insecurity. De facto authorities continue to prevent many humanitarian organisations to operate in areas under their control. While the Ukrainian Government has somehow eased its previous procedural impediments to humanitarian aid delivery, challenges remain. This notwithstanding, humanitarian partners continue to provide assistance. In NGCA alone, partners provided food assistance to over 300,000 people and health support to 600,000 people. Shelter/NFI interventions reached some 40,000 people, protection-related actions covered the needs of some 140,000 individuals and some 10,000 children were supported with education projects through direct implementation or via local partners. The Inter-Agency Vulnerability Assessment (IAVA) results indicate that assistance has reached approximately 79 per cent of displaced households, and 28 per cent of the non-displaced vulnerable host communities. Cash transfer programming is a promising modality of aid delivery in Ukraine, especially GCA, where markets are functioning.In 2016, over 150,000 people have received multi-purpose cash (MPC) transfers, and many more received cluster-specific assistance in the form of cash or vouchers.

The Ukrainian Government has taken some timid steps to assume its leadership in responding to the needs of the population, including the creation of the ‘Ministry of Temporarily Occupied Territories and IDPs’ (MTOT&IDPs) which has a mandate for humanitarian and recovery coordination. This is an opportunity for meaningful engagement with the Government. Yet, the whole-of-the-Government systematic acceptance to assume its role as duty bearer for all Ukrainians, irrespective of where they live, is lacking. The humanitarian community is working closely with the MTOT&IDPs and local and central levels authorities. However, it will take more time and resources, as well as political will, for the Government to assume its responsibilities in full. Engagement with the Government is crucial to ensure a smooth transition from humanitarian to other type of coordination, where warranted.

17. IAVA 2016.
18. Food and Agriculture Organisation (FAO).
20. Multi-purpose cash transfer (MPC) transfers, 26 and many more received cluster-specific assistance in the form of cash or vouchers.
22. IOM National Monitoring System on the situation with IDPs, June 2016.
23. IAVA 2016.
25. Overall, 87% of households reported being within 5km of a functioning market, with only slightly more than 2% indicated they were 20km or more (IAMA 2016).
26. Multi-purpose cash transfer (MPC) matrix.
PART I: BREAKDOWN OF PEOPLE IN NEED

The cumulative impact of the conflict over the past 2.5 years has eroded people’s coping capacity, pushing them deeper into vulnerabilities. With no solution in sight, an estimated 4.4 million are now affected by the conflict—an increase of around 0.7 million compared to 2015. Of these, 3.8 million need humanitarian assistance. Their needs are different in sector, type and scale. 2016 saw a worrisome deterioration of the protection environment ensued from predicaments spanning from continuous fighting, and protracted displacement, to suspension of social benefits and pensions. In addition, socio-economic exclusion for people living in NGCA and along the ‘contact line’, disruptions/loss of income and livelihoods across much of the east, and higher cost of living trigger unsafe returns and have a knock-on effect on other aspects, including access to healthcare. In the WASH sector, more people are affected and need assistance due to major system-wide deterioration resulting from shelling of water infrastructure, lack of access to perform emergency repairs and maintenance, and lack of mechanisms to pay bills for water-supplying companies operating on the two sides of the ‘contact line’. While the most vulnerable require humanitarian assistance, structural reforms, including in legislation, are needed to rectify systemic drawbacks.

Despite persistent needs, an improvement has been observed in food security, education, shelter and non-food item sectors, with a smaller number of people affected and in need compared to last year. These improvement may be partially attributed to the humanitarian assistance provided and the relatively calmer security situation, among other factors. However, this positive development remains fragile.

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**NUMBER OF PEOPLE IN NEED BY SECTOR**

<table>
<thead>
<tr>
<th>IN NEED</th>
<th>AFFECTED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protection</td>
<td>2.9 M</td>
</tr>
<tr>
<td>Water, Sanitation &amp; Hygiene</td>
<td>3.7 M</td>
</tr>
<tr>
<td>Health and Nutrition</td>
<td>2.2 M</td>
</tr>
<tr>
<td>Food Security and Livelihood</td>
<td>1.1 M</td>
</tr>
<tr>
<td>Shelter/NFI</td>
<td>0.6 M</td>
</tr>
<tr>
<td>Education</td>
<td>0.6 M</td>
</tr>
</tbody>
</table>

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27 * MoSP registered 1.7 million IDPs, nationwide. All of them need different type of assistance. Between 0.8 and 1 million IDPs reside permanently in GCA, while others move frequently across the ‘contact line’ and, for the purpose of the HNO, are accounted for in the population figure of those living in NGCA. Among those living in GCA, 0.3 million IDPs, the most vulnerable, are in need of life-saving humanitarian interventions.

28 The estimates are based on the latest population data triangulated through various datasets from several sources, including State Statistics Services, Ministry of Social Policy, Ministry of Education and Science, provincial and district administrations in Donetska and Luhanska oblasts and a number of assessments undertaken by humanitarian partners.

29 38% of displaced households and 35% of non-displaced households reduce healthcare and education spending as a coping strategy to make ends meet in these difficult times (WVA 2016).
PART I: BREAKDOWN OF PEOPLE IN NEED

GOVERNMENT CONTROLLED AREAS

1.2M

CHILDREN (<18 YEARS)

0.3M

ADULT (18-59 YEARS)

0.5M

ELDERLY (>59 YEARS)

0.4M

Females

Males

52%

48%

52%

48%

65%

35%

52%

48%

51%

49%

66%

34%

GOVERNMENT CONTROLLED AREAS

NON-GOVERNMENT CONTROLLED AREAS

2.3M

CHILDREN (<18 YEARS)

0.7M

ADULT (18-59 YEARS)

1.0M

ELDERLY (>59 YEARS)

0.6M

48%

52%

49%

51%

66%

34%

48%

52%

64%

36%

IDPs IN GOVERNMENT CONTROLLED AREAS

0.3M*

CHILDREN (<18 YEARS)

40,000

ADULT (18-59 YEARS)

0.2M

ELDERLY (>59 YEARS)

80,000

51%

49%

60%

36%

40%

64%

* MoSP registered 1.7 million IDPs countrywide. All of them need different type of assistance. Between 0.8 and 1 million IDPs reside permanently in GCAs, while others move frequently across the ‘contact line’ and, for the purpose of the HNO, are accounted for in the population figure of those living in NGCAs. Among those living in GCAs, 0.3 million IDPs, the most vulnerable, are in need of life-saving humanitarian interventions.
In eastern Ukraine, people experience continuous violence and a variety of needs across multiple sectors. The map below illustrates locations where sectoral needs overlap and potentially compound each other, combined with security hotspots in 2016. The darker blue areas, concentrated along the ‘contact line’, indicate a higher level of criticality. The map also illustrates that the humanitarian situation in NGCA continues to be of serious concern, and that, in areas further away from the ‘contact line’ (including in NGCA), the concentration of needs across sectors is less evident. This reafirms multi-sector and other assessments’ findings, which show that while ‘pockets’ of humanitarian needs still exist, development and recovery actions are also warranted. Yet, it is highly unlikely that recovery and development actors will engage in NGCA or in areas of GCA close to the ‘contact line’, effectively contributing to create a zone at risk of ‘socio-economic exclusion’.

30. This map does not substitute for sectoral severity maps (see cluster sections).
PART II: NEEDS OVERVIEWS BY CLUSTER

INFORMATION BY CLUSTER

- Protection
- Water, Sanitation and Hygiene
- Health and Nutrition
- Food Security and Livelihood
- Shelter/NFI
- Education
- Logistics

INFORMATION GAPS AND ASSESSMENT PLANNING
The protection environment in Ukraine deteriorated in 2016, not only in NGCA and along the ‘contact line’ where fighting continues but also across the country, as IDPs face increasing difficulties to cover their basic needs. Many people have exhausted their savings. The suspension of social benefits and pensions to IDPs in early 2016 deprived many of their only source of income to cover the basic cost of living such as food and accommodation. This resulted in an increasing number of people turning to humanitarian agencies and the state for assistance. Others have been forced to involuntarily return to NGCA, as they cannot afford to stay in GCA due to significantly higher costs of living, including for utilities and housing. The trend of involuntary returns is expected to continue due to the lack of livelihoods and integration opportunities in the areas of displacement.

While shelling accounts for most of the civilian casualties, one third are caused by mines, Explosive Remnants of War (ERW), booby traps and Improvised Explosive Devices (IED)-incidents.

The presence or suspicion of ERW and mines contamination hamper freedom of movement, agricultural activities and disrupt essential services provision. Contamination at both formal and informal civilian crossing points is a particular concern. Thus far, partners cleared 18,500 hectares from UXOs and mines and more than 210,000 pieces of explosives have been destroyed. However, large areas in both GCA and NGCA are believed to remain mine-contaminated.

People living in NGCA of Luhansk and Donetsk face protection risks, including restrictions of freedom of movement and delivery of humanitarian assistance, as well as restrictions on movement of humanitarian goods, including food and medicines. The absence of rule of law in NGCA has resulted in human rights violations. In August 2016, de facto authorities in Donetsk excluded IDPs from the list of groups entitled to receive humanitarian assistance, further exacerbating their vulnerability.

By the end of October 2016, the Ministry of Social Policy (MoSP) officially registered almost 1.7 million persons as IDPs. IAVA results indicate that at least 15.8 per cent of IDP households have unregistered IDPs in their families, but this figure could be considerably higher as it does not include those whose entire families are unregistered.

MINE CASUALTIES

34% of all conflict-related civilian casualties

CHILDREN IN POST TRAUMATIC DISTRESS

25% High level of PTD in Donetsk and Luhanska oblasts (GCA)

28% 23%

IDP GBV SURVIVORS REPORTING GBV

63% GBV survivors not seeking assistance out of 2,338 female IDP survivors
tion is mostly due to lack of necessary documentation needed to register with MoSP. Other reasons include administrative hurdles, lack of information or other concerns, including fear of military conscription or discrimination. Some of these registered IDPs regularly move across the contact line to access services, banking systems, social payments, including pensions as well as markets. Movement between GCA to NGCA is only authorised through certain pre-identified corridors, which are often closed upon discretion of the authorities due to shelling or other security concerns. The five operating checkpoints lack adequate health, sanitation and shelter facilities, while long queues force people to wait for hours, and sometimes even overnight. This is particularly challenging for the elderly, those with disabilities, families with children and pregnant women.

The suspension of social payments to some 500,000-600,000 IDPs in early and mid-2016 has emerged as a new protection concern. Access to state financial entitlements, including pensions, disability allowances and other social payments is linked to IDP registration. Thus, people residing in NGCA and displaced persons who may not be able to or may not want to be registered as IDPs are deprived of state financial assistance. The ongoing verification procedure is complicated due to contradictions in the existing legislation. This presents a particular hardship for people who have to cross the ‘contact line’ in order to undergo the verification procedure, as well as all those who need to queue for extended periods of time in multiple government offices, and face significant travel costs in order to have their benefits and pensions reinstated.

Administrations in Donetska and Luhanska oblasts (GCA) report delays of one to two months in verification inspections required for the resumption of suspended social benefits and pensions. IDPs also face additional difficulties in finding housing and livelihoods opportunities given an already saturated housing market in many areas of displacement. Some IDPs return to NGCA for fear of potential confiscation and expropriation of their property. Cases of looting and vandalism of property have also been reported in both GCA and NGCA, as well as illegal occupation, expropriation and confiscation of assets. In addition, there has been an increase in evictions and threats of evictions from collective centers in GCA, leading to secondary displacement, as well as involuntary return to NGCA. Given that the majority of persons living in collective centres are persons with specific needs, including older persons, this means that the most vulnerable, countrywide, are at risk of evictions.

Child protection remains a major concern in the conflict area. Children are particularly vulnerable since their protective environment is weakened. Family separation and extreme stress on their caregivers as well as breakdown of the social fabric

in general are of concern, especially for those children with disabilities or living in institutions. Men and boys are at risk of pressure to join armed groups and there have been reports of recruitment efforts in educational institutions, as well as reports of military use of education facilities.

Gender-based violence (GBV) remains a significant risk in eastern Ukraine, particularly close to the ‘contact line’. The high concentration of military and paramilitary groups, coupled with a proliferation of weapons, weak law enforcement and impunity for perpetrators, has increased the risk of GBV, particularly for IDP women and adolescent girls. Low reporting of GBV cases further deepens vulnerability. A GBV assessment commissioned by UNFPA identified access to life-saving information and services, including shelters for GBV survivors, improvement in referrals and coordination of service providers, as well as the empowerment of community-based Organisations working with women, as key needs for communities living along the ‘contact line’.

**AFFECTED POPULATION**

- People living along the ‘contact line’.
- People living in NGCA, including IDPs and returnees.
- IDPs with specific needs, including people with disabilities, female-headed households, ethnic and religious minorities.
- Older people who have not yet reached pensionable age, but may not be entitled to humanitarian assistance as they do not fall under traditional vulnerability criteria.
- People living in GCA and at risk of involuntary return to NGCA, including those living in collective centres at risk of eviction.

**HUMANITARIAN NEEDS**

- Ensure life-saving protection by presence through monitoring and reporting on protection concerns and human rights violations, including in institutions that host children and other vulnerable groups. In addition, assistance with durable solutions and finding alternative housing is required for residents of collective centres facing eviction.
- Promotion of interventions to prevent displacement. This includes robust expansion of assistance delivery in NGCA, where possible.

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39. According to UNFPA, only 37 per cent of 2,318 female IDP GBV survivors sought assistance from specialized services.
40. According to UNFPA, female IDPs (68 per cent out of 2,318) are reported to be 2-3 times more vulnerable to GBV outside of family environment than non-displaced population (16 per cent out of 5,363 women).
41. According to DANISH REFUGEE COUNCIL, Case Study of Risk of Adolescent Involvement in Military Activities, March 2016.
• Strengthen the capacity of state and non-state service providers to respond to and prevent GBV in a coordinated, inter-sectoral format.

• Survivors of violence and those at risk of violence need to have access to continuous psychosocial assistance and “safe spaces”. Women, girls and boys experiencing domestic violence and other forms of violence are forced to remain in unsafe living environments because there are no alternatives. Psychosocial support services need to be scaled up, since the number of individuals, in particular children, who need specialised one-on-one care has greatly increased. Support is needed for specialised service-providers such as psychologists/social workers as well as for community-based support mechanisms.

• Life-saving information on access to services needs to be systematically shared with affected population. This includes information on health, psychosocial and legal services relating to human rights violations, including detention and missing persons, information on GBV related risks and availability of services in cases of sexual violence.

• Protective environments for children and their families particularly along the ‘contact line’ need to be restored, established and/or strengthened. Tailored assistance and support, including cash, material assistance and referral pathways to adequate services or through community support.

• Support measures for access to justice, legal aid and legal services are needed, particularly in areas with lack of rule of law. Legal advice regarding detention and missing persons and counselling on housing, land and property issues as well as access to social payments are also needed.

• Access to documentation and legal advice to ensure that birth, death, marriage, divorce and temporary or permanent legal guardianship of children separated from their parents in NGCA are registered by the Ukrainian Government. Legal and administrative barriers that further isolate Crimeans from Ukraine must also be tackled.

• The conflict-affected population should be prioritised for livelihood activities to counter possible harmful coping practices.

• Mine action activities, including: (i) Mine/ERW risk education (ii) victim assistance (iii) capacity strengthening in the areas of marking, surveying and mine clearance.
WATER, SANITATION & HYGIENE

OVERVIEW

Water supply to populations on both sides of the ‘contact line’ is frequently disrupted. Some 4.5 million residents in Donetska and Luhanska oblasts are at risk, with 4.1 million currently affected: of those, 3.7 million people will need assistance in 2017, including around 200,000 displaced people.

Main water supply lines cross and run along the ‘contact line’, where fighting has repeatedly caused damage to infrastructure, reducing or at times stopping operations of the water systems. Pumping capacity is often reduced due to damage or electricity cuts. From January to November 2016, at least 20 incidences of shelling on water facilities and 23 incidences of electricity cuts, directly affecting the water supply, were reported to the WASH Cluster. As a result of water stoppages, coping strategies are taken up, including the water utilities restricting distribution to a few hours or alternative days, water trucking, and people using alternative water sources. Ultimately these not only compromise the quantity and quality of water available, but also could lead to reduced hygiene levels and increase the risk of water-borne diseases.

In addition to damage resulting from the fighting that impacted the functionality of water systems, several systemic factors, exacerbated by the conflict, affect critical maintenance and repairs of water and sanitation infrastructure in the eastern region of Ukraine. For example, lack of access to markets reduces supplies of essential equipment and materials necessary to ensure adequate water and wastewater treatment, and water quality monitoring. Water supply and sanitation utilities have also lacked resources to perform adequate maintenance and repairs.

Available data indicates that the water supply company Voda

<table>
<thead>
<tr>
<th>PEOPLE IN NEED OF WASH</th>
<th>WATER SUPPLY DISRUPTIONS</th>
<th>WATER FACILITIES DAMAGED</th>
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</thead>
<tbody>
<tr>
<td>4.1 million people affected across the contact line in 2016</td>
<td>43 critical incidents disrupted water supplies in 2016</td>
<td>In 2016 20 water facilities shelled</td>
</tr>
</tbody>
</table>

Donbassa, serving people on both sides of the ‘contact line’ in Donetska Oblast, operates infrastructure worth 1.9 billion UAH (USD73m), but the annual repair investment costs of only 40 million UAH (USD1.5m) are currently feasible. The lack of mechanisms to repay debts between GCA and NGCA presents an additional risk to water supply, particularly in Luhanska oblast, where the supply company has been split up due to the conflict. Incidents in September and October 2016 triggered by the actions of electricity companies, cutting the electricity supply or raising court orders, threatened the

44. WASH severity is calculated, by rayon, on the basis of: a) dependence on high-risk water supplies; b) proximity to the ‘contact line’ and c) ease of humanitarian access. Areas that are affected by all three criteria are defined as critical.

45. Rehabilitation of Communal Infrastructure in East Ukraine: Assessment of Donetsk Filter Station, Krasnoarmeysk WTP and Hydraulic Structures at Karlovskoe Lake, May 2016, Posch + Partners.
essential supply of safe water to up to one million people in Luhanska oblast and 3.6 million people in Donetska oblast. Although the previously reported presence of armed groups at a number of water facilities has been resolved, such facilities remain sensitive as a potential target. Mines and UXOs hamper access to the infrastructure for inspection, maintenance and repair.

The quality of water provided through public and private utilities directly affects the entire population connected, as do water supply disruptions. In many cases, households store water in sufficient quantity to bridge periods of interruptions, under less-than-ideal conditions. For example, around two thirds of IDPs report storing water in this way. Poor storage practices, using vessels without lids, means that further water contamination can occur. Around 66 per cent of IDPs reported storing water at household level, but many lacked a knowledge of the quality of that water. Treatment of water is almost exclusively by boiling which is ineffective if chemical pollutants are present.

Vulnerable people, such as the disabled, the elderly, or people in lower incomes households, in care homes and other social institutions reportedly cannot source essential hygiene items. The most required non-food items (NFIs) for older people are hygiene supplies: toiletries (87 per cent), bedclothes (82 per cent), female hygiene items (64 per cent) and incontinence bed pads (35 per cent). Some 13 per cent of older people are in need of a toilet chair. Care homes, orphanages, schools and health centres, especially in rural areas, often lack sufficient water storage, and have inadequate or broken sanitation facilities and heating systems.

There are additional dynamic risks to people living in areas covered by conflict-affected water supply systems. Unreliable water treatment and supply, coupled with compromised hygiene behaviour due to reduced volumes of water, low vaccination levels, and only limited disease surveillance and response capacities pose an increased risk to public health, especially in the areas along the ‘contact line’. According to WHO, cholera is present in Ukraine. In addition, centralised heating systems rely on continuous water and power supplies which are vulnerable as winter sets in. Thirdly, a water crisis may potentially trigger population movements, increasing the hardship faced by people and overstressing the already limited capacity of humanitarian organisations to assist. Lastly, poorly managed solid waste and chemicals present in unused industrial areas, risk polluting the environment, or water sources, in some cases with actual risks of explosion or major pollution incidents due to the nature of chemicals stored.

**AFFECTED POPULATION**

- Of 4.1 million affected residents approximately 3.7 million require WASH assistance, living mainly in urban areas, in and along the ‘contact line’, and both in GCA and NGCA linked through key infrastructure: due to their dependency on piped water which continually falters.
- Of those affected it is estimated that 200,000 are IDPs, currently still facing instability, and will require active WASH assistance in 2017.
- Elderly people, children, and disabled people are considered especially vulnerable with specific needs, particularly in regards to access to hygiene items.
- Residents of care homes, schools, health facilities, collective centres and other social institutions in the areas along the ‘contact line’ and NGCA.

**HUMANITARIAN NEEDS**

The water- and sanitation-related humanitarian needs experienced by people affected by the crisis living in eastern Ukraine require the following issues to be addressed:

- Ensure a reliable supply of safe water to all conflict-affected people, focusing on restoring conflict-damaged water supply networks, water-related electricity supplies and treatment plants. Emergency water supply through water trucking or bottled water, only where necessary, to fill gaps.
- Provide water and sanitation equipment and water treatment chemicals, prioritising life-saving continuity of water and sanitation provision, promoting greater access to markets so that actors can continue with normal and emergency operations.
- Ensure water quality is adequate, promoting water testing through water companies and cluster partners, provision of materials, laboratory supplies, reagents and equipment at treatment stations and laboratories; water testing coordinated with health authorities, and the Health Cluster.
- Effective support for the provision of adequate sanitation services; functioning sewage systems and treatment of wastewater, including access to equipment, electricity supply and disinfectants. Address specific solid waste management, or pollution risk issues where they occur.

46. WASH Cluster Bulletins, September/October 2016.
47. KAP Survey, Action Contre La Faim (ACF), December 2015
48. Ibid
49. Ibid
51. Ibid
• Improve WASH facilities at checkpoints.

• Ensure adequate water storage and supply, sanitation facilities, access to cleaning materials, and hygiene promotion in institutions such as schools, health centres, orphanages, old people’s homes, collective centres or other social centres in areas affected by the crisis:

• Hygiene promotion to the affected population, prioritizing vulnerable groups, especially children, being sensitive to the already relatively high standards.

• Distribution of hygiene kits targeting vulnerable groups by age, sex, ability and level of poverty, or as part of contingency planning, but utilizing cash- or voucher-based programming whenever possible to allow people to buy their own essential hygiene items.

• Prepare and provide support for new developments, including winterization of WASH assistance (provision of hot water); response to outbreaks, population movements or shelling incidents.

• Provision of coordination of partners and engagement with the authorities. Advocacy for sustainable solutions to ensure continuity of essential services to crisis affected people.
**HEALTH AND NUTRITION**

**OVERVIEW**

In total, 2.2 million people in eastern Ukraine are currently in need of essential and life-saving health care services, facing lack of availability and access to quality health services, while experiencing worsening of their health status due to the conflict.

The most common causes of morbidity among affected population are non-communicable diseases. Some 50 per cent of them reported having one or more family member suffering from a chronic illness, with the rate significantly higher among the population residing along the ‘contact line’. Winter conditions are an additional challenge, especially for those without adequate shelter or heating, which puts children and elderly at particular risk of pneumonia and hypothermia.

The risk of communicable disease outbreaks in NGCA and along the ‘contact line’ is an issue of particular concern, related to potential water supply interruption, low immunization rates, poor disease surveillance system and inadequate state and other funding of critical diseases control programs. Poor access to prevention and treatment for HIV-infection and tuberculosis (TB), and lack of valid data for NGCA compounds matters even further.

Reportedly, TB incidence in NGCA and along the ‘contact line’ has increased, with 1,800 new TB cases during 2015 and other potential and estimated unrevealed 1,200 cases. Every fourth new case is drug-resistant TB (MDR-TB and XDR-TB) while only half of them are enrolled into treatment with no clarity on its coverage beyond 2017. The penitentiary system is of particular concern, as it imposed a huge risk of further spread of drug-resistant TB in the area.

Similarly, around 8,300 people living with HIV who are not enrolled in treatment are at risk of interruptions in Antiretroviral Therapy (ART) after July 2017. In total, an estimated 35,000 adults and children live with HIV in Donetsk and Luhansk NGCA, while only half of them are diagnosed and registered. Another concern is new cases of children infected by HIV through mother-to-child transmission. Lack of consumables for rapid testing for TB, HIV and hepatitis jeopardizes timely diagnostics and effective control of the diseases, as well as blood safety provision, which, along with lack of leadership and awareness, produces huge risk of further spread of the diseases in the area.

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**ACCESS TO ESSENTIAL HEALTH CARE**

- **30%** in rural areas/contact line with no access to essential health care
- **50%** with no access to psychosocial support

**LIFE-SAVING NCD CARE IN NGCA**

- **50,000** diabetes patients
- **94,000** cancer patients

**COMMUNICABLE DISEASES IN NGCAs**

- **4 out of 10** potential TB cases not detected
- **Every 2nd** potential HIV case not detected

**SEVERITY MAP**

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52. UNA 2016
53. WHO estimates
54. Health and Nutrition cluster used the following indicators: # of IDPs and vulnerable population in need of essential health services, # of health facilities damaged and/or in need of essential medicines
55. UNICEF Emergency project report on ARV provision through GAVI in NGCA of Donetska and Luganska Oblasts.
The routine vaccination programme in NGCA is not functional. Information available indicates a lack of basic vaccines for regular immunisation, including for polio and measles, which in turn could result in an increase of mortality among children under five years of age. Any disease outbreaks that may occur will potentially spread quickly beyond NGCA, as vaccination coverage significantly declined in Ukraine since 2008. This is further compounded by the lack of data sharing systems (including events and outbreaks under International Health Regulations, IHR 2005). This increases the risk of untimely identification of outbreaks at a developed phase, which will be more difficult to address.

Health care services are often not available or not accessible for the affected population: at least one out of four IDPs and one out of three residents in GCA and NGCA experience difficulties in accessing healthcare, especially for those living in rural areas and along the contact line. The main reason for this is the unaffordability of medicines (high prices) and medical consultations/services.

Primary health care services, as well as expert and tertiary care are largely unavailable, especially in rural areas and along the ‘contact line’. In total, more than 152 hospitals were shelled during the conflict, including 30 which operations were halted or reduced because of damage. Medical and diagnostic equipment is often outdated or not in use as spare parts are not available and/or affordable. Both in GCA and NGCA of Luhanska and Donetska Oblasts, medical staff is increasingly lacking (up to 50 per cent in some areas). As a result, around 20 per cent of people residing along the ‘contact line’ do not have systematic access to a functioning health care facility. This is compounded by a lack of public transportation, especially for those with limited mobility.

Furthermore, all state-subsidised health services in NGCA are highly dependent on humanitarian donations of medical supplies to function properly, which affects people with chronic diseases, such as diabetes, cardio-vascular diseases, cancers, as well as surgery, reproductive health and pediatric care. Irregular supply of insulin and individual diagnostics supplies to NGCA deprived some 50,000 patients of life-saving treatment and diseases management. Similarly, limited supplies for haemodialysis treatment put more than 200 patients at risk of death. Maternity wards/hospitals also lack medicines and consumables for care for complicated deliveries.

Lack of capacity and health technology hampers adequate trauma care for injured people. In total, more than 22,000 people were injured since the beginning of the conflict, according to UN Human Rights Monitoring Mission in Ukraine. This results in a heavy burden of disabilities that are not rehabilitated well.

The increased need for psychosocial support and mental health services placed greater pressure on a system that was already straining to provide sufficient access to care for those in need. Almost half of the population, both IDPs and residents report having no access to psychosocial support. The population along the ‘contact line’ has even more needs in this regard and significantly less access to it (56.7 per cent to 48 per cent in other areas of Donetska and Luhanska oblasts).

Women and girls are reportedly more vulnerable due to the crisis-induced increased need in health care services for themselves, their children and elderly relatives. Meanwhile, access and affordability of such services is even a greater challenge for them. Given the pre-existing low capacity of sexual and reproductive care services, as well as legislative constrains, women are not able to access appropriate services. Nutrition studies identified increase in anaemia in pregnant women living in conflict-affected areas. Gender- and sexual-based violence (GBV and SBV) are still much underreported and are not adequately tackled through available health services.

People with disabilities and the elderly are among the most vulnerable. Around 70-87 per cent of older people have at least one chronic disease while 63 per cent cannot afford required life-saving medicines. A great proportion of older people experience need in psychosocial support, with 33 per cent of people in GCA and 43 per cent of people in NGCA suffering from severe psychological distress. Although most people do not report to have problems accessing healthcare, but accessibility issues may be underreported due to the lack of awareness of the term "access for people living with disabilities". For example, 61 per cent of older people cannot move independently, while in many areas there are no available health care facilities within an accessible distance.

AFFECTED POPULATION

Some 2.2 million people living close to the ‘contact line’, in rural areas and in NGCA, whose access to health services, especially primary health care, mental health and reproductive health is limited.

Among those, the most vulnerable include:

56. IAVA, MSNA 2016. Includes coverage and quality of the available services, as well as physical access to them.
57. Includes availability of functional health care facilities, staff, supplies and services, also covering financing and management issues.
58. IAVA 2016.
59. IAVA 2016.
60. Female elderly patients build the bulk of the daily PMR consultations at MU level with a disparity of 80-20 per cent in relation to males (source: MCI).
61. UNICEF/WHO led assessment on elderly in GCA of Donetska and Luhanska oblasts and NGCA of Donetsk reports that (April 2016).
PART II: HEALTH AND NUTRITION

• 1,096,000 elderly people above 60 years of age with at least one chronic illness;
• At least 200,000 people with functional limitations, disabilities and injuries, including children and IDPs;
• 27,500 women, including IDPs in GCA, NGCA and along the 'contact line' in need of adequate maternal health services;
• Around 50 per cent of affected by conflict people in need of mental health and psychosocial support, who do not have access to care.

Population groups in need of life-saving health care for chronic conditions (non-communicable diseases) include:
• 50,000 diabetes patients in NGCA;
• 94,200 cancer patients in NGCA, including children;
• 292 patients in need of haemodialysis.

Population in need of support under critical diseases control programmes for communicable diseases include:
• Around 18,000 potentially unrevealed HIV-infected in NGCA: every 2nd potential HIV case is not revealed;
• Around 8,300 HIV-infected patients at risk of interruption of treatment;
• 1,400 potential unregistered TB patients in NGCA: 4 out of 10 potential TB cases are not detected;
• 618 MDR-TB patients (over 50 per cent of all revealed MDR-TB cases) not enrolled in treatment;
• Estimated 32,800 adults in GCA, NGCA and areas of high concern in need of sexually transmitted infections (STI) treatment.

HUMANITARIAN NEEDS

Reduced availability, quality and access to the essential and life-saving health care services are posing serious concerns. In particular:
• Primary health services are unavailable or hardly accessible in many areas, while medicines are too expensive for the affected population;
• Health care facilities are experiencing lack of human resources and necessary medical supplies and consumables;
• Rehabilitation care for injured and people with disabilities at primary and secondary levels is not available;
• Lack of state-procured medical supplies is endangering life-saving care provision for non-communicable diseases (cardio-vascular, diabetes, acute respiratory and chronic diseases, cancer);
• MHPSS care is largely not available for the affected population due to the lack of trained care providers and non-functioning referral system, as well as legal constraints; health services for GBV survivors, including post rape care, enhanced referral pathways, is either not available or not user friendly.

The following shortcomings cause negative consequences to the overall health situation:
• Lack of Early Warning and Response Network (EWARN) and insufficient water quality monitoring and treatment for timely detection, reporting and response to avoid outbreaks in NGCA;
• Lack of outreach screening and early detection of TB and cancers among population residing in the buffer zone and close to the ‘conflict line’;
• Lack of rapid diagnostic test for STI in both NGCA and GCA;
• Lack of supplies for treatment and diagnostic consumables for TB/MDR-TB and HIV in NGCA, as well as technical expertise with regard to data collection, training and strengthening health systems;
• Lack of basic vaccines, in particular, bivalent Oral Polio Vaccine (OPV), for routine vaccination programme; vaccine supplies chain is disrupted and immunisation programme is not fully aligned with international standards.

In addition, lack of awareness and education of population on prevention and care of primary health care issues and health risks, such as waterborne diseases contribute to the aggravation of health status of the affected population. Many health care facilities are damaged, under-equipped and under-staffed, while remaining medical and non-medical professionals require proper training in life-saving and essential care provision, such as trauma care, mass casualties’ management, syndromic management of non-communicable diseases (NCDs), childhood illnesses, nutrition and breastfeeding, STIs, post-traumatic stress disorders etc.
FOOD SECURITY AND LIVELIHOOD

OVERVIEW

Up to 600,00063 people in Luhanska and Donetska oblasts face some form of food insecurity and an additional 300,000 have little or no livelihood. Of these, 60 percent live in NGCA and along the ‘contact line’64. IDPs in GCA are among the most food insecure. A WFP survey among 1,600 families indicate that half of them have reduced health and education expenditures as a coping strategy 65. Some 25 percent have accumulated debt, mainly to purchase food. The increase in utility prices further impacted on their financial situation. Women-headed households, especially those with children, are among the most likely to adopt negative coping strategies. While the percentage of people needing food assistance decreased, more people need livelihood interventions, especially IDPs whose social benefits are suspended. In addition, a ‘non-traditional’ vulnerable category, unemployed adults (18-50 years old) who have exhausted their coping mechanisms now need food and livelihood assistance.

Although the economy showed some improvement in 2016 and this trend is forecasted to – slowly - continue in 2017,66 the economic reality of conflict-affected families remains difficult. Rising prices,67 losses of income and livelihoods undermine their resilience, constraining access to education, healthcare and housing, and pushing many into debt. Such economic hardship reveals a need for radical structural reforms in the economy and social sectors. Livelihood restoration is a key component to ensuring people’s income security, recovery of the local economy and return to self-sufficiency.

Prices play a large role in people’s access to food. Households depend on markets to meet their basic needs.68 WFP Market monitoring in 2016 show that food is available and markets are accessible in GCA and NGCA. Yet, access is constrained for those living in areas of conflict, while lack of income hampers access to goods regardless of people’s proximity to the ‘contact line’. The State Statistics Services of Ukraine (SSSU) reports that, in 2014, an average of 51.9 percent of the

NO. OF PEOPLE IN NEED

1.1 M

SEVERITY MAP (FOOD SECURITY ONLY)69

63. Based on IAVA, and consultation with partners in Kiev and in the field. People facing moderate food insecurity are those who have significant food consumption gaps or are able to meet minimum food needs only with irreversible coping strategies.
64. WFP Food Security Monitoring System (FSMS).
67. According to WFP market update for August – September 2016, food prices in Luhansk and Donetsk NGCA had increased by 14% and 40% respectively compared to the national level.
68. Food Security Cluster used the following indicators: food consumption score, food expenditure and coping strategy index. All of them were combined to create the food security index, which has 4 categories: severe food insecure, moderate food insecure, marginally food secure and food secure.
69. WFP food security assessment, June 2016.

BASKET FOOD PRICES (UAH) 2016

- 800
- 600
- 400
- 200
- 0

UAH

2016

Luhanska/Donetska oblasts NGCA
Luhanska/Donetska oblasts GCA
National
Pre-conflict (2014)

61% reduce costs to satisfy basic needs

COPING STRATEGIES OF IDPS

Energy requirements increase by 100 kcal per person per day with every drop of 5°C below 20°C

FOOD CONSUMPTION SEASONALITY

Food security needs intensify as temperature drops

Energy requirements increase by 100 kcal per person per day with every drop of 5°C below 20°C
households’ income was spent on food. In 2016, partners estimate that IDPs in GCA spent up to 70 per cent of income to purchase food. This figure goes up to 80 percent for those living in NGCA. Between March 2014 and September 2016, the food basket value has increased by 52 percent, country-wide. The national average of retail food basket prices (UAH 649, or USD 25) is lower than in Luhansk NGCA (UAH 740 or USD 28 - 13 percent higher) and Donetsk NGCA (UAH 905 or USD 34 - 40 percent higher). Trends show that prices increase across all types of food in winter, and more so for fresh produce (vegetables, milk and meat). Increased prices force people to resort to negative coping strategies, such as buying lower cost food items, especially among older women. Household’s reliance on self-production has also increased. The second source of food is the households’ own agricultural production, for those who have access to land. This is, however, affected by high prices of seeds and fertilisers, difficult access to irrigation, insecurity and ERW contamination, especially along the ‘contact line’.

The conflict forced closure of mines, factories and other economic activities leading to job losses. Fighting damaged transport infrastructure, affecting trade and jobs. People rated unemployment amongst their top concerns. SSSU report unemployment rates for the first half of 2016 in Donetsk and Luhansk as 14.7 per cent and 17.4 per cent, respectively, compared to 9.8 per cent country-wide. IAVA 2016 shows that 49 per cent of all IDPs and 28 per cent of non-displaced and 23 per cent in NGCA. Some 28 per cent of non-displaced households reported difficulties in finding jobs. This ratio is of one in four for non-displaced males. Some 45 per cent of IDPs and 28 per cent of non-displaced households reported difficulties in finding jobs. Among these, in GCA 38 per cent rely on pensions as their primary source of income, and this figures reaches 60 per cent in NGCA. Some 28 per cent of non-displaced and 37 per cent of IDPs had no income in the previous month. Another assessment indicate that, for a third of respondents, humanitarian aid is an important source of income, followed by irregular earnings (22 per cent) and financial support from family members (11.6 per cent). It also shows that IDPs who do not have job intend to satisfy their basic needs by reducing costs (61 per cent), addressing state authorities (29 per cent), NGOs or international Organisations (31 per cent), by working longer hours (22 per cent) or through relatives’ support (21 per cent).

Measuring the income of the population in NGCA is challenging. Partners’ surveys and proxy estimates suggest that their income is not higher than the national average. People residing in Luhansk and Donetsk GCA have an average monthly income of 3,422 UAH (USD 134), against a country average of 5,122 UAH (USD 199). In conflict-affected areas, 46 percent of households, and 38 per cent of families with pensioners earn incomes below the minimum wage of 1,450 UAH (USD 54). The average income of 28 per cent of households composed of elderly people only is 1,780 UAH (USD 69). State Statistics Service of Ukraine indicate that the average salary in first quarter 2016 for male employee was 5,379 UAH (USD 207) compared to female – 3,966 UAH (USD 153). This significant gap might also explain the different levels of food consumption for female and male-headed households.

2016 has witnessed some encouraging signs in terms of livelihoods support leveraged through recovery programmes (business development, employment generation). Authorities have also taken up responsibilities in this area as witnessed by the emergence of Regional Development Plans for Donetsk and Luhansk Oblasts (GCA). Yet, recovery programming, because of its longer-term nature, will have limited short-term impact on vulnerable groups.

**AFFECTED POPULATION**

Up to 1.1 million people are food insecure and in need of livelihood; 600,000 of those are in need of food security interventions. Of these, around 85 percent are moderately food insecure while around 15 percent are severely food insecure. The main vulnerable groups include:

- Households/individuals without any regular income
- Households/individuals eligible for social benefits but unable to receive them due to various reasons
- Chronically-ill people and people with disabilities.
- People older than 60 years old
- Specific authorized institutions
- Host communities
- Students and/or Children/Full-time students
- Households sustaining many IDPs
- Women-headed households and those with many children

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76. IAVA, 2016
77. As of October 2016, the minimum average wage is of 1,450 UAH per person per month http://zakon5.rada.gov.ua/laws/show/928-19/page2
78. IAVA, 2016
• Households coping with handicapped and otherwise vulnerable members

HUMANITARIAN NEEDS

• According to assessments field and Kiev-based consultations, regular access to enough nutritious food still remains a major concern for households in Luhanska and Donetsk oblast.

• Self-production of food items is a solution for many food insecure households in the region. FAO field surveys and local authorities’ estimates indicate that 47,400 rural households in Donetsk and Luhanska oblasts across the ‘contact line’ need immediate agricultural production support.80

• The forecast for the 2016-17 winter is severe. During this period, food security needs intensify, with substantially increased energy requirements (by 100 kcal per person per day, with every drop of 5 C below 20 C). This is compounded by the ongoing trade ban across the ‘contact line’.

• Humanitarian and development needs coexist, both in GCA and NGCA, including for livelihood. Where development partners are not operating because of political or security factors, the gaps need to be filled by humanitarians to prevent a further plunge into deeper vulnerability. This is necessary to prevent many people from falling into a more serious situation of need.

80 Villages located on GCA side of the ‘contact line’ can be reached through the government’s checkpoints from the GCA, while communities located on the NGCA side of the ‘contact line’ can only be accessed through the territories of the NGCA. Their needs for the types of the farming inputs differ because of the existing restrictions on trade, availability and prices.
OVERVIEW

Three years of conflict have had devastating consequences on access to housing and purchasing of basic items. This is compounded by the protracted nature of the crisis while durable solutions remain far from reach for the most vulnerable. In 2016, many were forced to return to their area of origin as they could not afford living in GCA. IDPs, internal returnees and people in collective centres at risk of eviction lack adequate accommodation, hence a high demand for social housing. Close to the ‘contact line’, those who decided to remain or could not flee have been living for long periods in “bomb shelters”, in inadequate living conditions.

Along the ‘contact line’, between January and July 2016, shelter cluster partners provided emergency repairs (plastic sheeting) and basic NFIs to 1,600 households. Between February and October 2016, the Shelter Cluster received reports of damages to 950-1,250 inhabited houses in GCA and NGCA, as well as referrals for NFI and shelter assistance from communities such as Maiorsk and Novooleksandriivka. Yet, security and access constraints, compounded by presence of mines and ERW, affect the timely provision of assistance and complex shelter interventions. In frontline communities, elderly and disabled are the most vulnerable remaining in heavily damaged homes.

Civilians living along the ‘contact line’ have developed a resilience to the way the conflict closely intermingles with their daily life. Municipalities have noted returns in 2016, both voluntary (absence of shelling, return to the sense of normalcy, reopening of schools, livelihoods) and involuntary (depletion of savings, eviction). Some 37.8 per cent of IDP household

had members permanently returning to their area of origin. In communities not affected by shelling for over 14 months, IDPs may not be able to return to their homes as their houses are inhabitable. Shelter Cluster estimates that around 3 per cent of privately owned damaged houses have been completely destroyed. Those staying in communities where shelling continues do not know where to turn for adequate housing, as they sleep in bomb shelters every night.

In 2016, partners delivered 22 per cent of Shelter/NFI assis-
Most Shelter/NFI needs are in NGCA, where few partners can operate. The Shelter Cluster estimates that between 18,000-22,000 houses have been damaged there, with 5,000 households needing glazing, ahead of the winter. In GCA of Donetsk and Luhansa Oblasts, 22,000-25,000 households need shelter assistance, including glazing, especially along the ‘contact line’. Some 93 per cent of the damaged houses are privately owned for which no government budget support is available.

Lack of income and access to financial systems in NGCA hamper families’ ability to repair their homes and make the involvement of beneficiaries in shelter repairs more complex than in GCA. Shelter materials are scarce and more expensive than in GCA. Rural areas and collective centres remain the most underserved and vulnerable. Limitations imposed on humanitarian agencies’ activities, hamper repairs operations: for 18,000 damaged homes, which need glazing works, repair cracks in the foundation, and stop leaks ahead of the winter. De facto authorities excluded from their subsidy program the IDPs living in NGCA. Some of the IDPs are hosted by relatives and friends, while others live in one of the 40 existing collective centres. These people need winterisation and adequate housing support. Some of them also need legal support to replace documents which were either burned or lost in damaged houses. This segment of the population is not easy to target for humanitarian assistance and again, assistance provision is limited by access constraints imposed on humanitarian partners. The ability of IDPs to fend for themselves, and afford basic household services, is affected by lack of livelihood opportunities. In addition, the prices for utilities (gas, heating, electricity, etc.) have increased by 30 per cent since the beginning of the crisis. This constrains their ability to insulate and prepare their homes for winter. The Government of Ukraine has introduced some limited mitigation measures to address the rising prices of heating. Yet, these measures are insufficient and when winter temperatures drop below -20 degrees Celsius, any potential gap in assistance or delay of delivery will result in a direct threat to life, and could lead to additional displacement.

Of the 271 collective centres monitored by the Shelter Cluster since the beginning of the crisis, 52 were forced to close in 2016, while some 700 people living in additional 15 such centres are at risk of eviction in 2017, because of accumulated debts resulting from use of utilities. Without durable housing solutions, these IDPs may be forced to move to other collective centres whose conditions are already inadequate or, in the worst case, return to areas where violence is still ongoing, putting their lives at risk. Alternative housing options, including social housing schemes, are urgently needed, particularly for the disabled, those facing imminent eviction from collective centres and for those who cannot afford renting accommodations. Should this issue not be tackled, these people will be forced to resort again to humanitarian actors for support.

AFFECTED POPULATION

- Non-displaced households with damaged shelter in ‘frontline’ or former frontline areas are in need of repair to houses,
- Groups of particular concern especially those at risk of eviction, including those living in collective centres, in bomb shelters in ‘contact line’ areas
- In NGCA, extremely economically vulnerable people, even if not displaced and with adequate shelter, may be in need of winterisation support to prevent displacement.
- People lacking skills and capability to physically conduct repairs, including those with special needs (e.g. elderly, persons with disabilities or chronic illness, and female-headed households) living along the ‘contact line’ for whom restricted movement and market access are problematic; or those with limited ability to self-recover.
- Returnees whose coping capacity is exhausted going back to shelters in need of repair.
- Unregistered IDPs of working age with no income, falling outside the Government’s social safety nets.
- IDPs whose homes are destroyed and unable to afford expense of housing in urban areas
- IDPs unable to return and to afford living in urban areas further from the ‘contact line’
- Children, elderly, persons with disability or chronic illness, and for women at risk of sexual violence staying in over-crowded or sub-standard accommodation

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86. UNHCR April 2016 Ukrainians’ attitudes towards internally displaced persons from Donbas and Crimea.
87. IOM National Monitoring System.
88. UNHCR April 2016 Ukrainians’ attitudes towards internally displaced persons from Donbas and Crimea.
90. IOM. IAVA, 2016.
HUMANITARIAN NEEDS

While the crisis becomes protracted, humanitarian assistance is still needed for certain groups, especially in areas of ongoing shelling. Recovery interventions (support of rent, heavy/re-construction repairs in NGCA, and other transitional measures etc.) are becoming more urgent by the day to avoid further risk of involuntary displacement. Advocacy for durable housing solutions, for housing, land and property rights to be respected, among other issues related to long-term concerns, remain a priority.

Two broad categories of shelter/NFI needs are identified, with differing emphasis in NGCA and GCA:

1. Life-saving assistance
   • NGCA: for the most vulnerable communities deprived of shelter and basic goods
   • NGCA and ‘contact line’: vulnerable groups, ahead of the 2017-2018 winter
   • GCA ‘contact line’: most vulnerable communities exposed to conflict

2. Dignified and adequate shelter
   • GCA: durable solutions for IDPs
   • NGCA : structural and reconstruction repairs as a durable housing solution

In GCA, pilot social housing projects for the most vulnerable (e.g. people with special needs, ‘social cases’) are warranted, particularly where development actors may not intervene for a variety of reasons. While many social institutions and unfurnished old buildings needing repair could be considered as a viable option, it is important for shelter and protection partners to work with the authorities to ensure that, when these buildings are allocated to IDPs, criteria for durable solutions are met. It is also important to prioritise action to strengthen the Government’s capacity, so that they can assume their coordination and duty bearer’s role in providing adequate housing to conflict affected people.
OVERVIEW

The conflict in Ukraine has left a tremendous imprint on schools, students, parents, staff and on the education system itself. Communities rely on schools as a centerpiece for healing, rebuilding lives, learning and even hope. Some 648,000 students and teachers in more than 3,400 education facilities across the ‘contact line’ continue to suffer from impact of the conflict and the cumulative effect of violence. This impacts their well-being, learning, and, for teachers, their ability to teach.

The education system has been fragmented into distinct administrative segments across the frontline. Significant gaps in learning or reduced school hours, lack of specialised teachers are of concern throughout the conflict-affected areas. Respondents to the Education Cluster Humanitarian survey (ECHS) stated that the quality of education worsened noticeably due to the conflict. The deterioration of quality of learning is compounded by the lack of financial resources for families who, in some cases, cannot afford to buy uniforms, books, stationary and school meals. In education facilities surveyed through ECHS, 30 per cent of students cannot afford school supplies or education materials. In 68 per cent of the schools, student's well-being or ability to learn is affected. This is also the case for 60 per cent of the staff. Psychosocial support is an urgent need, especially in Luhanska and Donetsk oblasts, across the frontline.

In consultations with partners the 15 km area around contact line has been defined as very critical, where schools continue to suffer damages and children witness conflict on a regular basis while access for humanitarian partners remains constrained. Learners and teachers in NGCA and Donetsk and Luhansk GCA (excluding 15 km area around contact line) continue to experience impact of the conflict on their wellbeing, learning, and, for teachers, their ability to teach. Affordability and quality of education is also suffering. In addition to the above in NGCA there is still an issue with formal recognition of schooling through certificates, along with absence of development and recovery partners and limited access for humanitarian partners. For these reasons the education related program severity for NGCA has been defined as critical while for Donetsk and Luhanska GCA as moderate.

Children living in insecure areas continue to experience schooling disruption. Teaching hours have been reduced in some schools along the ‘contact line’, and, since the start of the hostilities, IDP children in GCA have missed 12.5 months of school on average, while the gap for non-displaced children is 25 months.

Children living in insecure areas continue to experience schooling disruption. Teaching hours have been reduced in some schools along the ‘contact line’, and, since the start of the hostilities, IDP children in GCA have missed 12.5 months of school on average, while the gap for non-displaced children is 25 months.

91. This includes 274,000 students registered for the 2016/17 school year in Donetsk and Luhanska GCA, and an estimated 302,000 in NGCA (sources: partners and open sources), and 69,000 teachers in both oblasts. As of Sept. 2016 there are 15,000 IDP children in schools and kindergartens of Kharkivska, Dnipropetrovska, and Zaporizka oblasts, 20 per cent of these are considered conflict-affected learners.
92. Three separate systems are now in place. De facto authorities in NGCA of Donetsk and Luhansk established ‘Ministries of Education’. In GCA there are two separate Departments of Education relocated from NGCA which are administratively linked to the Ministry of Education and Science (MoES).
93. Education Cluster school level humanitarian needs survey (ECHS) in GCA of Donetska and Luhanska oblasts, Oct 2016. IAVA 2016: “Istanbul is the capital of France” - was described by one participant as the level of knowledge his son was attaining at school.
94. IAVA 2016
95. One school official in Luhanska (GCA) claims that 100 per cent of the children in schools are in need of some form of psycho-social support or treatment.
96. ECHS and field consultations
97. In consultations with partners the 15 km area around contact line has been defined as very critical, where schools continue to suffer damages and children witness conflict on a regular basis while access for humanitarian partners remains constrained.
is 3.5 months. Not all education facilities have adequate or accessible bomb shelters. Transport is also an issue and, even when provided, its availability depends on the security situation. In GCA of Luhanska and Donetska oblasts most school-age children are enrolled and attend school regularly, except for those living along the ‘contact line’. IAVA indicates that in the 15 kilometre zone from the ‘contact line’ in GCA, 12.4 per cent of households reported that their children had missed substantial amounts of schooling due to the conflict. Information about enrolment and attendance in NGCA is unavailable. Available surveys indicate that 21 per cent of households report a gap in education. In addition, some of the most vulnerable are children, including learners with disabilities, IDPs in difficult circumstances and children separated from parents or in orphanages. Also vulnerable are those who face difficulties with registration, enrolment, attending or progressing through their education, particularly if they live close to the ‘contact line’. Access to early childhood education for children below 6-7 years is problematic.

Many learners fear that graduation certificates obtained by de facto authorities in NGCA will not be recognised, hence they will not have access to higher education or certification for studies they have completed. Some children are obliged to cross the ‘contact line’ to attend school, take exams to graduate from secondary school or to continue from 9th to 10th grade. IDP children also face issues with school registration and accreditation of previous studies. This has been largely addressed through programs to facilitate IDP school registration, distance learning and the examination process in the 2015/16 school year. Yet, not all learners who want to access education in GCA, or take national exams, are able to do so. More investigation is needed to understand the reasons and scope of these issues.

Lack of teachers, particularly those for specialised subjects such as math, science and foreign languages is also impacting the quality of education. Some 43 per cent of the schools in GCA reported having teachers teaching subjects outside of what they are trained for to fill gaps following displacement. Education officials and stakeholders highlighted the need for teachers’ psycho-social and pedagogical support. Some educators expressed concern around the fact that, despite commendable steps taken to facilitate distance learning and exam taking, distance learning is inferior to classroom learning, and this affects the quality of education. Teachers need capacity building or pedagogical support to address the impact of conflict on education.

Since the beginning of the conflict, more than 740 schools were damaged, and the risk of mines and UXO remains in and around education facilities. In 2016 Education partners recorded 24 attacks on or near schools and, since the start of the conflict, at least 40 children were victims of mine accidents. Although much progress has been made in repairing and rebuilding schools, results of the school-level survey indicate that at least 172 education facilities are not fully rehabilitated, including 91 in GCA and 81 in NGCA. Military use of schools and other education facilities has been documented, and it is not yet clear if all education facilities are free from military use. Children are also at risk of involvement in military activities, which would further impact their education and well-being.

**AFFECTED POPULATION**

- 648,000 school teachers and students in and Luhanska and Donetska oblasts (GCA and NGCA)

**HUMANITARIAN NEEDS**

Communities need safe, well equipped schools (including kindergartens), and teachers who can deliver quality education while addressing the multi-layered and longer-term effects of the conflict. Education related humanitarian needs include:

107. ECHS, October 2016.

108. HRW report, partner consultations.

109. Most frequently identified areas for capacity building include psycho-social support, life-skills education and peacebuilding.

110. EHS 2016

111. DoES in Donetska and Luhanska oblasts report 91 education facilities being damaged. De facto authorities indicate 655 schools damaged. Student numbers for technical colleges and higher education institutions are not included.

112. ECHS indicate 18 newly damaged schools in 2016, other reports show 6 attacks in NGCA since August 2016.

113. Protection Cluster data Oct. 2015, 8 deaths and 32 injuries. ECHS data shows 714 children injured and 10 deaths, and 53 and 8 staff as a result of shelling, mine accidents, etc. since the start of the conflict.

114. ECHS 2016, with 25 per cent of schools reporting where 49 per cent of students are registered.

115. Several schools were destroyed and were not rebuilt. One of these is School Number 2 in Stanytsia Luhanska, where students now attend classes in a small building that was previously a newspaper office.


117. Education cluster considers a small portion of IDP children in the Kharkivska, Dnipropetrovska, and Zaporizka Oblast, but the number is not included in the affected population and number of people in need.
• Access to quality education that provides safe, protective learning spaces for conflict-affected learners and educators;
• Emergency repair, rehabilitation, and equipment for 172 damaged facilities
• School materials for 175,000 children and students;
• Improved distance learning and mixed modalities for children;
• Wider recognition of school certification for 55,000 NGCA school graduates (from school years 2015-2017);
• Improved transport for targeted learners;
• Increased access for most vulnerable students, including those living in areas close to the ‘contact line’ (18,700 IDPs, 5,000 children of kindergarten age, at least 5,000 learners with disabilities, and unaccompanied minors
• Psychosocial services and programs in education facilities;
• Afterschool programs and summer schools
• Life skills education including conflict resolution, addressing violence in schools;
• Capacity building for education staff on psychosocial and life skills, including peacebuilding and conflict sensitive education, coordination and Education in Emergencies, preparedness and school safety;
• Teacher support, including pedagogical and psychosocial support;
• Continuous mine risk education for all children, teachers and parents in conflict-affected areas;
• Coordination and advocacy among authorities and partners for safer schools, preparedness and disaster risk reduction, accreditation, and access issues.
PART II: LOGISTICS

OVERVIEW

The operating environment in Donetska and Luhanska oblasts continues to be volatile, affecting assistance delivery. Insecurity continues to challenge humanitarian operations: the risk of shelling remains, and the presence of mines, UXOs and ERW on roads triggered the closure of the few main access corridors to Luhansk and Donetsk NGCA. There are only five official checkpoints established to cross the ‘contact line’, of which only two can be used for transport of humanitarian cargo.

The procedure for transporting humanitarian cargo from GCA to NGCA is complicated, and requires a huge number of documents as per procedures established by the Government of Ukraine. Additional bureaucratic requirements have been imposed by de facto authorities over time. There are numerous complex constraints involved when moving goods to NGCA, and the Logistics Cluster has been able, in collaboration with OCHA, to establish solid channels to minimise hindrances and ensure a sensible and effective system. Facilitating the preparation of the convoy documentation in accordance with the current Ukrainian regulations has been and continues to be a challenge which the Logistics Cluster took forward as each humanitarian convoy requires a complex package of documents.118

Despite the high number of available logistics companies in Ukraine, only few are ready to provide transport services to NGCA due to the high risk related to insecurity and concerns around loss of lives and trucks damages. The requirement for truck drivers to have access permits for NGCA further reduced the number of available service providers and available equipment.

The situation is further compounded by the ban on commercial transportation of goods, including food and medicines, imposed by the Government of Ukraine in 2015, which makes the delivery of humanitarian aid to the affected population even more essential.

HUMANITARIAN NEEDS

The need to continue facilitating transportation of life-saving items from humanitarian organisations for distribution to affected population in NGCA remains. This includes assisting humanitarian actors with bureaucratic and physical transport procedures and logistic support to ensure that relief items are timely and safely moved across the ‘contact line’ from GCA to NGCA.

Short-term storage facility for humanitarian cargo ahead of transport to NGCA exists and is a crucial element of the logistic chain. This includes approximately 10,000 m² of storage space in Dnipro – a ‘staging area’ in GCA for the consolidation of cargo, prior to its dispatch to NGCA. Depending on organisation’s access, the Logistics Cluster could easily reinstate warehouse facilities in NGCA and consider additional storage in GCA. As per the Inter-Agency contingency planning process agreements, the Logistics Cluster can provide limited storage for emergency life-saving contingency supplies as well.

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118. This includes goods delivery note, permit to deliver goods to ‘ATO zone’, a copy of the Decree of the Ministry of Social Policy of recognition of goods transported as humanitarian aid, ‘ATO zone’ entry permit for each truck driver and packing list with cargo details.


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TRANSPORTATION SERVICES

In 2016

- 17 humanitarian convoys
- 4,200 MT relief items

INTER-AGENCY STORAGE CAPACITY

- 10,000 m³ storage space in Dnipro

COORDINATION

- 16 cluster partners assisted with registration with the Ministry of Social Policy
There remains a need in single interlocutor representing humanitarian community with the authorities at different levels to coordinate with Ministry of Social policy, Military, State Fiscal Service, Civil military Administration, State Boarder Service and Ministry of Social Policy to ensure speedy processing of bureaucratic procedures and crossing of the ‘contact line’ in accordance with procedures established by the Government.

In case of need, such as restricted access to NGCA or unpredictable turn of events inside the conflict, the Logistics Cluster can conduct prioritisation of cargo to be sent across the ‘contact line’. The Cluster also provides coordination support to other key humanitarian actors to avoid congestion at check points and enable the smooth ‘clearing’ process of cargo at crossing point.

In view of continuous changes in requirements, coordination and information needs remain. The Logistics Cluster needs to continue providing information management services (40 humanitarian organisations in 2016) to support operational decision-making and avoid duplications.
In 2016, partners were able to reach most of the Government-controlled areas. The scope of assessments remain limited in NGCA due to insecurity and access limitations. An important undertaking was the HCT-led Inter-Agency Vulnerability Assessment (IAVA) conducted by REACH, which provided a multi-sectoral overview of the humanitarian situation in GCA. A similar multi-sectoral needs assessment (MSNA) was carried out in NGCA. MSNA coverage for rural areas was however limited.

While the government registered almost 1.7 million people as IDPs, and the IDP status continues to be linked to access to social benefits, it is hard to obtain a realistic estimate for this group. This is one of the major information gaps hindering the humanitarian response.

**NUMBER OF ASSESSMENTS**

51

**NUMBER OF PARTNERS**

215

**EARLY RECOVERY**

**MULTICLUSTER**

**EDUCATION**

**FOOD SECURITY**

**HEALTH AND NUTRITION**

**PROTECTION**

**SHELTER/NFI**

**WASH**
**PART II: INFORMATION GAPS & ASSESSMENT PLANNING**

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**TOTAL** 5 4 5 13 15 2 4 3 51*

*The number of assessments relating to each Cluster does not necessarily correspond with the total number of assessments, as some assessments cover several geographical regions (oblasts)*