



WASH facilities (bathroom and toilet) in the collective center (Dnipropetrovska Oblast) /@ACTED

SAFETY AUDIT REPORT

UKRAINE

SEPTEMBER 2022



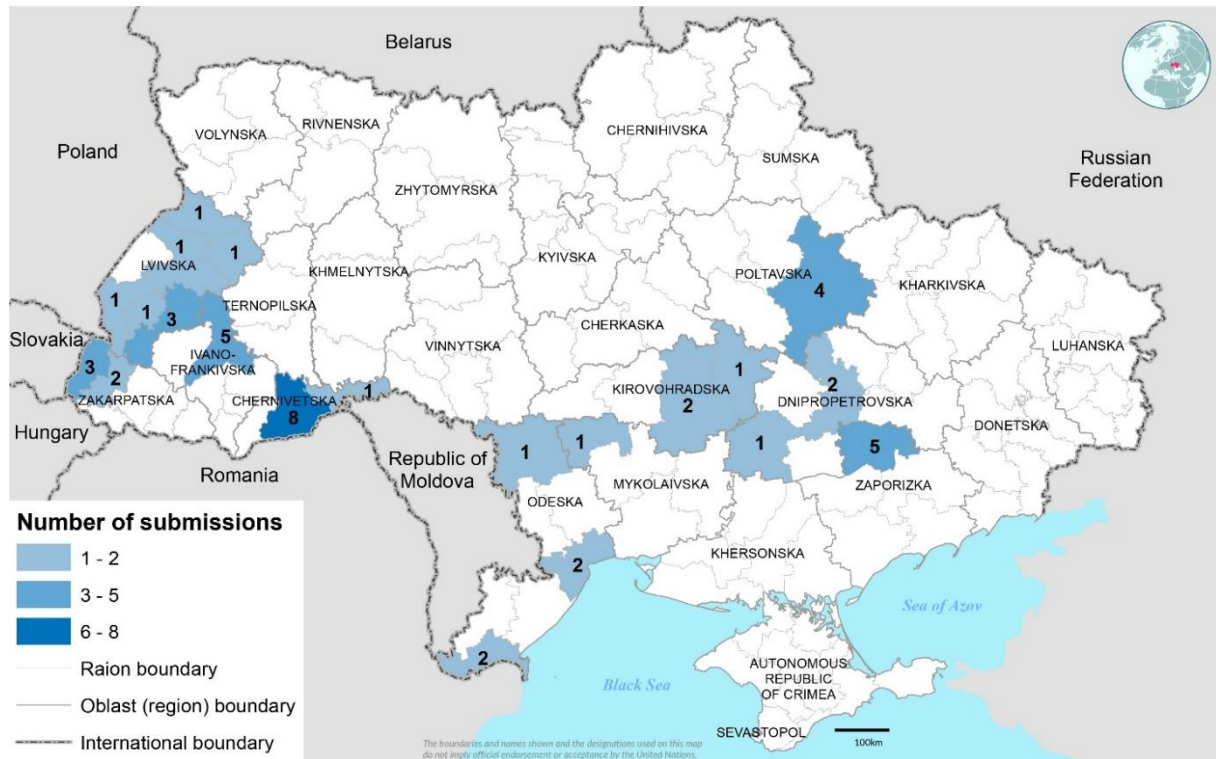
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Acronyms

Acronym	Definition
AAP	Accountability to Affected Population
CBP	Community Based Protection
CC	Collective Center
CCCM	Camp Coordination Camp Management
CSM	Collective Site Monitoring
FGD	Focus Group Discussion
GBV	Gender Based Violence
IEC	Information, Education and Communication
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
PSEA	Protection from Sexual Exploitation and Abuse
PWD	Persons with Disability
UNHCR	United Nations High Commissioner for Refugees

Number of collective sites surveyed for safety audit per oblast



10 Oblasts



47 Collective Centers



85 Focus Group Discussions



56 Key Informant Interviews conducted



632 KII and FGD respondents

Overview

Since the onset of displacement in February 2022, response interventions in Ukraine continue to be scaled up for the Internally Displaced Population. Hosted in different regions across the country, the IDP population has predominantly been hosted in different sites including in private and public institutions (schools, churches, hostels, gyms, dormitories, *social government halls etc.*) among other settings offering accommodation for the displaced population. Despite the efforts to ensure that needs are met, imminent risks of GBV remain high. Mainstreaming GBV services within other sectors play a key role in assessing the risks and prioritized needs of the affected population.

Safety Audit

Through risk mitigation measures, the safety audit was conducted by UNHCR's CCCM partners Rokada, NEEMIA, NEEKA, Tenth of April (TTA), ACTED and Right to Protection (R2P). As a pilot implementation, the safety audit is presented as a risk mitigation exercise conducted by both GBV and non-GBV actors such as CCCM seeking to inform programming on the identified needs to mitigate risk of GBV in CCCM sector. Furthermore, the safety audit informs the GBV related concerns for immediate response interventions at the coordination level.

UNHCR CCCM with technical assistance from protection (GBV) conducted Safety Audits in **47** IDP Collective centers across 10 oblasts between 12th and 23rd September 2022. Out of the 290 IDP collective Centers managed by UNHCR, total of **112 KII** were conducted and **85 FGDs** held with IDP representatives and local authority administrators.

Methodology

The assessment was conducted using UNHCR's standardized safety audit tools administered across all the oblasts mainly:

Site Monitoring tool: The Collective Site Monitoring (CSM) implemented across the country with CCCM partners was used to complement the GBV safety audit tools that informs on key sectorial information and needs. The CSM tool on protection and safety of the individuals was administered to complement the data collected through the other methods of FGD and KII.

Observation Checklist: The tool was implemented through observational method in which data collectors recorded what was physically seen within and around the collective centers.

Key Informant Interview: Administered to male and female IDP representatives, the KII complemented the FGDs to gather additional data to further inform on GBV risks facing women, men, boys and girls in the collective centers.

Focus Group Discussion: Complementing the observation and quantitative information, the tool was administered with a group of men, women, boys, and girls as a measure of identifying their safety risks and concerns. Conducted through group discussion of about 6-12 participants separately by age using open-ended questions to gather perceptions, fears and safety concerns from women, men, boys, and girls.

Limitations

The safety audit has been conducted as a pilot phase in Ukraine Operation under the CCCM sector in 10 oblasts. While issues and concerns highlighted in the report are likely to be encountered, at least as risks, in other collective sites, the quantification of these findings apply to the sample only. Also, GBV remains a sensitive topic to most of the participants, who may have been reluctant to raise concerns on risks of GBV in collective sites. As a result, discussions and interviews with informants may not reflect the prevalence of GBV and the severity of risks prevailing in collective sites.

Collective Centers per oblast

Location of Collective Centers per oblast	
Lvivska	Verkhnie Synovydne, Sosnivka, Truskavets, Lavriv, Khorosno, Morshyn, Bilyi Kamin
Zakarpatska	Zhdeniievo, Huklyvyi, Uzhhorod, Chertezh
Chernivetska	Chernivtsi, Hodyliv, Kamiana
Ivano-Frankivska	Sadzhava, Sokil, Tlumach, Rohatyn
Poltavska	Novi Sanzhary, Karlivka, Voloshkove, Mykilske
Odeska	Serbi, Odesa, Izmail, Kamianka
Mykolaivska	Pervomaisk
Dnipropetrovska	Dnipro, Kryvyi Rih
Zaporizka	Zaporizhzhia
Kirovohradska	Oleksandriia, Kropyvnytskyi

Participants

No. of Participants - FGD	
# of women	360
# of Men	160
# of Boys	27
# of Girls	52
# of PWD	11
# of Elderly	37

85 FGDs in 47 collective sites (hosting a total of **4,158 IDPs**) were conducted with 53% of female (25-49yrs) ;27% Male (25-49yrs); 4% Boys (14-17yrs), 8% girls (16-17yrs), 6% Elderly (+50yrs) and 2% Persons with Disabilities (25-49yrs).

No. of Participants - KII	
# of Female	108
# of Male	89

55% of the female and **45% of male** representatives participated in the KII in the locations where the activity was conducted.

Risks of Gender Based Violence within the Collective Centers

The risks of GBV within the collective centers were assessed based on the tools implemented during the exercise – all of them, observation checklist, site monitoring tool, Focus Group Discussion and Key Informants sited risks related to:

- Women make up to **64% of the population** living within the collective centers, constraints with limited basic needs to meet their social protection needs making them the most vulnerable and disproportionately affected than men.
- **Limited socio-economic and livelihoods assistance** among IDP increasing risk of domestic violence.
- **Lack of strengthened coordination** between CCCM and key sectors (CP, GBV, MHPSS, AAP, PSEA) to enhance mainstreaming action that ensures meaningful access, participation, safety, and accountability actions within the collective centers.
- Limited **Accountability to Affected Population** related to availability of complaint and Feedback mechanism, referral pathways, information sharing, participation, and decision-making process among the affected population on general protection, GBV and PSEA.
- **Lack of awareness and capacity** on GBV and SEA among government officials, hosting institutions, partner staff and IDP representatives on GBV and PSEA further exposes communities within the collective centers at risk to safety and access to protective services.
- **Ongoing shelling** with increased risks to physical safety and limiting access to safe shelters among women and children living in collective center.
- **Cultural barriers and silence** in reporting incidents of GBV due to fear of stigma and discrimination within the family and community.

Key findings from the surveys: CCCM Collective Site Monitoring (CSM) and Observation Checklist

Site infrastructure (layout, WASH facilities, age and disability considerations)

- 30% of the CCs do not have sufficient lighting
- 61% of the bedrooms/sleeping areas are not separated by gender
- 22% of the facilities are not disability-friendly (only 10% of CCs collective centers has disability friendly bathroom)
- Bathrooms:
 - 1/5 don't have lockable showers
 - 1/2 is not gender-segregated
 - 1/3 don't have separated showers
- 5% of CCs have no playground or recreational areas for children

Availability and access to information

- 36% of CCs don't have signages of humanitarian partners active in the site
- 1 in 3 (27%) of CCs lack signage to call for help/emergencies (health, security, fire etc)
- 43% of the CCs lack information channel such as complaint and feedback mechanism

Protection services

- In 41% of CCs, lack psychosocial support for adults
- 50% of CCs don't have a referral mechanism in place for GBV or human trafficking incidents
- 60% of CCs don't have visible information and reporting mechanism on PSEA
- 30% of CCs don't have information available on PSEA
- More than half of the collective centers does not have a referral system in place;

Key findings from Focus Group Discussion and Key Informant Interviews

Perception of Safety

From the FGD and KII conducted in all collective centers, generally women, men, boys and girls mentioned they felt safe. Women mentioned to feel safe with the presence of security guards, partner staff working within the centers and local administrators taking care of the premises. This was also the case with older women (above 50 years) who largely confirmed feeling safe and reported that no incidents were reported. However, respondents in specific sites of Mykolaivska, Poltava, Dnipro and Ivano-Frankivska oblasts, felt less safe. For instance, men and women in Mykolaivska, Zaporizka and Odesa oblasts lived in fear because of continued shelling and fears for their physical safety. From the FGDs with Women, girls and KII with local authorities in Ivano-Frankivska risks of exclusion of IDPs living in collective sites was mentioned. Similarly, women reported incidents of harassments by surrounding communities in public transportation, in shops and in public parks for speaking Russian language. Women and children also reported risks and exposure to violence from drunkard men. IDPs living in collective sites in Poltava and Ivano-Frankivska oblasts also reported risks of being attacked by persons with mental illness.

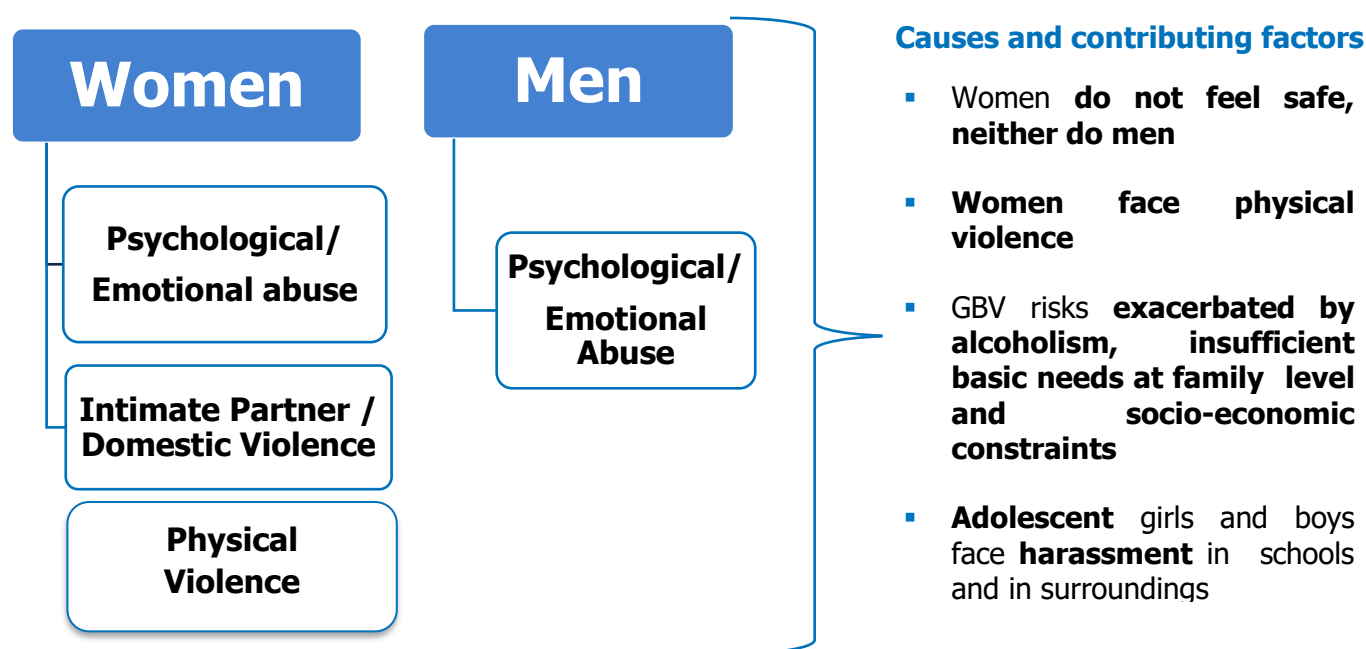
"The collective center and the area are safe. There are no obvious violence risks. Besides the local bar close to the shelter. Drunken men, that gather there commit moral violence against women, girls, and boys. Mentally ill men direct physical violence and psychological/emotional violence to us..." FGD respondents, Ivano-Frankivska

Safety among Adolescent Boys and Girls: Most of the children who participated in FGD reported they felt safe within the collective centers. However, adolescent girls and boys in Ivano-Frankivska oblast mentioned they did not feel safe because of harassment and pressure from the host community children in school for speaking Russian.

Most at Risk Groups

Women, persons with disabilities, older persons and children were mentioned to be the most at-risk groups regarding safety and security. This was particularly prevalent in collective centers in Dnipro, Poltavaska, Zaporizka, Ivano-Frankivska and Mykolaivska oblasts. Safety concerns were mostly connected to ongoing shelling, socio-economic constraints, and insufficient means to meet their basic needs, as well as limited mobility (in particular for people with disabilities).

Forms of violence experienced in collective centers



Psychological and emotional abuse was reported as a form of GBV most experienced by IDPs within the collective centers. Emotional abuse caused by **alcohol abuse, and socio-economic constraints coupled with limited capacity of families to meet their basic needs, which create tensions among couples and triggered Intimate partner violence/domestic violence**. Women in Zaporizka and Ivano-Frankivska mentioned increase in domestic violence incidents, while men highlighted psychological and emotional abuses triggered by the pressure from not being able to meet family needs. Other forms of violence mentioned included, to a lesser extent, occasionally, **physical violence** was highlighted by women in Ivano Frankivska who Intimate partners returned to the collective centers drunk and caused chaos that led to assault towards their female spouses. Similarly, mentally disabled men in the collective centers were also a threat to physical violence as mentioned by women.

Adolescent girls and boys in Ivano-Frankivska oblast highlighted incidents related to harassment in school by host community children and discrimination for speaking Russian.

Referral and access to Gender Based Violence services and Reproductive Health

In all collective centers assessed, the awareness on referral pathways and access to GBV and Sexual Reproductive Health for sexual violence appeared insufficient. While some respondents claimed knowing where to refer cases, others lacked information on referral mechanisms. All reported incidents of abuse were referred to **Police, IDP leaders,** and or to **local**

"People will go to a pastor or Police, but they don't have information where to go in case they want to ask for information or complaint about sexual misconduct of aid workers"

KII respondent, Ivano Frankivska

administrators of collective centers. People shared their concern that cases are underreported due to the lack of knowledge and awareness on where to refer or seek assistance. For instance, few female respondents in **Ivano-Frankivska** highlighted those issues relating to sexual violence were mainly reported to **staff on duty in the dormitory Collective Center.** Adolescent girls and boys also confirmed lacking information on sexual abuse and would refer GBV cases to their **parents/care givers,**

pastors, and **police** as trusted persons to them. Only a small number of the female respondents mentioned to reach out to humanitarian workers offering services in the centers for any assistance related to sexual and reproductive health. Similar responses were also highlighted regarding the prevention of HIV and STI among IDPs.

Barriers in Accessing services

Both FGD and KII respondents mentioned major barriers in accessing services being:

- **Lack of awareness on referral pathways and feedback mechanisms** that leads to underreporting of cases. The lack of knowledge on GBV and Sexual violence prevention and response measures was mainly highlighted by men and women who do not know what GBV and its related concepts.
- **The general fear of reporting GBV incidents** was also highlighted in the FGD and KII by female respondents.
- **Lack of and limited access to medical facilities** in some of the collective centers, for example in Odesa (Krasna) and in affected oblasts in the Eastern part of Ukraine. Other limitations were also related to distance and mobility to accessing these services. For example, IDPs in two collective centers in **Ivano Frankivska** (Lavriv Children Home) and **Dnipro** (Dormitory Priyut) highlighted of **distance and remoteness** of collective centers with lack of nearby health facilities to seek services.

Related incidents of Misconduct among humanitarian workers

From the KII and FGDs, respondents highlighted that there were no reported or experienced incidents of misconduct among humanitarian workers. Underlying the barriers of underreporting due to lack of awareness and knowledge on GBV, respondents highlighted lack of knowledge on

PSEA including its reporting mechanisms. Both male and female respondents claimed they were not aware of where and how to report incidents of misconducts by humanitarian staff. According to male and female respondents, individual living in collective centers ***referred cases to police, IDP leaders in the collective centers and local authorities***. There were no responses given by adolescent girls and boys on related misconduct among humanitarian workers.

Prioritized Needs by IDPs in collective centers (Measures of redress)

Men	Women	Boys & girls	Persons with Disability
Prioritize awareness raising, information on GBV, PSEA, Referral pathways in the center	Prioritize awareness raising, information on GBV, PSEA, Referral pathways in the center	Improve / rehabilitate the Child Friendly spaces	Mainstreaming disability Actions by easing their mobility with support to provision of ramps, disability-friendly WASH facilities etc)
Training of communities living in collective centers on GBV	Establishing complaint and Feedback Mechanisms	Organize educational / art activities within the collective centers	Psychosocial support
Establishing complaint and Feedback Mechanisms	Socio-economic support		Awareness raising on GBV, PSEA
Socio-economic support	Community centers with enhanced Psychosocial support		

Recommendations based on the existing needs, gaps, and challenges



Camp layout, design, and coordination

- Ensure sufficient lighting by installing lights, provision of generators, Lanterns etc within the collective centers
- Work closely with the administration to set child-friendly playground and recreational facilities for children
- Strengthen participation of affected population, particularly inclusion of PWD and Elderly when discussing improvements to facilities.
- Ensure a strengthened coordination among humanitarian partners in all relevant clusters within collective sites to maximize GBV prevention in CC
- Mainstream GBV/SEA risk mitigation measures into CCCM work plans and strategies
- Site factsheet with the findings / action plans from safety audit conducted
- Dashboard CSM with section on safety audits (# of centers, key findings / recommendations)



WASH

- WASH partners to ensure dignified WASH facilities within the collective centers through fixing of washroom locks.
- WASH partners to provide services that are disability friendly and those that minimize risks of safety and GBV related incidents
- Strengthen participation of affected population, particularly inclusion of PWD and Elderly when discussing improvements to facilities.



Shelter

- Provide sufficient lighting including provision of rechargeable lighting or lanterns to IDP collective centers
- Prioritize gender segregated rooms for male and female
- Provision of Non-Food Items (Blankets, Kitchen sets, heaters etc) within collective centers to mitigate risks of GBV including domestic violence within the households
- Ensure participation of affected population and inclusion of PWD and Elderly



Health

- Strengthen referral mechanisms for people with severe mental illness, in cooperation with MHPSS providers and general healthcare support systems
- Set up MHPSS services for adults within the collective centers including reproductive health services for women and girls
- In coordination with the public healthcare services, ensure access to GBV services in affected and remote areas (Dnipro and Ivano-Frankivska oblasts)
- Awareness on Alcohol abuse, its prevention and response measures with support from WHO and health partners, includes assistance/ rehabilitation of victims of alcoholism



Security

- In consultation with local authorities and teachers, develop plans to ensure the integration of IDPs in local communities, and prevent harassments or exclusion
- Ensure safe shelter and bunkers are provided for IDPs residing in collective centers located in the Eastern regions



Accountability to Affected Population

- Setting up and strengthening information channels, based on consultations with affected populations and ensure effective complaint mechanisms are in place (helpline, protection desks, etc)
- Prioritize direct and meaningful participation of, and consultation with, women and girls in decision-making process in the collective centers
- Engage with community structures, local authorities and humanitarian partners, create opportunities discuss on GBV, PSEA and referral mechanisms for response
- Develop and deliver tailor-made information/training sessions targeting community-based structures (AGD applicable) on GBV/PSEA



Protection from Sexual Exploitation and Abuse (PSEA)

- All actors/partners to appoint PSEA focal points within the collective centers to strengthen accountability and safeguarding.
- Humanitarian actors to enhance lifesaving and livelihood support to the affected population with prioritized needs to those in collective centers and provide opportunities for economic empowerment of Women.
- Capacity building and awareness sessions be conducted for partners, local administrators, police officers and influential community members on GBV particularly sexual exploitation and abuse.
- Community based complaint mechanism be put in place as a strategy to reduce sexual exploitation and abuse in IDPs camps.
- A joint risk assessment exercise by PSEA focal points be conducted in collective centers to identify risk and suggest appropriate prevention measures.
- Continued awareness on SEA among actors and all partners within the collective centers.



Protection

- Prioritize / enhance awareness raising campaigns on GBV, PSEA and Anti-Trafficking
- Prioritize GBV, PSEA and CP training for partners staff, local actors and IDP leaders
- Enhance awareness / sensitization through participatory methods on MHPSS, CP, GBV and PSEA referral pathways and reporting mechanisms
- Support community-based activities and initiatives that can help mitigate GBV/SEA risks
- Strengthen the involvement of men and boys in prevention and risk mitigation measures
- Ensure awareness and access to available assistance, such as Non-Food Items and Cash Assistance, referral pathways & safe spaces for GBV survivors



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