Ukraine: Multisectoral CCCM Vulnerability Index

Round 5 - Collective Sites Monitoring Household Survey

CONTEXT & RATIONALE

The full-scale war in Ukraine started in 2022 brought significant damage to the residential buildings, creating a large-scale, unprecedented humanitarian consequence in Ukraine: collective sites. According to the CCCM Cluster mapping, more than 2,500 collective sites were active in Ukraine as of February 2023.

In consultation with UN OCHA and the CCCM Cluster, a special round of REACH's Collective Site Monitoring (CSM) was conducted by adapting the November 2022 Multi-Sectoral Needs Assessment (MSNA) questionnaire to assess household needs in collective sites.

- Indicators for five key sectors (Shelter and Non-Food Items, Food Security and Livelihoods, WASH, Education, Health, and Protection) were combined into sectoral vulnerability scores to assess the severity of the needs of households in collective sites.
- Sectoral vulnerability scores were used to calculate a CCCM Vulnerability Index.
- A separate module of CCCM indicators combines a Site Management and Accountability score.

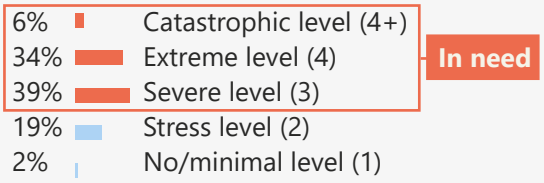
Methodology

From 14 to 29 November 2022, REACH Initiative in close coordination with the CCCM Cluster conducted 3,617 households interviews in 877 collective sites in 21 accessible oblasts of Ukraine. Interviews were conducted face-to-face with the heads of households. Active sites were randomly selected for each oblast, while the number of interviews per site was assigned based on the known site population. The target number of household interviews was 200 per oblast.[2] Given non-representative sampling, findings must be read as *indicative only*. The extended overview of the methodology is available on page 11.

KEY FINDINGS

Seventy nine per cent (79%) of households in collective sites had severe (39%), extreme (34%) or catastrophic (6%) levels of needs at the time of data collection (November 2022) according to the multisectoral Camp Coordination and Camp Management (CCCM) Vulnerability Index developed by REACH.[1] Shelter indicators were the main driver of these needs, frequently combining with health, protection, food security and livelihoods indicators. Fourty-five per cent (45%) of households in collective sites had a vulnerability in two sectors or more.

Percentages of households per severity phase



Shelter and NFI: More than half (51%) of the interviewed households reportedly had severe (31%) or extreme (21%) levels of needs in Shelter and NFI. The lack of winter non-food items was a key driver in this sector: 27% of households in collective sites lacked 50% or more of essential items such as winter clothes, boots, heating appliances etc.

Food Security and Livelihoods: 28% of households in collective sites had a severe vulnerability score, while 1% had an extreme one. Notably, 50% of households in collective sites reportedly used coping strategies to maintain food consumption, and 29% showed emergency or crisis capacity gaps in their livelihoods coping strategy for all needs.

Water, Sanitation, Hygiene (WASH): the majority of households (79%) reported sufficient access to handwashing facilities, hot water, bathing, and sanitation facilities, as well as garbage disposal areas available in the collective sites. A quarter of households (25%), however, reported inconsistent hot water availability in collective sites.

Education: the majority (93%) of households did not have vulnerability to access school education. In Zaporizka oblast, however, 23% of households in collective sites responded that at least one child in their household did not attend school regularly or was not enrolled in school.

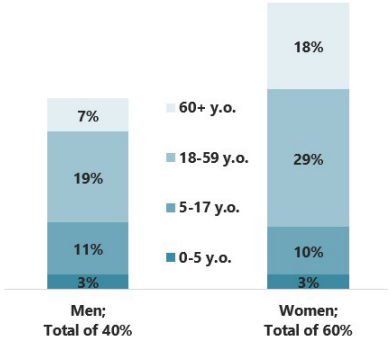
Health: 28% of households with severe and 3% of households with extreme needs in terms of health were identified by the assessment. A key factor driving these needs was poor healthcare access for persons with disabilities, with 29% of households with a member(s) with severe or extreme unmet needs in this regard.

Protection: extreme vulnerability scores were reported for 28% of households in collective sites, driven by safety and security concerns in the area where they live (armed violence or shelling; landmines and unexploded ordnance, attacks on civilian facilities).

1. For more information on severity ratings please see the Methodology overview.
2. In Sumska, Kyivska, Zhytomyrska, Mykolaivska and Chernihivska oblasts, as collective site population in these locations was comparatively lower, the census approach was used. To read more about the methodology, please refer to the methodology section in page 11.

1. DEMOGRAPHICS

Overall, 3,617 households (HHs) were assessed, for a total of 8,472 individuals residing in collective sites (CSs). Women represented 64% of surveyed adult HH members, while the gender distribution among children was evenly balanced. Fourty per cent (40%) of HHs had at least one person belonging to one of the vulnerable groups. Two per cent (2%) of HHs reported having a child (<18 y.o.) not currently living with them, 4% of HHs reportedly hosted separated or orphaned children, and 1% of HHs reported comprising pregnant/lactating women.



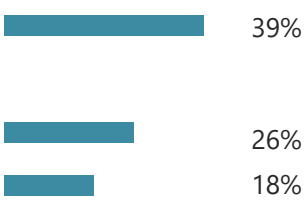
16% *of HHs headed by a single parent (97% female-headed)*

2,3 *persons: average HH size*

37% *of HHs with a least one child (< 18 y.o.)*

25% *people above 60 years old*

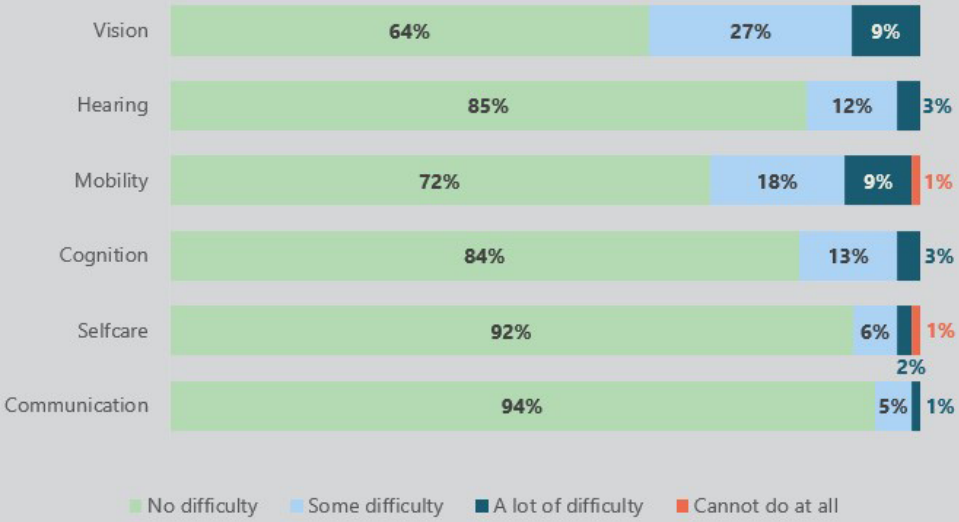
Top-3 HH vulnerabilities (at least one member with a respective vulnerability), % of HHs



People with disabilities

This section presents the average national severity statistics for each functioning domain according to the Washington Group Short Set (WG-SS) on Functioning: seeing, hearing, walking, cognition, self-care, and communication.[3] The colour code indicates the severity of the disability.

Four per cent (4%) of HHs reportedly had at least one member who 'cannot do at all' the activities of at least one functioning domain, and 28% at least one member with 'lot of difficulty' in at least one domain. The domains with the highest share of HHs reporting at least some difficulty were vision, mobility and cognition.



Response percentages may not add up to 100% due to rounding error

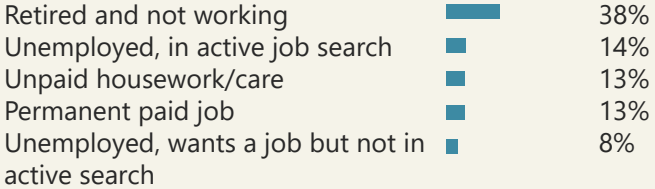
Displacement

The absolute majority of interviewed HHs (96%) were reportedly displaced following the escalation of the war in February 2022. The top oblasts from which HHs moved from were Donetska (31%), Kharkivska (18%), Luhanska (9%), Zaporizka (8%), Mykolaivska and Khersonska (5% each) oblasts.[4]

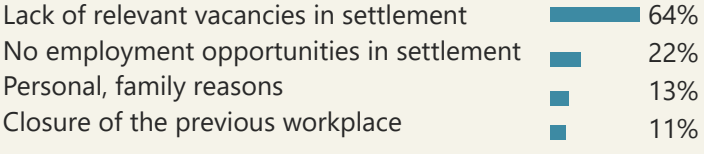
The 3% of HHs in CSs who reported being displaced more than once (i.e. during the 2014-2022 phase too) were mostly forced to move from Donetska (58%), Luhanska (19%), and Kharkivska (9%) oblasts.

The proportion of HHs who reported planning to stay in CSs was 87% in the medium- (less than 3 months) and 57% in the long-term (more than 3 months), without notable variation across oblasts. Five per cent (5%) of HHs reported intentions to return to their area of origin in the medium-term, and 26% in the long-term.

Employment status, % HoHHs



Unemployment reasons, % of HoHHs (n=1362)



3. The WG-SS was incorporated in the questionnaire as a series of questions asked to or about each HH member (except children below 5) to determine the spread and extent of their disabilities. For more details about the methodology of the WG-SS please visit this link, regarding the SS-Highest Difficulty (SS-HD) indicator scale, please visit this link.
4. The top oblasts of origin of interviewed HHs were Donetska (38% of HHs), Kharkivska (20%), Luhanska (12%), Zaporizka (8%), Mykolaivska (7%) and Khersonska (6%).

2. GENERAL CCCM VULNERABILITY INDEX RESULTS

CCCM Vulnerability Index Map: % of HHs with severe, extreme, and catastrophic levels by oblast

CCCM Vulnerability Index Results

The CCCM Vulnerability Index assesses the overall severity of needs of HHs according to the presence and severity of one or more vulnerability scores across the Shelter & Non-Food Items (NFIs), Food Security and Livelihoods, WASH, Education, Health, and Protection sectors.[5]

The proportion of HHs in CSs with a CCCM Vulnerability Index score of 3 or more was 79% as of data collection. This means that 79% of HHs in CSs were found to have at least one sectoral vulnerability, with 39% of all HHs with a severe vulnerability score in one sector or more, 34% with an extreme level in one sector or more, and 6% with a catastrophic level (driven by WASH, the only sector in this assessment with a 4+ level).

Geographic differencies

The oblasts with the highest percentage of HHs in CSs with an extreme (4, combined with catastrophic 4+ if present) CCCM Vulnerability Index score were Zaporizka (81%), Chernihivska (67%), Dnipropetrovska (65%), Kyivska (62%), Odeska (52%), and Kharkivska (51%). All oblasts had more than 70% of their assessed HHs in CSs with a reported vulnerability (CCCM Vulnerability Index score of 3 or higher), except for Ivano-Frankivska (68% of HHs with 3 or higher), Mykolaivska and Vinnytska (66% each), Kirovohradska (55%), and Sumska (53%) oblasts.

HHs in urban CSs scored in relatively higher proportions at both severe (40%) and extreme (35%) levels of needs than in rural CSs (severe 35% and extreme 30%). The percentage of HHs with a catastrophic score (driven by WASH) was marginally higher in rural CSs (7%) than in urban CSs (6%).

Sectoral Vulnerability Frequency

In terms of frequency per sector, the Shelter vulnerability score saw the highest proportion of HHs in CSs with a score of 3 or higher, at 51% of all HHs. The Health vulnerability score saw 31% of HHs at 3 or higher, Food Security and Livelihoods 29%, Protection 25%, WASH 15%, and Education 7%.

Regarding the vulnerability incidence, a single sectoral vulnerability was detected in 34% of HHs in CSs, two in 27%, and three or more in 18%. As such, 45% of the interviewed HHs had severe to extreme unmet needs in multiple sectors. See Annex 3 Vulnerability incidence for the respective percentages of the other sectors and of their combinations.

Vulnerability incidence, % of HHs

Single sectoral vulnerability	34%
Two sectoral vulnerabilities	27%
Three + sectoral vulnerabilities	18%
No vulnerabilities	21%

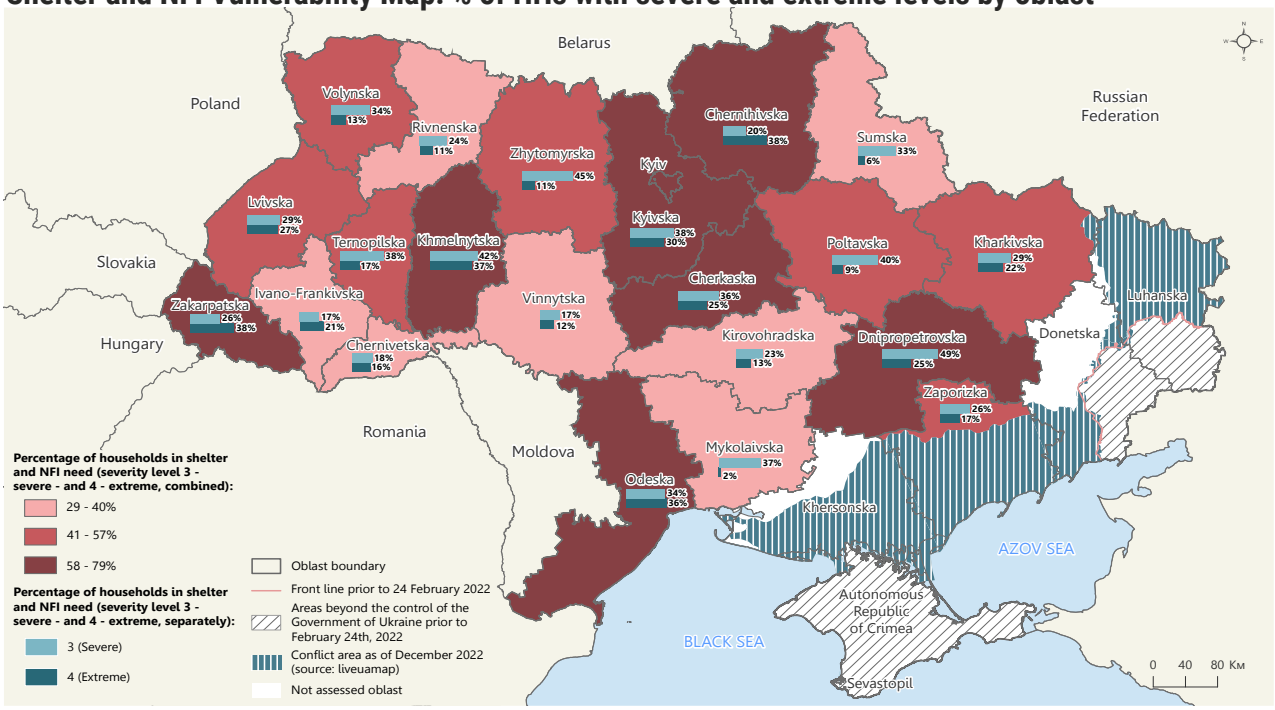
CCCM Vulnerability Index results by type of area, % of HHs

Severity Rating	Rural	Urban	Overall
1 (none or minimal)	1%	2%	**1.8%**
2 (stress)	26%	17%	**19.2%**
3 (severe)	35%	40%	**38.7%**
4 (extreme)	30%	35%	**34.4%**
4+(risk of catastrophe)	7%	6%	**6%**

5. A severe or extreme CCCM Vulnerability Index score indicates a HH with needs in more than one sector. At the oblast level, it indicates the proportion of HHs in CS with one or several vulnerabilities. A given HH with 4 (extreme) as its highest vulnerability score for either sector will have a CCCM Vulnerability Index score of 4 as well. Multiple highest scores, e.g. 3 in WASH and 3 in Health, still count towards a score of 3. To understand the co-occurence of vulnerabilities, see the Absolute vulnerability incidence subsection.

3. SHELTER & NFI

Shelter and NFI Vulnerability Map: % of HHs with severe and extreme levels by oblast



The Shelter and NFI vulnerability score comprises several indicators: the adequacy of the CS as a shelter and living space, the availability of basic amenities, interruptions of principal utilities, the availability of non-food items essential for the winter period, the type of accommodation, and the availability of a bomb shelter.

More than half (52%) of the interviewed HHs faced severe (31%) or extreme (21%) vulnerability levels in terms of access to shelter and winter NFIs.[6] The oblasts with the highest share of needs at the extreme level were Chernihivska (38%), Zakarpatska (38%), Khmelnytska (37%), and Odeska (36%). The CSs in rural areas had higher vulnerability scores at an extreme level (29%) compared with CSs in urban areas (19%). In comparison, severe vulnerability levels were more frequently reported in urban areas (32%) than in rural ones (24%).

Winter NFIs

The high vulnerability scores were related, among others, to a need for winter NFIs (reported by 27% of HHs at severe and extreme levels). It indicates that CSs residents did not, at the time of data collection, possess 50% or more of the essential items needed, including winter clothes, boots, sleeping items, and heating appliances.

Other critical drivers of the general sectoral score were a poor state of CS infrastructure (4% and 5% of HHs at severe and extreme levels) and inadequate living conditions at the CS (1% and 11%, respectively). Extreme levels in inadequate living conditions refer to the inability to consistently stay warm in CS premises.

CS Infrastructure and Living Conditions

Regarding the state of CS infrastructure, the main drivers of the extreme scores were heating shutdowns (reported by 14% of HHs), power cuts (12%) and a lack of quality thermal insulation (11%). Extreme unmet needs in terms of infrastructure issues were most often reported by HHs in Chernihivska (15%), Kyivska, and Odeska oblasts (14% each). With regards to living conditions issues, the three most affected oblasts were Chernihivksa (28%), Zakarpatska (28%), and Khmelnytska (21%).

Six per cent (6%) of households reported that they lived in a single shared living space (e.g. gym or hall) with other households, predominantly in Lvivska (16%), Dnipropetrovska (14%), Chernivetska (13%), Zhytomyrksa (11%), and Odeska (10%) oblasts.

Heating Supply

This composite indicator assessed both the type of heating and interruptions in supply. The overall level of severe and extreme needs stood at 16% and 4% of HHs who reported significant interruptions in centralized heating and other utility services, or no heating at all. Overall, HHs most frequently reported central heating (53%), centralized gas supply (14%), and wood (14%) as the main heating sources.

Payment of Utilities or Rent

A small share of HHs reported that they were charged for staying at the CS (16%) and/or were paying utility bills (10%). The average reported monthly bill for utilities was approximately UAH 835 per resident, the average monthly staying fees were approximately UAH 1,770 per resident.

Reported absence of a bomb shelter at CSs, % of HHs

Overall	**32%**
Chernihivska	81%
Dnipropetrovska	65%
Kyivska	56%
Sumska	47%
Zhytomyrska	40%

6. Winter NFIs include winter jackets, winter boots, winter underwear, mattresses, bedsheets, towel sets, blankets, and power-bank lamps.

4. FOOD SECURITY & LIVELIHOODS

The Food Security and Livelihoods vulnerability score is based on several composite measures: the Food Consumption Score,[7] the Coping Strategies Index, the Reduced Coping Strategies Index,[8] and Economic Capacity Vulnerability.[9]

The majority of surveyed HHs in CSs reportedly scored at either no/minimal (4%) or stress (67%) Food Security and Livelihoods vulnerability level, while 28% reportedly had a severe vulnerability score and 1% an extreme one. Cherkaska (55% severe and 3% extreme), Chernihivska (53% and 0%), Kyivska (44% and 3%), Odeska (44% and 2%), and Chernivetska (43% and 0%) were the oblasts with the highest proportion of HHs at severe or extreme vulnerability score level in this sector, while Zhytomyrska had the highest proportion at an extreme level (5%, and 28% at severe).

Food Consumption

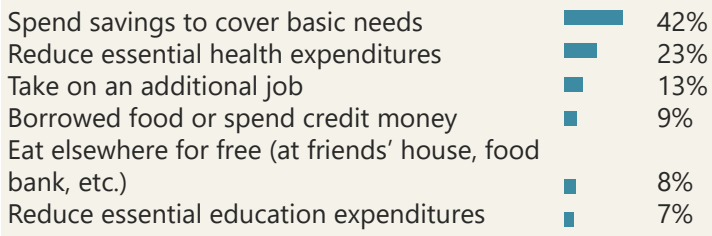
The majority of interviewed HHs (90%) were found to have an acceptable Food Consumption Score, meaning no or minimal vulnerability score. At the same time, 8% and 2% scored either at a borderline or poor level, which means a severe or extreme vulnerability level respectively. Cherkaska (21% at severe and 4% at extreme), Zhytomyrska (17% and 3%), Kyyivska (16% and 4%), Chernihivska (11% and 7%), Odeska (10% and 5%), and Zaporizka (11% and 2%) oblasts presented the highest proportions in both severe and extreme levels.

The Food Consumption Score should be considered in light of the use of coping strategies to maintain food consumption by HHs in CSs: medium or severe capacity gaps were respectively found for 43% and 7% of them. Kyivska (24%), Odeska (19%), Lvivska (14%), and Zakarpatska (11%) oblasts had the largest proportion of surveyed HHs in CSs with a severe capacity gap regarding this indicator.

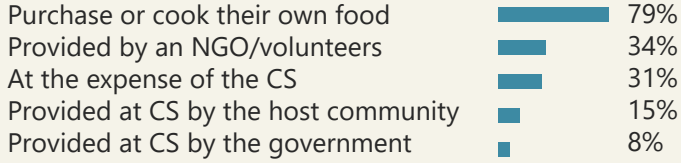
Livelihoods Coping Strategies

The use of livelihood coping strategies (for all needs) showed 71% of HHs scoring 'none/minimal' and 'stress' levels, with 29% presenting a capacity gap (either severe or extreme levels reported). Cherkavska (47% of HHs), Odeska (45%), Chernihivska (43%), Zakarpatska (38%), Chernivetska (36%) and Lvivska (35%) had the highest proportion of HHs in CSs reporting severe-level use of livelihood coping strategies. Cherkaska, Khmelnytska, and Zakarpatska oblasts additionally showed 7% of HHs at extreme levels, with Kyivska (6%), Kharkivska (5%), and Ternopils'ka (5%) closely following.

Main livelihood coping strategies used by HHs to cover basic needs, % of HHs



Most popular ways to access food, % of HHs

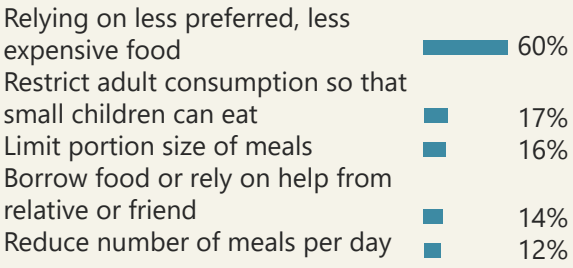


No food at all due to a lack of resources at least once in the last 30 days, % of HHs

Levels of reported hunger (Household Hunger Scale)[10], % of HHs

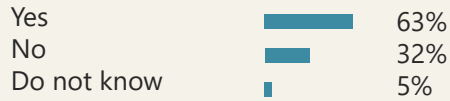
Main reasons to employ livelihood coping strategies, % of HHs who used at least one

Main reduced coping strategies (to maintain food consumption), % of HHs who used at least one

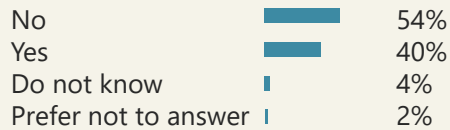


Child Nutrition

Awareness of infant nutrition items[11] distributed among IDPs, % of HHs (n=150)



Awareness of breastfeeding or infant feeding recommendations provided by state or non-state actors, % of HHs (n=150)



7. For more information on The Food Consumption Score please see here.
8. For more information on The Coping Strategies Index please see here. To learn more about the Reduced Coping Strategies index please see here.
9. Economic Capacity Vulnerability is calculated according to thresholds for Minimal Expenditure Basket (MEB: 5,865 UAH) and Survival Minimal Expenditure Basket (SMEB: 2,589 UAH) provided by the Ministry of Social Protection. HHs' average monthly expenditures per capita (over the 6 months prior to the data collection) below the SMEB score at level 4 (extreme), between SMEB and MEB at level 3 (severe), and above MEB at level 1 (no gap/minimal).
10. For more information on the Household Hunger Scale please see here.
11. Infant nutrition items are infant formula, milk products, baby bottles, and teats.

5. WASH

The WASH vulnerability score is based on the following indicators: sufficiency of water for basic needs (i.e., drinking, cooking, bathing, washing), availability of handwashing facilities (with water and soap), access to hygiene items, availability of hot water, functioning bathing facilities and toilets, and waste disposal sites. In addition to the 1-4 severity scale, the WASH vulnerability score includes a 4+ level, catastrophic.

Overall, the data indicates moderate concerns in terms of WASH infrastructure access as of data collection. On average, 79% of the HHs reported sufficient access (none/minimal unmet need) to handwashing facilities, hot water, bathing, and sanitation facilities, as well as garbage disposal areas available in the CS. The combined percentage of HHs who stated unmet needs at severe, extreme, and catastrophic levels was the highest in Odeska (35%), Dnipropetrovska (33%) and Lvivska (32%) oblasts.

Access to Water and Handwashing Facilities

On average, 88% of the HHs reported a sufficient level of access to water for drinking, cooking, and personal hygiene. Conversely, insufficient access to water was the main driver of high WASH vulnerability scores, especially in Lvivska (17%), Kharkivska (14%), and Odeska (12%) oblasts, where the respective percentage of HHs had a catastrophic vulnerability score. Besides, the lack of proper handwashing facilities in Dnipropetrovska oblast (20% at severe level), followed by insufficient access to water (9% at a catastrophic level), appears to have driven a high catastrophic-level vulnerability score in this oblast (11%).

Drinking Water

Drinking water access overwhelmingly relied on improved sources. Thirty seven per cent (37%) of HHs stated that they mostly drink tap water, particularly in Chernihivska (96%), Rivnenska (72%), Sumska (68%), and Volynska (57%) oblasts. Nearly a third of HHs (29%) had to buy drinking water at their own expense, while only 15% and 6% of HHs were provided with bottled water or had filters installed in the CS, respectively.

Inconsistent availability of hot water in CSs, % of HHs

Overall	**25%**
Khmelnytska	62%
Kyivska	56%
Sumska	47%
Lvivska	43%

Insufficient access to bathing facilities in CS, % of HHs

Overall	**4%**
Kyivska	20%
Zakarpatska	13%
Ivano-Frankivska	6%

Hygiene items not available in CSs, % of HHs

Laundry soap	11%
Shampoo	11%
Toothpaste	9%
Hand soap	9%
Water treatment equipment (e.g. filters)	9%

(All available: 78%)

Lack of access to functioning toilets, % of HHs

Kyivska	18%
Ivano-Frankivska	4%
Mykolaivska	4%
Zhytomyrska	3%
Rural total average	**4%**
Urban total average	**1%**

WASH Vulnerability Map: % of HHs with severe and extreme levels by oblast

6. EDUCATION

The Education vulnerability score is based on indicators that consider the enrollment status, regularity of attendance, and most common barriers to access education for school-aged children, for both in-person and distance education. There were reportedly 1730 school-aged children in the 3,617 interviewed HHs. The Education vulnerability score does not include a stress level (2) on its scale.

Findings suggest that most HHs had no vulnerability to access school education, as 93% were found with a minimal or no gap level. Thirty-one per cent (31%) of HHs reported having at least one school-aged child (6-17 years old). The majority of school-aged children in CSs were between 6 and 10 years old (42%), then between 11 and 14 years old (36%), and finally between 15 and 17 years old (23%). The difference between the proportion of HHs in need in rural vs urban CSs was minimal for the Education vulnerability score.

School Enrollment and Attendance

A vast majority of HHs having school-aged children (98%) reported their children were enrolled in school during the 2021/2022 school year. On average, 95% of HHs reported that their children attended school regularly when these were open. The only oblast with a proportion lower than 90% in this regard was Zaporizka, which reported 23% of HHs at a severe level, i.e., with at least one child who did not attend school regularly or was not enrolled at all.

Distance Learning

In addition, HHs indicated no/minimal issues in terms of accessing distance learning when the schools were closed during the school year 2021/2022 (only 4% of HHs scored a severe level). In total, less than 1% of HHs reported having a school-aged child both not enrolled and not regularly attending a state or private school while also indicating having an extreme barrier to education.

Internet Access

Nearly two-thirds (62%) of HHs stated that there was a WiFi network available in the CS. Of these, 64% indicated that the connection was metered and not free of charge. A quarter (24%) of HHs reported that most members owned phones with no internet access. In general, poor internet access may negatively affect the quality of school education, particularly given the importance of remote learning.

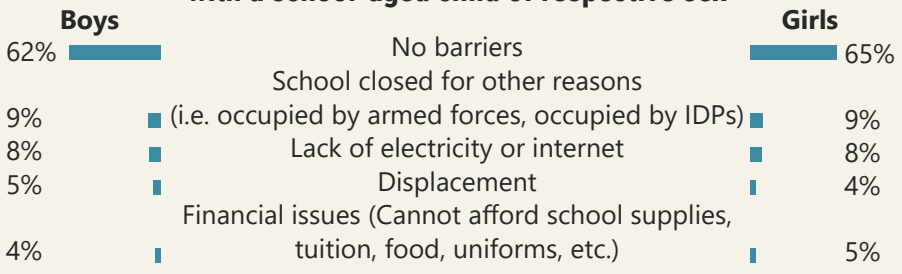
Barriers for Girls and Boys

The assessment did not detect differences in terms of the barriers to education faced by boys and girls, as for both categories the most reported barriers were the closure of schools and the lack of electricity and internet.

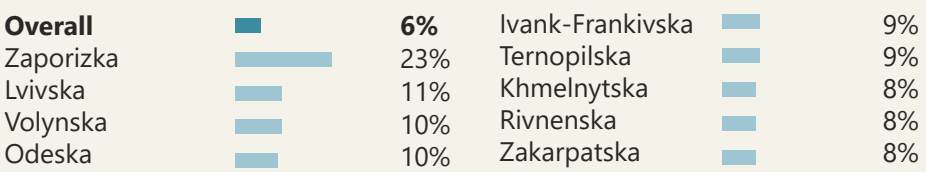
Age distribution of children from HHs in CSs enrolled in the 2021-2022 school year:

Age (y.o.)	Female	Male	Total
6-10	21%	21%	42%
6	3%	4%	7%
7	4%	4%	8%
8	5%	4%	8%
9	5%	5%	11%
10	4%	4%	8%
11-14	17%	19%	36%
11	4%	4%	9%
12	5%	6%	10%
13	4%	4%	8%
14	4%	4%	8%
15-17	11%	12%	23%
15	4%	5%	9%
16	4%	4%	8%
17	3%	3%	6%
6-17	**48%**	**52%**	**100%**

Barriers for children to access education, if any, %HHs with a school-aged child of respective sex



Severe and extreme levels of Education vulnerability score, % of HHs:



7. HEALTH

The Health vulnerability score includes the following indicators: healthcare needs of HHs member(s) with disabilities (defined within WG-SS framework), healthcare needs of all HH members, access to mental health services, barriers to healthcare and medicine, and average time to the nearest primary healthcare facility.

Overall, a significant proportion of HHs in CSs were at severe (28%) and extreme (3%) levels in the Health vulnerability score, while 47% and 22% reported no/minimal and stressed levels respectively. The proportions for HHs in rural and urban CSs were approximately similar.

Poor healthcare access for persons with disabilities[12] was the main factors driving Health vulnerability scores: 27% and 3% of HHs had a member(s) with severe and extreme unmet needs in this regard. Healthcare services were generally accessible, 96% of HHs who sought them reported minimum or stress levels of vulnerability. However, in Kyivska oblast a considerable proportion of HHs (12%) reported extreme unmet needs in healthcare access for both persons with disabilities and other HH members.

For HHs with unmet healthcare needs who sought healthcare services and could not obtain them (3% of all HHs in CSs), the most frequently cited barriers were unaffordable prices of consultations (34%), unaffordable cost of medication (not price increase) (21%), and unaffordable cost of medication (price increase) (20%).

Among the HHs that had unmet healthcare needs but did not seek healthcare, the most cited reasons were the inability to afford consultation/admission (30%), to afford out-of-pocket expenses (25%), and the expectation to get better without healthcare services (25%).

Healthcare access

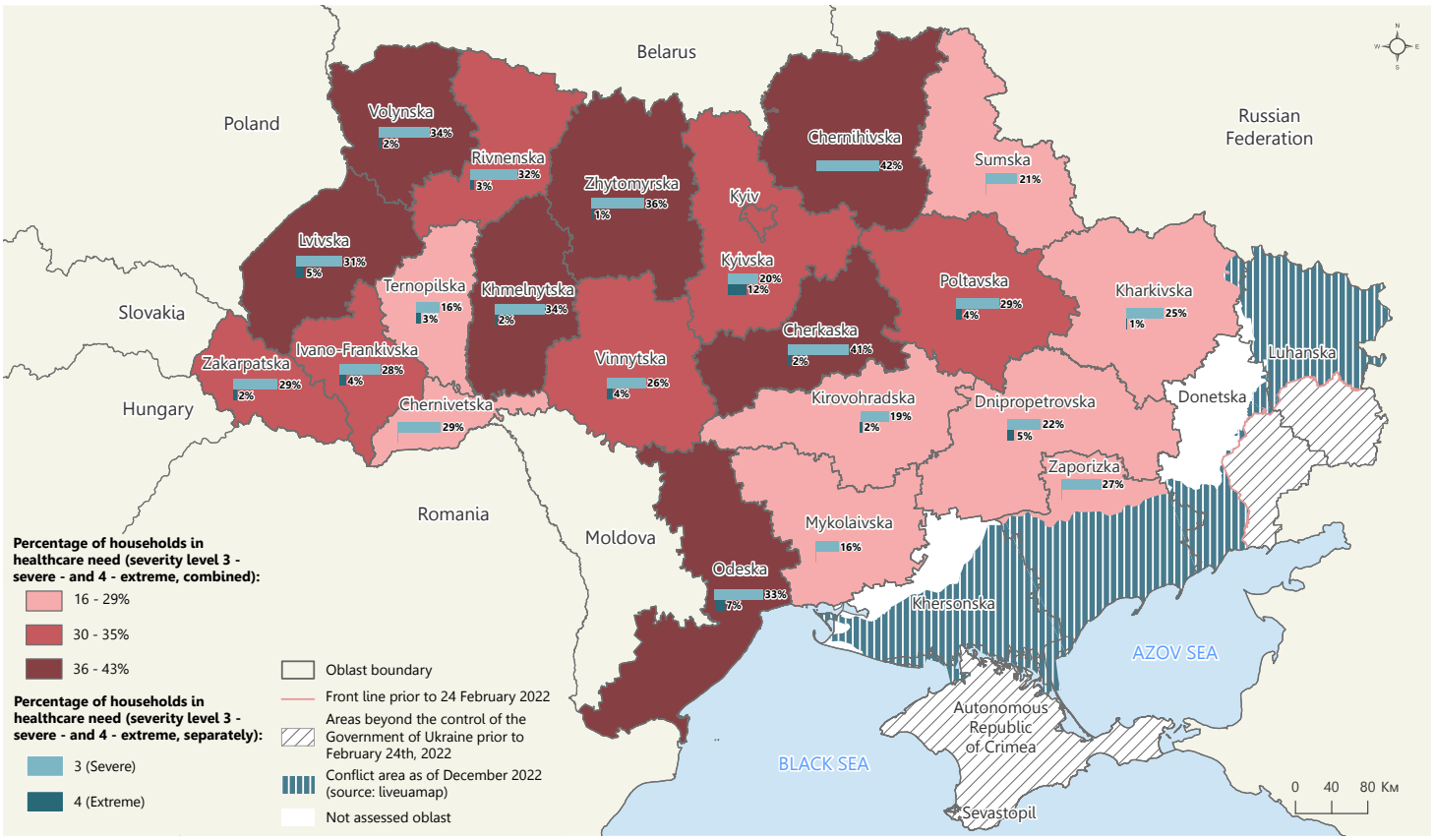
Sixty-one per cent (61%) of all HHs reportedly had at least one member who had a health problem and needed to access healthcare in the 3 months prior to data collection. Of these, 87% of HHs had reportedly at least one member who actually sought the needed healthcare services. Six per cent (6%) of HHs had at least one member who sought healthcare and could not obtain it.[13] Among HHs who accessed healthcare, 97% reported visiting healthcare facilities such as state/communal or private hospitals, or their family doctor. In turn, 3% referred to a humanitarian clinic or team, pharmacy, or alternative medicine providers.

For 91% of HHs it reportedly took 1 hour or less to reach the nearest functional primary healthcare facility, with the overall average travel time standing at about half an hour as of data collection.

Mental Health

In terms of access to mental health services, 1% of HHs were at a severe vulnerability level, while the rest scored at no/minimal (96%) or stress (3%) levels. Four per cent (4%) of HHs had a member with a mental health condition requiring professional care prior to 24 February 2022. Twenty-four per cent (24%) of them reported not being able to get consistent mental health care in the 3 months prior to data collection. The main reasons were the absence of a functional healthcare facility nearby (20%), followed by the unavailability of specific services (16%) and the lack of registration with a local doctor (16%).

Health Vulnerability Map: % of HHs with severe and extreme levels by oblast



12. Meaning WG-SS Levels 3 and 4; L3 is equal to at least one reported 'a lot of difficulty' amongst all 6 domains; if L4 is equal to at least one reported 'cannot do at all' amongst all 6 domains.
13. As a total of all members of HHs in CSs, 39.5% of all IDPs had a reported healthcare need, 33.6% actually sought healthcare, and 5.9% did not seek it. Of those who sought healthcare, 5% did not obtain it.

8. PROTECTION

The Protection vulnerability score comprises the following indicators: safety and security concerns, loss of documents, issues of separation of parents and children, UXO (unexploded ordnance) risks, gender-based violence (GBV), legal assistance, etc.

Twenty-one per cent (21%) of HHs in CSs reportedly faced an extreme vulnerability level in protection, with the highest proportions in Zaporizka (77%), Dnipropetrovska (56%), Kyivska (42%) and Chernihivska (31%) oblasts. HHs in urban locations showed higher percentages at both severe (4%) and extreme (24%) levels for the Protection vulnerability score than those in rural CSs (3% and 13% respectively).

Safety and Security

One of the main factors driving this Protection vulnerability score was HHs' safety and security concerns (namely armed violence or shelling; presence of landmines or UXO, and attacks on civilian facilities such as schools or hospitals), which concerned 20% of all HHs at the extreme level. Zaporizka (77%), Dnipropetrovska (54%), and Kyivska (40%) oblasts had the higher percentages in this regard, likely due to HHs' concerns regarding missile hits and other shellings.

Documentation and Separated Children

Five per cent (5%) of the HHs members reported missing one core document (national passport, pension card, birth certificate, etc.), and 2% reported having lost two or more.

Reportedly, 79 children were not living with their families (2% of HHs). The most frequent reasons were that the child resides with a foster family or friends (41%), studies in another location (24%), or lives separately with their partner (22%).

Government Social Services, GBV services, and Psychological Support

Eight per cent (8%) of HHs reported barriers to accessing government-provided social services (e.g., home-based care, support to families with many children, and psychosocial support). The most frequently cited barriers were rare visits to the CS by social service workers (33%) and a lack of access to individual counseling or legal assistance (26%).

A quarter of HHs (25%) reported not being able to access any on-site response services for survivors of gender-based violence (35% answered 'don't know'). The same percentage (25%) reported being unable to access mental health and psychosocial support for children (31% of HHs answered 'don't know'). Only 3% of HHs reported both GBV- and MHPSS-related services as available to them (on site) without barriers to accessing them when needed.

A large majority of HHs (94%) reported that there were no areas in the CS or around the CS that women and girls avoided because they feel unsafe or could not answer the question about it (4%).

Integration

Half of the HHs (52%) reported not participating in social activities with members of the host community outside the CSs. The HHs that did not participate in social activities with the host community reported a lack of interest (52%), a lack of relevant information (17%), and a lack of opportunity (no community activities scheduled) (15%) as the main reported barriers to social integration.

Protection Vulnerability Score Map: % of HHs with severe and extreme levels by oblast

9. SITE MANAGEMENT AND ACCOUNTABILITY

SMA Index Methodology

The Site Management and Accountability (SMA) Index comprises the following indicators: availability and effectiveness of complaint mechanisms in the CS, threats of eviction, residents' participation in decision-making, access to the CS focal point, and the reception of humanitarian assistance in the 14 days prior to data collection. The SMA score does not include an extreme level (4) in its scale.

Due to the narrow scope of the needs in this sector and it being IDP-specific, the scores in this sector **did not contribute to the general CCCM Vulnerability Index**. Unlike other sectors, the SMA indicators were assessed on a two-tier scale: presence or absence of an unmet need. The overall SMA sectoral severity was then graded on a three-level scale of no/minimal, stress, and severe level of unmet needs. The "no/minimal" level corresponds to the absence of unmet needs in all five indicators or the presence of an unmet need in only one indicator; "stress" to 2-3 indicators with an unmet need; and "severe" to 4-5 indicators with an unmet need.

Index Results

Across all HHs in CSs, 69% reportedly have no/minimal level of unmet needs, while 27% and 4% are at the stress and severe levels respectively. Sumska oblast shows the highest proportion (33%) of HHs reporting a severe-level sectoral need, likely driven by a reported lack of assistance received on-site (74% of surveyed HHs in the oblast) and a higher threat of eviction (21%) as well as the absence of a focal point in the CS (21%).[14] Besides Sumska, all other oblasts have a relatively low proportion of HHs with severe-level unmet needs: the closest behind are Zakarpatska (8%) and Cherkaska (7%). The rural-urban difference is minimal with regards the SMA index.

Humanitarian assistance

Regarding the access to humanitarian assistance in the CSs, 40% of HHs reported not receiving assistance at the CS itself during the last 14 days prior to data collection, with the highest proportion in Chernivetska oblast (72%) in addition to Sumska (74%) oblast mentioned above. All other oblasts had between 19% and 51% of surveyed HHs reportedly not receiving humanitarian assistance at the CS during the specified period. Note that this did not consider the humanitarian assistance possibly received outside the CSs during the same period.

Participation in Decision-Making

Residents' participation in decision-making was reported as a gap for 28% of HHs in the surveyed CSs across all oblasts. The highest proportions of residents reporting not being consulted by CS management for CS decision-making were found in Kyivska (62% of HHs reporting an unmet need in participation in decision-making), Chernivetska (63%), and Zakarpatska (41%) oblasts. All other oblasts had below-30% proportions except for Ternopils'ka (39%), Sumska (37%), Lvivska (37%), Dnipropetrovska (36%), and Zaporizka (35%).

Complaint Mechanism

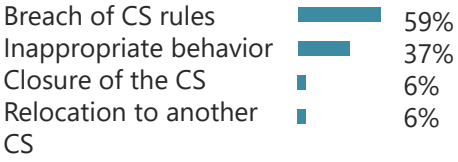
An unmet need with regards to complaint mechanism was reportedly present for 32% of CS residents. Kyivska (69%), Zakarpatska (60%), Lvivska (55%), and Ternopils'ka (50%) oblasts had the highest proportion of HHs reporting such a gap, while the majority of other oblasts vary between 20-40% of HHs.
Overall, severe- and extreme-level of unmet needs for sectoral indicators and the general sectoral scores were distinctly prevalent in oblasts that had previously experienced active hostilities and where the Government of Ukraine regained control, such as Kyivska, Sumska, and Chernihivska oblasts. The latter two continue experiencing active fighting.

Eviction Threats

Threats of eviction for all reasons were reportedly highest in Ivano-Frankivska, Volynska, Zaporizka, Vinnytska, Odeska, and Rivnenska oblasts, in descending order from 12% to 10% of surveyed HHs (with Sumska oblast at 21% of HHs, as indicated in Index Results). The top three causes of threats of eviction for interviewed HH were: the facility can no longer host CS residents (30% of HHs who reported threats of eviction or were evicted), limited period of hosting (24%), and overcrowded center (11%).

Cases of evictions in CSs, % of HHs reporting awareness of such cases

Most frequently reported reasons for eviction, % of HHs



Availability of a referral system[15] at the CS, % of HHs

The fact that a third (33%) of HHs did not manage to give a concrete answer to whether there was a referral system for persons at risk at the CS might support the data suggesting low levels of awareness and understanding of protection mechanism by IDPs in CSs.

Oblasts with the highest share of severe level of unmet needs in "Site Management and Accountability", % of HHs

14. Sumska's outlying results might be skewed given a small subset of both CSs and HHs interviewed in the oblast; nevertheless they denote a particularly dire situation with regards the SMA Index.
15. Referral system is a mechanism by which persons at risk of or affected by protection concerns (such as gender-based violence, abuse or human trafficking) can gain support.

METHODOLOGY OVERVIEW

As part of REACH's Collective Site Monitoring (CSM) survey, and in consultation with UN OCHA and the CCCM Cluster, a special CSM round was conducted by adapting the November 2022 MSNA questionnaire to assess HH needs in CSs (see the Methodology Note linked below). Indicators for five key sectors (Shelter and NFI, Food Security and Livelihoods, WASH, Education, Health, and Protection) were combined into sectoral vulnerability scores to assess the severity of needs for HHs in CSs.[16] Those sectoral vulnerability scores were then employed to calculate a CCCM Vulnerability Index to understand multi-sectoral needs (see the Index Framework linked below) In addition, a separate module of CCCM indicators was combined into a Site Management and Accountability score.

Assessment Coverage

In total, from 14 to 29 November 2022, 3,617 HH interviews were collected in 877 CSs in 21 government-controlled oblasts.[17] Interviews were conducted face-to-face with the heads of HHs. Active sites were randomly selected for each oblast, while the number of interviews per site was assigned based on the known site population. The target number of 200 interviews per oblast was not reached in Kyivska, Sumska, Chernihivska, Mykolaivska and Zhytomyrska oblasts due to the low number of active CSs as well as security reasons.

Severity ratings

Vulnerability scores are built on a 4-tier severity scale, where '1' corresponds to none/minimal vulnerability score, '2' to stress, '3' to severe, '4' to an extreme, and '4+' a catastrophic vulnerability score.

Limitations

- The population numbers used to obtain the minimal sampling were based on the CCCM Master List, which is not exhaustive. Data on current population for many CSs was missing, while dynamic movement of people in CSs quickly outdates such data.
- Answers can be inaccurate given that respondents may be dependent on CSs managers or face potential retaliation.

Assessment findings must be read as indicative only.

ASSESSMENT COVERAGE

Oblast	№ of CSs
Cherkaska	193
Chernihivska	72
Chernivetska	212
Dnipropetrovska	213
Ivano-Frankivska	210
Kharkivska	198
Khmelnytska	196
Kirovohradska	206
Kyivska	50
Lvivska	204
Mykolaivska	96
Odeska	224
Poltavska	210
Rivnenska	203
Sumska	19
Ternopils'ka	204
Vinnytska	209
Volynska	200
Zakarpatska	206
Zaporizka	194
Zhytomyrska	194
Grand total	**3617**

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

- Please find the CSM Round 5 Research Methodology Note explaining the main characteristics of the assessment, the goals of the assessment, and its differences from the previous CSM rounds via this link.
- The Composite Index Framework illustrating the correspondence of concrete indicator figures to severity levels and the composition of sectoral vulnerability scores is available via this link.
- To access the results for all indicators used in the assessment, please explore the Frequency Tables via this link. Please also see the CSM Dashboard for an interactive presentation of CSM Rounds data.

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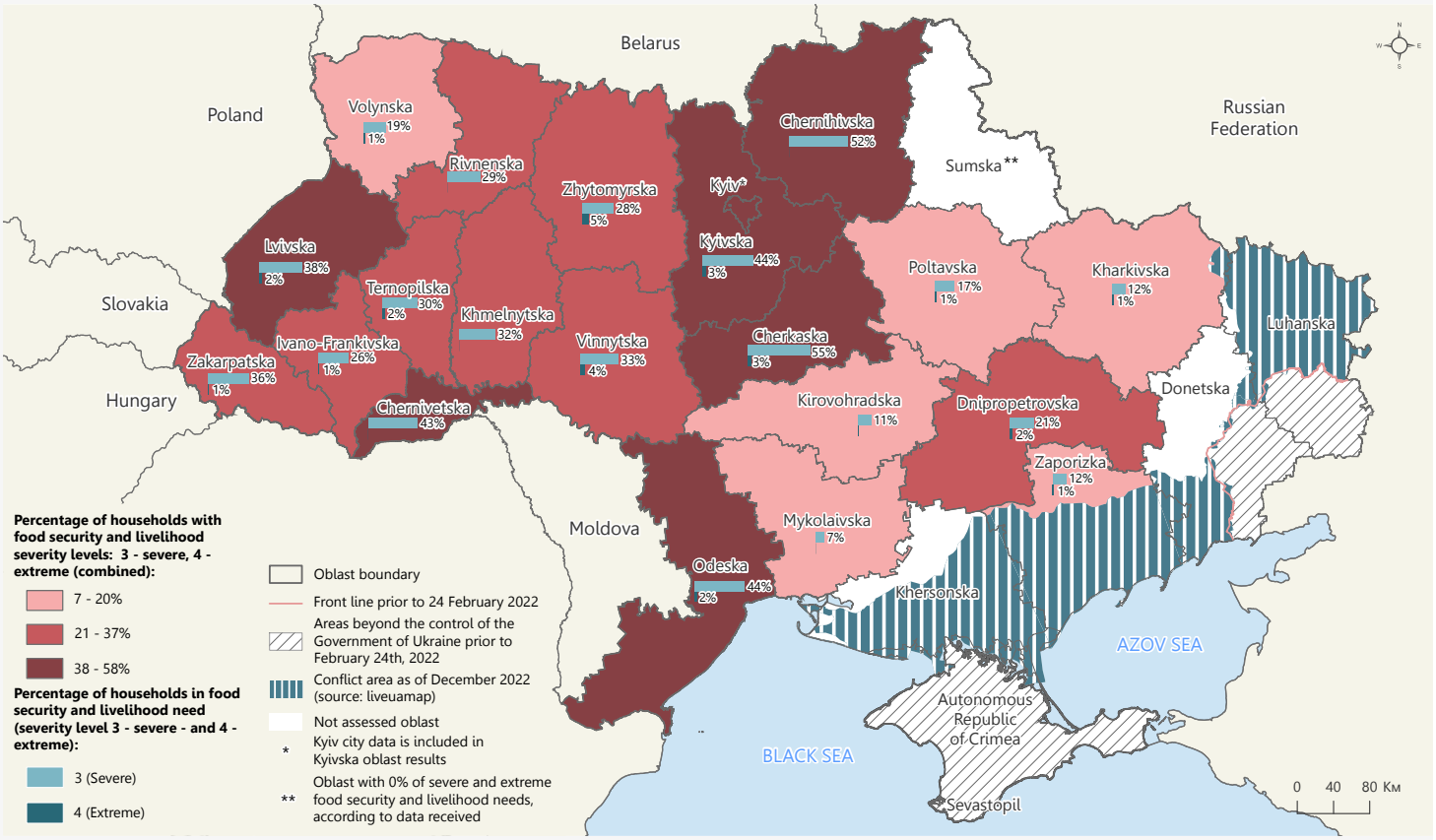
16. The CCCM Vulnerability Index methodology was based on the approaches of the Multi-Sectoral Needs Index (MSNI) and Joint Intersectoral Analysis Framework (JIAF). To read more about the MSNI framework, see the MSNA 2022 Guidance via this link.
17. In the course of data collection, 450 Heads of HHs refused to be interviewed. The most frequent reasons cited were unwillingness to be interviewed (20%), lack of time for an interview (18%) and disbelief in the survey's impact.

Annex 1

CCCM Vulnerability Index Map: % of HHs with extreme and catastrophic levels by oblast

Annex 2

Food Security & Livelihoods Vulnerability Score Map: % of HHs with severe and extreme levels by oblast



Annex 3: Vulnerability Incidence

Vulnerability incidence, % of HHs	
No sectoral vulnerability (minimal/no need, stress levels)	21%
Any sectoral vulnerability	79%
1 sectoral vulnerability	34%
2 sectoral vulnerabilities	27%
3 or more sectoral vulnerabilities	18%

Sectoral vulnerability incidence, % of HHs	
Shelter	51%
Health	31%
Food Security and Livelihoods	29%
Protection	25%
WASH	15%
Education	7%

Most common vulnerability combinations, % of HHs	
Shelter (only)	14%
Health (only)	7%
Shelter Health	6%
FS and Livelihoods (only)	5%
Protection (only)	5%
Shelter Protection	5%
Shelter FS and Livelihoods	5%
WASH (only)	3%
Shelter FS and Livelihoods Health	3%
Shelter Health Protection	2%
FS and Livelihoods Health	2%
Shelter WASH	2%
Health Protection	2%
Shelter WASH Protection	1%
Shelter FS and Livelihoods Protection	1%
Shelter WASH Health	1%
Shelter FS and Livelihoods Health Protection	1%
Shelter FS and Livelihoods WASH	1%
FS and Livelihoods Protection	1%
WASH Protection	1%
Education (only)	1%
Education Shelter	1%
FS and Livelihoods WASH	1%
Shelter WASH Health Protection	1%
Education Shelter Health	1%
Shelter FS and Livelihoods WASH Health	1%
WASH Health	1%
Shelter FS and Livelihoods WASH Protection	1%

Note: the table only shows combinations found in more than 20 assessed households.