

Collective Centers standards in Ukraine – May 2022

Background

This is a compiled table by the CCCM Cluster in Ukraine of international multi-sectoral standards in collective centers (from the Sphere standards¹, UNHCR Emergency standards² and Camp Management minimum standards³) adapted to the Ukraine context based on inputs from other clusters, Working Groups (GBV, disability and inclusion, etc.), and key stakeholders, CCCM SAG members and cluster partners. The adapted table aims to guide relevant authorities, stakeholders and partners involved in IDP collective centers to serve as a baseline during the identification and assessment of services in communal accommodations.

List of clusters / sectors

- [CCCM](#)
- [Water, Sanitation and Hygiene](#)
- [Health](#)
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CCCM		
Standard	Indicator	Key actions
Affected population living in Collective Centers (CCs) have equitable access to protection and assistance with the support of a mandated site management support agency	<ul style="list-style-type: none"> • Site management support team should consist of at least 6 staff per 1,000 HHs 	<p>The Site Management Support Team must have adequate humanitarian policies, strategies, organizational systems and resources.</p> <ul style="list-style-type: none"> • The operational strategy of the site management support agency will be proportional to capacity of local authorities and/or local organizations to meet people’s needs according to humanitarian principles • The SMS Team will preferably operate: <ul style="list-style-type: none"> ○ Through a mobile approach. Site visits by mobile site management teams should be regular and predictable to the population in specific geographical areas. ○ Through a base at site-level offices, centralized or municipal offices or community resource centers ○ A mixed between the two ○ The SMS team could cluster centers based on the number of individual locations, the distance between them, the needs at the sites and the number of displaced people living in them, to assess and plan support needed from one mobile team
Appropriate and inclusive planning ensures adequate protection and assistance are	<ul style="list-style-type: none"> • Site management action plans and contingency plans are regularly updated and developed with engagement of site residents, local 	<ul style="list-style-type: none"> • Centre Management contingency plans are developed and updated, and center lifecycle plans take into account longer-term needs, expansion and unexpected eventualities. Site Management support agency plans for camp closure from the beginning of the response. The Planned closure must be in accordance with national standards, including notice period to residents • Locations for collective center is identified and agreed with the local authorities and cluster, to ensure safety and security for the residents.

¹ See the Sphere Handbook <https://handbook.spherestandards.org/en/sphere/#ch001>

² See UNHCR Emergency Handbook <https://emergency.unhcr.org/entry/45581/camp-planning-standards-planned-settlements>

³ See Minimum standards for Camp Management <https://handbook.spherestandards.org/en/camp/#ch001>

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<p>provided throughout the Collective Centre lifecycle, from set-up to closure.</p>	<p>authorities and all relevant stakeholders</p>	<ul style="list-style-type: none"> The Site management support agency inform, consult, coordinate, involve and report to all the key stakeholders (authorities, host community members, services providers and people affected by the emergency) on planning and implementation of activities to build effective partnerships. Transitional / durable solutions under discussion/in process
<p>Site management teams have the operational and technical capacity to manage the site</p>	<ul style="list-style-type: none"> 100% of site management staff who have signed a Code of Conduct stating their commitment to respect and foster humanitarian standards and the rights of beneficiaries 90% of site management staff (including from local authorities and local organization) who have completed adequate training related to their role Measures to prevent, report, investigate and impose sanctions against perpetrators of SEA are in place and are known by all staff involved in activities in the site, as well as by the population residing in it 	<ul style="list-style-type: none"> Balance the proportion of female and male personnel to reflect communities and their needs. Site management team staff (including from local authorities and local organization) are trained on CCCM, Minimum Standards in Camp Management and other relevant topics such as humanitarian principles, Code of Conduct, PSEA, Protection Mainstreaming including GBV and anti-trafficking Core CCCM training for all site management staff must be contextualized, translated into relevant languages and adapted to the context. Core training modules should include at a minimum: roles and responsibilities; participation; providing information and listening back (accountability); humanitarian principles and Protection Principles; coordination; site improvement and planning; and site closure (with reference to technical standards including Sphere or local building codes where appropriate) Identify dedicated focal points and raise awareness about Prevention of Sexual Exploitation and Abuse (PSEA) Provide clear information on the fact that beneficiaries do not have to provide services or favors in exchange for receiving services or accessing facilities Trainings for local authorities are coordinated with other relevant stakeholders operating in the same geographic area Collective Center Targeting and selection is conducted in agreement with the local authorities and the cluster
<p>All personal information collected from site populations is appropriately gathered, stored and used</p>	<ul style="list-style-type: none"> A specific consent and confidentiality protocol is agreed and in place for all stakeholders operating at the site Information-sharing practices are agreed and in place for all stakeholders operating at the site 	<ul style="list-style-type: none"> Ensure that proper procedures are in place to secure the data, including safe and locked rooms, electronic backups, passwords and access restrictions to sensitive data. Confidential documents should be clearly marked. Where necessary, personal information should be removed or replaced with a code to protect anonymity Clear procedures should be in place for information to be protected or destroyed in the event of evacuation or withdrawal Coordinate all site organizations to develop a site-level agreed data sharing and protection protocol, including defining consent and information sharing. Reference OCHA Data Information Sensitivity Classification for Ukraine
<p>The residents are able to participate meaningfully in decision-making related to the management of the CC</p>	<ul style="list-style-type: none"> 80% of the site population who are satisfied with the opportunities they have to influence site decisions 	<ul style="list-style-type: none"> People with specific needs, including women and girls, are provided with means to meaningfully engage The residents comply with the agreed and participatorily developed CC code of conduct There are separate mechanisms put in place to allow people with specific needs to participate (by gender, age, disability, etc.) Promote meaningful participation and leadership of women and LGBTQ+ persons and their organizations
<p>Information needs of the residents are</p>	<ul style="list-style-type: none"> Appropriate modes of dissemination are used to share key messages 	<ul style="list-style-type: none"> Information needs and languages of CC residents have been assessed integrating gender, age, and intersectional perspectives Information about onwards journey locations is accessible and up to date for people wanting to leave the CC

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<p>identified and met in a timely manner. Key messages are developed to address them, shared in appropriate language(s) through relevant and trusted channels</p>	<ul style="list-style-type: none"> • Key messages are agreed and developed with all relevant stakeholders including center residents 	<ul style="list-style-type: none"> • Communication tools are designed based on resident profile, in accessible and gender-responsive formats, languages and multiple communication channels • Information dissemination systems are in place and mass information campaigns are conducted integrating gender, age and diversity components • Residents know what basic and specific needs services and assistance are available and how to access them • Protection/GBV/anti-trafficking-related messages on how to report risks and where to access care and support services (referral pathways) are placed in visible and accessible locations and are translated
<p>CC Residents have access to safe and responsive mechanisms to handle feedback and complaints to service providers</p>	<ul style="list-style-type: none"> • 90% of site population aware of feedback and complaints mechanisms and know how to access them 	<ul style="list-style-type: none"> • Harmonized multilingual and multichannel feedback and complaint mechanisms are in place, including information on SEA reporting channels • As necessary, coordinate or consolidate different mechanisms from service providers • Ensure the mechanism(s) is able to maintain confidentiality • Ensure ability of people to access information and express despite disabilities • Update standard operating procedures as required, for example, changed service levels • Raise awareness among the site population, both displaced and host, of PSEA and how to report incidents • Monitor that the feedback and complaints mechanism(s) is functioning. If necessary, follow up directly with service providers if the residents fail to get a response from an individual agency mechanism
<p>Inclusive and representative governance structures are accountable to and have the capacity to meet the needs of the site population</p>	<ul style="list-style-type: none"> • 90% of the site population who feel they are represented by and through the site governance structure 	<ul style="list-style-type: none"> • Functional community self-governing committees with all-inclusive and gender- and youth-balanced participation • Community focal points and committees are identified or established in a participatory way, including from marginalized language communities and communities surrounding the CCs • Women, LGBTIQ+ persons, and other at-risk groups actively involved in community-based camp governance structures • Terms of Reference and Code of Conduct for committees are participatorily developed and translated into relevant languages in place, involvement of residents and host community • Focal points / committees are trained on relevant topics, such as Site Management & Coordination components (collective site management and coordination, conflict resolution, first aid, fire prevention, gender equality in humanitarian action, PSEA, GBV and trafficking Risk Mitigation, how to safely handle disclosures of GBV and where to make referrals etc.)
<p>All CC residents live in a dignified environment that is safe and secure from harm or violence</p>	<ul style="list-style-type: none"> • % of recommended mitigation actions from safety audit directly integrated into site maintenance and improvement plans (or addressed with site maintenance activities) • Fire prevention and first aid equipment available - 1 FA kit + fire extinguishing system / CC (1 kg of extinguishing agent per 25 m2 of area) • Presence of safety devices (such as smoke and carbon 	<ul style="list-style-type: none"> • With service providers, site planners and community governance structures, undertake regular observational and safety audits of the site, evaluating both physical infrastructure (including privacy concerns) and community behavior • Develop a response plan to address “red flags” found during safety audits • Regularly check on site security and the well-being of women, girls and other at-risk groups to ensure the risks of GBV and trafficking are proactively mitigated • Care and maintenance of the site’s infrastructure are ensured, including through community-based projects • Projects are implemented by residents in CCs with the involvement of the surrounding communities • Promote equal distribution between women and men of care work, maintenance, and food preparation in the CC • HLP due diligence process are conducted at Collective Centre selection stage, to prevent evictions • Evacuation pathways with a proper ventilation arrangements and related information disseminated

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	<p>monoxide alarms, stair gates and window guards)</p>	
<p>All CC residents have an environment that is physically, socially and culturally appropriate</p>	<ul style="list-style-type: none"> % of the site population, including host communities, indicating that the site reflects their needs, safety and priorities 	<ul style="list-style-type: none"> The Site Management Support Team ensures that all stakeholders, including the site population and host communities, participate in developing the CC plan. The SMS team supports residents and host communities to influence site planning and site improvement decision-making through participatory methods such as assessment, consultative meetings, focus group discussions and go-and-see visits. People with specific needs and marginalized groups should be consulted to make sure the site plan reflects and addresses their needs. How resident use the spaces in the Collective Centre on a daily basis will vary based on the phase of the emergency and time of day or year and will likely change over time. The SMS team must understand the everyday practices of the site residents can become a key factor in meeting their needs and ensuring safety and dignity for all residents across the site. Where possible, MHPSS activities should be implemented within the CC. These should be participatorily devised and supported by the SMS agency, with particular focus on children and youth
<p>Services are coordinated to meet the needs of the residents and host populations</p>	<ul style="list-style-type: none"> Coordination meetings include all stakeholders or stakeholder groups 	<p>Coordination mechanisms are in place</p> <p>The Site Management Support Team supports site/area-level coordination by convening and connecting various stakeholders, including community members (both displaced and host communities), and to strengthen/establish communication and coordination mechanism(s). This includes:</p> <ul style="list-style-type: none"> -act as a focal point for all activities and issues taking place across the collective Centre -map all stakeholders (who, what, where) and help agree and clearly set out how tasks will be divided between them. -maintain open communication and coordination channels with the relevant national and local authorities. -Establish and maintain good relations with host populations, supporting them to participate in work and activities across the site. -advocate that the search for durable solutions is included in all actions done with and for the site population
<p>The residents' needs are monitored and reported through established systems</p>	<ul style="list-style-type: none"> Site indicators are agreed with partners 	<p>SMA's need to have a leading role in what information is being collected in the site to be informed and highlight the gaps, needs and capacities of the population. This includes:</p> <ul style="list-style-type: none"> service mapping is conducted and updated on a regular basis understand standards for safety, protection and dignity, noting the role of other sectors in setting those standards. make sure essential services are placed in settlements in a way that follows those standards. provide regular updates on work plans, the ability to meet minimum standards and responding to changes in the site. site monitoring is in place and regularly updated to monitor population size and disaggregation (age, gender, diversity and specific needs of people hosted in the site), movements (new arrivals and departures) within the CCs inter-cluster site level data collection exercises are regularly carried out
<p>People in need are referred to specialized service providers</p>	<ul style="list-style-type: none"> Functioning referral pathways are in place to ensure that people with specific or specialized needs receive the assistance and protection required 	<ul style="list-style-type: none"> Multi-sector referral mechanisms is established Build awareness for the site population and all organizations working in the site of critical referral pathways for health services, GBV, child protection and other protection services Minimize overlap between service providers and help streamline referral pathways Train SMA staff in critical referral pathways and ensure staff know how to appropriately and ethically advise people on how to access them Make sure follow-up procedures on referrals are in place, for example through a referrals database. Share any updated case management protocols (such as child protection and GBV) with all relevant partners Self-community governance structures or representatives to play a key role in referrals as appropriate (subject to relevant training) Information about options and support for relocation / other options, adjusted to the different needs of gender, age and diversity
<p>Site populations continue to receive appropriate and timely support and service</p>	<ul style="list-style-type: none"> Community and partner consultations are used to develop and share 	<p>In case of handover:</p> <ul style="list-style-type: none"> is critical to build capacity of the incoming SMA's (may be humanitarian organizations, government authorities or community groups) and provide time for technical support and overlap between senior staff and new agency staff coming in to complete activities and consultations.

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<p>provision during Collective Centre management transition period or closure</p>	<p>transition/handover or closure plans</p>	<ul style="list-style-type: none"> -for planned handovers, capacity and expertise of the incoming SMA can be assured, and capacity plans and activities put in place if needed. For more rapid handovers, the CCCM cluster coordinator and the cluster lead agency may have a role in making sure capacity plans are rolled out in incoming SMAs. <p>In case of closure:</p> <ul style="list-style-type: none"> -consultation with women, girls, men, boys, LGBTIQ+ persons and persons with disabilities on preferred durable solutions -provide verified multilingual information in text and speech (and sign) on options available, via preferred channels - site closure plans must be in place, participatorily developed and adapt to the context. -Involve site governance structures and leadership in the planning and implementation of closure. -Seek solutions for vulnerable people to be absorbed into any social safety net should site services suddenly be reduced or withdrawn. -Ensure feedback and complaints mechanisms remain available to the affected population. - Environmental concerns are assessed, mitigated, and monitored. -Agree with the host community and authorities what they would like to see happen to the premises once the collective center has been closed
<p>Unplanned (including forced eviction) and spontaneous closure is anticipated and its impact on residents managed and mitigated</p>	<ul style="list-style-type: none"> • % of protection and security issues related to closure that are reported and referred 	<ul style="list-style-type: none"> • HLP due diligence process are conducted at Collective Centre selection stage and land tenure is monitored throughout the Collective Centre lifecycle to prevent evictions • Ensure residents have access to basic services. • Coordinate with service providers to relocate or reprovision services • Advocate on behalf of site populations to maintain services • Work with local and national authorities and other stakeholders to find alternative accommodation solutions for residents affected by the closure • Make sure accommodation for people with specific needs is adapted to meet those needs • Use or adapt existing information-sharing mechanisms to inform the site population and service providers about what is happening and why • Ensure feedback and complaints mechanisms remain available to the affected population

Water, Sanitation and Hygiene		
Standard	Indicators	Key actions / Recommendations
<p>All residents have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal, menstrual and domestic hygiene</p>	<ul style="list-style-type: none"> • At least 15 litres per person per day if stay is more than one day • (At least 3 litres per person per day if stay is limited to day-time) • Water point is located less than 50m away from HHs housing units. The path to the point is well-lit, accessible, and safe for all gender groups in their diversity, particularly for pregnant women and persons with difficulties to move around or see. • Water is available at all times (no shortages / ration in the CC) 	<ul style="list-style-type: none"> • WASH actors should systematically implement accessibility and safety audits for WASH infrastructure in communal sites considering gender, age, and diversity dimensions • In sites where universal design for access to WASH infrastructure is not feasible, as it would require significant structural work to existing buildings, WASH actors must provide reasonable accommodation for pregnant women and people with disabilities • Exceptions to providing reasonable accommodation should be justified in line with the <i>IASC Guidance Inclusion of Persons with Disabilities in Humanitarian Action (Annex 19)</i> • Reasonable accommodation should be informed by rapid consultations with people with disabilities. • Reasonable accommodation should also extend to the provision of multilingual information, inclusion in hygiene promotion activities, and the contents of hygiene kits including for menstrual hygiene management (MHM) • WASH actors should consider that some persons might need additional amounts because of specific hygiene needs. Allow access to additional bucket, amounts of water • WASH actors should systematically consult women girls, LGBTIQ+ persons and other groups at barriers to access, needs and heightened risk, to understand inclusion and safety concerns and implement their inclusive

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		and risk mitigation recommendations. Refer to the IASC Gender Handbook , IASC GBV Guidelines and Menstruation & emergencies for guidance
Water of sufficient quality available (specify water source)	<ul style="list-style-type: none"> • <10 CFU/100ml at point of delivery (unchlorinated water) • $\geq 0.2\text{--}0.5\text{mg/l}$ FRC at point of delivery (chlorinated water) • Turbidity of less than 5 NTU 	<ul style="list-style-type: none"> • Partners are required to consult relevant water company before starting Water trucking supply, spring, connection to the municipality network • Good water quality has been provided by the Water authority in Ukraine • Household Water treatment and Water treatment unite should only be considered as a last resort and should be backed up by a technical assessment • Online chlorination in Urban water networks could be an option in case low FRC has been noticed • Consideration for protecting surface water quality should be included in the planning stage (Water Safety planning)
There are enough, well-lit and secure latrines in the CC	<ul style="list-style-type: none"> • Maximum 20 persons per latrine, separation by sex, and by children-adults, if possible 	<ul style="list-style-type: none"> • Presence of lock on the door including on cubicles, well lighting, maintenance of latrines ensured • Gender divided accessible latrines including consideration for MHM • Inclusive latrines design should be available for pregnant women and persons with difficulties to move around, see and their support person • Handwashing point with soap should be available at latrine locations • Partners / administration of the facility are responsible to ensure process/protocol are in place for latrine maintenance and cleanliness • All people involved in sanitation/maintenance should be provided with adapted protective clothing • Complaints about lack of privacy in latrines or washing facilities are monitored / addressed
All showers should be safe and secured facilities for all residents	<ul style="list-style-type: none"> • Showers are available and functional with hot water and locks on doors • Sex-divided accessible showers 	<ul style="list-style-type: none"> • There are available showers for persons with difficulties to move around, see and their support person
There are designated areas for the residents to dispose of garbage, including discrete disposal of used menstrual hygiene materials	<ul style="list-style-type: none"> • At least 100L garbage disposal per 10 HHs • A 2.5-person maintenance team should be available per 1,000 persons 	<ul style="list-style-type: none"> • All people handling solid waste should be provided with adapted protective clothing • There's clearly agreed on solid waste management process on site that include liaising with municipality and agree on collection schedule, have clearly marked waste collection points, etc. • Implement reuse, re-purposing or recycling of solid waste by the community
There is a functioning drainage system	<ul style="list-style-type: none"> • No stagnant water observed in and around the CC • Drainage channels are cleaned and able to manage grey water 	<ul style="list-style-type: none"> • Existing trenches to prevent flooding
Black water is managed	<ul style="list-style-type: none"> • Latrines connected to a pit, municipal sewage system • Absence of feces in/around the collective center • Absence of source of contamination 	<ul style="list-style-type: none"> • Desludging of latrines pit has been planned in coordination with relevant municipal sewage company • Consideration for protecting underground water quality should be included in the planning stage (sanitation safety planning)
People have safe and inclusive hygiene practices, including menstrual hygiene	<ul style="list-style-type: none"> • Hand-washing options, available soap, good practices (food covered, no presence of feces, water containers covered) 	<ul style="list-style-type: none"> • Persons with specific hygiene needs are identified and provided with support • Access to menstrual hygiene-related materials (e.g. sanitary supplies for women and girls of reproductive age; washing facilities that allow laundry of menstrual cloth) • Hygiene promotion information and activities available on a regular basis and messages are disability, language, age and gender sensitive at a minimum. Refer to the IASC Gender Handbook, IASC GBV Guidelines and Menstruation & emergencies for guidance

Health		
Standard	Indicators	Key actions / Recommendations
People living in the collective sites have access to functioning quality priority health services that are free of charge and accessible, including sexual and reproductive health services	<ul style="list-style-type: none"> • 1 healthcare facility per 10,000 people • 18 inpatient beds per 10,000 people • 1-2 community health workers per 1,000 people • Access to skilled birth attendants for pregnant women; referral system for obstetric emergencies • There is 24/7 possibility of transport to the nearest hospital for emergency cases • There is access to nearby medical staff if needed 	<ul style="list-style-type: none"> • Mobile clinic, health point or nearby hospital, access to pharmaceuticals, anti-retroviral (ARV) treatment, contraception methods, etc. • Priority services should include: <ul style="list-style-type: none"> ○ Trauma and emergency care ○ -Treatment of communicable diseases ○ -Treatment of non-communicable diseases ○ -Reproductive Healthcare ○ -Mental Health and Psychosocial Support ○ -Clinical management of rape and intimate partner violence (CMR/IPV) • Health referral systems should include needs of persons with disabilities like rehabilitation care, medication for chronic health conditions, etc.
Outbreaks are adequately prepared for and controlled in a timely and effective manner	<ul style="list-style-type: none"> • Preventative measures against spread of COVID-19 are in place • Symptoms of headache, fever, coughing, body ache, nausea, diarrhea, scabies or other skin diseases • Symptoms of Severe Acute Respiratory Infection (SARI): cough, sore throat, labored breathing, shortness of breath 	<ul style="list-style-type: none"> • Availability of COVID tests (evened with availability of tests for host population), PPEs and hygiene supplies related to COVID (masks, hand sanitizers) • Health actors should regularly observe public health concerns in the relocation site: <ul style="list-style-type: none"> - Reported illness - Disease outbreaks - Reported deaths

Shelter and Infrastructure		
Standard	Indicators	Key actions / Recommendations
People have enough, safe and adequate space within the Collective Center	<ul style="list-style-type: none"> • For medium term accommodation: 4.5-5 m²/person and no rooms shared between members of different households • For longer term, the recommendation is to go towards the national accommodation standard: 12.5 m²/person + extra 35 m²/family • Separation of rooms by gender or households • Available space for recreational activities / women / child friendly spaces., clearly demarked 	<ul style="list-style-type: none"> • Management should regularly monitor overall capacity VS current occupancy • For longer term accommodation, it would be required to change from one room per household to one room per person and the household independent use of previously shared toilets, kitchens and living rooms. In the example of the dormitories transformed to collective centers this evolution could be achieved with the reduction of the number of households per center in the medium/longer term • Decide in the TWiG for Collective Centers the definition / life span of longer-term accommodation • Measures are in place to provide privacy and safety between ages and genders as culturally appropriate • Consultation with women, girls, LGBTIQ+ persons and other risk groups for accommodation arrangements/options to ensure safe and dignified accommodation options are available – specific personal needs and barriers to access are considered and GBV risks are mitigated • Establish a system for the community to provide feedback about accommodation-related safety issues

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	<ul style="list-style-type: none"> • Rooms partitioned and with lock • Lighting available in rooms and communal spaces (latrines, washing facilities, cooking areas, surroundings etc.) • Dedicated space for cooking and storage of food / NFIs • Women, girls, LGBTIQ+ persons and other at-risk groups are consulted on what type of shelter/room arrangement would feel safest 	<ul style="list-style-type: none"> • Consider separate, confidential and non-stigmatizing spaces in registration, greeting and transit centers for engaging with those who may have been exposed to or are at risk of GBV. Ensure reception areas for new arrivals are equipped with a GBV specialist or with a focal point person who can provide referrals for immediate care of survivors (including those who disclose violence that occurred prior to flight or in transit and/or those encountering ongoing violence), including trained interpreters so that families members or strangers do not have to interpret, Refer to the Guidance on mainstreaming gender and diversity in shelter programs
The CC and its facilities are accessible for pregnant women and people with disabilities	<ul style="list-style-type: none"> • The following infrastructure are accessible: evacuation pathways, pathways to facilities, latrines, water points, showers, any distribution or collection area, confidential area, or activity area 	<ul style="list-style-type: none"> • The following elements of the CCs should be in place and the following requirements should be met: <ul style="list-style-type: none"> ○ External ramp with a ratio 1:12 (height:length) ○ electronic doorbells ○ width of doors should be not less than 0.9 m ○ elevators (AND/OR external elevators for each entry to the building, i.e. elevators from the ground level to the level of entrances to the building) with the following parameters of the interior space: width 1.1 m; depth 1.4m ○ horizontal bars on doors ○ width of a kitchen space should be not less than 2.3m ○ tactile stripes and plates on main surfaces • Complaints on the lack of accessibility and use in autonomy/dignified manner of facilities are monitored / assessed
Heating system and electricity are in place	<ul style="list-style-type: none"> • Electricity is functional, with no blackout / overheating generators • Heating system is functioning 	<ul style="list-style-type: none"> • Temperatures should be high enough to protect residents from the of cold: 18 °C is a safe and well-balanced indoor temperature and not less than +22 °C for premises of a corner type (premises that have 2 external walls, i.e., rooms that are located at the corner of the building) • Vulnerable people such as elderly should be granted with warmer temperatures
A building should be structurally solid, without visible damages of its structural elements (walls, roofing system, foundation, etc.) and engineering systems.	<ul style="list-style-type: none"> • No leakages, presence of ventilation / good airflow, absence of mold, lockers/door handle's function 	

Protection		
Standard	Indicators	Key actions / recommendations

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<p>Protection Services are available, accessible, multilingual and people are informed about their availability in the collective center</p> <p>There are sufficient protection measures in place for persons with specific needs and increased vulnerabilities, integrating gender, age, and diversity approaches</p>	<ul style="list-style-type: none"> • Safe and confidential referral pathway is available to comprehensive GBV services⁴, all center staff are trained on how to appropriately respond to any disclosure of GBV (using the GBV Pocket Guide, “How to support survivors of gender-based violence when a GBV actor is not available in your area”) and refer to these services • Child friendly spaces are available (including in the proximity of the CC) • Women and girls’ safe spaces are available, with female staff (including in the proximity of the CC) • Inclusive participation of all people in their diversity in the Collective center, <i>including</i> women, LGBTIQ+ persons, persons with disabilities and persons with specific needs 	<ul style="list-style-type: none"> • Information stands with materials on available services in the center and in the settlement where it is located; complaint and feedback mechanism; integration with services in the community (free legal aid centers; social protection departments; child protection services etc.) • Special attention is given to people with specific needs by CC management and other service providers • Consultation with and information to women, girls, LGBTIQ+ persons and other risk groups on protection, PSEA and GBV services in the CC. Refer to IASC GBV Guidelines for guidance
<p>Protection and Safe Spaces: Individual and gender-responsive protection counseling and assistance is provided with due regards to confidentiality and in a safe environment</p>	<ul style="list-style-type: none"> • Protection prevention measures and gender-responsive are in place • Rooms that ensure adequate, safe, and confidential provision of protection services and adjusted to the different needs of women, girls, men, boys, LGBTIQ+ persons and persons with disabilities are available (including in the proximity of the CC) 	<ul style="list-style-type: none"> • Consultation with women, girls, LGBTIQ+ persons and other risk groups on safe spaces • Gender-and-age responsive sensitization activities and awareness-raising on protection and GBV, reporting mechanism in place, referral system established, including GBV and PSEA
<p>Security incidents, incidents of violence within households, between households or between distinct groups from within the resident’s population (gender-based violence, alcohol abuse etc.) are avoided or mitigated</p>	<ul style="list-style-type: none"> • Law and order granted. Police responds to incidents • Safety audits regularly completed in collaboration with GBV Sub-Cluster • Police/security personnel in the area include female personnel and all are trained on GBV, PSEA and Protection • Order in CC maintained through established internal rules and gender-sensitive Code of Conduct (CoC) • Psychological / case management services are available (including through multilingual hotlines and women staff) integrating gender, age, and diversity perspectives 	<ul style="list-style-type: none"> • All spaces are routinely monitored for safety • The residents are consulted on security concerns, and if needed set up a community-based security mechanism • A gender-balanced community safety group is responsive is available • Women police staff trained on gender and GBV • CC committee has set up a security system (i.e., security volunteer, visiting hours are mentioned in the resident code of conduct) • PWSN have been consulted regarding these mechanisms and their feedback taken into consideration • Security measures need to be adequate and the same as in other residential areas in the locality • If determined by gender-balanced community safety groups, additional police support as needed • Information on protection, GBV and PSEA services and hotlines disseminated in the CC
<p>Peaceful coexistence activities with host communities are in place</p>	<ul style="list-style-type: none"> • Positive interaction between displaced population and host community 	<ul style="list-style-type: none"> • Information on protection, GBV and PSEA services and hotlines disseminated in the CC • Sensitization activities and events involving both host community and CC (equally women and men) residents carried out

⁴ For more information on essential GBV services and women and girls’ safe space, see the [Interagency Minimum Standards for GBV in Emergencies Programming](#).

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	<ul style="list-style-type: none"> • Law and order maintained. Police is responding to incidents 	
<p>People have access to documentation</p> <p>People have access to replacement of lost identity documents</p>	<ul style="list-style-type: none"> • State services are available and adjusted to the different needs and barriers faced by gender, age, disability, and migratory status • Legal aid is provided 	<ul style="list-style-type: none"> • Consultation with women, girls, LGBTIQ+ persons and other risk groups on barriers to access to documentation • Legal aid in necessary cases is free of charge and integrating GBV and gender services
<p>Housing units or apartments available are specifically allocated to single female headed households in the collective center and persons with disabilities in need of assistance/ calm area /area safe to move</p>	<ul style="list-style-type: none"> • Up to 4 housing units or 1 apartment specifically allocated for single female headed households and persons with disabilities in need of assistance/ calm area/area safe to move 	
<p>Housing units / apartments are available for HH in need of emergency relocation in collective center, including women and men single-parent households</p>	<ul style="list-style-type: none"> • 5% of the total number of housing units 	

Education		
Standard	Indicators	Key actions / Recommendations
<p>Boys and girls have equitable access to education regardless of gender, language, ethnicity, or disability</p>	<ul style="list-style-type: none"> • There are no boys and girls in the relocation site that are not attending school • Enrollment in nearby school with due consideration of proximity and overcrowding, or accessibility to online education • Alternatively, safe, protective temporary learning space on site with involvement of IDP teachers 	<ul style="list-style-type: none"> • IDP population enrollment in host schools is the preferred modality by Ministry of Education & Science. Specific challenges affecting girls and boys to access are identified and addressed • Local Department of Education & Science is in-charge of distribution of learners to the specific schools • Gender-responsive code of conduct and training for teachers to address sexual harassment, GBV, and abuse • Special provision for unaccompanied and separated children (UASC) • Child Safeguarding mechanism in place • GBV risk mitigation at education facilities and on the route in place • Education modalities are adapted for children with different learning needs • For children with different learning needs: adapted curriculum, assistance, reasonable accommodations for access to information and communication, accessible and safe building and latrines, transportation etc. • Referral pathways are in place for female and male survivors of school-related gender-based violence (SRGBV)
<p>Adults have access to life skill trainings or capacity-building in support of livelihoods, etc.</p>		<ul style="list-style-type: none"> • Developed and targeted with and for women and men to ensure safe and appropriate activities • Consultation with women, girls, LGBTIQ+ persons, men, persons with disabilities on training modalities • Involve and support women in the community who could support girls in school and be involved in teaching and/or mentoring • Promote incentives for men (fathers, male caregivers) to be involved in care work and education

Food and Non-Food Items		
Standard	Indicators	Key actions / Recommendations

Collective Centers (CCs) standards – Ukraine



<p>Food is sufficient and of good quality</p>	<ul style="list-style-type: none"> • No cases of under or malnutrition reported • Dedicated space for storage of food / NFIs • Multilingual feedback and complaints mechanisms are in place, including PSEA and GBV 	<ul style="list-style-type: none"> • Consultation with women, girls, men, boys, LGBTIQ+ persons and persons with disabilities on dietary needs, preferences and restrictions
<p>Distribution points are accessible and/ or alternative modalities of distribution are in place for people with specific needs, including women, girls and people with disabilities</p>	<ul style="list-style-type: none"> • Delivery mechanisms are accessible • Information and communication mechanisms are in accessible formats and languages • Specific food needs are identified and responded too (e.g., for older persons with certain health conditions that needs dietary adaptations, pregnant and lactating women) • No complaints related to the distribution of NFI/Food 	<ul style="list-style-type: none"> • Timely information on distribution, equitable distribution, items distributed are of appropriate quality / quantity • Consultation with women, girls, men, boys, LGBTIQ+ persons and persons with disabilities on preferred food distribution methods and locations. • Distribution mechanisms are established in consultation with women, girls and other at-risk groups, ensuring that the consultations happen in the appropriate languages, to ensure they are safe and accessible (time, location, modality), and risks, including GBV are regularly monitored • Promote incentives for men (fathers, male caregivers) to be involved in care work and food preparation • Information on PSEA services and hotlines disseminated in the CC