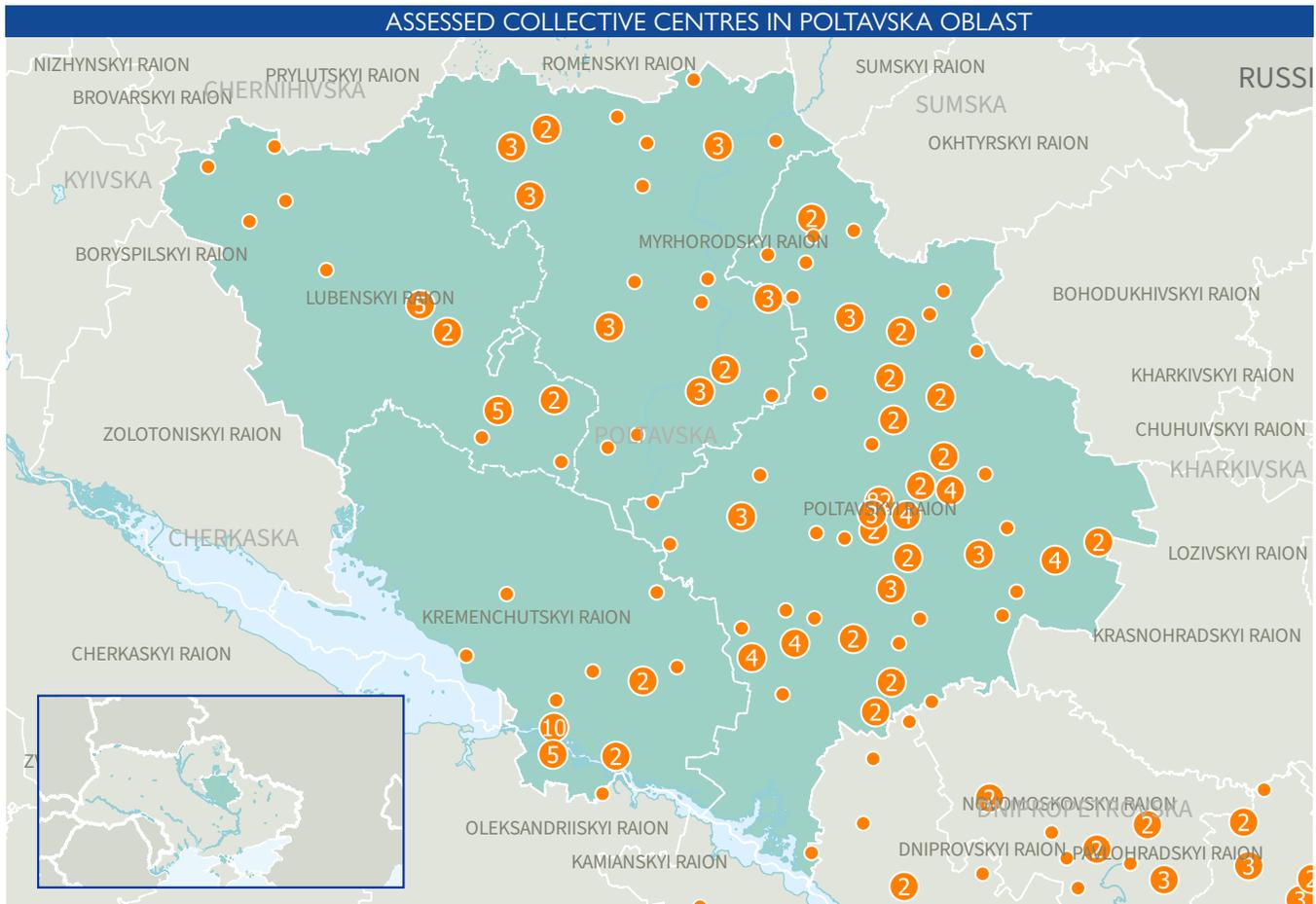


# POLTAVSKA OBLAST COLLECTIVE CENTRE ASSESSMENT

Summary of IOM's CCCM Collective Centre Assessment, as of 5th August 2022



**CLASSIFICATION: Restricted - internal use only**



## OVERVIEW

Between 06 June 2022 to 27 July 2022, IOM CCCM teams, in collaboration with Oblast authorities and local civil society organizations, conducted a CCCM Collective Centre assessment across all Poltavaska. Data was collected at the site-level at the request of the Poltavaska Oblast administrations and implemented through key-informant interviews with site managers/focal points as well as conducting observational assessments. All figures and narrative in this factsheet cover only collective centres hosting 30 people or more and are only indicative of the situation in the sites at the time of collection.

## COLLECTIVE CENTRE TYPES

A total of 250 sites were hosting IDPs at the time of assessment, with 11 centres empty but ready to host. 51% of collective centres assessed were schools, 33% dormitories, with the remainder a mix of health facilities, hotels, religious buildings, gyms and public halls. 9 different Oblasts were reported as the Oblast of Origin for the majority of IDPs in the centres. The top 3 Oblasts of origin were: Kharkivska: (151), Donetsk: (59) and Luhanska: (18).

## KEY FIGURES



**12,106** individuals hosted in collective centres



**21,426** total hosting capacity

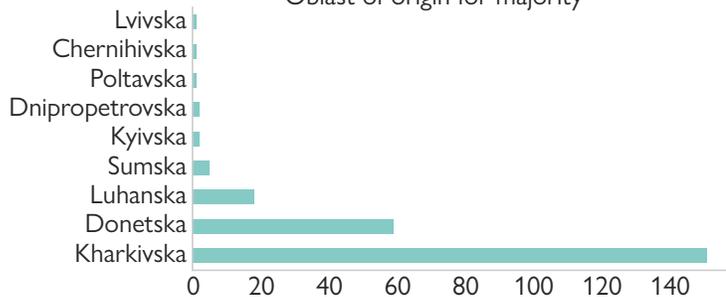


**51%** of collective centres are schools



**89%** of sites - majority of IDPs have no plan to transit to other locations

Oblast of origin for majority



### MOST URGENT NEEDS

The most urgent needs, as identified by the site managers were:

1. Washing machines and dryers
2. Ovens and refridgerators
3. WASH repairs, toilet / shower rennovation
4. Site repairs
5. Beds, mattresses and blankets

### VULNERABILITIES



82% of sites reported the presence of at least one vulnerable group in their site. Unaccompanied elderly persons were present in 32% of sites. persons with chronic diseases were present in 30% of sites. People with disabilities were present in 27% of sites.

### SITE MANAGEMENT



87% of sites are managed by government, 8% by other and the remainder by private individuals, religious or local NGOs. 80% of sites have staff present 24 hours per day, with 14% only during the day. 100% sites have registration on arrival and 71% have an allocation plan in place.

### SITE ENVIRONMENT



62% of sites are not fully accessible for persons with mobility issues, with a lack of ramps as the most cited concern. 27% of sites do not have a fire-safety system in place with 5% showing visible hazards. The most common hazards are electrical (49%) and fire (21%). 5% of sites have visible damage to the infrasructure. 8% of the sites are overcrowded. 23% of sites are without privacy areas and 47% are without locable storage spaces for belongings.

### SHELTER AND NFI



34% of sites do not have enough mattresses, with approximately a further 2,732 mattresses required. 39% do not have enough bedding and blankets. Bed linen, beds and mattresses were the most requested NFI items.

### HEALTH

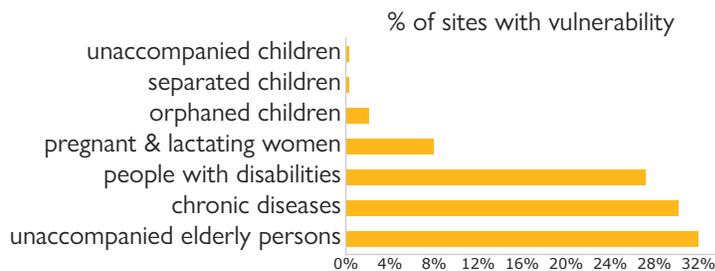


98% of sites have an active health referral system in place. 75% have health worker visits on a regular basis. 79% of sites have basic medicines available on-site, however 36% still require additional medicines.

### WASH



Only 17% of sites meet or exceed the standard of 20 persons per toilet. 22% of sites do not have showers. 85% of sites do not have toilets equipped for people with physical disabilities and 95% of showers. Tap water is the most common source of drinking water (76%), followed by people bringing their own (44%). 31% of sites are not connected to the public sewage network. Hygiene kits have been distributed in 83% of sites. The most requested hygiene items are personal cleaning products (77%). Only 14% of sites have sufficient washing machines.



### FOOD PROVISION



Government provision of food is occurring in 58% of sites. 24% of sites do not contain a kitchen while 13% do not contain a communal eating area. Infant formula is not available in 24% of sites.

For more information on the assessment please contact  
Veronica Costarelli at [vcostarelli@iom.int](mailto:vcostarelli@iom.int)