HUMANITARIAN NEEDS OVERVIEW
UKRAINE

HUMANITARIAN PROGRAMME CYCLE
2021
ISSUED FEBRUARY 2021
About

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

PHOTO ON COVER
An older woman dressed in layers sits on her bed in a partially damaged house, trying to stay warm in winter. Photo: Yevhen Maloletka.

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www.unocha.org/ukraine
twitter.com/ocha_ukraine

Humanitarian Response

Humanitarian Response aims to be the central website for Information Management tools and services, enabling information exchange between clusters and IASC members operating within a protracted or sudden onset crisis.

https://www.humanitarianresponse.info/en/operations/ukraine

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Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

www.hum-insight.info

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.

https://fts.unocha.org/appeals/830/summary
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Summary of Humanitarian Needs

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TRED (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4M</td>
<td></td>
<td>55%</td>
<td>16%</td>
<td>13%</td>
</tr>
</tbody>
</table>

ZHOVANKA VILLAGE, DONETSKA OBLAST, GCA, UKRAINE
Ivan, 66 years old, shows the heavily conflict-damaged house he had built for his children.
Photo: OCHA/Yevhen Maloletka
### Severity of needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Stress</th>
<th>Severe</th>
<th>Extreme</th>
<th>Catastrophic</th>
</tr>
</thead>
<tbody>
<tr>
<td>PIN</td>
<td>2.0k</td>
<td>1.8M</td>
<td>1.5M</td>
<td>133k</td>
</tr>
</tbody>
</table>

### By Population Groups

**More on pages 35–42**

<table>
<thead>
<tr>
<th>Population Group</th>
<th>People in Need</th>
<th>% PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents</td>
<td>3.0M</td>
<td>90%</td>
</tr>
<tr>
<td>IDPs</td>
<td>343k</td>
<td>10%</td>
</tr>
</tbody>
</table>

### By Zone in GCA (residents)

**More on pages 35–42**

<table>
<thead>
<tr>
<th>Zone</th>
<th>People in Need</th>
<th>% PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donetska</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5km area</td>
<td>130k</td>
<td>4%</td>
</tr>
<tr>
<td>5-20km area</td>
<td>440k</td>
<td>13%</td>
</tr>
<tr>
<td>20km+ area</td>
<td>450k</td>
<td>13%</td>
</tr>
<tr>
<td>Luhanska</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5km area</td>
<td>67k</td>
<td>2%</td>
</tr>
<tr>
<td>5-20km area</td>
<td>123k</td>
<td>4%</td>
</tr>
<tr>
<td>20km+ area</td>
<td>150k</td>
<td>4%</td>
</tr>
</tbody>
</table>

### By Age

**More on pages 28–29**

<table>
<thead>
<tr>
<th>Age</th>
<th>People in Need</th>
<th>% PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>494k</td>
<td>15%</td>
</tr>
<tr>
<td>Adults</td>
<td>1.62M</td>
<td>48%</td>
</tr>
<tr>
<td>Elderly</td>
<td>1.27M</td>
<td>37%</td>
</tr>
</tbody>
</table>

### By Gender

**More on page 26–27**

<table>
<thead>
<tr>
<th>Gender</th>
<th>People in Need</th>
<th>% PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women</td>
<td>1.9M</td>
<td>55%</td>
</tr>
<tr>
<td>Men</td>
<td>1.5M</td>
<td>45%</td>
</tr>
</tbody>
</table>

### With Disability

**More on page 28**

<table>
<thead>
<tr>
<th>Population Group</th>
<th>People in Need</th>
<th>% PIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>IDPs</td>
<td>45k</td>
<td>1.3%</td>
</tr>
<tr>
<td>Residents, GCA Donetska</td>
<td>140k</td>
<td>4.2%</td>
</tr>
<tr>
<td>0-5km / 5-20km / 20+km</td>
<td>18k / 60k / 62k</td>
<td></td>
</tr>
<tr>
<td>Residents, GCA Luhanska</td>
<td>47k</td>
<td>1.4%</td>
</tr>
<tr>
<td>0-5km / 5-20km / 20+km</td>
<td>9k / 17k / 21k</td>
<td></td>
</tr>
<tr>
<td>Residents, NGCA Donetska</td>
<td>125k</td>
<td>3.7%</td>
</tr>
<tr>
<td>0-20km / 20+km</td>
<td>99k / 26k</td>
<td></td>
</tr>
<tr>
<td>Residents, NGCA Luhanska</td>
<td>79k</td>
<td>2.4%</td>
</tr>
<tr>
<td>0-20km / 20+km</td>
<td>40k / 39k</td>
<td></td>
</tr>
<tr>
<td>Total People with Disabilities</td>
<td>437k</td>
<td>12.9%</td>
</tr>
</tbody>
</table>
Summary of Context

The six-year-old armed conflict in eastern Ukraine¹ is anything but frozen. Although the July 2020 ceasefire has brought marked reductions of hostilities and civilian casualties as well as the longest breathing space since the beginning of the armed conflict, the end is not yet in sight. The continuing conflict and the prevailing absence of a political solution have taken a heavy toll on the lives of millions of ordinary Ukrainians living on both sides of the “contact line” – a 427km-long line dividing the region into areas under the Government’s control (GCA) and those outside it (NGCA). It has also severed previously interdependent networks of services and markets and cut people off from the cities upon which they depended for social benefits and essential services.

The shock of COVID-19 has created additional pressure on the struggling populations. The pandemic and its ramifications have sent the weakened healthcare system, the floundering provision of social services and the declining regional economy to a breaking point. During the first months of the pandemic, all crossing points along the “contact line” were completely sealed off in an attempt to contain the virus which seriously restricted people’s freedom of movement. This made it almost impossible for the population in need, particularly the elderly living in NGCA, to obtain their main sources of income such as pensions and social benefits or to maintain family ties. Such exclusion has not only increased people’s vulnerabilities but also added to their mental and psychological stress. Although two of the five crossing points partially reopened in June 2020, crossing procedures and restrictions remain complicated. Following the introduction of movement restrictions due to COVID-19 in late March 2020, the number of monthly crossings has been less than 10 per cent of the 1.2 million monthly crossings in 2019. Meanwhile, the volume of humanitarian aid delivered on UN-organised convoys to NGCA between March and October 2020 dropped by 14 per cent compared to the same period during 2019. The pandemic has made hundreds of thousands of conflict-weary people more vulnerable and more dependent on humanitarian aid.

Severe restrictions of movement have and will further increase the affected population’s vulnerabilities hitting NGCA residents particularly hard. It is to be expected that the “contact line” will remain substantially closed until summer 2021. At the same time, the opening of the two new crossing points in Luhanska oblast has been indefinitely delayed due to disagreements on the mode of operation. On a positive note, gradual progress on new organizations gaining access to operate in NGCA is likely, especially to support the COVID-19 response.

With COVID-19 continuing to have a firm grip on the entire country, economic recovery in Donetsk and Luhanska oblasts seems unlikely in 2021. Communities are expected to remain dependent on support to help them regain their self-sufficiency and recover from the effects of the prolonged crisis as well as the pandemic. Despite an increase in the Government’s engagement in humanitarian response in GCA, national emergency response and preparedness capacities are likely to be overwhelmed by increasing and more severe needs. The restrictions on movement across the “contact line” will contribute to increased vulnerability while the situation in NGCA is projected to be acute due to the limited capacity of hospitals and laboratories.

Scope of Analysis

This overview focuses on the humanitarian needs in the conflict-affected Donetsk and Luhanska oblasts (hereafter called “conflict-affected area”) with particular attention to the affected areas on both sides of the “contact line”. It also considers those who have been internally displaced by the armed conflict, live in other oblasts across Ukraine and are faced with humanitarian and societal challenges. The analysis takes into account the different needs of urban versus rural populations and residents of Government-controlled areas and non-Government-controlled areas.

The recent COVID-19 pandemic affects all dimensions of analysis and constitutes significant implications in the scope of the analysis, particularly within the health and WASH sectors.

¹ The term “eastern Ukraine” used throughout this document refers to Donetsk and Luhanska oblasts.
**Humanitarian conditions**

The consequences of the armed conflict on people, their needs and the severity of those needs are examined along three dimensions. The effects of COVID-19 are cross-cutting and considered together with other shocks or stresses affecting the people.

Firstly, people in affected areas face critical problems related to their physical and mental well-being. These could be related to shelling and landmine contamination, direct damages to housing and civilian infrastructure, lack of access to health care and water and hygiene, as well as the risk of COVID-19 infection.

Secondly, people in affected areas face critical problems related to living standards referring to the direct and indirect impact of the armed conflict – exacerbated by COVID-19 – on their access to basic services and their ability to meet basic needs and to live a life of dignity. Numerous drivers of needs are related to living standards, such as challenges in access to health care, water and hygiene, inadequate healthcare capacities, limited freedom of movement, curtailed access to social benefits and civil documentation as well as winterisation needs and have aggravated the socioeconomic situation.

Lastly, people in affected areas face critical problems as their coping mechanisms become exhausted and individuals, households, communities and systems face challenges coping, impacting their ability to recover from the crisis. These coping mechanisms could be linked to reducing healthcare expenditures, spending savings, or resorting to borrowing money or food.

**People in need / Severity of needs**

With simmering hostilities and COVID-19 exacerbating the dire humanitarian situation, the needs are likely to remain similar in scale – albeit with significantly higher severity – with 3.4 million people in need of humanitarian assistance projected for 2021. Some 1.67 million of those in need live in NGCA, while 1.7 million live in GCA, including 340,000 IDPs living in undignified conditions in Donetska and Luhanska oblasts and other oblasts across Ukraine. IDPs account for 20 per cent of the overall number of people in need in GCA. The elderly, people with disabilities, female-headed households and children are among the most vulnerable.

Overall, the needs of the affected population differ in various parts of Donetska and Luhanska oblasts, depending on their specific characteristics, such as where they live (GCA vs. NGCA, rural vs. urban, proximity to an urban area, etc) and on their pre-conflict socioeconomic state. The challenging humanitarian situation in the conflict-affected areas has deteriorated due to the COVID-19 pandemic which has highlighted the urgent need to push through reforms of health care, social protection, judicial, taxation, and education systems and strengthen the coordination between national and the local governments and across sectors.

*For more analysis on the different types of needs, please refer to section 1.4 Humanitarian Conditions.*
Estimated number of people in need

**TOTAL POPULATION**

41.7M

**PEOPLE IN NEED**

3.4M

**BY SECTOR**

- **EDUCATION**: 404k
- **FSL***: 1.52M
- **HEALTH**: 1.52M
- **PROTECTION**: 2.8M
- **SHELTER/NFI****: 174k
- **WASH**: 3.1M

**BY AGE & SEX**

- **CHILDREN <18 YEARS**: 494k
- **ADULT 18-59 YEARS**: 1.6M
- **ELDERLY >60 YEARS**: 1.3M

Source: State Statistics Service of Ukraine (data), JIAF.
Severity of humanitarian conditions and number of people in need

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
Part 1:
Impact of the Crisis and Humanitarian Consequences
1.1 Context of the Crisis

In its seventh year, the armed conflict in Donetska and Luhanska oblasts has negatively impacted the socio-economic and security environment of the country where 3.4 million people require humanitarian assistance. One-third of the people in need are elderly, which makes this crisis one of the “oldest” humanitarian crises in the world. The protracted humanitarian situation in the Donbas region has been exacerbated by the COVID-19 pandemic as it poses many additional challenges to the already struggling population. In an effort to contain the spread of the virus, all five crossing points along the 427km-long “contact line”, which splits the Donbas region into areas under the government’s control and areas outside it, were temporarily closed in March 2020. This has hampered people’s access to pensions and other essential services and made maintaining ties with friends and family who live on the other side of the “contact line” almost impossible. Humanitarian needs are expected to grow further as poverty, especially child poverty, is significantly on the rise.\(^2\)

Decision-makers, who are currently challenged with the pandemic sweeping across the country, play a critical role in determining the future of the crisis, while fluctuating regulatory and legal provisions related to the armed conflict continue to influence the lives of some five million people living in the conflict-torn region.

Additional challenges in times of COVID-19

Like in many countries, the COVID-19 crisis has had a devastating effect on Ukraine and is pushing the country to its limits. The pandemic has left no one untouched and people have had to adjust their everyday lives to the disease as well as the accompanying protective measures such as lockdowns, quarantines and confinements. Writing this Humanitarian Needs Overview would have been impossible without taking the huge additional challenges posed by the pandemic into account, the severity of which differs across region, population group and whether people live in urban or rural environments.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>0</td>
</tr>
<tr>
<td>February</td>
<td>1</td>
</tr>
<tr>
<td>March</td>
<td>548</td>
</tr>
<tr>
<td>April</td>
<td>9,857</td>
</tr>
<tr>
<td>May</td>
<td>13,266</td>
</tr>
<tr>
<td>June</td>
<td>20,662</td>
</tr>
<tr>
<td>July</td>
<td>25,550</td>
</tr>
<tr>
<td>August</td>
<td>51,331</td>
</tr>
<tr>
<td>September</td>
<td>87,744</td>
</tr>
<tr>
<td>October</td>
<td>178,522</td>
</tr>
<tr>
<td>November</td>
<td>345,144</td>
</tr>
</tbody>
</table>

The first confirmed COVID-19 case in Ukraine was detected in the western oblast of Chernivtsi on 29 February 2020. By late December 2020, the number of confirmed cases had increased exponentially to almost one million throughout the country, with a fatality rate under two per cent. The identification of new cases has correlated directly with the increase in PCR testing capacity from around 600 tests per day in April/May to almost 50,000 tests per day by mid-November, thanks to the collaboration between state-run and private laboratories. While the Government projected in mid-November that the PCR testing capacity could reach around 75,000 per day by the end of the year, the testing capacity stood at approximately 37,000 per day in December (as of 20 December). The number of beds to treat patients has increased threefold since the pandemic first hit Ukraine, while the Ministry of Health has developed a mechanism whereby medical doctors can be hired on a temporary basis to combat the virus.

The COVID-19 pandemic poses an additional burden on the healthcare system already weakened by the impact of years of armed conflict. Since the first confirmed case of COVID-19 was reported in the conflict-affected region on 19 March 2020, the number of new confirmed cases has steadily increased. By late December, Donetsk oblast (GCA) reported a case positivity rate (percentage of confirmed cases out of suspected cases) of 98.2 per cent which was the third highest nationwide (compared to the

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4 WHO and the Public Health Centre of Ukraine, ‘COVID-19 daily situation report (as of 21 December 2020)’.
5 By late December, around 25 per cent of the daily tests are conducted by private laboratories, according to the Ukraine COVID-19 daily situation report (as of 21 December 2020).
6 WHO and the Public Health Centre of Ukraine, ‘COVID-19 daily situation report (as of 20 November 2020)’.
7 WHO and the Public Health Centre of Ukraine, ‘COVID-19 daily situation report (as of 21 December 2020)’.
national average of 91 per cent), while it stood at 91.8 per cent in Luhanska oblast (GCA). Reports from NGCA health administrations and local media show that the situation is equally severe in NGCA, however, the lack of consistently reliable and credible data makes it difficult to verify. The situation is reported to be aggrevated by the lack of healthcare workers, tests and beds.

COVID-19 also poses an unprecedented challenge to people’s mental and physical health especially to the conflict-affected populations. Lockdown measures and movement restrictions have widened the rift between the people in the divided Donbas region as crossing the “contact line” has become even more cumbersome than before. The difficulties the affected population is now facing in terms of access to essential services, financial support and social connections to their friends and families have made them even more vulnerable and more dependent on humanitarian assistance, which is outlined in this report.

Political context

While six out of 10 Ukrainians are concerned about the armed conflict in Donetsk and Luhanska oblasts, the prevailing absence of a political solution continues to bring uncertainty to the future of millions of people on both sides of the “contact line”. Steps have been taken to advance the peace negotiations such as the ceasefire agreement reached on 22 July 2020 by the Trilateral Contact Group that came into force on 27 July 2020. The ceasefire has significantly reduced the number of civilian casualties and brought about the longest pause in hostilities since the start of the armed conflict. In mid-September, political advisors from the “Normandy Four” involving Ukraine, Germany, France and the Russian Federation met for the first time since December 2019. The meeting had no significant outcomes and no follow-up steps were agreed upon.

The Government’s commitment to decentralisation reforms has made progress. Decentralisation is expected to contribute to promoting local democracy, however, implementation has remained challenging as the reconfiguration process of administrative units/raions is ongoing. In July 2020, Resolution 3650 “On the Formation and Liquidation of Districts/Raions” was adopted, liquidating Ukraine’s 490 districts and forming 136 new districts, excluding areas of Donetsk and Luhanska oblasts outside of Government control. Provision of public services and administrative functions has been transferred from ‘raion’-level to local authorities at ‘Hromada’ level’. This may affect the local budget required for providing some social services to the conflict-affected communities. Meanwhile, the local elections did not take place in 18 communities in GCA – some of which located near the “contact line” – in October 2020 due to security reasons.

The transformation and elevation of the ministry mandated to deal with the effects of the armed conflict is an indication of the Government’s commitment to addressing issues related to the ongoing armed conflict in Donetsk and Luhanska oblasts. The Ministry for Veterans Affairs, Temporarily Occupied Territories, and Internally Displaced Persons, which had been established in August 2019, was reconfigured after six months. In March 2020, the Ministry for the Reintegration of Temporarily Occupied Territories (MRTOT) was established, including the introduction of a dual leadership role for the MRTOT minister as both minister and vice prime minister. By upgrading the minister’s position to vice prime minister, the executive decision-making authority of this key ministry has been strengthened. In addition, MRTOT’s vice prime minister also serves as the Government of Ukraine’s representative in the Trilateral Contact Group.

Ukraine’s ongoing armed conflict may be affected by the dynamics of the regional and international geopolitics including the ongoing political tensions

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8 Ibid.
9 This section describes the political developments that may have implications on the humanitarian situation.
10 Study conducted by the Razumkov Centre and Socis from 21 to 28 July.
11 Raion is an administrative unit equivalent to a district.
12 Hromada is a new voluntary configuration/amalgamation of administrative units. As part of the ongoing decentralization reform, the period of amalgamation of hromadas will last approx. until February 2020, according to the Minister of Development of Communities and Territories as of 1 Dec 2019.
13 OECD, Multi-level Governance Studies – Maintaining the Momentum of Decentralisation in Ukraine 2018.
in neighbouring Belarus, the recently erupted armed conflict in Nagorno-Karabakh and the recent U.S. presidential election. The impact of these geopolitical dynamics is likely to manifest in 2021.

**Economic context**

The armed conflict was yet another blow for an economically troubled region. The Donbas region used to be the most densely populated and industrially productive part of the country, however, it had the worst wage arrears in Ukraine, low life expectancy, high carbon emissions and, with much of the youth leaving the region, an ageing population.\(^{14}\) Nearly 70 per cent of the industry in Donetska oblast (GCA) comprised mining, quarrying and related processing\(^{15}\) while 10 per cent of the gross regional product of the entire Donbas region came from agriculture.\(^{16}\) The armed conflict has shattered supply and market links and forced big companies to shed jobs or close down, pushing entire communities into poverty.

The national economic situation has also been slowed by the effects of the COVID-19 pandemic. Overall, GDP declined by 11.4 per cent year-on-year during the second quarter of 2020 causing the GDP to drop by 6.5 per cent year-on-year in the first half of 2020. It is expected to contract by 5.5 per cent by the end of the year.\(^{17}\) According to a study conducted by UNDP in collaboration with UN Women and UN Food and Agriculture Organization,\(^{18}\) 84 per cent of households have lost some income while 43 per cent have at least one family member who lost employment. Approximately 700,000 small businesses in the service industry have closed, cutting between 3.5 to 4 million jobs.\(^{19}\) While the specific data on the economic impact of the COVID-19 pandemic on Donetska and Luhanska oblasts is not yet available, it is feared to be severe considering the fact that the two oblasts witnessed consistently high regional unemployment rates of between 14 and 15 per cent compared to a national unemployment rate of between 7 and 8 per cent even before the pandemic.\(^{20}\) This can be attributed to the fact that 25 plants and factories as well as 41 mines have been closed in Luhanska oblast (NGCA) since the start of the armed conflict, cutting about 85,690 jobs. The factories and plants that continue their operations have reduced their output which has also had a negative effect on the labour market. Unemployment is also reported to be on the increase in Donetska oblast (NGCA), particularly among women.

**Unemployment rate of population by Region\(^{21}\)**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>UKRAINE / DONETSKA / LUHANSKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>7.2 / 7.8 / 6.2</td>
</tr>
<tr>
<td>2014</td>
<td>9.3 / 11.0 / 11.4</td>
</tr>
<tr>
<td>2015</td>
<td>9.1 / 13.8 / 15.6</td>
</tr>
<tr>
<td>2016</td>
<td>9.3 / 14.1 / 16</td>
</tr>
<tr>
<td>2017</td>
<td>9.5 / 14.6 / 16.6</td>
</tr>
<tr>
<td>2018</td>
<td>8.8 / 14.0 / 15.1</td>
</tr>
<tr>
<td>2019</td>
<td>8.2 / 13.6 / 13.7</td>
</tr>
<tr>
<td>2020*</td>
<td>9.2 / 14.5 / 15.2</td>
</tr>
</tbody>
</table>

* January-June 2020

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15 Donetsk Regional State Administration, 2016.
16 Dорcas Relief and Development, ‘From Coal to Cabbage: East Ukraine’s Opportunities for Sustainable Agricultural Development’, October 2020
17 However, the negative impact appears to be less severe than anticipated as the full-scale lockdown only lasted from mid-March to early May 2020. The full lockdown was followed by adaptive quarantine measures which were consequently replaced by a weekend lockdown while the orange zone restrictive measures were preserved nationwide. On 2 December 2020, the Government of Ukraine ended the weekend lockdown leaving only the orange zoning restrictive measures in place. Relaxing the strict rules has enabled many services to return to almost normal operation.
19 Ukrainian Chamber of Commerce and Industry.
The immediate economic consequences of COVID-19 also manifested themselves in rising food prices in the conflict-affected oblasts, particularly at the onset of the pandemic. Ninety-three per cent of the retailers in GCA participating in a rapid market assessment conducted by the ACCESS Consortium reported an increase in food prices between February and April 2020. At the same time, some retailers observed a drop in demand which is due to people’s reduced household income, quarantine measures and restricted movement between GCA and NGCA. However, the market appears to have recovered by August 2020 as the data comparing the summers of 2020 and 2019 did not indicate any significant change in food prices.

The closure of the entry/exit crossing points (EECPs) has led to a graver socio-economic exclusion of the population in NGCA. With the number of crossings 98 per cent lower in October 2019 than October 2020, those most affected by the closures are the elderly who constitute around 60 per cent of the people crossing before the COVID-19 pandemic. NGCA residents are more affected than their peers in GCA, as prior to the pandemic, 90 per cent of the people crossing were coming from NGCA to access pensions, social and financial services and to deal with documentation issues in GCA. A 2019 analysis of entry and exit flows shows that an estimated 360,000 people living in NGCA regularly crossed to recover their pensions each month, while another 200,000 crossed to withdraw cash. The closure of the EECPs has meant that these people are no longer able to access the resources they rely on to live. According to reports, over UAH 2 billion has accumulated in the accounts of Oschadbank, the main state bank in GCA, as COVID-19 travel restrictions prevented hundreds of thousands of NGCA pensioners from collecting their banking cards which are needed to withdraw pensions and other social benefits. As of October 2020, more than 270,000 banking cards had not been picked up. This negatively affects the local economy as people have less money to spend on the local markets. After nine months without accessing GCA pensions, which, together with pensions received in NGCA constitute the main sources of income for many, pensioners have been forced to find alternative ways to survive such as relying on only NGCA pensions, depleting their savings, selling household goods, borrowing money or by accessing their pensions in GCA through costly and legally challenging routes.

Social context and demographic context

The most significant development in the social context is arguably due to the closures of the crossing points along the “contact line”. The closure of the crossing points was not only detrimental to the affected population’s finances, it also distanced NGCA residents further from the rest of Ukraine as people were unable to visit their friends and families to maintain their social contacts. In Donetska oblast, NGCA residents are not allowed to cross to GCA, and those seeking to enter face complicated procedures and long delays to get on a list of exceptions. As the number of crossings during October and November 2020 represent merely two per cent of the monthly average of 1.2 million crossings in 2019, this means that hundreds of thousands of people are separated from their families, have lost access to quality health care, pensions, social protection and employment opportunities.

The affected population in the Donbas region has lost some of their socio-economic rights. Restricted access to basic infrastructure and services such as health care, education, water, sanitation and heating has been exacerbated by the COVID-19 protective measures, especially by the severe movement restrictions. Despite less frequent security incidents against water and sanitation services, long-standing unresolved issues such as non-payment of outstanding debt by water companies have led to frequent disruptions of water supplies which deprive people of...
of running water during the pandemic. Families most likely to suffer from the socio-economic impact of COVID-19 are the ones who cannot diversify their income. According to a UNICEF study, households with three or more children, single parents with children, households with children younger than three, and single pensioners over 65 years are likely to be most severely affected.

Access to education has seriously been hampered by COVID-19 while distance learning is not accessible to many. Ukraine closed all education facilities to contain the spread of COVID-19 in mid-March 2020 and only gradually opened them again in September 2020. This protective measure kept around 6.5 million children at home and made distance learning the only way for children to continue their education. This has alienated some pupils from their fellow students and educational facilities as not all have access to long distance learning tools such as computers, tablets, internet, etc. One in four children and one in three adolescents in rural households cannot afford a laptop. Every tenth child in urban areas suffers from extremely insufficient living space which makes home schooling difficult, and about 1.2 million children were reportedly left without free meals they had received at their schools.

In Donetska oblast (NGCA), all secondary educational institutions remained closed for the month of October 2020 while primary education facilities reopened their doors for pupils to go back to school. Higher educational institutions resumed remote operation. While measures to prevent virus transmission are necessary, interruption of education services has severe consequences on learning and health outcomes, the economy and the society through increased inequality and reduced social cohesion.

On a positive note, some of the barriers for NGCA graduates to access higher education in GCA were removed. As of July 2020, more than 50 per cent of the NGCA students who were registered for the final national exams in GCA were reportedly unable to cross the “contact line”. In order to improve access to education for NGCA students, the Government of Ukraine (GoU) passed a law to simplify the enrolment in all Ukrainian universities under which students are not required to take the final exam. Furthermore, the list of authorised higher education institutions which NGCA students can enter under a simplified procedure was extended to 91. The Ukrainian government has also called off the 14-day quarantine requirement for school children and their accompanying adults entering GCA from NGCA in a move to facilitate access to education for youth from NGCA at the beginning of the new academic year.

The COVID-19 pandemic not only exposes but also aggravates existing inequalities and discrimination against certain vulnerable and marginalised groups. Risk of domestic and sexual and gender-based violence (SGBV) has heightened since the outbreak of the pandemic. Women and girls are at a higher risk of violence from their intimate partners and other forms of domestic violence as tensions in the household rise. This can be attributed to forced confinement compromising people’s physical, mental and psychological health. According to UN women, reports of domestic violence have doubled since the beginning of the COVID-19 pandemic. At the same time, counselling and other health services they require to get over their trauma are reduced as resources are diverted to respond to the pandemic.

COVID-19 confinement measures have had detrimental effects on social cohesion and especially affected vulnerable groups living in remote settlements of the conflict-affected areas. Social cohesion, which is often referred to as the glue that holds communities together, relies on the propensity and willingness of community members to trust each other as well as public institutions and to work together towards a common goal. For a long time, Ukraine has had cracks in its social cohesion between politically opposing or geographically defined groups, vulnerable

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29 Ministry of Reintegration of Temporarily Occupied Territories, ‘Applicants from Donbas and Crimea will be able to enter up to 91 higher education institutions under the simplified procedure in 2020’, 12 May 2020.
31 A cohesive society is one where citizens feel they can trust their neighbours and state institutions; where they can seize opportunities to improve their well-being and feel protected when facing illness, unemployment or old age.
groups such as ethnic minorities, rural and urban populations, the young and old, and men and women. The COVID-19 pandemic has created additional pressure on local authorities across the country around provision of basic services or protection of the most vulnerable.

**Existing legal and policy frameworks**

During the COVID-19 pandemic, the Government of Ukraine adopted new legislation to give some relief to the financial burden of the people of Ukraine. In March 2020, a new law was adopted which exempts certain medical supplies from import duties and VAT, allows public sector employees to work from home, and enables businesses to adopt more flexible hours. Parliament has also i) suspended the requirement to pay tax on commercial real estate and land, ii) defined COVID-19 quarantine as force-majeure for legal contracts, iii) suspended tax inspections of companies, iv) expanded the government programme of affordable bank loans at discounted interest rates for businesses, v) suspended the submission of income declarations until July, vi) eased transaction registration rules for certain categories of entrepreneurs and vii) re-emphasised the right not to pay rent for citizens who cannot use their property due to quarantine. Entrepreneurs have also been exempted from having to pay social security contributions and, in May 2020, the government adopted a programme for the Stimulation of the Economy to Combat Effects of the COVID-19 Epidemic.

The Government of Ukraine (GoU) has made efforts to improve the conditions for crossing the “contact line” for civilians. This includes the restoration of the destroyed section of the bridge and the introduction of improved procedures at “Stanytsia Luhanska” in 2019. From mid-November 2020, the Government of Ukraine has re-opened all crossing points along the “contact line” on its side. Two additional EECPs in Zolote and Shchastia in Luhanska oblast were due to open in mid-November 2020, however, disagreement over the mode of operation on both sides have led to a delay in the opening. Once in operation, these new crossing points could facilitate vehicle crossings in Luhanska oblast. The GoU has opened new service centres at the Novotroitske and Shchastia EECPs to provide full administrative and banking services, a medical point with ambulance services, a COVID-19 testing point and adequate sanitary facilities. The GoU has announced plans for additional service centres at each EECP in the future.

In 2019, the Cabinet of Ministers approved a resolution (No. 815) governing the movement of persons and goods to and from NGCA including some amendments made by civil society organizations and UN agencies. The Ministry of Veterans Affairs, Temporarily Occupied Territories and IDPs (MVTOT) then issued an order of items prohibited for transfer across the “contact line” from GCA to NGCA. In July 2020, a detailed list of items, quantities and amount of cash permitted to be transferred from NGCA to GCA was adopted. However, due to COVID-19 restrictions and lack of cooperation between the entities in NGCA of Donetska and Luhanska oblasts, humanitarian aid delivery from GCA to Luhansk via Donetska oblast in NGCA was not possible between March and August 2020, and continues to remain challenging, resulting in frequent delays. International organisations in Luhansk now regularly transport relief items through the EECP “Stanytsia Luhanska”, an option that is not suitable for heavy and large-scale cargo. In the meantime, UN and civil society organisations (CSOs) have proposed amendments to the resolution on humanitarian

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33 Ibid.
34 UN, ‘Toward a Legislative Framework for Protecting Persons Affected by Conflict’.
35 Ministry of Reintegration of Temporarily Occupied Territories, ‘Contact line: what is allowed and is forbidden to take with you when crossing? Infographics (updated)’.
36 OCHA, ‘Analysis of the crossing of the “contact line”, October 2020.’
exceptions in emergencies, however, they have not yet been adopted. People who have official residency in any oblast on either side of the “contact line” are permitted to return to their place of residency. People are allowed to cross to NGCA if they are on lists pre-approved by NGCA entities in control. Between 15 October and 10 November 2020, “Stanytsia Luhanska” was closed again by the GOU, reportedly due to a spike of COVID-19 cases in Luhansk (NGCA), however, some people with humanitarian grounds and permanent residency in GCA were permitted to cross the EECP.

The COVID-19 pandemic has exposed the pre-existing negative impact of the continued absence of a legal framework governing humanitarian action in emergency situations. Without this important overarching legal framework, delivery of assistance has sometimes been haphazard or subject to unexpected changes. For example, delivery of imported life-saving COVID-19 assistance has recently been jeopardized due to bureaucratic clearance and registration procedures, particularly for NGCA, following the Government of Ukraine’s revocation in August 2020 of the positive procedures (approved in March 2020) to simplify for the clearance and registration of imported COVID-19-related relief. Without these procedures in place, it can take up to 60 days to complete the registration processes while some documentation requirements are not possible to fulfil for assistance destined to NGCA.

Despite international efforts to support the Government in developing a legal framework for the response to the consequences of the armed conflict, there are some proposed regulations that have not been adopted and others that remain under-implemented. During 2020, some preliminary agreements have been reached with several Members of Parliament (MPs) to set up a Working Group for drafting a law on humanitarian assistance to address legislative gaps in the field of regulation of humanitarian aid provision and taxation. A feasible solution could be the adoption of a specific law regulating the provision of humanitarian aid in crisis situations. However, the law which was drafted in 2016 and amends the existing Tax and Customs Codes of Ukraine has never been discussed by the current parliament. An informal coalition of humanitarian organisations, UN agencies, experts and parliamentarians are presently working on drafting a new law to regulate various aspects of humanitarian action and ease bureaucratic burdens. This draft is due to be submitted to the Verkhovna Rada for consideration. As much as it is a cause of concern, the COVID-19 pandemic also presents opportunities for the humanitarian community to galvanise advocacy efforts towards the adoption of an appropriate legal framework for humanitarian actions to address the long-standing legislative void.

The issues around Value-Added-Tax (VAT) exemptions for humanitarian aid and the Personal Income Tax (PIT) for beneficiaries receiving non-targeted assistance from local organisations have not been resolved. Ukraine has a national law on humanitarian assistance dating back to 1999 which needs to be updated to further facilitate humanitarian action. There are unresolved taxation issues on humanitarian aid organizations with the amount of non-reimbursed VAT for UN Agencies between 2015 and 2020 now estimated at US$ 14 million. Furthermore, humanitarian NGOs are not permitted to purchase certain products, such as medicines, in Ukraine as they require a special license. New legislation governing the provision of humanitarian aid is critically needed to reduce bureaucracy and expedite assistance delivery during emergency and crisis situations.

The Cabinet of Ministers approved a draft Presidential decree endorsing the National Strategy for the Protection of Civilians in Armed Conflict for the period until 2030. The national strategy was drafted with national and international organizations’ support and is expected to specify national policies for civilian population protection to allow national bodies to implement international humanitarian law standards in the Ukrainian legislation, including defence and security agencies. Under the decree, comprehensive

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measures for the protection of civilians are due to be introduced. It now needs to be instrumentalised through the relevant Action Plan.\(^{39}\)

**On a positive note, IDPs gained the right to vote through the adoption of a new Voters’ Code and respective resolutions.** It regards the procedure of considering a voter’s appeal on the change of the electoral address for all types of elections, including local ones. The resolution, which came into force in July 2020, enables local electoral authorities to accept documents such as IDP registration certificates or residential lease contracts to link the electoral address to the factual place of residence. The resolution eliminates direct and indirect limitations of any kind and grants internally displaced persons voting rights.\(^{40}\)

Another positive development is the adoption of Resolution No 767 which is an amendment to the 2019 compensation mechanism for people whose houses were damaged or destroyed as a result of the armed conflict.\(^{41}\) One of the most significant changes is that people who have moved from their original home and no longer live in the place which was damaged or destroyed in the armed conflict are also eligible to compensation payment. This resolution specifically includes internally displaced people (IDPs) which was not the case under the previous regulation. Under the new law, property owners no longer have to pass the destroyed property to the local council for compensation payment. The humanitarian community has submitted a list of comments and recommendations to the relevant ministry on how to turn the resolution into an effective instrument. The Cabinet of Ministers allocated UAH 20 million for housing compensation in 2020. The 2021 budget envisages UAH 114 million for the same purpose.

**Civilian casualties (killed & injured)\(^{43}\)**

<table>
<thead>
<tr>
<th>YEAR</th>
<th>PEOPLE KILLED &amp; INJURED</th>
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<tbody>
<tr>
<td>2016</td>
<td>588</td>
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<tr>
<td>2017</td>
<td>604</td>
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<td>2018</td>
<td>279</td>
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<td>2019</td>
<td>167</td>
</tr>
<tr>
<td>2020*</td>
<td>138</td>
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While conflict hostilities have decreased, particularly since July 2020, landmines and other explosive remnants of war (ERW) continue to kill and maim civilians living in the affected areas.\(^{44}\) By October 2020, mine-related incidents and ERW mishandling caused 63 (11 killed and 52 injured) civilian casualties which is almost half of all civilian casualties at that time. This is an 8.6 per cent increase compared to the same period of civilian casualties dropped by almost 20 per cent compared with the same period in 2019. According to OHCHR, 131 civilian casualties (29 killed and 102 injured) were reported between January and October 2020. The Organization for Security and Co-operation in Europe (OSCE) recorded a 75 per cent decrease of ceasefire violations along the “contact line” in the third quarter of 2020 compared with the previous quarter. This positive development can be attributed to the renewed ceasefire commitment reached by the Trilateral Contact Group on 22 July 2020. There is hope that this move will lead to a progressive decrease in civilian casualties which, as of 31 July 2020, stood at around 3,367 killed and more than 7,000 injured since the beginning of the armed conflict.\(^{42}\)

**Security environment**

Security in the conflict areas improved during 2020 compared to 2019. By November 2020, the number

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39 UN, ‘Toward a Legislative Framework for Protecting Persons Affected by Conflict’.
41 Since the start of the conflict over 55,000 homes have been damaged or destroyed due to hostilities.
42 OSCE, ‘Trends and Observations from July to Sept 2020’.
44 The exact number of people exposed to landmine and ERW in NGCA remains unknown.
Donetsk and Luhansk Regions: Mine and ERW Casualties, May 2014 - November 2020

Source: the HALO Trust (data), Mine Action Sub-Cluster
Potentially hazardous objects along the “contact line”,
May 2014 – November 2020

Source: Donbas Environment Information System (data), REACH

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
of time in 2019\textsuperscript{45} (58 casualties related to landmines and ERW reported). The danger is still high and hinders people from certain communities accessing basic services, their workplaces or farmland. Ukraine ranked third in the world for overall casualties as a result of landmines and other ERW in 2019,\textsuperscript{46} and even ranked second globally after Mali in 2018 when it comes to anti-vehicle mine casualties.\textsuperscript{47}

Indiscriminate shelling of civilian infrastructure still affects water, electricity, central heating facilities and schools in violation of International Humanitarian Law (IHL). According to the Education Cluster, nine\textsuperscript{48} schools and kindergartens were damaged or affected by shelling between January and May 2020, while between January and September 2020, eight incidents of damage to electrical infrastructure where reported and 46 incidents affecting 16 water and sanitation facilities.\textsuperscript{49} Despite the overall decrease of security incidents against critical infrastructure of civilian nature in 2020, one of such incidents is one too many due to the potential widespread impact on the populations.

**Security incidents, July 2019 – June 2020**

Source: INSO (data).

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Progress on the disengagement process remains slow after three disengagement areas (Stanitsya Luhanska, Zolote and Petrivske) were agreed upon in 2019. In November 2020, four additional disengagement sites (Slovanoserbsk, Petrivka and Nyzhnotepel in Luhanska oblast, and Hryhorivka in Donetsk oblast) were reportedly discussed, however, no official announcement was made. The disengagement process, which is monitored by the OSCE Special Monitoring Mission (SMM), envisages the separation of forces and equipment as well as the dismantling of fortifications and demining. It is estimated that at the current rate, it would take twenty years to disengage the entire "contact line" while an accelerated small-scale disengagement would take six to eight years. Full disengagement is currently not considered a realistic option.\textsuperscript{50}

**Environmental profile**

Lack of appropriate medical waste management is particularly critical in the East due to the healthcare system’s reduced capacities. A REACH assessment of health facilities in Donetsk and Luhansa oblasts found that 60 per cent of the surveyed facilities put infectious waste into normal garbage disposal systems, including six of the 18 designated COVID-19 hospitals. Seventy-two per cent of facilities reported limited access to hand sanitisers while 11 per cent reported that they had no stock at all. Twenty-nine per cent of the facilities reported problems with drinking water while 55 per cent had no paper towels. When consolidated, the data reveals that improvements to water sanitation and hygiene conditions at health facilities throughout Ukraine could have a significant impact on improving Infection Prevention and Control (IPC) within health facilities.\textsuperscript{51}

Multiple unprecedented wildfires in Luhanska oblast have caused widespread damage to public and civilian infrastructure and property. More than 150 forest

\textsuperscript{45} OHCHR covering January to October 2020.


\textsuperscript{47} Geneva International Centre for Humanitarian Demining and Stockholm International Peace Research Institute, ‘Global Mapping and Analysis of anti-vehicle mine incidents in 2018’. The latest report for 2020 was not available at the time of writing.

\textsuperscript{48} Education Cluster, ‘Attacks on Education in Ukraine. Situation Report, as of 4 May 2020’.

\textsuperscript{49} According to WASH Cluster. Water and electricity infrastructure objects are extremely susceptible to hostilities as most of them are located close to or sometimes even on the "contact line".

\textsuperscript{50} Atlantic Council, ‘Can frontline disengagements help Ukraine secure a lasting ceasefire with Putin?’, 4 January 2020.

Fires have been reported in Luhanska oblast this year (starting from July), killing at least nine and injuring 19 people. The fires damaged more than 20,000 hectares of land on both sides of the “contact line” and destroyed almost 600 houses, 1,800 outbuildings, and 60 vehicles. In an attempt to cover people’s losses, the GoU announced a compensation mechanism for those who have suffered losses in the fire. For many civilians, receiving such compensation payments could be problematic as they sometimes do not have documents proving ownership of their house, they lost the documents in the fire, or the damaged house is a dacha (“summer cottage”) and thus not considered to be a primary residence. The serious wildfire in late September which was branded as “the worst in a century” raged on for over one week. It caused severe damage at the EECP “Stanytsia Luhanska” which led to the closure of the crossing point for four days. As the surroundings of the crossing point are heavily contaminated with mines and unexploded ordnances, the fire put residents and administrative staff at additional danger. It is expected that legal assistance to fire survivors will be one of the most in-demand humanitarian services in the coming months to enable them to receive compensation.

The risks of industrial and chemical hazards with potential to create an environmental disaster persist.

Donetsk and Luhanska oblasts are Ukraine’s industrial heartland dominated by coal mining, chemical processing, metallurgy and manufacturing. Prior to the armed conflict, the two oblasts were home to some 4,500 potentially environmentally hazardous sites mainly located in densely populated cities like Mariupol, Donetsk and Horlivka. It is estimated, for example that, 208 km² of the built-up area in Donetsk, almost equivalent to the size of Mariupol, lies within one kilometre of a dangerous object, exposing housing, production and other assets to industrial and chemical disasters. Flooded mines in Pervomaisk, fires at the Avdiivka Coke and Chemical Plants as well as agro-industrial hazardous waste from the Bakhmut Agrarian Union’s farm and the Donetsk Filter Station are potential sources for an environmental disaster.
1.2 Impact of the Crisis

Every day over the past six years, the lives and well-being of millions of ordinary people in the conflict-affected areas have been turned upside down. It has claimed the lives of their loved ones, caused injuries, damaged their homes and induced mental and psychological distress. Their access to basic services has been severely hampered by insecurity, heavy presence of landmines, explosive remnants of war (ERW) and various regulations that often not only deprive them of their basic rights, but also generate humanitarian hardship. With COVID-19 not sparing Ukraine, 2020 posed additional challenges to the conflict-affected population in Donetska and Luhanska oblasts.

The COVID-19 pandemic has not only put people’s health at risk but also created a negative socio-economic impact on their well-being as well as their access to essential services and humanitarian assistance. It has also hampered humanitarian workers’ access to the affected population. As the elderly, people with disabilities and women make up the majority of the people in need, they are disproportionately affected by the double humanitarian crisis. The humanitarian consequences of the years of armed conflict aggravated by the unprecedented effects of COVID-19, have increased the severity of needs and deepened the vulnerability of conflict-affected people.
Impact on vulnerable people

The humanitarian crisis caused by the armed conflict, exacerbated by the COVID-19 pandemic, has affected the various groups of vulnerable populations differently.

Women

- Women constitute the majority of the 3.4 million people in need (55 per cent or 1.8 million people). The proportion of women in need is even higher in isolated settlements, at 61 per cent. As women constitute over 70 per cent of the people applying for state social benefits and other entitlements such as pensions, any disruption in their access to social assistance could significantly increase their vulnerabilities.

- Because of the COVID-19 pandemic, women in Ukraine face increased workload, salary cuts and domestic violence. According to UNDP, over 56 per cent of the women participating in the survey indicated increased workload due to having to combine housework, caring for family and professional activities while still earning about 20 per cent less than men. Eight of ten women have to economise on food or face difficulties paying rent and utilities. The pandemic also triggered a spike in domestic violence – over 40 per cent of women affected by domestic violence had never experienced it before the lockdown.

- Women are also more exposed to virus-related health risks as 82 per cent of all healthcare and social workers across Ukraine are female (compared to a global average of 70 per cent) while women make up only 20 per cent of the members of crisis committees established to coordinate COVID-19 response. Because of their jobs, the insufficient Infection Prevention and Control (IPC) programmes at hospitals and the scarcity of personal protective equipment (PPE), healthcare workers are generally at a higher risk of exposure to COVID-19. According to estimates, 31,891 healthcare workers had become infected with the virus across Ukraine by 18 November 2020, including 1,076 confirmed cases among healthcare workers in Donetsk and Luhansk (GCA) (as of 14 November 2020). Only 14 per cent of women working in healthcare said they were provided with full sets of required PPE and 60 per cent bought PPE at their own expense. There is anecdotal evidence that nurses and medical support staff, the majority of whom are female, receive proportionally less PPE than doctors even though they have closer contact with patients. This contributes to the higher infection rates among women in Ukraine (58 per cent) compared to men (42 per cent) recorded so far.

- Women’s underlying problems and other inequalities have been brought into the open by the pandemic. Calls to the domestic violence helpline have increased by 30 per cent since the start of the nationwide lockdown. Women in Donetska and Luhanska oblasts (GCA) do not feel secure either outdoors or at home, according to a report by Amnesty International. The high unemployment and, consequently, the lack of means, poor health care, the lack of basic necessities such as water, gas, electricity, impossibility to cultivate fields or raise cattle — all this aggravates domestic violence and shows the gaps in the public protection system.

- Women carry the burden of housework and family care. Closure of schools and day-care centres have had a large impact on women,

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64 WHO and Public Health Centre of Ukraine, ‘Daily Update on COVID-19 as of 18 November 2020’.
65 Official data provided by Public Health Center.
67 Ibid.
particularly working mothers, as 92 per cent of single parents are women. During the pandemic, these women not only have to look after their children, and take on the responsibility for home schooling, but also continue working. Women workers of all essential services, including health services, have to juggle work and family responsibilities in the context of increased intensity of professional activity and lack of adequate rest as most partners do not share domestic and care work. Women find themselves as sole caregivers of children and older or sick relatives while simultaneously taking over frontline or essential work. The pandemic’s longer-term economic effect on women is also significant as many of them, especially mothers, will lose employment opportunities and forgo gaining experience in the labour market to their male counterparts. This is likely to put them at a disadvantage in terms of earning and potential promotions for some time to come.70

Elderly population

- **People over 65 years of age constitute more than one third of conflict-affected people in need of humanitarian assistance (37 per cent) and 41 per cent in isolated settlements.** This is the highest proportion of elderly people in need among humanitarian settings in the world. The population is older than the average for Ukraine because the elderly are not as mobile and are less likely to leave their homes than their children who have moved in large numbers to cities in search of safety and employment. Pensioners from NGCA must cross into GCA to collect their pensions, which, while the EECPs are operational, makes them even more vulnerable to exposure to COVID-19.

- **Before the outbreak of the pandemic, it was estimated that 56 per cent of families in NGCA relied on pensions as the main source of income.** One in ten households in NGCA (approximately 300,000 people) report GCA pensions as their most

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important source of income.\textsuperscript{71} For these households the EECP closures is a major issue. NGCA residents have to be registered as IDPs with the Government of Ukraine to be eligible for pension payments even if they have not been displaced from their homes. They are required to be physically present in GCA every 60 days in order to be considered an IDP. As such, pensioners living in NGCA need to cross the “contact line” to GCA at least once every 60 days to maintain their pensions. For the period of the COVID-19 pandemic, the Government of Ukraine has suspended this requirement until 30 days after the quarantine period ends. Because of the demand for services in GCA by residents of NGCA, some 90 per cent of the crossings of the “contact line” before the closure in March 2020 were made by people living in NGCA, 60 per cent of whom were elderly (majority female). With the closure of the five EECPs in March 2020 and only a partial reopening of two EECPs in June 2020, the number of monthly crossings has dropped by more than 90 per cent (even by 98 per cent in October 2020). As a result, the majority of pensioners in NGCA have not been able to cross the “contact line” to access their pensions in GCA. The number of NGCA pensioners being able to access GCA pensions has dropped significantly from 42 per cent pre-COVID-19 to 13 per cent in October 2020\textsuperscript{72} due to the closure of the crossing points. This has led to more pensioners reportedly relying on NGCA pensions as their only source of income.

- It is estimated that over half a million people living in NGCA, including pensioners, have faced difficulties or have been unable to access their pensions or withdraw cash in GCA since March 2020. After nine months without access to the primary source of income for many of them, people in NGCA are forced to find alternative ways to survive, including depleting their savings, borrowing or accessing their pensions through costly and legally challenging routes such as travelling to Ukraine through Russia.\textsuperscript{73}

- As many NGCA pensioners are still unable to travel to GCA to collect their pensions due to COVID-19 restrictions, they are forced to use legally challenging ways to withdraw their money with an extra charge of 5 to 10 per cent commission. However, not all bank cards, including the new photo ID cards, can be used for this option. Initially, expired Oschadbank bank cards had been excluded from this service, but in October 2020, the bank announced it would extend the validity of the cards until the end of the year and later extended until 1 March 2021 to help pensioners through the time of the pandemic. The bank has reportedly re-issued at least 200,000 bank cards that have not been picked up by their owners, most likely, due to the COVID-19 restrictions. Oschadbank reported in October that 112,000 pensioners from Donetka oblast who are registered as IDPs had not yet picked up their new ID cards, and that UAH 2 billion (US$ 71 million) of pension income had accumulated in their accounts.


\textsuperscript{72} REACH, ‘Humanitarian Situation Monitor’, October 2020.

People with disabilities

- People with disabilities face increased barriers in accessing health care and other social services, food, employment and education. It is more difficult for them to obtain the social services they need to cope with the effects of being in quarantine.\(^74\) The percentage of people with disabilities is disproportionately high in areas close to the “contact line” where almost 15 per cent of the population has a disability compared to an average of 6 per cent across Ukraine.\(^75\) The poorer physical condition of people with disabilities makes them more susceptible to severe cases of COVID-19 and increases their chance of not recovering from it.

- In addition, the lack of information and communication in modes accessible to hearing-impaired and blind people such as sign language, close captioning, braille, etc. impedes their access to Public Health and Social Measures (PHSM) including the latest news on protective measures and lockdowns. Pre-pandemic, persons with disabilities, particularly women and girls, already experienced higher rates of violence than the general population. The prolonged isolation and reliance on family members and caregivers during lockdown presents heightened risks of violence, including lack of accessible information and accessible mechanisms to seek help.

Impact on systems and services

The armed conflict has caused significant damage to systems and services in affected areas, due to their lack of maintenance and the further crippling of their capacities to function. In 2015, the estimated damage to the region's infrastructure stood at $463 million.\(^77\) The transport and road infrastructure sector has suffered most of the conflict-related damage, followed by the energy sector and the water and sanitation sectors. The region's education and health facilities as well as public buildings have also suffered extensive damage which is mainly due to the armed conflict but also to neglect and insufficient public investment.\(^78\)

The COVID-19 pandemic has forced healthcare facilities to shift available resources and trained personnel to COVID-19 response. This has limited other essential medical services, including HIV/AIDS and tuberculosis treatment, safe delivery and new-born childcare, dialysis and treatment of other chronic diseases treatment requiring continuous care in health facilities.\(^79\) This has pushed the region's already struggling health facilities, which have seen many

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\(^{74}\) UNDP, 'Socio-Economic Impact Assessment', July 2020.
\(^{75}\) REACH, 'Humanitarian Trend Analysis 2019'.
\(^{76}\) Education Cluster.
\(^{77}\) 'Ukraine Recovery and Peacebuilding Assessment', March 2015.
\(^{78}\) Ibid.
\(^{79}\) OCHA, 'HPR Ukraine Revised Requirements due to the COVID-19 Pandemic', June 2020.
doctors and nursing staff move away in search of a better future, to the verge of collapse. In rural areas along the “contact line” access to first aid stations is extremely difficult during periods when public transport stopped its services in accordance with COVID-19-related measures. Ambulance services are generally insufficient in rural areas throughout the region. It is estimated that 20 per cent of rural settlements along the “contact line” are currently not served by ambulances. Furthermore, surveillance of vaccine-preventable diseases has been challenged due to a high workload of national and regional surveillance staff with regard to COVID-19 pandemic response.

Urban and Rural areas in Donetska and Luhanska Oblasts of Ukraine

Source: Verkhovna Rada Webportal (data), OCHA, Kartographia

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

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80 ACTED, ‘Voices from the field: working with ACTED Ukraine in the time of Covid-19’.
Although the official number of COVID-19 cases in Donetska and Luhanska oblasts (GCA) has been relatively low compared to other regions in Ukraine, the rate of transmission has been increasing, especially in Donetska oblast. The potential consequences of this pandemic could be more severe and far-reaching in Donetska and Luhanska oblasts, primarily due to the destruction of local health systems as a result of the armed conflict. According to findings by the UNDP Ukraine Compounded Vulnerability Index, the local health care system in Luhanska oblast was most affected by the conflict and is the most vulnerable in Ukraine in terms of resources such as beds, medical equipment and medical personnel.

Despite the ceasefire that began on 27 July 2020 and the ongoing COVID-19 outbreak, attacks on critical water infrastructure continue to hamper access to basic services for hundreds of thousands of residents. Water, sanitation and electricity infrastructure located on or near the “contact line” still experiences security incidents. In the first nine months of 2020, there were 58 security incidents which affected the supply of clean water and sanitation in Donetska and Luhanska oblasts, compared to 77 incidents in the same period in 2019. Despite this drop, some critical infrastructure has been hit repeatedly, including, for example, the Donetsk Filter Station and the First Lift Pumping Station of the South Donbas Water Way were impacted eleven times each during the first nine months of 2020. There were also 22 incidents that threatened to release sewage into the environment. Furthermore, the Siverskyi Donets Donbas Channel, the main water artery to the region, was damaged by shelling on at least two occasions which put the water supply for 3.1 million people at risk. Attacks against critical civilian infrastructure continue to lead to the suspension of services leaving many people with limited or no access to water, sanitation, electricity or fuel.

Some of the critical infrastructure was already aging and fragile before the start of the armed conflict and is in critical need of repairs. For security reasons, however, repairs are difficult to carry out, especially in areas close to the “contact line”. Water is also critical for staying warm in winter as 81 per cent of households in the affected areas rely on water-based heating systems. Residents of isolated settlements are hardest hit by the disruptions as they lack alternative water sources. In times of COVID-19, the lack of water affects the ability of people to wash their hands in accordance with hygiene recommendations to contain the spread of the virus.

Incidents against WASH facilities in 2020

<table>
<thead>
<tr>
<th>MONTH</th>
<th>INCIDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>3</td>
</tr>
<tr>
<td>February</td>
<td>12</td>
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<tr>
<td>March</td>
<td>14</td>
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<tr>
<td>April</td>
<td>6</td>
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<td>May</td>
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<td>June</td>
<td>3</td>
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<td>August</td>
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<td>September</td>
<td>0</td>
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<tr>
<td>October</td>
<td>0</td>
</tr>
<tr>
<td>November</td>
<td>2</td>
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</table>

The continuing inability of Voda Donbasa to pay its energy bills has also led to frequent disruptions of...
water supply to nearly half a million people. The monthly bill of the oblast-owned water company which supplies water to 3.8 million people on both sides of the “contact line” in Donetska oblast runs up to UAH 80 million per month (US$ 3.3 million), an amount Voda Donbasa is often unable to pay as tariffs are greatly reduced in NGCA compared to the economic tariffs calculated. In any case, any money raised in NGCA cannot be transferred to GCA due to legal reasons. Negotiations on the issue are ongoing, however progress is slow.

**Education infrastructure is still affected by hostilities.** According to the Education Cluster, eight education facilities were affected from January to October 2020 compared to 24 education facilities recorded during the same period in 2019. Five of them had to be temporarily closed, while four incidents resulted in threats of death or injury to students, teachers and parents. On a positive note, the overall number of damaged education facilities within one year has dropped significantly compared with 2019, when 36 education facilities suffered damage. The worst year for education infrastructure was 2017, when 43 facilities were damaged.85

**COVID-19 has further disrupted children’s access to education, which, for many had been challenging even prior to the pandemic.** All educational facilities in GCA were closed at the onset of the pandemic in mid-March and reopened in September 2020 for either online or physical classes. Similar measures were imposed in Luhanska and Donetska NGCA around the same time. While distance learning was introduced to bridge the gap in education, some children faced barriers in accessing these services due to the lack of or poor internet connections, absence of necessary learning and teaching equipment as well as limited capacity of teachers to arrange classes online. The interruption in education, gaps in childcare, and additional economic burdens for parents are expected to be particularly severe in the conflict-affected areas.86

**Incidents against education facilities in 2020**87

<table>
<thead>
<tr>
<th>MONTH</th>
<th>INCIDENTS BY GCA / NGCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>0 / 0</td>
</tr>
<tr>
<td>Feb</td>
<td>1 / 0</td>
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<tr>
<td>Mar</td>
<td>3 / 0</td>
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<td>Apr</td>
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<td>May</td>
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<td>June</td>
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<td>Sept</td>
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<tr>
<td>Oct</td>
<td>0 / 0</td>
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<tr>
<td>Nov</td>
<td>0 / 0</td>
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</tbody>
</table>

**COVID-19 restrictions imposed on both sides of the “contact line” to contain the spread of the virus have further hampered people’s access to essential services.** The closure of all five crossing points in March 2020 prevented the population in NGCA from accessing medical and banking services as well as collecting their monthly pensions in GCA. Since the re-opening of “Stanytsia Luhanska” and “Novotroitske” / “Olenivka” in June 2020, entering GCA from NGCA has been subject to 14-day-self-quarantine which is monitored through a smartphone app called Dii Vdoma (Act at Home). Self-isolation can be ended early with a negative test result, however, due to the high

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87 Education Cluster.
cost of the tests they are not an option for the most vulnerable population.88

**People who do not have or are unable to use smartphones have been disadvantaged at the crossing points during the COVID-19 pandemic.** When the crossing points partially resumed their operations on 10 June 2020, the mandatory requirement to use a smartphone app to monitor self-isolation made crossing the “contact line” more difficult for people without smartphones or internet connection. People crossing into GCA who did not have a smartphone or were unable to download the “Dii Vdoma” app were required to quarantine in a designated facility for 14 days or until they receive a negative COVID-19 test result while the availability and capacity of these facilities was challenging at times. Moreover, frequent malfunctioning of the “Dii Vdoma” app has resulted in people getting stuck at the EECPs – at times for several days – while they wait for the technical issues to be resolved.

**Armed conflict-induced economic issues, insecurity and access limitations have prevented essential maintenance of critical infrastructure.**89 The armed conflict itself has been a barrier to investment in improving critical facilities. The high cost of repairs has also led to people abandoning their damaged properties, particularly in rural areas. One in five displaced households (19 per cent) currently living in GCA of Donetska and Luhanska oblasts report that their shelter in their area of origin has been destroyed or damaged.90 Over half of IDPs report that their dwelling remains empty.91 This trend is rather concerning, particularly where compensation for damaged or destroyed properties is often inaccessible or too difficult to access.

**The already high unemployment rate in the Donbas region is likely to increase due to COVID-19 which could further damage the region’s fragile economic condition.** The job losses are mainly due to the closing or downsizing of companies, including mines which are ubiquitous in the region, and low agricultural productivity. The national unemployment rate is expected to rise to 12 per cent this year, while the unofficial unemployment rate could be as high as 15 per cent. Donetska and Luhanska oblasts is likely to be worse off compared to the rest of the country as prior to the global health crisis, the official unemployment rate in GCA was already 15 per cent which is twice the national average.92

**Impact on humanitarian access**

*This section looks at humanitarian workers’ access to people in need – for people’s access to systems and services, please refer to the previous section “Impact on Systems and Services”.*

Since the beginning of the armed conflict, access to the affected population has been subject to the dynamics of the conflict, the intensity of military confrontations, political and diplomatic achievements and, exceptionally this year, the evolution of the COVID-19 pandemic. In NGCA, access for the delivery of humanitarian assistance and for the movement of staff has been extremely limited since July 2015 when most aid agencies were asked to leave NGCA following the introduction of extensive bureaucratic restrictions for humanitarian operations. During the first six months of 2020, the majority of access-related incidents reported by partners were related to restricted movement of humanitarian organizations, aid workers and goods, particularly in NGCA. These restrictions ranged from military actions, self-imposed mitigation measures in response to insecurity or the spread of the COVID-19 virus and bureaucratic impediments.93 While humanitarian organizations have maintained delivery of humanitarian programmes in NGCA over the last five years, responding to the critical needs of the population remains far below the required scale.

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89 WASH Cluster, ‘Powering eastern Ukraine’s recovery through water’, October 2019.
91 Ibid.
93 Based on the information collected by OCHA in support of the possible roll-out of the Access Monitoring and Reporting Framework (AMRF) in Ukraine, which is under consideration by the HCT Access Task Force.
For data representation purposes, the flow widths in the first and second maps are not proportional. The total number of crossings through Stanytsia Luhanska EEC during November is less than one-tenth of crossings during January 2020 (294,016 in Jan 2020 and ~27,576 in Nov 2020).
The pre-existing limited access to NGCA has been severely curtailed by COVID-19 restrictions. The 247.1 tons of humanitarian cargo sent to NGCA through UN-organized convoys between March and July 2020 was only half of the volume dispatched during the same period in 2019. This reduction is mainly the result of COVID-19 restrictions on movement across the “contact line” and cumbersome bureaucratic procedures. Nevertheless, following the partial re-opening of the EECPs in mid-summer, the delivery of humanitarian aid started to gradually reach 2019 levels. By the end of October 2020, 533 tons of humanitarian cargo had been delivered which is 14 per cent less than in the period between March and October 2019.94 The closures imposed by the pandemic have made hundreds of thousands of conflict-weary people more vulnerable and even more dependent on humanitarian assistance.

Delivery of humanitarian aid to Luhanska oblast (NGCA) remains challenging subject to two factors. One is a lack of crossing points for vehicles directly from GCA to NGCA, and the other is the cumbersome web of bureaucratic procedures for the cargo transit via Donetska oblast (NGCA)95 due to COVID-19 restrictions. Because of these challenges, humanitarian organisations have been forced to carry assistance manually across the pedestrian bridge at “Stanytsia Luhanska” as the bridge is not suitable for heavy vehicles. By October 2020, only two UN-organized humanitarian convoys had been successfully organised via Donetska oblast to Luhanska oblast (NGCA) since the start of the COVID-19 pandemic. Between March and October 2020, there was a 21 per cent drop in the cargos delivered to Luhanska oblast NGCA compared to the same period in 2019.96

COVID-19 restrictions have limited humanitarian workers’ ability to cross the “contact line”, however, the situation differs significantly between Luhanska and Donetska oblasts. In Donetska oblast (NGCA), the movement of humanitarian personnel and operational consumables of UN agencies across the “contact line” has been possible on an exceptional basis since late May 2020. In Luhanska oblast (NGCA), humanitarian staff, particularly national staff members, have reportedly faced difficulties at the “Stanytsia Luhanska” crossing point as no formal crossing procedures for humanitarian workers are in place. This is due to the fact that humanitarian workers previously only used the crossing points in Donetsk due to security reasons and simplified crossing procedures. COVID-19 regulations have further restricted “internal” movement between the two oblasts in NGCA for humanitarian workers.

94 According to the Logistics Sector Working Group.
95 Prior to COVID-19, all cargo from GCA to Luhansk (NGCA) was via transit through Donetsk (NGCA).
96 Between March and October 2020, an estimated 248 MT of relief items were delivered to Luhanska oblast NGCA, compared to some 313 MT during the same period in 2019.
1.3 Scope of Analysis

At the broadest level, the affected population can be divided into two main groups: those internally displaced throughout the country and those who reside in the two conflict-affected oblasts (Donetska and Luhanska). In 2021, the COVID-19 pandemic pierces through all dimensions of analysis and constitutes significant changes in the scope of analysis, particularly within the health sector.

The analysis is guided broadly by a zoning approach building upon the last year's practice. However, it only provides a helicopter overview showing the "topological" differences of the various areas based on their geographical proximity to the "contact line". This categorisation is not intended to prioritise any one area over another. It is noted that the zones are simplistic by nature and should be carefully nuanced, taking people's specific needs and the nature of varying operational contexts into consideration. As such, the zoning approach will not be used as a sole criterion for the response targeting.

Due to COVID-19-related movement restrictions, people's access to services and livelihood opportunities and the humanitarian community's ability to reach the people in need have been taken into account in the analysis.

<table>
<thead>
<tr>
<th>Population groups</th>
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<tbody>
<tr>
<td><strong>POPULATION GROUP</strong></td>
</tr>
<tr>
<td>Residents</td>
</tr>
<tr>
<td>IDPs</td>
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</tbody>
</table>

**Scope of Analysis Matrix**

<table>
<thead>
<tr>
<th>Population Groups</th>
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</thead>
<tbody>
<tr>
<td><strong>GCA Donetska</strong></td>
</tr>
<tr>
<td>Residents</td>
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<tr>
<td>IDPs</td>
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</tbody>
</table>
1.4 Humanitarian Conditions and Severity of Needs

The poor humanitarian conditions created by the armed conflict in Donetska and Luhanska oblasts have left an estimated 3.4 million people in need of humanitarian assistance. Of this number, 1.7 million people live in Government-controlled areas (GCA), including 180,000 IDPs in Donetska and Luhanska oblasts, and 160,000 IDPs in other oblasts across Ukraine, while 1.67 million people live in non-Government-controlled areas (NGCA). The already dire humanitarian situation in the conflict-affected area has been exacerbated by the COVID-19 pandemic which has highlighted the urgent need to push through reforms of health care, social protection, judicial, taxation, and education systems and strengthen the coordination between the national and local governments and across sectors.

The humanitarian conditions are assessed in three dimensions, Living Standards, Coping Mechanisms and Physical and Mental Wellbeing, which are based on the analysis of 30 indicators. As the geographic location matters significantly in the Ukrainian context, this section differentiates between the areas controlled by the Government of Ukraine and those beyond it. It takes the different needs of rural and urban residents as well as IDPs, who are only present in GCA, into account. The consequences of COVID-19 have also been considered in this analysis.
PART 1: IMPACT OF THE CRISIS AND HUMANITARIAN CONSEQUENCES

Humanitarian conditions in Government-controlled areas

<table>
<thead>
<tr>
<th>TOTAL POPULATION</th>
<th>PEOPLE IN NEED</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.6M</td>
<td>1.5M*</td>
<td>54%</td>
<td>14%</td>
<td>51%</td>
<td>14%</td>
</tr>
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</table>

* In GCA of Donetsk and Luhansa oblasts

Living Standards

The conditions for Living Standards refer to the affected people’s ability to meet their basic needs. This is measured by 15 indicators ranging from food consumption, health care (including of availability of water), documentation recognised by the Government of Ukraine, pensions and education as well as shelter conditions and heating arrangements for winter.97

Before the start of the armed conflict in 2014, the two conflict-affected oblasts of Luhansk and Donetsk had already experienced economic decline. The armed conflict accelerated the deterioration of the region as people were unable to seize development opportunities which in turn has made it more fragile. The arrival of the COVID-19 pandemic has exacerbated the situation and exposed the pre-existing challenges in town planning, services, infrastructure and the labour market. As living standards and conditions differ among the population subgroups such as rural and urban residents and IDPs, this analysis takes the characteristics distinct to the different categories of people into account.

The consequences of the armed conflict and COVID-19 have manifested themselves in difficult access to basic services such as health care, transport, education, water and livelihoods. Critical challenges facing the populations in GCA include:

- **Limited availability and cost of health care.** While most healthcare services should be free of charge, real out-of-pocket costs borne by the affected population have significantly increased (e.g., transport, diagnostics, and medications) deterring many in rural areas from seeking medical assistance. Eighty-seven per cent of the rural population living within 20 km of the “contact line” report the cost of medicine as the main hurdle to access health care (compared to 65 per cent in 2019) while 52 per cent say the cost of travel hinders them to access health care. COVID-19 has exacerbated this situation through movement restrictions and limited medical capacities. IDPs in rural areas have limited access to healthcare facilities. Fifty-two per cent of IDPs in villages reported that the lack of public transport stopped them visiting healthcare facilities, compared to 36 per cent in urban areas.98

- **Water, sanitation and hygiene needs related to living standards are assessed by their availability in secondary and tertiary health facilities and include infection, prevention and control (IPC).** On a scale from one to five, the severity of IPC needs is four (extreme) in GCA. This reflects a critical level, especially in times of COVID-19. Similarly, over 30 per cent of secondary and tertiary health facilities report not having an infectious waste management plan in place.99

- **Access to education is compromised due to damaged infrastructure, high costs for school supplies, lack of transport due to COVID-19 travel restrictions and access to e-learning tools for children in rural areas.** Rural children, particularly in Donetsk oblast, face difficult access to education because of COVID-19-related restrictions and home schooling. Furthermore, the Safe School Declaration – endorsed in November 2019 – has not been fully

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implemented yet. It aims to better protect children, teachers and schools, support the continuation of education during war and introduce concrete measures to deter the military use of schools.

- The rural population has extremely high food expenditure levels pushing them to the verge of collapse. The severity is higher in rural areas closest to the “contact line” where fighting has been most intense. Thirteen per cent of rural families experience severe and moderate food insecurity, closer to the “contact line” this share stands at 14 per cent. Forty-nine per cent of families in the conflict-affected areas have resorted to or exhausted their own savings to meet their basic needs. Among the urban population, this number stands at 51 per cent.100 High unemployment and poverty remain a major issue, particularly in Luhanska oblast where job opportunities had already been less diversified before the armed conflict.

- Urban residents have reported the closing down or downsizing of companies as the main issue for their loss of income while rural residents have not been able to fully engage in agricultural work due to landmine and ERW contamination. Access restrictions have prevented urban populations from finding work outside their communities which has increased unemployment and forced working-age adults to find a job elsewhere. Unemployment has risen due to the COVID-19 pandemic which has forced many businesses to close down. The vulnerable population of the two conflict-affected oblasts mainly rely on pensions and social benefits to make ends meet.101

- Since the start of the armed conflict, people have been forced to flee their homes with the biggest wave of internal displacement happening in 2014 and 2015. As of September 2020, the Ministry of Social Policy registered 1.45 million IDPs102 and it is estimated that nearly 70 per cent of the IDPs living in GCA originate from NGCA.103 The displacement has increased vulnerabilities as IDPs often lack affordable accommodation or the documentation required to find employment (the employment rate among IDPs stood at 46 per cent in June 2020 compared to 58 per cent nationwide).104 The displaced also have to overcome physical and administrative hurdles to access payments and compensations. Twenty-four per cent of IDPs reported being on unpaid or partially-paid leave during the quarantine, 26 per cent of whom are women.105

- IDPs monthly income remains lower than the actual subsistence level. Between April and June 2020, the average monthly income per IDP household member was UAH 3,350 compared to the subsistence level of UAH 3,975 calculated by the Ministry of Social Policy of Ukraine. Twenty-seven per cent of people living in rented accommodation said they were running the risk of being evicted from their current dwelling as they were unable to pay their rent. IDPs continue to rely on government support, which is the second most frequently mentioned source of their income. Thirty-five per cent of IDPs receiving social benefits said they faced problems accessing their payments during quarantine.106

- The majority of IDPs have no intention to return. Eighty-two per cent of IDPs have lived in their current settlement for over three years. While 19 per cent of IDPs intend to return to their places of origin after the end of the armed conflict, 39 per cent have no intention to return.107 Thirty-nine per cent of IDPs stated they had only partially integrated while 50 per cent said they were fully integrated. An IOM report indicates that the employment rate among respondents who acknowledged feeling partially integrated was lower (38 per cent) compared to those who felt fully integrated (52 per cent).108

100 Ibid.
102 Of this number, it is estimated that some 745,000 IDPs are living permanently in GCA while the rest live in NGCA and regularly crossed the “contact line” before COVID-19 to access pensions and social benefits.
105 Ibid.
106 Ibid.
107 Ibid.
108 Ibid.
Physical and Mental Wellbeing

The conditions for physical and mental wellbeing refer exclusively to information and indicators about the physical and mental health of the affected population. This is measured by 12 indicators ranging from insecurity, presence of landmines and ERW, prevalence of GBV, access to water, sanitation and hygiene, safe access to education, COVID-19 as well as mental health and psychosocial impact. Critical challenges facing the populations in GCA include:

- **Death and physical injury from shelling, including widespread landmine contamination and ERW.** Over 90 per cent of security incidents take place within 5km of the "contact line" on both sides. Fifty-six per cent of households, particularly in rural areas closest to the "contact line", perceive the presence of landmines and unexploded ordinances (UXOs) in their community compared to 51 per cent in 2019 and 11 per cent in 2018. This encroaches on civilian lives as these explosives are concentrated around farmland, riverbanks, cemeteries and civilian infrastructure, affecting millions of civilians. Even though the number of civilian casualties dropped significantly in 2020 due to the reduction of shelling, the threat of landmines persists. From August to October 2020, all 24 civilian casualties recorded by OHCHR were caused by landmines and ERW with no civilian casualties due to active hostilities.

- **The COVID-19 infection rate appeared to be growing faster in Donetska and Luhanska oblasts than in the rest of the country towards the end of the year.** The situation is concerning in Donetska oblast where the case positivity rate was third highest nationwide at 98.2 per cent as of 21 December 2020, compared to the national average of 91 per cent. Luhanska oblast was among the top three oblasts with the most significant increase of cumulative incidence as of 21 December 2020, with bed occupancy rate increasing by ten percentage points over the previous month. Despite these increases, the mortality rate (per 100,000 population) in the two oblasts (GCA) was between 34 and 36 as of 21 December 2020, lower than the national average of 43.8 and bed occupancy rate in the two oblasts stood between 22 and 27 per cent.

- **Pre-existing mental health and psychosocial problems among the affected population have intensified due to distress and indirect socio-economic effects caused by COVID-19.** Prior to the pandemic, the armed conflict already had a significant impact on the mental health of the affected people. About three out of 10 families in GCA report being unable to access mental health services while 42 per cent state that they did not know about the availability of such services, the majority of which live in rural areas. Mental health services are only provided by the state, however, the outreach is very limited or unavailable to communities along the "contact line". The majority of the support provided by humanitarian actors only focuses on psychosocial services rather than on mental health.

- **COVID-19 especially affects the mental and physical health of the elderly.** In addition to being at the greatest risk of being affected by COVID-19, 99 per cent of the elderly population in GCA have at least one chronic disease, 87 per cent have limited mobility and require assistive devises, 92 per cent report issues with access to medical facilities and medicines. Seventy-nine per cent of respondents said they could not afford preventative products (soap, antiseptics, medical masks, latex gloves, etc.) while 71 per cent required support with PPE and 100 per cent reported feelings of anxiety because of COVID-19. Due to their isolation and limited mobility, elderly people require different approaches in aid delivery such as home-based care or community-based interventions/ PSS to help reduce isolation and loneliness and address anxiety related to COVID-19.
• Healthcare workers are more exposed to the risk of contracting COVID-19 and experience severe psychological distress due to fear of transmitting it to relatives or friends (49.4 per cent), lack of protective equipment (47.8 per cent), witnessing patients die of COVID-19 (47.6 per cent) as well as other factors and require psychosocial support. As of 14 November 2020, there were 1,076 confirmed COVID-19 cases among the healthcare workers in Government-controlled areas of the two oblasts, including 598 in Donetska and 478 in Luhanska. Female healthcare professionals are disproportionally at risk as 82 per cent of all healthcare and social workers across Ukraine are women. Healthcare workers experience physical and mental distress due to overwork, putting them at risk of burnout. While compensations for healthcare workers and some social workers have increased, not all frontline staff receive them. Female frontline workers, especially single mothers, carry a major burden due to their additional domestic and care work responsibilities within their families.

• Absence of adequate trauma care and other forms of emergency health services due to the insufficient number of healthcare workers, long travel distances and travel costs. For example, GCA residents living near Pervomaisk, which is now in NGCA, used to travel about 5 km to the nearest medical facilities. As they have been cut off from these facilities, now have to travel 43 km. This limited availability of emergency health services has been exacerbated by impact of COVID-19 regulations such as movement restrictions, crossing points closures and lockdowns.

• Difficult access to quality health care, especially considering the heavily skewed demographics of this population, where in rural areas within 5 km of the “contact line”, 13 per cent have disabilities and 40 per cent are elderly. The armed conflict has not only cut off access to health facilities, it has also damaged health infrastructure (35 per cent of primary health care facilities have sustained damages) or left it in a state of disrepair due to lack of maintenance, especially in rural areas. Some facilities that sustained damage or have fallen into disrepair are often forced to shut down or reduce services. The COVID-19 pandemic has put extra pressure on the already struggling healthcare system of the conflict-affected region further compromising the provision and quality of health care. In November 2020, the GoU introduced a prohibition of scheduled hospitalisation to prioritise COVID-19 patients.

• Houses damaged or destroyed in the armed conflict expose people to harsh weather conditions. Even though damaged housing remains a problem, the percentage of people living in damaged housing in GCA has decreased over the past year. Within 5km of the “contact line” in GCA, 33 per cent of residents, the majority of whom live in rural areas, live in partially damaged or destroyed houses compared to 43 per cent in 2019. Lack of resources remains a major barrier for people to repair their own houses.

• Disruption of central heating and electricity supply increases vulnerability, particularly during winter. With 81 per cent of the affected population relying on water-based heating (38 per cent use central heating while 43 per cent use personal boilers), any disruption in the water supply deprives people of warmth. Lack of heating during the winter when temperatures are well below zero increases the risk of contracting flu and suffering from deadly hypothermia.

• Absence of running water or adequate sanitary conditions is particularly worrisome during the COVID-19 pandemic. Sanitation problems include difficulties with pumping out individual sewage and pit latrines; removing or burning garbage by themselves and having no access to improved sanitation. Inadequate sanitation is more prevalent in rural than in urban areas with 78 per cent of the rural

118 Institute of Psychiatry of Taras Shevchenko University.
119 Official data provided by Public Health Center.
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population and 15 per cent of the urban population having sanitation needs. They are even higher in vulnerable households, e.g., households with elderly (30 per cent), people with disabilities (36 per cent) and children (25 per cent) compared to an average 21 per cent across GCA.\(^\text{126}\)

• The COVID-19 pandemic aggravates existing inequalities and discrimination against certain vulnerable and marginalised groups. Prior to the pandemic, gender-based and domestic violence were the most persistent violations of women's rights in Ukraine.\(^\text{127}\) Risk of domestic and sexual and gender-based violence (SGBV) has heightened since the outbreak of the pandemic. Women and girls, particularly among the IDP population,\(^\text{128}\) are at a higher risk of violence from their intimate partners, and other forms of domestic violence, as tensions in the household rise. This can be attributed to forced confinement compromising people's physical, mental and psychological health. According to UN Women, reports of domestic violence have doubled since the beginning of the pandemic.\(^\text{129}\) At the same time, counselling and other health services are reduced as resources are diverted to respond to the pandemic.

Coping mechanisms

The conditions for coping mechanisms refer to the degree to which individuals, households, communities

\(^{126}\) WASH Cluster, 'WASH study', 2019.
\(^{127}\) UN Women, 'Rapid Gender Assessment', May 2020.
\(^{128}\) Almost 60 per cent of IDPs are women according to the IOM 'National Monitoring System Report', June 2020.
\(^{129}\) UN Women, 'Rapid Gender Assessment', May 2020.
and systems cope or face challenges with impact 
recovery and understand the severity of the coping 
strategies they are relying on to cope with living 
standards issues. Coping mechanisms can either be 
positive or negative.130 Critical challenges facing the 
populations in GCA include:

- **People’s coping capacities have eroded over time.** Almost one third of the affected families borrowed 
food in 2020, compared to 20 per cent in 2019 and 
16 per cent in 2018. Similarly, the share of families 
reducing essential healthcare expenditures has stood 
at 40 per cent for the last three years.131 Forty-nine 
per cent of families in the conflict-affected areas 
have resorted to or exhausted their own savings to 
meet their basic needs, which is even higher among 
the urban population at 51 per cent.132 Sixty-nine per 
cent of rural families could not afford to pay back 
their debt, which is even more acute in urban areas 
at 71 per cent.

- **Conflict-affected populations’ coping capacity is 
hindered by complicated and unsystematic social 
protection systems.** While the Government of Ukraine 
has an obligation to secure at least a minimum level 
of social guarantees for the socially vulnerable, the 
coverage of safety nets is complicated and has been 
unsystematic throughout the history of the social 
protection system development in Ukraine.133 The 
fact that conflict-affected people’s access to social 
entitlements is linked to their IDP registration has 
either imposed large administrative costs or resulted 
in suspensions of pension payments for hundreds of 
thousands of pensioners.

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132 Ibid.  
133 WFP, 'Study on social protection and safety nets in Ukraine', 2017.
Humanitarian conditions in non-Government-controlled areas (NGCA)

<table>
<thead>
<tr>
<th>TOTAL POPULATION</th>
<th>PEOPLE IN NEED</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1M</td>
<td>1.7M</td>
<td>54%</td>
<td>14%</td>
<td>26%</td>
<td>12%</td>
</tr>
</tbody>
</table>

NGCA is a densely built-up industrial territory with more than 90 per cent of pre-conflict population living in urban settlements. It is projected that 1.67 million people are in need of humanitarian assistance in NGCA. Prior to COVID-19, there was large-scale and regular crossing of the "contact line" by about 20 per cent of the NGCA population, who accounted for 650,000 monthly crossings from NGCA to GCA. The three main reasons for people crossing the "contact line" are: resolving issues related to pensions and social payments (50 per cent); withdrawing cash (28 per cent) and resolving issues with documentation and visiting relatives (both at 13 per cent).134

It is important to note that the problem of restricted access poses limitations on data collection in NGCA and, as such, the depth of analysis is not as robust as in GCA.

Living Standards

The conditions for Living Standards refer to the affected people’s ability to meet their basic needs. This is measured by 15 indicators ranging from food consumption, health care (including of availability of water), documentation recognised by the Government of Ukraine, pensions and education as well as shelter conditions and heating arrangements for winter.135 Critical challenges facing the populations in NGCA include:

- Economic security has been highlighted as a priority need for most people in need in NGCA. Six in ten heads of household are retirees while only 25 per cent are employed full-time (21 per cent in trade; 12 per cent in industry and 8 per cent in healthcare among others). Prior to COVID-19, the main source of income was social benefits and pensions from both the Government of Ukraine and NGCA entities at 42 and 64 per cent respectively. However, due to crossing point closures and movement restrictions due to COVID-19, the share of people having GCA pensions and social benefits as their main source of income had dropped to 13 per cent by October 2020. The share of people relying on salaries had also dropped from 47 per cent pre-COVID-19 to 39 per cent in October 2020.137

- The healthcare system in NGCA faces three main challenges: shortage of specialised medical personnel; lack of maintenance of health facilities and medical equipment; and high cost of medicines and treatment. The departure of many healthcare workers from Donetska and Luhanska oblasts has led to a shortage in specialised healthcare staff, particularly in Luhanska oblast. Remaining healthcare workers lack training, experience and appropriate skills to treat patients which is a particular problem in times of COVID-19 as it puts additional pressure on the health system. Lack of or inadequate medical equipment, particularly in health facilities outside the two main cities of Donetsk and Luhansk, has compromised the quality of health care. The high cost of medicines and treatment is a concern as almost a quarter of families in NGCA

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report reducing essential health expenditures due to the inability to afford medicine. However, even if finances are sufficient to afford it, it is often not available. In Luhanska oblast, the shortage of basic medicines, particularly antibiotics and anti-viral drugs, has recently been reported in both urban and rural areas.138

- **Three of ten families report a lack of access to sufficient quantities of water for domestic use.** Thirty per cent of the affected population has only intermittent or no access to running water. Disruptions are more frequent in Luhanska oblast outside the city where 40 to 50 per cent of the respondents reported limited or no access to water. In Luhanska oblast, almost 20 per cent claim that the water situation has deteriorated considerably compared to an average of 7 per cent across NGCA. This is concerning in the time of COVID-19 when adequate hygiene practices are essential.139

- **The main challenges in education are the bureaucratic hurdles to get NGCA certificates recognised by the Government of Ukraine.** Despite recent steps to simplify procedures for NGCA graduates to enter GCA universities, they still face numerous barriers to continue their education outside NGCA. These include pressure on children to study extra subjects, expenses associated with education in GCA, inability to cross the “contact line” or the absence of a valid Ukrainian passport. These obstacles prevent young people in NGCA from enjoying the same rights as the citizens of Ukraine in accessing education. Young people in NGCA also report challenges in validating educational credentials for use outside NGCA. Since the beginning of the armed conflict, around 140,000 boys and girls have received NGCA education certificates, including both middle and high school certificates (9 and 11 grades).140

### Physical and Mental Wellbeing

The conditions for physical and mental wellbeing refer exclusively to information and indicators about the physical and mental health of the affected population.141 This condition is measured by 12 indicators ranging from insecurity, presence of landmine and ERW, prevalence of GBV, affected people’s access to water, sanitation and hygiene, safe access to education, COVID-19 as well as mental health and psychosocial impact. Critical challenges facing the populations in NGCA include:

- **Death and physical injury from shelling, including widespread landmine contamination and ERW.** Over 90 per cent of security incidents take place within 5 km of the “contact line” on both sides.142 Even though the number of civilian casualties dropped significantly in 2020 due to the reduction of shelling, the threat from landmines persists. From August to October 2020, OHCHR recorded 24 civilian casualties from landmines and ERW and none due to active hostilities.143

- **The COVID-19 mortality rate in NGCA is reportedly higher than in GCA.** As of mid-December 2020, the number of confirmed cases was reported to have exceeded 15,000 bearing in mind the underreporting in NGCA. Testing capacity was reported to be insufficient and the availability of medicine was reported to be limited. Taking into consideration the lack of specialised healthcare workers and adequate medical equipment, the situation could deteriorate significantly should Infection Prevention Control (IPC) prove to be ineffective. Reportedly, healthcare workers account for a significant share of COVID-19 infections in NGCA.

- **According to the analysis of hotline calls from the NGCA population, a high proportion of callers expressed concern about movement restrictions, lack of social interactions and the mental health and physical wellbeing of their own and their**

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139 Ibid.
140 Education Cluster – for more information see the Sectoral Section.
143 OHCHR, ‘Civilian Casualties Report as of 10 November 2020’.
families. The indefinite exclusion of NGCA residents from the rest of Ukraine by the temporary closure of the crossing points and additional COVID-19-related requirements, makes the arduous journey across the “contact line” even more challenging. Considering that 13 per cent of the approximately 650,000 monthly crossings from NGCA to GCA (prior COVID-19) were undertaken to visit relatives, the impossibility to see loved ones is an additional source of constant anxiety. This leaves people feeling trapped and with no hope for improvement of the situation in the foreseeable future.

- Needs for shelter repair are believed to remain high in NGCA with an estimated 7,500 to 9,000 households in need\(^{144}\) with the majority of the cases in Donetska oblast (NGCA). People are living in damaged homes which exposes them to harsh weather conditions. Winterization needs are estimated to be high in NGCA although no exact estimate is available due to access restrictions. Being exposed to the cold could damage people’s immunity levels which in turn makes them more susceptible to illness, including COVID-19.

- In addition to damaged housing, maintenance of property in conflict-affected areas has become an increasing problem. Despite not being affected directly by the armed conflict, residential premises and objects of social infrastructure which lacked maintenance in the last five years may soon face critical conditions, leaving thousands of people in

\(^{144}\) Emergency Shelter/NFI Cluster.
rural and urban areas at risk of a new crisis as these buildings will no longer be fit for human living. In some cases, the issue of the lack of maintenance will make the homes more costly to heat in winter. The inaccessibility and inability to maintain these objects are complicated due to security and financial issues, but also because the houses were never hit and therefore were never addressed by humanitarian agencies. However, no estimate is available for NGCA due to access constraints.

Coping mechanisms

The conditions for coping mechanisms refer to the degree to which individuals, households, communities and systems cope or face challenges with impact recovery and understand the severity of the coping strategies they are relying on to cope with living standards issues. Coping mechanisms can either be positive or negative. Critical challenges facing the populations in NGCA include:

- Due to the temporary closure of the crossing points to contain the spread of COVID-19, it is estimated that over half a million people living in NGCA, including pensioners, have faced difficulties or have been unable to access their pensions or withdraw cash in GCA since March 2020. After more than eight months without access to the primary source of income for many of the affected people, they are forced to find alternative ways to survive, including relying more on NGCA pensions, depleting their savings, borrowing money or accessing their pensions through costly and legally challenging routes such as travelling to Ukraine through the Russian Federation.

- Fifty-seven per cent of the people in NGCA are reported to have adopted negative coping mechanisms to deal with a lack of resources to meet basic needs. Prior to COVID-19, this figure stood at 48 per cent. Reducing health care spending and borrowing food seem to be the two coping mechanisms people increasingly resort to with a respective rise of 28 and 11 per cent recorded in 2020. More households seem to be taking on new debt as an increase of 15 per cent was reported in October 2020. This rise is expected to further increase during the winter when people need money to pay for heating. Eight out of 10 people have little to no confidence in their capacity to cover unexpected expenses in the next three months.

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1.5

Number of People in Need

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TEND (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.4M</td>
<td>55%</td>
<td>15%</td>
<td>13%</td>
<td></td>
</tr>
</tbody>
</table>

Severity of inter-sectoral needs and estimated number of people in need

Source: HCT, JIAF

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
### PiN by Oblast (residents)

<table>
<thead>
<tr>
<th>Oblast</th>
<th>Women / Men (%)</th>
<th>Children / Adults / Elderly (%)</th>
<th>Disability (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCA Donetska</td>
<td>54 / 46</td>
<td>16 / 35 / 49</td>
<td>14%</td>
</tr>
<tr>
<td>Luhanska</td>
<td>54 / 46</td>
<td>11 / 35 / 54</td>
<td>14%</td>
</tr>
<tr>
<td>NGCA Donetska</td>
<td>54 / 46</td>
<td>15 / 59 / 26</td>
<td>12%</td>
</tr>
<tr>
<td>Luhanska</td>
<td>54 / 46</td>
<td>14 / 59 / 27</td>
<td>12%</td>
</tr>
</tbody>
</table>

### PiN by Oblast (IDPs)

<table>
<thead>
<tr>
<th>Oblast</th>
<th>Women / Men (%)</th>
<th>Children / Adults / Elderly (%)</th>
<th>Disability (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GCA Donetska</td>
<td>58 / 42</td>
<td>15 / 36 / 49</td>
<td>14%</td>
</tr>
<tr>
<td>GCA Luhanska</td>
<td>58 / 42</td>
<td>10 / 32 / 58</td>
<td>14%</td>
</tr>
<tr>
<td>Other oblasts</td>
<td>58 / 42</td>
<td>22 / 52 / 26</td>
<td>12%</td>
</tr>
</tbody>
</table>
Part 2:
Risk Analysis and Monitoring of Situation and Needs

‘STANYTSIA LUHANSKA’ CROSSING POINT,
LUHANSKA OBLAST, GCA, UKRAINE
People stand in a long queue for hours, waiting to cross the ‘contact line’ (pre-COVID-19). Photo: OCHA/Max Levin
2.1 Risk Analysis

According to the 2021 Index for Risk Management (INFORM), Ukraine ranks 60th globally among the countries at risk of humanitarian crises and/or disasters that could overwhelm national response capacities. Although the current ranking does not signal any significant change (compared to 57 and 38 in 2020 and 2019 respectively), Ukraine remains the only country in Europe facing the highest risk of humanitarian crisis due to the high projected conflict risk.

INFORM risk index

<table>
<thead>
<tr>
<th>Dimension</th>
<th>2013-2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORM RISK</td>
<td>4.6</td>
</tr>
<tr>
<td>HAZARD &amp; EXPOSURE</td>
<td>5.4</td>
</tr>
<tr>
<td>VULNERABILITY</td>
<td>3.9</td>
</tr>
<tr>
<td>LACK OF COPING CAPACITY</td>
<td>4.7</td>
</tr>
</tbody>
</table>

The INFORM risk index identifies countries at risk from humanitarian crises and disasters that could overwhelm national response capacity. It is made up of three dimensions - hazards and exposure, vulnerability and lack of coping capacity. Each dimension is assigned a risk level between 0 and 10. For more information, visit: www.inform-index.org

COVID-19 also poses a great risk to Ukraine. It ranks 3rd among 33 European countries on the COVID-19 risk index. This is mainly due to three factors: firstly, the high socioeconomic vulnerability as Ukraine has the highest score of aid dependency; secondly, the high score of weak health conditions (ranked 10th in Europe), and low awareness on COVID-19 (ranked 8th in Europe); and finally, the low coping capacity as Ukraine has the highest risk score for institutional capacity and governance in Europe which is compounded by inadequate access to health care and healthcare infrastructure.

Projected evolution of needs

There are two main drivers for risks projected in 2021: one is the risk of a rapid increase of COVID-19 cases in Ukraine, including on both sides of the “contact line” in the conflict-affected areas, and the other is the risk of a return to political stalemate.

Since the first case of COVID-19 was detected in Ukraine on 29 February 2020, the increase of new cases has been relatively steep reaching almost one million by late December 2020. During the past ten months, it has been challenging to flatten the curve, and it is projected that the situation could continue worsening through at least mid-2021.

The COVID-19 situation could have significant implications on the humanitarian situation in Donetska and Luhanksa oblasts and the operational context, as per the following:

- The fragile healthcare systems could be put under extreme pressure, particularly in NGCA, due to the limited capacity of hospitals and laboratories. According to WHO projections, more than 21,000 cases could be expected in Donetsk (NGCA) by January 2021 whereby the organization’s worst-case scenario sees the numbers exceed 50,000. A similar scenario could also be expected in Luhansk (NGCA).

- A sharp deterioration of the COVID-19 situation could trigger a complete re-closure of the crossing points for an extended timeframe – similar to what
happened at the onset of COVID-19 in March – as well as further movement restrictions for civilians and humanitarian workers alike. These restrictions could be imposed for movement between GCA and NGCA and between the two NGCA entities. This may lead to a further reduction in the operational capacity in NGCA and potentially in GCA as well as the deepening of people’s socio-economic vulnerabilities, particularly among 360,000148 pensioners living in NGCA who have been unable to access their pensions in GCA since March. There is also a risk of the airport shutting down again or restrictions imposed on the entry of foreigners like in September 2020, which would affect the deployment of needed humanitarian staff to Ukraine.

- **Pre-existing access constraints to NGCA have been further exacerbated by the introduction of many additional regulations as the COVID-19 situation in the region continues to fluctuate.** These regulations are often introduced abruptly, applied unevenly and unsystematically and changed constantly – sometimes even on a daily basis. They impede not only people’s access to services, but also humanitarian actors’ access to people in need. It is projected that sending humanitarian convoys to NGCA during 2021 will remain difficult due to the various restrictions in place, including on the movement between the two NGCA oblasts. On a positive note, a gradual progress may be expected on new organizations gaining access to operate in NGCA, especially for COVID-19 response.

- **Humanitarian operations could be further impacted by recent legislative changes by the Government of Ukraine.** The “simplified” procedures to expedite customs clearance of humanitarian cargos introduced at the onset of the pandemic was terminated in early August 2020. Humanitarian organisations have since been required to comply with regular customs clearance procedures, including for COVID-19-related response items, which can take up to 60 days to process instead of less than a week when the “simplified” procedures were in place. There have been reports about humanitarian agencies facing significant challenges with importing and custom clearing of humanitarian cargos for the COVID-19 response, especially those intended to go to NGCA.

**COVID-19 also profoundly affects the political negotiation process, causing some missed opportunities to capitalise upon the political breakthrough achieved in 2020.** While the recent developments, including the 27 July ceasefire, the agreement on four additional disengagement areas and the plans to open two additional crossing points in Luhanska oblast are welcoming and encouraging, the uncertainty created by COVID-19 adds risk of politicisation in the implementation process. With movement restrictions limiting face-to-face contacts, the Trilateral Contact Group (TCG) talks have adopted the use of video teleconferencing. Even though the modality has not necessarily affected the quality of talks, it has posed some challenges in establishing and maintaining trust and nurturing the willingness to compromise that are at the heart of humanitarian diplomacy. As the COVID-19 response will continue to dominate the national agenda, it could distract the political attention and further derail the discussions on humanitarian issues, which means a political solution to the armed conflict still remains out of reach.

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148 Please refer to footnote 23 for the full explanation on the calculation methodology.
Monitoring of Situation and Needs

Humanitarian organisations operating in Donetsk and Luhanska oblasts are committed to monitor the humanitarian situation and the change of needs in a coordinated manner. Their activities build upon the joint intersectoral analysis methodology that was used to inform this HNO (for more information on the Joint Intersectoral Analysis Framework (JIAF), please refer to Annex I). The monitoring is guided by the list of agreed JIAF indicators and optimises the various existing assessment mechanisms. These include the documentation of civilian casualties by OHCHR, the monitoring of security incidents by INSO and ACLED, the National Monitoring System by IOM (with the focus on the situation of IDPs), other multi-sectoral assessments by REACH and COVID-19 updates and statistics provided by the Public Health Centre of Ukraine, WHO and other concerned organisations. The table below illustrates the full list of agreed JIAF indicators and the frequency of their monitoring.

VOZDVYZHENKA VILLAGE, DONETSKA OBLAST, GCA, UKRAINE
Oleksii washes his face in the yard of his house. He lost a thumb and two fingers when a grenade he found exploded in his hand. Photo: UNICEF/Gilberston V.
## Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>x01</td>
<td>% of children not attending school, including distance learning, by sex and school-level (as a result of the crisis, including COVID)</td>
<td>Education</td>
<td>Multi-Sector Needs Assessment (REACH) and UNICEF Survey</td>
</tr>
<tr>
<td>x02</td>
<td># of attacks on school in the last 12 months</td>
<td>Education</td>
<td>Education Information Management System</td>
</tr>
<tr>
<td>x03</td>
<td>Food Consumption Score</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x04</td>
<td>Food expenditure share</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x05</td>
<td>% of households that spent savings as a coping strategy to cope with lack of sources of income to meet basic needs</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH) / National Monitoring System Report (IOM)</td>
</tr>
<tr>
<td>x06</td>
<td>Household Hunger Scale (HHS)</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x07</td>
<td>% of households that reduced healthcare expenses due to lack of resources to meet basic needs</td>
<td>Health</td>
<td>Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x08</td>
<td>% of households that experienced difficulties in accessing healthcare in the past 12 months all the time or often</td>
<td>Health</td>
<td>Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x09</td>
<td>% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators</td>
<td>Health</td>
<td>Public Health Center (PHC)</td>
</tr>
<tr>
<td>x10</td>
<td># of healthcare workers infected with COVID-19</td>
<td>Health</td>
<td>Public Health Center (PHC)</td>
</tr>
<tr>
<td>x11</td>
<td>% of people who believe COVID-19 is a real public health risk as important and trust the Government’s response to the outbreak</td>
<td>Health</td>
<td>COVID-19 Knowledge, Attitudes and Practices Assessment Survey (REACH)</td>
</tr>
<tr>
<td>x12</td>
<td># of confirmed COVID cases</td>
<td>Health</td>
<td>Public Health Center (PHC)</td>
</tr>
<tr>
<td>x13</td>
<td>% of HHs without Ukrainian government recognised ownership documents</td>
<td>Protection</td>
<td>Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x14</td>
<td>% of people affected by security incidents in the last 12 months</td>
<td>Protection</td>
<td>INSO reports</td>
</tr>
<tr>
<td>x15</td>
<td>% of IDPs who have to limit expenses even for food or have funds only for food</td>
<td>Protection</td>
<td>National Monitoring System Report (IOM)</td>
</tr>
<tr>
<td>x16</td>
<td>% of IDPs who have to not being integrated into local communities</td>
<td>Protection</td>
<td>National Monitoring System Report (IOM)</td>
</tr>
<tr>
<td>x17</td>
<td>% of older people who crossed the “contact line” at least once in 2019 to recover a pension or resolve key issues (withdraw cash or buy basic goods)</td>
<td>Protection</td>
<td>R2P / UNHCR ZoiC</td>
</tr>
<tr>
<td>x18</td>
<td>% of adults who crossed the “contact line” at least once in 2019 to manage issues with documents, visit relatives or withdraw cash</td>
<td>Protection</td>
<td>R2P / UNHCR ZoiC</td>
</tr>
<tr>
<td>#</td>
<td>INDICATORS</td>
<td>SECTORS</td>
<td>SOURCE</td>
</tr>
<tr>
<td>----</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>x19</td>
<td># of children and caregivers in need of MHPSS</td>
<td>Protection</td>
<td>Child Protection Sub-Cluster</td>
</tr>
<tr>
<td>x20</td>
<td># of children born in NGCA between 2015 and 2019 who have not received a birth certificate from the Ukrainian authorities</td>
<td>Protection</td>
<td>Ministry of Justice stats on birth-death registration; Open sources for NGCA data</td>
</tr>
<tr>
<td>x21</td>
<td>% of women (18+) for whom GBV-related services are not available</td>
<td>Protection</td>
<td>Gender-Based Violence Sub-Cluster</td>
</tr>
<tr>
<td>x22</td>
<td>% of persons in need of mine and UXO clearance</td>
<td>Protection</td>
<td>Mine Action Sub-Cluster</td>
</tr>
<tr>
<td>x23</td>
<td>% of households living in damaged or destroyed due to the conflict</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
</tr>
<tr>
<td>x24</td>
<td>% of households that reported insufficient heating arrangement in winter</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
</tr>
<tr>
<td>x25</td>
<td>% of HHs that are missing essential winter NFIs</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
</tr>
<tr>
<td>x26</td>
<td>% of households that need help with hygiene given the COVID-19 pandemic</td>
<td>WASH</td>
<td>WASH study / COVID-19 KAPA Survey (REACH) / National Monitoring System Report (IOM)</td>
</tr>
<tr>
<td>x27</td>
<td>% of households that need help with water supply</td>
<td>WASH</td>
<td>WASH study / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x28</td>
<td>% of households that need help with sanitation</td>
<td>WASH</td>
<td>WASH study / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
<td>x29</td>
<td>% of secondary/tertiary Health Facilities with needs in IPC (hygiene related)</td>
<td>WASH</td>
<td>Rapid Health Facility Assessment (REACH)</td>
</tr>
<tr>
<td>x30</td>
<td>% of secondary/tertiary Health Facilities needing support around proper disposal of medical waste</td>
<td>WASH</td>
<td>Rapid Health Facility Assessment (REACH)</td>
</tr>
</tbody>
</table>
Part 3:
Sectoral Analysis

NOVOLUHANSKE VILLAGE, DONETSKA OBLAST, GCA, UKRAINE
Svitlana stands amid debris from the nearby barn, which was heavily damaged by shelling. Photo: OCHA/Agron Dragaj
### 3.1 Education

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TRENDS (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>404k</td>
<td></td>
<td>58%</td>
<td>91%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

#### SEVERITY OF NEEDS

**Contact Line** as of August 2018

- 0-5km area along the "contact line" GCA
- 5-20km area along the "contact line" GCA
- 0-20km area along the "contact line" NGCA

Number of people in need:
- 50k
- 10k

*Including IDPs

### 3.2 Food Security and Livelihoods

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TRENDS (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5M</td>
<td></td>
<td>70%</td>
<td>26%</td>
<td>43%</td>
<td>15%</td>
</tr>
</tbody>
</table>

#### SEVERITY OF NEEDS

**Contact Line** as of August 2018

- 0-5km area along the "contact line" GCA
- 5-20km area along the "contact line" GCA
- 0-20km area along the "contact line" NGCA

Number of people in need:
- 50k
- 10k

*Including IDPs

**Only IDPs

### Footnotes

- **GCA**: Government-Controlled Area
- **NGCA**: Non-Government-Controlled Area
- **IDPs**: Internally Displaced Persons
- **Includes IDPs
- **Only IDPs

---

56
3.3 Health

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TRENDS (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5M</td>
<td></td>
<td>54%</td>
<td>14%</td>
<td>38%</td>
<td>13%</td>
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</tbody>
</table>

3.4 Protection

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>TRENDS (2015-2021)</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
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<tbody>
<tr>
<td>2.8M</td>
<td></td>
<td>55%</td>
<td>15%</td>
<td>38%</td>
<td>13%</td>
</tr>
</tbody>
</table>
3.5 Shelter/NFI

### People in Need

<table>
<thead>
<tr>
<th>Region</th>
<th>People in Need</th>
<th>Trend (2015-2021)</th>
<th>Women</th>
<th>Children</th>
<th>Elderly</th>
<th>With Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donetsk Oblast</td>
<td>50k</td>
<td>10k</td>
<td>56%</td>
<td>25%</td>
<td>35%</td>
<td>10%</td>
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<tr>
<td>Luhansk Oblast</td>
<td>100k</td>
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<td></td>
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<tr>
<td>GCA</td>
<td>21k</td>
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<td></td>
</tr>
<tr>
<td>GCA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Oblasts</td>
<td>4k**</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>174k</td>
<td></td>
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</tr>
</tbody>
</table>

### Wash

<table>
<thead>
<tr>
<th>Region</th>
<th>People in Need</th>
<th>Trend (2015-2021)</th>
<th>Women</th>
<th>Children</th>
<th>Elderly</th>
<th>With Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donetsk Oblast</td>
<td>3.1M</td>
<td>1M</td>
<td>54%</td>
<td>14%</td>
<td>41%</td>
<td>13%</td>
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<td>Luhansk Oblast</td>
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<tr>
<td>GCA</td>
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<td>GCA</td>
<td>129k**</td>
<td></td>
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<tr>
<td>Other Oblasts</td>
<td>650k</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>3.1M</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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**Note:**
- *Including IDPs*
- **Only IDPs**
3.1 Education

Overview of the needs within each sector

Children and adolescents affected by the armed conflict are not only faced with persistent threats to their physical and mental well-being, they also run the risk of losing their futures. Attacks on education, continued disruption of schooling, growing fragmentation of education systems between Government-controlled areas (GCA) and non-Government-controlled areas (NGCA) and the emerging militarisation of education have had a profound impact on the learning and overall development of nearly 660,000 school-aged boys and girls. In September 2020, the first generation of children born during the armed conflict started their primary school education. Besides, the armed conflict impacts teachers’ and school staff’s wellbeing and/or ability to work effectively, as reported by school administrations in 58 per cent of schools in rayons along the “contact line” in GCA. The situation has been further compounded by the COVID-19 pandemic that led to a complete lockdown of education facilities in spring 2020. Limitations of distance learning modalities left thousands of boys and girls on both sides of the “contact line” without access to education. In this protracted humanitarian crisis, quality education – given it is appropriately designed, planned and delivered – has an important lifesaving role to play in the protection of boys and girls. It has a positive effect on the de-escalation of the conflict and on post-conflict societies building a pathway towards peace.

Needs by Zone

Thousands of people (k)

<table>
<thead>
<tr>
<th>TOTAL SECTOR PIN</th>
<th>MAIN AREAS</th>
<th>GCA – DONETSKA OBLAST</th>
<th>GCA – LUHANSKA OBLAST</th>
<th>NGCA – DONETSKA OBLAST</th>
<th>NGCA – LUHANSKA OBLAST</th>
<th>OTHER OBLASTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEOPLE IN NEED</td>
<td>404k</td>
<td>0-5km: 18</td>
<td>0-5km: 5</td>
<td>0-20km: 162</td>
<td>0-20km: 63</td>
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<td></td>
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<td>5-20km: 27</td>
<td>5-20km: 6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>SUBZONES: 20+km: 36</td>
<td>20+km: 8</td>
<td>20+km: 33</td>
<td>20+km: 46</td>
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<tr>
<td></td>
<td>404k</td>
<td>TOTAL BY AREA: 81</td>
<td>19</td>
<td>195</td>
<td>109</td>
<td>N/A</td>
</tr>
</tbody>
</table>

149 The Education Cluster Estimates.
Affected Population

Pre-school and school-aged children and youth (3-18 years old) and their families – More than six years of fighting has taken a toll on children and youth and impacted their physical and psychosocial well-being. According to the Cluster’s estimate 57 per cent of the school-aged boys and girls and education personnel are concentrated within 20km on both sides of the “contact line”. More than a half live in NGCA which has a higher population density in the 0-20 km area.

In 2020, some 58 per cent of the education facilities in rayons along the “contact line” (GCA) reported that the armed conflict had impacted their students’ ability to learn as well as their well-being. At least 57 per cent of the education facilities reported that some of the children required some sort of inclusive education, and a majority of these schools said that up to five children were in need of such support.

The armed conflict influences boys and girls differently. On average, girls reported feeling safe less often than boys. However, many of the safety concerns were the same for boys and girls such as military personnel, substance abuse, shelling and explosive remnants of war (ERW). Being harassed by men and darkness were additional safety concerns for girls. The reasons why older boys are afraid of the military are often the risk of being caught in crossfire between armed groups, the risk posed by tanks and military vehicles driving through settlements, and the fear of soldiers being physically violent towards them.

Teachers and other education personnel – There is a shortage of qualified teaching staff and education personnel due to internal displacement and the inability to retain and recruit staff in an unpredictable conflict environment on both sides of the “contact line”. In GCA, approximately 30 per cent or a total of 200 education facilities reported that they do not have enough teachers. This is supposedly more of a problem in NCGA, especially in small rural communities as qualified teachers tend to move away from NGCA.

The armed conflict continues to impact the well-being or ability to work effectively of those who stayed. Safety and security concerns remain high for both education personnel and students who struggle with accumulated fear and stress from the years of ongoing hostilities. This burden tends to disproportionately impact women who make up to 90 per cent of teachers and school administration staff.

Analysis of needs

Conflict-related barriers in access to education – For boys and girls living close to the “contact line” access to education remains difficult due to security risks, including shelling and landmine as well as UXO/ERW contamination near commuter routes. For isolated settlements and hard-to-reach communities, particularly in rural areas, lack of transport is one of the main reasons for difficult access to school. As of 1 October 2020, education facilities have come under fire 11 times during 2020. Many families worry about sending their children to school or children are afraid to go to school due to existing security risks. Some children need to cross over to go to school which adds some security risk such as harassment experienced by girls. There are communities in GCA and NCGA that do not have sufficient capacities in Early Childhood Development (ECD) facilities depriving some children of their right to pre-school education, socialisation and skills development.

Damaged education infrastructure and unsafe learning environment – Concerns over children’s safety and security are greater in the area close to
the “contact line” where sporadic fighting is still happening. According to the Education Cluster School survey, more than a quarter of the facilities indicated military presence as the main security concern for children. From January 2017 to October 2020, education facilities were directly affected by continuous hostilities at least 106 times which resulted in infrastructure repair needs. The protracted nature of the crisis has also put a burden on local budgets preventing authorities from doing proper maintenance on schools and replacing destroyed or worn out school furniture, sports equipment and other required supplies.

International and national organisations have managed to cover the gap in conflict-related rehabilitation needs in GCA, while similar needs in NGCA are still pressing. However, in GCA within 20-km of the “contact line” 21 per cent of households report that their children had missed more than one month of school due to security concerns, closed schools, unavailable transportation, expensive associated costs and health-related reasons. The implementation of the Safe Schools Declaration (SSD) remains a priority for the Education Cluster for 2021.

Schools in conflict-affected areas are exposed to hazards and major environmental (ecological) and industrial risks that may be triggered by the armed conflict. According to 3P Consortium estimates, over 70,000 people could potentially be affected by the consequences of an emergency on Verkniokalmiuska Filtering Station, Zolote Coal Mine and Golmovskyi Wastewater Treatment Plant only. Capacity building on child-centred DRR education is needed to minimise vulnerabilities and disaster risks while avoiding or limiting the adverse impacts of hazards.

Life skills and resilience building education – With the outbreak of COVID-19, the likelihood of increased fear and anxiety is high. Fear of infection and social exclusion due to stigma related to the disease, uncertainty about the future and depression are expected to increase. As such, there is an acute need to strengthen Mental Health and Psychosocial Support (MHPSS) to respond to high levels of distress now compounded by the outbreak. Moreover, only 50 per cent of households in the 0-5km rural areas reported availability of psychological support in schools.

To avoid negative long-term consequences in the socio-emotional development of conflict-exposed boys and girls and adolescents, emphasis must be placed on nurturing their resilience through positive peer relations, interdependent values, healthy self-esteem and emotional connection to their school as well as on restoring normality to their communities. Further chances to participation and expressing their views at school would also contribute to strengthening resilience of children and adolescents.

Capacity building and well-being of education personnel – In more than a third of education facilities along the “contact line” in GCA, teachers have no access to Psychosocial Support (PSS) to cope with stress and the constantly increasing responsibility for their and their pupils’ safety. In NGCA, education facilities are also faced with a lack of well-trained teachers. On top of the already existing problem of availability of qualified teaching staff, teachers and counsellors are not properly trained on psychosocial support, conflict sensitivity, inclusion and risk prevention, which are essential skills to address the needs of conflict-affected boys and girls. This is particularly relevant for NGCA, where those needs are usually not met. Considering that education can have a negative as well as a positive effect on conflict, a conflict-sensitive approach to providing education should be promoted in line with SSD guidelines. In GCA, 36 per cent of teachers needed additional capacity building or pedagogical

161 Save the Children, ‘Listen to Us, Girls’ and boys’ gendered experiences of the conflict in eastern Ukraine’, 2019.
support to address the impact of armed conflict on education, and most of them point to the need for capacity building in psychosocial support. Due to the COVID-19 pandemic, teachers need to receive training on how they can engage students of different ages (preschool, primary, lower secondary and upper secondary) to prevent and control the spread of COVID-19 and use distance learning modalities. 24 per cent of teachers in GCA said they did not have the relevant technical skills for distance learning.

Learning Materials – The armed conflict has significantly deteriorated the economic situation of families residing in the affected areas as a result of economic decline and unemployment. Based on the 2019 REACH trend analysis, 27 per cent of households in GCA are unable to afford all school materials for their children. In the 0-5km area, this share stands at 44 per cent in rural and 36 per cent in urban areas. Besides individual learning materials, the need for teaching supplies and school equipment remains high in conflict-affected areas.

COVID-19

The COVID-19 pandemic has generated an additional layer of needs as schools are required to operate safely and take necessary COVID-19-related public health measures. Educational facilities require hygiene and Personal Protective Equipment (PPE) for safe operation and dedicated IT equipment for distance learning that they often cannot afford. Many children in NGCA – particularly those in poorer households and rural areas along the “contact line” – do not have necessary equipment (internet access, personal computers, smartphones, TV, etc.) which amplifies the effects of existing learning inequalities. As a result, many face the risk of never returning to school to continue their education.

Save the Children’s 2020 assessment “COVID-19’s impact on children in Eastern Ukraine” surveyed 145 children (85 girls and 60 boys) in the conflict-affected areas of Donetska and Luhanska oblasts. Results about distance learning vary between adults and children whereby adults have higher levels of absence of distance education for their children (up to 20 per cent in urban areas). The responsibility of home learning fell disproportionately on mothers, while only 38 per cent of Donetsk caregivers reported that their children had access to printed learning materials during quarantine. 14 per cent of children reported knowing of children who did not return to school after quarantine and summer holidays, however, further research is required to understand the reasons. Children said that catch-up classes were their main education need. A large proportion of children with disabilities asked for PSS (35 per cent vs 8 per cent for children without disabilities). Distance learning was ineffective, particularly for children with intellectual and psychosocial disabilities due to their need for face-to-face contact with teachers, and the lack of guidance for teachers and parents.

Non-recognition of NGCA education certificates – Despite recent significant steps to simplify procedure for NGCA graduates to enter universities in GCA, NGCA graduates still face numerous barriers to continue their education outside NGCA. These include additional pressure on children to study extra subjects, expenses associated with education in GCA, inability to cross the “contact line”, absence of a valid Ukrainian passport, just to name a few. These obstacles prevent young people from NGCA from enjoying the same rights as the citizens of Ukraine, not only in accessing education but also in obtaining birth certificates, IDs and other documentation. Indeed, across NGCA, 16-17-year-old men and women reported challenges in validating educational credentials for use outside NGCA. Certificates issued by the NGCA entities are not widely recognised and reduce opportunities for recent graduates to seek higher education or enter the labour market outside NGCA. Since the beginning of the armed conflict, approximately 140,000 boys and girls have received NGCA education certificates, including both middle and high school certificates (9 and 11 grades).

**Monitoring**

In order to successfully coordinate and implement the planned response, the Education Cluster must receive updated information. For this, the Education Cluster Monitoring Tool (ECMT) for partners to report was designed enabling monitoring of the response on the school level. The activities contained in the ECMT are the same activities outlined in the 2021 HRP.

Each organization needs to submit their ECMT updates quarterly. The analysis will make it possible to monitor the education response, formulate advocacy on behalf of partners, identify need and gaps, avoid duplication of the response, and assist partners in their operational planning. This information will also be shared with donors to increase funding for education and with OCHA for inter-cluster coordination purposes.

Since child consultation processes and participation mechanisms are not yet guaranteed across all programmes and all education partners, the Education Cluster initiated a pilot project to work with partners to develop and implement systematic and meaningful child engagement processes to inform the education response.

**Article 12 of the UN Convention on the Rights of the Child** says that children have the right to form opinions and for these opinions to be heard and taken seriously we need to make sure children and young people feel able to express their opinions. The Cluster and partners strongly recommend to consult children and young people when designing needs assessment. It is important to invite them to participate in creating emergency response plans and seek their feedback during implementation. Since participatory programmes are more tailored to the actual needs of children and youth, this approach may reach higher efficiency and result in innovative solutions.

**Indicators**

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>x01</td>
<td>% of children not attending school, including distance learning, by sex and school-level (as a result of the crisis, including COVID)</td>
<td>Education</td>
<td>Multi-Sector Needs Assessment (REACH) and UNICEF Survey</td>
</tr>
<tr>
<td>x02</td>
<td>Number of attacks on school in the last 12 months</td>
<td>Education</td>
<td>Education Information Management System</td>
</tr>
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</table>
### 3.2 Food Security and Livelihoods

**Overview of the needs within each sector**

The COVID-19 pandemic has compounded the pre-existing food security and livelihood challenges of the conflict-affected population in both the Government-controlled area (GCA) and the non-Government-controlled area (NGCA) of Luhanska and Donetska Oblasts. The deteriorating food security and livelihood crisis can be attributed to several factors — some interlinked and mutually reinforcing — such as rising food prices, disrupted access to markets, ongoing restriction of movements of people across the “contact line”, reduction in industrial production, slow economic growth coupled with high unemployment and limited livelihood opportunities.

Increased restrictions on humanitarian access to Donetsk (NGCA) have been compounded by the closures of the crossing points due to the COVID-19 pandemic. This has limited civilians’ abilities to cross the “contact line” and has led to a significant gap in the humanitarian response as only few partners have had access to implement projects. This unfortunate situation has led to approximately 230,000 people with unmet needs in NGCA.

COVID-19 is expected to further strain the ability of vulnerable populations to access adequate livelihoods, basic needed items, and food in the immediate future. Unemployment and resulting poverty are already high among people on both sides of the “contact line” due to the closing or downsizing of companies and low agricultural productivity as a result of the armed conflict and will remain so even after the reopening of the crossing points. The closing of the crossing points has curtailed access to pensions and other social benefits in GCA. In Donetska and Luhanska oblasts specifically, the COVID-19 epidemic

#### Needs by Zone

*Thousands of people (k)*

<table>
<thead>
<tr>
<th>MAIN AREAS</th>
<th>GCA – DONETSKA OBLAST</th>
<th>GCA – LUHANSKA OBLAST</th>
<th>NGCA – DONETSKA OBLAST</th>
<th>NGCA – LUHANSKA OBLAST</th>
<th>OTHER OBLASTS</th>
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<tr>
<td>0-5km</td>
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<td>0-20km 528</td>
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<td>20+km 58</td>
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<tr>
<td>TOTAL BY AREA</td>
<td>315</td>
<td>117</td>
<td>658</td>
<td>339</td>
<td>91</td>
</tr>
</tbody>
</table>
PART 3: SECTORAL ANALYSIS

is likely to further damage the region’s already fragile economic conditions.

**Affected population**

In 2021, an estimated 1.5 million people will be in need of food and livelihood assistance in the affected areas, and there will be a 51 per cent increase compared to 2020. The most severe needs are in the areas close to the “contact line” and in NGCA (65 per cent), especially in Donetsk Oblast (NGCA), which accounts for 43 per cent (658,000) of the people in need. In NGCA, nearly one million people have been forced to use negative and unsustainable coping mechanisms to access food.175 On the GCA side, including the Eastern Conflict Area and IDPs outside Donetsk and Luhanska Oblasts, 400,000 people are food insecure,176 and over 200,000 people require livelihood support.177 Overall, women have worse food consumption levels than men, making them more vulnerable and highly in need of assistance.178 The population of people in need is 70 per cent female.

The conflict-related restrictions on movement of commercial supplies to and from NGCA has negatively impacted income-generating opportunities, access to pensions, and the supply of goods leading to rising prices of basic commodities. Even though the overall most severe and compounded needs are found in Donetsk in NGCA, many parts of the major frontline areas in Luhanska and Donetsk Oblasts at the “contact line” remain an active conflict area, thus affecting access to food by the affected population and thereby impacting people’s wellbeing and living standards.

**Poor households across Donetsk and Luhanska oblasts have limited livelihood opportunities while 64 per cent of the elderly rely on pensions.**179 The closure of the crossing points has aggravated the already limited mobility across the “contact line” and restricted peoples’ access to their means of livelihood, especially for those who cross from NGCA to GCA to receive pensions and other social benefits, who make up about 70 per cent of all people crossing the “contact line”. Fifty-five per cent of households have experienced limited access to social payments due to the closure of the crossing points. The elderly constitute 36 per cent180 of the conflict-affected population (41 per cent in areas closest to the “contact line”) and account for 43 per cent of the estimated people in need of food assistance and social protection.

The imposed COVID-19 restrictive measures have also highly contributed to the limited availability of food and access to markets, especially in rural areas and isolated settlements. People with limited mobility, mainly the disabled and those with chronic illnesses, are the most at risk of being food insecure. Overall, people in need were classified in accordance with the Joint Inter-sectoral Analysis Framework (JIAF) severity ranking of the Inter-Cluster PIN: No stress (1); Stress strategies (2); Crisis strategies (3); Emergency strategies (4); and Near exhaustion of coping capacity (5). The projected JIAF severity ranking informed prioritisation of affected areas for inter-cluster analysis. The categories of people in need considered by the cluster are women-headed households, the elderly, unemployed vulnerable people, and people with limited mobility, mainly the disabled and those with chronic illnesses.

**Analysis of needs**

**Physical and mental wellbeing**

According to 2020 MSNA, two per cent of the population in Donetsk and Luhanska Oblasts are severely food insecure while 10 per cent are moderately food insecure. It is therefore estimated that 42 per cent of the 1.5 million people have needs related to food insecurity. The persistent political and security crisis, coupled with the pandemic, have impacted the physical and mental wellbeing of the conflict-affected population, especially those closer to the “contact line”. Vulnerable populations who need emergency food assistance are suffering from the aftermath

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177 Calculation based on State Statistics Service data on unemployment (based on ILO methodology) and ‘National Monitoring System Report’ by IOM.
180 Estimated by OCHA based on State Statistics Service of Ukraine data.
of the continued unrest, spanning from multiple displacements to loss of jobs and inability to access social services and benefits, and inflation in prices. They are faced with an increase in food insecurity highlighted by a critical lack of access to food.

**High and volatile food prices in the affected areas keep increasing.** According to the Rapid Market Analysis conducted by NRC jointly with ACTED and REACH in April 2020, retailers in 26 (93 per cent) locations surveyed reported an 11.6 per cent increase on average in food prices compared to February 2020. According to the State Statistics Service of Ukraine, the main prices of essential food items have skyrocketed. Buckwheat prices have increased from Ukrainian hryvnia (UAH) 19.5 to UAH 42.4 in Donetsk region when compared to 2019 (117 per cent increase) and from UAH 16.6 to UAH 37.1 in Luhansk region (124 per cent increase); apple prices have increased by 73 per cent and 55 per cent respectively; and beef prices have increased by 9 per cent and 10 per cent respectively. Bread prices increased in Donetsk by 13 per cent, while in Luhansk and in the country the increased level is only 3 per cent and 5 per cent respectively. Food expenditure share of household expenditure in Ukraine remained at an approximately stable rate and was equal to 40 per cent at the beginning of 2020; however, it increased to 43 per cent in the second quarter.

Furthermore, tougher restrictions to curb the COVID-19 risk are reversing the positive trends of the previous years. The pandemic has increased humanitarian needs, especially in NGCA where needs are higher and restriction measures to curb the virus threaten the survival capabilities of the affected population. Most of the acute food security needs are in NGCA where access is difficult. The affected population needs access to a safe, inclusive, enabling learning environment as an essential service, sufficient food, preservation and strengthening of livelihoods, ensured access to sufficient water and minimal levels of sanitation provision, access to basic health services, and the means to meet the most acute protection needs of people with multiple vulnerabilities. The needs of the affected population must be addressed through multi-sector integrated actions, most especially within the WASH, health, and protection clusters.

**Living standards and coping mechanisms**

**About 58 per cent of the population have needs related to the reduction in living conditions.** Livelihood change—the use of negative coping mechanisms and other strategies—is one of the manifestations of food insecurity. High unemployment, unsustainable jobs, debt, and loss of livelihoods are the main challenges for households in the affected areas. Households in Donetska and Luhanska oblasts rely on agriculture for seasonal employment, however, this sector was affected by the armed conflict and had not fully recovered before the onset of the pandemic, thus compounding livelihood opportunities.

**Furthermore, the ongoing pandemic is expected to accelerate the economic downturn in 2021.** According to a World Bank assessment, Ukraine's expected inflation rate stands at 4.8 per cent at the end of 2020 and at 5 per cent in 2021. Analysts predict a current account surplus of 1.5 per cent of GDP for 2020 and a 1.9 per cent GDP deficit for 2021. The level of public debt this year will grow to 62 per cent of GDP versus 50.4 per cent of GDP in 2019, with a further drop to 58.9 per cent of GDP in 2021. The economic gap between the affected areas and the rest of Ukraine continues to widen. During the first seven months of 2020, industrial production was lower than during the same period of 2019, by 11 percentage points in Donetsk region and 21 percentage points in Luhansk, while the country's dropout level is 8 percentage points. These negative trends might signify the devastating overlapping impact of the armed conflict and COVID-19 restrictive measures. Trends in retail trade turnover are similar to industrial production indices. After starting to stabilise in 2018–2019 slightly, the percentage change in retail turnover has decreased in 2020.

183 Ibid.
Compounding this situation is the ongoing COVID-19 pandemic and the increasing frequency and intensity of climate change-related natural disasters such as the wildfires that affected livelihoods and killed more than 600 animals in 2020. The combination of man-made and natural disasters contributes strongly to the reduction of income and livelihood opportunities and thus forces households to adopt negative coping strategies such as taking on debt. The affected population requires emergency agricultural livelihood support assistance (short-cycle crops, market gardening seeds, livestock restocking, training of beneficiaries, etc.) to ensure their recovery, and restoration and strengthening of their livelihoods. The population also requires non-agricultural livelihood support (e.g. job opportunities, income generation, trainings, and grants).

The Food Security and Livelihood Cluster (FSLC) partners recognise these significant humanitarian sectoral needs both for emergency lifesaving food and livelihoods interventions and for reinforcing resilience and social protection through livelihoods support. Restoring the livelihoods of the affected population will require medium to long-term planning and interventions.

**Monitoring**

In 2021, the Food Security and Livelihood Cluster will monitor the food consumption score, the proportion of food expenditure, and livelihood-based coping strategies every quarter. These indicators represent two key dimensions of food insecurity, namely “current status” based on the food consumption score and “survival status,” which uses indicators measuring economic vulnerability and the depletion of household assets.

### Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>SOURCE</th>
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<tbody>
<tr>
<td>x01</td>
<td>Food consumption score</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
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<td>Household Hunger Scale (HHS)</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
</tr>
<tr>
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<td>Food expenditure share</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
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<td>x04</td>
<td>Livelihood coping strategy</td>
<td>Food Security and Livelihoods</td>
<td>Food Security Assessment / Multi-Sector Needs Assessment (REACH)</td>
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<td>x06</td>
<td>Unemployment rate</td>
<td>Food Security and Livelihoods</td>
<td>State Statistics Service / State Employment Service / National Monitoring System (IOM)</td>
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3.3 Health

Overview of the needs within each sector

Insecurity, lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing and curtailed access to referral hospitals and pharmacies have seriously disrupted the system’s ability to cope with new and pre-existing healthcare needs in both Government-controlled areas (GCA) and non-Government-controlled areas (NGCA). The situation has been exacerbated by the direct and indirect impact of the COVID-19 pandemic which particularly threatens the health of vulnerable people.

While the number of positive cases and COVID-19-related deaths is steadily on the rise, the lack of managing protocols to limit transmission and provide adequate care, the incidence of infectious diseases, such as TB, HIV, but also respiratory diseases such as influenza and pneumonia is of concern due to the negative impact of COVID-19 on related programmes’ implementations. The pandemic also affects the already weak vaccination system which increases the risks of outbreaks of vaccine-preventable diseases such as measles or polio, especially among children.

Lack of access to health care, insecurity and low income particularly affect all the vulnerable populations with huge consequences on the health of elderly people with disabilities and the elderly who are prone to Non-Communicable diseases such as hypertension, diabetes, respiratory diseases and cancer and other related diseases. Pre-existing mental health and psychosocial support needs of the conflict-affected population are intensifying as a result of the significant distress and indirect socio-economic effects caused by the COVID-19 pandemic.

Needs by Zone

Thousands of people (k)

<table>
<thead>
<tr>
<th>TOTAL SECTOR PIN</th>
<th>MAIN AREAS</th>
<th>GCA – DONETSKA OBLAST</th>
<th>GCA – LUHANSKA OBLAST</th>
<th>NGCA – DONETSKA OBLAST</th>
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Affected Population

According to the 2021 Joint Intersectoral Analysis Framework, people in need constitute over 1.5 million, including some 217,000 children (14 per cent), 721,000 adults (47 per cent) and 580,000 elderly (38 per cent). Women represent approximately 54 per cent of the affected populations, or some 821,000 people. In terms of geographic coverage, needs in NGCA (both in 0-20km and 20+km geographic zones) are somewhat greater than in GCA, particularly when it comes to access to healthcare services or reduced expenditure to meet basic health needs. In GCA, the severity of needs varies both in terms of distance from the “contact line” (the further the distance, the less severe are the needs) and oblast (in Donetska oblast needs are slightly more extreme than in Luhans oblast). The difference in the severity levels between Donetska and Luhanska oblasts can partly be explained by the varying epidemiologic situation related to COVID-19 in Donetsk and Luhansk (GCA). At the time of the analysis, Donetska oblast reported a higher number of confirmed cases, including healthcare workers. In addition, most indicators used in the analysis demonstrate greater severity of health needs among rural population in GCA, compared to that living urban settlements.

As for vulnerable groups, they include elderly, women and children, people living in isolated settlements and healthcare workers.

Elderly people constitute 38 per cent of the conflict-affected people. According to the latest assessment by Help Age International during April and May 2020, 99 per cent of the elderly population in GCA have at least one chronic disease, 87 per cent have limited mobility and require assistive devises, 92 per cent report issues with access to medical facilities and medicines. In addition, elderly people are at the greatest risk of being affected by COVID-19. The same study suggests that 79 per cent of respondents could not afford to buy preventative products against COVID-19 (soap, antiseptics, medical masks, latex gloves etc.), 71 per cent required support with personal protective equipment and 100 per cent reported feeling anxious because of COVID-19. Due to their isolation and limited mobility, older people require different approaches in aid delivery such as home-based care or community-based interventions/PSS to help reduce isolation and loneliness and address anxiety related to COVID-19.

Women and children represent 68 per cent of all conflict-affected people. Over 240,000 children living near the “contact line” are regularly exposed to shelling, landmines and explosives remnants of war (ERW). Women and children living in isolated settlements often experience limited access to reproductive health services due to security reasons, unavailability of public transport and limited financial resources. Pregnant and breastfeeding women continue to face compromised access to reproductive health and referral services, antenatal and postnatal care and safe birthing practices. Maternal health care is largely not available due to the lack of trained care providers and non-functioning referral systems. Women and children affected by armed conflict are also more prone to developing health problems related to war-related traumas and injuries which require continuous medical care and PSS services and regular examination of their condition.

Women and girls are also more vulnerable to resort to negative coping strategies such as transactional sex which often results in unwanted pregnancies and abortions as well as increased risk of sexual transmission of HIV and sexually transmitted infections (STIs) in the affected regions.

People living in isolated settlements are among the most affected by the armed conflict. They are mainly elderly (41 per cent), people with disabilities (13 per cent of households) and people with chronic diseases. According to the REACH 2019 assessment of isolated settlements, 40 per cent of households in isolated settlements reported challenges when accessing healthcare services. Ability of households to address basic healthcare needs is further exacerbated in rural

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187 Ibid.
188 REACH, ‘Protection Assessment of Isolated Settlements. February 2019’. 

areas, particularly due to the cost or unavailability of transport and the lack of ambulance services.\textsuperscript{189} In particular, findings from the recent protection monitoring of 16 isolated settlements along the “contact line” demonstrate that only 10 out of 16 (or 63 per cent) settlements had sufficient access to public transport, 7 (44 per cent) reported good mobile coverage, 5 (31 per cent) had access to ambulance services and 16 (100 per cent) settlements had neither pharmacies nor health posts through which they can receive medical assistance.\textsuperscript{190} In addition, residents of isolated settlements experience higher levels of fear and anxiety, with 74 per cent of households reporting feeling a periodic or constant threat to their lives during daytime hours, and a greater proportion (80 per cent) during the night.\textsuperscript{191}

Healthcare workers in conflict-affected areas are often overloaded, understaffed and exposed to increased risks of psychological distress and mental health disorders as a result of witnessing traumatic events. Many of them are at risk of burnout and contracting infectious diseases due to inadequate or old-fashioned medical supplies and equipment. This becomes of particular concern considering the situation with COVID-19. As of 14 November 2020, there was a total of 1,076 confirmed cases of COVID-19 among the healthcare workers in Donetsk and Luhansk regions, of which 598 were in Donetsk and 478 in Luhanska oblast.\textsuperscript{192} As many qualified healthcare workers have left the region due to insecurity, those who remain often lack sufficient qualification and face tremendous pressure to maintain service provision despite limited resources, lack of essential equipment, deteriorating healthcare infrastructure and a lack of professional training opportunities.

Analysis of needs

About 1.52 million people are considered in need of humanitarian health care due to the direct and indirect impact the armed conflict and the COVID-19 pandemic have on the disrupted health systems of GCA and NGCA.

Healthcare infrastructure is affected by the armed conflict through damage or disrepair due to lack of maintenance. The facilities that fall into disrepair eventually close or reduce their services due to insufficient funding. The impairment of the healthcare infrastructure in the conflict-affected oblasts is significant, especially in rural areas. Access to healthcare services and provision of emergency medical care along the “contact line” remains challenging due to the limited availability of public transport, damage to road infrastructure and restricted movement through the crossing points. All these factors are posing challenges when transporting medications from GCA to NGCA for humanitarian actors.

Almost every third household in the 20km zone along the “contact line” finds the distance and transport to a medical facility a significant barrier to accessing healthcare services. People with disabilities, the elderly, women and families with young children are among the most affected. Primary health care services were destroyed during the armed conflict with a high negative impact on most fragile populations (elderly, children and women) with reduced access to basic primary prevention. The protracted armed conflict has isolated rural health facilities in GCA from major health centres in urban areas in NGCA. The insecurity, lack of maintenance of aging health facilities and medical equipment, shortages of medicines and medical supplies, understaffing and curtailed access to referral hospitals and pharmacies have seriously undermined the healthcare system’s ability to cope with new and pre-existing healthcare needs. This situation has been exacerbated by the COVID-19 pandemic.

At the beginning of 2020, the government of Ukraine - through the Ministry of Health (MoH) and National Health Service of Ukraine (NHSU) - rolled out a major health reform to change the way healthcare facilities deliver services across the country. Due to COVID-19, despite early signs of both opportunities and concerns, the full impact of the reform in the humanitarian response is yet to be seen.

\textsuperscript{189} Ibid.
\textsuperscript{190} UNHCR, ‘Preliminary results of Protection Monitoring of Isolated Settlements in Donetska and Luhanska oblasts’ (dataset).
\textsuperscript{191} REACH, ‘Protection Assessment of Isolated Settlements’, February 2019.
\textsuperscript{192} Official data provided by Public Health Center.
COVID-19 represents a major risk for health. As of November 2020, the COVID-19 case fatality rate was estimated at 1.9 per cent across Ukraine, depending on the patient’s age, pre-infection health status, and the quality and capacity of the local health system to identify positive cases early and provide adequate care and treatment. Health systems in GCA and NGCA appear to be poorly equipped to handle the required management protocols to slow down the transmission and spread of COVID-19. Required testing is still deficient due to limited reverse-transcriptase polymerase chain reaction (RT-PCR) capabilities in the country. Insufficient logistical equipment of hospitals, increasing of infection among health workers, lack of qualified specialists on infectious diseases, virologists, epidemiologists, and of adequate personal protective equipment (PPE), among many other shortcomings and often unclear referral systems complete and complicate this alarming picture. Although several interventions from the Ministry of Health (MoH) and Health Cluster partners have brought important improvements during the summer and fall of 2020, projections of incidence of cases conducted by WHO are very concerning. Moreover, winter climatic related problems and correlated copying mechanisms might complicate COVID-19 control, detection and diagnosis. This could also contribute to the spread of other infectious diseases and therefore cause an increase in seasonal incidence of various additional respiratory diseases (pneumonias, seasonal influenza, etc.) exacerbating the already difficult conditions at all levels of care.

Infectious diseases represent a major threat to health in Ukraine’s conflict areas. This is reflected, for instance, by the persistence of Tuberculosis (TB) throughout the country, especially in vulnerable communities and among HIV patients, as well as the paediatric population. Donetsk and Luhanska oblasts have one of the highest prevalence of TB and HIV/AIDS compared to other oblasts. Maintaining of HIV and TB services in NGCA of Donetsk and Luhanska oblasts during armed conflict depend on international aid including procurement of laboratory materials and equipment, medications for TB/HIV treatment and provision of social support for patients. Absence of regular reporting and lack of comprehensive monitoring and evaluation systems results in decreased access to accurate data and quality of surveillance and programme monitoring for HIV/TB services in NGCA.

The COVID-19 pandemic has potential to create new risk factors to the successful maintenance of HIV/TB programmes. The main challenges for keeping up TB programmes include a decrease in active case finding; decrease in case detection due to lockdown; risk of programmatic disruptions (transportation of sputum, biosafety, monitoring visits to regions, trainings, provision of psychosocial support); challenges in establishing Directly Observed Therapy (DOT) with discharge of larger number of TB patients; ensuring adequate treatment monitoring throughout TB treatment; risk of disruptions in distribution of medicines and potential delays in procurement of diagnostic materials and treatment for TB. The main challenges for keeping up HIV programmes in NGCA include limited access to HIV prevention services including prevention of mother-to-child transmission of HIV and downscaling of harm-reduction services, possible decrease in HIV testing associated with lockdowns and travel restrictions, limited access to viral load testing and other laboratory tests, inadequate access to HIV early infant diagnosis, low linkage and retention in care, low possibility to diagnose and treat opportunistic infections, potential delays in procurement and distribution of diagnostic materials and treatment for HIV to allow multi-month scripting. HIV and TB programmes require regular updating of guidelines and training for specialists and healthcare workers which is hard because of existing travel restrictions.

The COVID-19 pandemic has also highlighted the gaps in healthcare and medical data. Donetsk and Luhanska oblasts already had a weak system for medical data collection and evidence generation before the armed conflict. Yet, it has led to a further decline in comprehensive data collection and information. Without the necessary evidence and data, it is difficult to inform decisions about where to target medical resources and which interventions to prioritise. These gaps also undermine the ability to monitor the quality and effectiveness of the services provided to ensure healthcare actors are accountable to the people they assist.

COVID-19 and related public health and social measures (also called “non pharmaceutical interventions”) have also affected the uncertain vaccine supply in NGCA and the functioning but suboptimal vaccine supply in GCA. The main impact has been on the regular immunization schedule of Ukraine such as measles, mumps, rubella, polio, diphtheria, tetanus, certain types of meningococcal meningitis, hepatitis A and B. Over the last years, frequent interruptions of vaccine supplies have negatively impacted childhood vaccination coverage which has led to an increased number of non-immunized children under the age of five. Of concern is the management and distribution coordination of the Inactivated Polio Vaccine (IPV) for routine vaccinations. It is a fact that even if a COVID-19 vaccine type might be introduced next year, herd immunity might be challenging to be reached, and if it does, its duration may be too short to offer any level of protection to vulnerable communities.

Low vaccination coverage increases the incidence and risk of communicable diseases. For instance, the measles outbreak which began in 2016 and continues to the present day has seen an increase in the past four years. As a matter of fact, the lack of timely detection, reporting and response to outbreaks continues to be a burden on the health system in eastern Ukraine.

Around 30 per cent of the population residing in the conflict-affected areas of GCA are elderly who are prone to multiple chronic diseases including hypertension, diabetes, respiratory and related diseases. Pensions are the single source of income for the majority of the elderly, which is not adequate to cover their monthly expenses, let alone afford out-of-pocket payments for medical services. Due to limited income generating opportunities in the area, younger family members have left them behind to live elsewhere. People with disabilities struggle even more on their own as it is hard for them to move around and get the needed medical treatment.

Retaining healthcare workers is critical to a functioning healthcare system. Many healthcare workers left eastern Ukraine after the start of the armed conflict which has led to a shortage in the healthcare workforce. In NGCA, low wages also impact such shortages, but the extent of this shortage is unknown. The shortage of specialised healthcare staff is a concern as many remaining healthcare workers lack training, experience and the skills to treat patients. Healthcare workers’ average age is high, which is a concern. Lack of coordination between the primary, secondary and tertiary care levels also affect referral pathways and access for patients to appropriate information regarding services.

Access to reproductive health services is limited for most of the affected population in the areas close to the ‘contact line’ due to security reasons, unavailability of public transport and very often unaffordability. The breakdown of referral systems ultimately adds to the decreasing quality of care and patients’ safety. Women and children are disproportionately affected by the lack of quality reproductive healthcare services at different levels of care. Pregnant and breastfeeding women continue to face compromised access to reproductive health and referral services, to antenatal and postnatal care and safe birthing practices. Maternal health care is largely not available due to the lack of trained care providers and non-functioning referral systems. Those facilities providing the services reportedly lack basic diagnostic equipment and treatment supplies and family planning commodities to ensure quality services to those in need.

Pre-existing mental health and psychosocial support needs of the conflict-affected population are intensifying as a result of the significant distress and indirect socio-economic effects caused by the COVID-19 pandemic. Some people appeared in situation of special vulnerability such as older adults, especially those with cognitive decline or dementia; people living with psychosocial disabilities and those living in institutions or are homeless. There were several reported outbreaks in psychiatric hospitals in Ukraine where conditions of patients’ stay as well as the length of treatment, which is usually 30 days or more, may facilitate the nosocomial amplification of COVID-19. Health workers experience severe distress due to fear of transmission of COVID-19 to relatives or friends (49.4 per cent), lack of protective equipment (47.8 per cent), witnessing patients dying of
COVID-19 (47.6 per cent) and a range of other factors and require attainable psychosocial support. The alarming cases of domestic abuse are reported to hotlines. Interruption of formal education is one of the most significant stressors on children and families which exacerbates pre-existing problems with access to learning in eastern Ukraine. This is compounded by the lack of awareness on coping mechanisms in maintaining mental health and psychosocial well-being during COVID-19 (54 per cent) as well as coping mechanisms on reducing stress and anxiety are unknown (35 per cent). Furthermore, the population is worried that their community members have COVID-19, which increases psychological distress among communities (17 per cent). Means of access to MHPSS services have changed significantly during the quarantine measures as most of the humanitarian actors provided psychosocial support were compelled to change their approach to remote working which led to various challenges. Reorganization and teaching of staff on remote working was required. The access to services provided remotely remains a challenge for beneficiaries and is not widespread due to the quality of mobile and Internet connection in the 0-20 km “contact line” as well as limited abilities of older adults in the use of smartphones, messengers and general technologies skills. Certain MHPSS services have been closed due to changed operational realities. National and newly created hotlines provide psychological support via telephone and are the recourse for those who do not have access to any other support. However, the MHPSS support provided via telephone has many limitations and needs further investigation of the outcomes of such interventions in new circumstances created by the pandemic. Mental health services provided by state service are mostly institution-based and require sustainable transformation towards community-based ones. Priority should be given to outreach forms that are associated with smaller risks of infection transmission as compared with institutions and can provide services along the “contact line” where people with mental, neurological and substance use conditions face greater challenges in accessing specialised mental health services and medications.

### COVID-19 indicators

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<td>New COVID-19 hospitalizations per 100 000 population per week averaged over last month</td>
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<td>Public Health Center (PHC)</td>
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<td>x02</td>
<td>Number of COVID-19 attributed deaths per 100 000 population per week averaged over last month</td>
<td>Health</td>
<td>Public Health Center (PHC)</td>
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<td>x03</td>
<td>New confirmed cases per 100 000 population per week averaged over last month</td>
<td>Health</td>
<td>Public Health Center (PHC)</td>
</tr>
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<td>x04</td>
<td>Number of healthcare workers infected with COVID-19</td>
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<td>x05</td>
<td>Test positivity proportion from sentinel sites averaged over a two-week period.</td>
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<td>x06</td>
<td>Proportion of secondary/tertiary health facilities with functional ICU, including oxygen ventilators</td>
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<td>Public Health Center (PHC)</td>
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195 Institute of Psychiatry of Taras Shevchenko University.
197 La Strada hotline.
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<td>x01</td>
<td>Number of medical doctors per 10,000 population, by region/administrative unit</td>
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<td>x02</td>
<td>Percentage of households reporting to have access to mental care, if needed</td>
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<td>Percentage of households that experienced difficulties in accessing healthcare services in the past 12 months all the time or often</td>
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<tr>
<td>x05</td>
<td>Percentage of households that reduced healthcare expenses due to lack of resources to meet basic needs</td>
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<td>Multi-Sector Needs Assessment (MSNA) 2020 (REACH)</td>
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<td>x06</td>
<td>Measles vaccination coverage among children under 12 months of age</td>
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<td>Ministry of Health of Ukraine</td>
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<td>DTP3 vaccination coverage among children under 12 months of age</td>
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3.4 Protection

Overview of the needs within each sector

In 2020, protection needs remained severe and were exacerbated by the COVID-19 pandemic and accompanying quarantine restrictions. Ongoing protection concerns include protection of civilians, freedom of movement, mine and ERW contamination, issues related to property and individual documentation (including birth and death certificates), payment of social benefits and pensions, provision of psychosocial support services and implementation of durable solutions for IDPs. In addition to the cumulative long-term consequences of the armed conflict, particularly regarding access to essential services in the areas near the "contact line" and in NGCA, and the effects on the mental health of conflict-affected people, the COVID-19 pandemic and the response measures adopted by national authorities have exacerbated the vulnerability of the conflict-affected population. This has been particularly felt in rural areas and isolated settlements, where public transportation was disrupted for months, restricting access to services and livelihoods. Older people and people with disabilities have been disproportionately affected, as caregivers and social workers were unable to reach them to provide required support. The situation surrounding the COVID-19 pandemic remains unpredictable and the number of people infected with COVID-19 is likely to increase in winter 2020-21. This will lead to further quarantine restrictions that could further weaken the protection environment.

Affected Population

Protection concerns in NGCA – People residing in NGCA are among the most vulnerable as their enjoyment of fundamental economic and social rights, including those related to adequate standards

Needs by Zone

Thousands of people (k)

<table>
<thead>
<tr>
<th>TOTAL SECTOR PIN</th>
<th>MAIN AREAS</th>
<th>GCA – DONETSKA OBLAST</th>
<th>GCA – LUHANSKA OBLAST</th>
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<td>TOTAL BY AREA</td>
<td>984</td>
<td>350</td>
<td>818</td>
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</table>
of living and of physical and mental health, remains curtailed. They face human rights violations and protection concerns, including the right to life due to shelling and mine/ERW contamination. Following the introduction of the COVID-19 related suspension of movement across the “contact line”, economic isolation has been further exacerbated by access restrictions to pensions and social benefits payments. Limited freedom of movement has had an impact on access to documentation as people in NGCA cannot travel to GCA to obtain birth certificates and identity documents. Freedom of movement was substantially restricted, as people travelling from NGCA to GCA are requested to sign an affidavit that they may not be allowed to return until the quarantine measures are lifted, with the date not specified. People are obliged to install the “Diy Vdoma” application which monitors their observation of the self-isolation regime after crossing the “contact line” for a period of two weeks. Current restrictions on humanitarian actors do not allow implementation of a range of protection programmes. For example, mine action, explosive ordnance risk education, psycho-social support, GBV prevention and response, cannot be implemented which limits access to humanitarian assistance for people residing in NGCA.

Protection concerns in isolated settlements in GCA
– Isolated settlements have a high concentration of people with specific needs. It is estimated that nearly 40 per cent of household members are elderly, and 13 per cent have a disability. Many of these settlements lack basic infrastructure such as chemists, regularly working food stores, postal offices and medical facilities. The provision of services in isolated settlements is restricted as a result of insecurity and inaccessibility, disproportionately affecting those who need them most. Negative coping strategies are common, particularly limiting expenses for health-care services and cutting food expenditure. If it were to spread in the areas along the “contact line”, COVID-19 would have a devastating impact due to the large proportion of older persons, weak infrastructure for prevention of the COVID-19 (such as clean running water) and response (medical facilities) and possible closure of public transportation which is envisaged if the epidemiological thresholds are exceeded. Washing hands with soap and water is one of the most effective prevention measures against COVID-19, but conflict-affected people living in settlements along the “contact line” both in NGCA and GCA often do not have access to clean water due to damaged water infrastructure.

Elderly people and people with disabilities – Injury, chronic illness and serious medical conditions lead to specific needs in regard to shelter assistance, access to life-saving services, support with NFIAs and WASH facilities. In addition, many older people and people with disabilities are unable to obtain the required documents to prove their disability, injury or sickness, further complicating their access to government services. People with chronic illnesses and severe medical conditions require regular medical attention as well as available and affordable medicines. Economic vulnerability forces many to choose between buying food and paying for utilities or purchasing medicine. Older people, especially those separated from their usual caregivers, suffer from health problems and often have difficulties in adjusting to the changes in the surrounding environment. Those with third group disabilities have to undergo regular examinations in medical-social commissions. Although the legislation was amended to allow payment of social benefits without regular medical check-ups during quarantine, if the disability group is not re-confirmed, all the assigned benefits will have to be paid back to the state.

Protection of IDPs and durable solutions – Fifty per cent of IDPs report that they feel integrated in their host communities with the main conditions for successful integration remaining housing, regular income and employment. Some 39 per cent of IDPs report not intending to return to their places of origin and 44 per cent respond with either “maybe in the future” or “difficult to answer”. Therefore, access to livelihoods and employment opportunities, adequate housing and equal access to health care and services should be increasingly provided to IDPs in the location

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they currently reside in. Although in late 2018 the Government of Ukraine developed an action plan to implement the national IDP Strategy, financial support for the implementation remains challenging. Many IDPs face continuous challenges in their search for durable solutions. It is noteworthy that a survey among IDPs who have returned to NGCA found that for 86 per cent of working age people and 94 per cent of older people, the primary reason to return was ownership of private property with no need to pay rent. Generally, 73 percent of surveyed returnees were people who rely on their pensions as their main income. This highlights that older IDPs struggle with integration after displacement and require more assistance in identifying affordable housing and support to meet their basic needs.

At the same time, existing housing programmes implemented by local authorities prioritise working age IDP population. It is estimated that about 6,000 people reside in collective centres and may be at heightened risk of COVID-19 infection due to poor sanitary conditions and the inability to self-isolate due to cramped living conditions. The introduction of COVID-19 related quarantine measures led to a significant economic downturn nationally, and the economic situation of many IDP families has deteriorated due to loss of employment or unpaid leave and the vulnerability of those who are unemployed, single-parent households, people with chronic illnesses or disabilities and older people has been further exacerbated. Combined with an already fraught job market – particularly for youth – this has forced households to dip into limited savings and left them unprepared to withstand any possible future shocks. As a result, the most fragile social segments are left vulnerable to protection risks, including vulnerability to trafficking, labour exploitation and abuse.

With the level of employment among IDPs lower than the national average, 24 per cent of IDPs surveyed report being placed on unpaid or partially paid leave with women being more affected. The economic impact of COVID-19 may disproportionately affect the livelihoods of internally displaced women and girls, which may in turn further heighten their risk of falling victim to trafficking, including involving sexual violence. Absence of work is a factor that can trigger new displacement and hinders durable solution for IDPs and their integration into host communities. Among 60 per cent of IDPs renting accommodation, 27 per cent reported risk of eviction from their current dwelling due to inability to pay rent. IDPs were particularly affected by family separation, as they were not able to travel to NGCA to visit family and elderly relatives, due to COVID-19 related restrictions for crossing of the contact line. IDPs who have residence registration in NGCA would not be able to return to GCA if they travelled to NGCA, while IDPs with residence registration in GCA have very little chance to be granted permission to cross the contact line to NGCA.

Analysis of needs

Protection of civilians

Violations of international humanitarian law and human rights law continue to affect civilians living close to the “contact line”. Since the beginning of the armed conflict, 3,369 civilians have been killed while the number of civilians injured is estimated to exceed 7,000. As of 30 November 2020, 140 civilian casualties were recorded (86 men, 39 women, 9 boys, 6 girls) which is a 15 per cent decrease compared with same period in 2019. In 2020, 87 per cent of civilian casualties due to shelling and shooting were recorded in NGCA. The share of mine/ERW-related casualties has increased since 2016 and constituted 50 per cent per cent of all casualties in 2020 (15 killed and 55 injured, of them: 54 men, 10 women and 6 boys). While basic medical assistance to survivors is provided, there is a lack of comprehensive rehabilitation programmes for survivors and their families. Remedy and reparation to civilian victims is minimal as there is no comprehensive state policy and mechanism for remedy and reparation for civilians injured during the

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205 Ibid.
206 OHCHR, 'Report on the Human Rights Situation in Ukraine 16 February-31 July 2020'.

77
hostilities. There is also no such mechanism for the relatives of those killed. Since the entry into force of measures to strengthen the ceasefire on 27 July 2020, the number of ceasefire violations has significantly decreased. Even though no civilian casualties were caused by active hostilities, civilians continue to be injured by mines and ERW. At the same time, there have been over 20 ceasefires brokered since the beginning of the armed conflict and it is difficult to predict for how long the ceasefire will last.

**Restrictions on freedom of movement – COVID-19**

Mitigation measures undertaken by national authorities and NGCA entities have significantly restricted the movement across the “contact line”. Entry/exit crossing points were closed on March 16, 2020, resulting in people being stranded on either side of the contact line and being unable to cross, leading to possible family separation, as well as inability of those living in NGCA to travel to GCA to access medicines, pensions and benefits, withdraw cash, access labour markets and sources income and visit families.

Crossing points on the administrative border with Crimea were closed as well, cutting ties with mainland Ukraine. Since 11 June, when two of the five entry-exit crossing points (EECPs) along the “contact line” have been reopened, although with some restrictions, the number of crossings has barely reached 21,373 in October, which is a dramatic decrease in comparison to over 1 million crossings in January 2020.207 Entry to Luhansk NGCA is allowed only for people having residence registration in NGCA, while entry to Donetsk NGCA requires pre-approval by the NGCA entities - the process can take up to three weeks and the selection criteria remain unclear. In GCA, people who are able to cross the contact line from NGCA are required to undergo a two-week observation in the medical facility or install a mobile phone application for monitoring self-isolation, which most older people have a difficulty using since either their mobile phones are too old to install, or they face difficulty using mobile phones with a touch screen. The self-isolation/observation may be interrupted following a negative COVID-19 PCR test which is hardly affordable for many vulnerable persons.

In the absence of functioning EECPs, people are forced to use Russia as the transit route between NGCA and GCA. On their entrance to GCA from Russia, many are faced with significant fines for “illegal crossing of the state border”. It is difficult to foresee the impact of the COVID 19 pandemic on the conflict-affected areas in 2021. People affected and residing both in GCA and NGCA need resumption of movement across the “contact line” in safe conditions. The opening of additional EECPs in Luhansk oblast in November 2020, was expected to lessen the burden on existing crossing points and cut waiting times. However, no mutual agreement has been reached regarding the operations of these two crossing points. Introduction of public transportation through the “contact line” would greatly alleviate the people’s suffering, “civilize” the process of crossing and increase its speed. Overall, the operation of crossing points remains uncertain, as both national and NGCA entities are closing them when they believe this is necessary to stop the spread of COVID-19.

**Access to social benefits and pensions**

Until March 2020, the primary reason for crossings from NGCA was to access pensions and social benefits in GCA (75 per cent).208 The number of NGCA-registered pensioners who receive their pensions in GCA has dropped by 67 per cent since the start of the armed conflict,209 which represents a significant protection concern given that pensions are the main source of income for older people. Although it has been six years since the armed conflict began, the mechanism for payment of pensions is discriminatory and impractical. Moreover, there is no mechanism for payment of pension arrears.

From November 2014, pensioners from NGCA have received their pension payments only if they travelled to GCA and registered as IDPs. Since 2016, additional restrictive measures have been introduced to verify if pensioners with IDP registration have indeed permanently moved to GCA, requiring travel to GCA at least every 60 days. The only possibility to restore payment of pensions is to apply to the court, however

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207 UNCHCR, ‘Checkpoints crossings’ (online dashboard).
208 UNHCR, Right to Protection, ‘Eastern Ukraine Checkpoint Monitoring Dashboard’.
the majority of positive court decisions have not been implemented and each case requires individual case management. These policies played a major role in reducing access to pensions for the people residing in NGCA. Several court decisions issued in 2018 condemned and rendered these measures null and void. Multiple court decisions were announced to reinstate payment of pensions including accumulated pension debt. In June 2019, the Government of Ukraine adopted amendments to double the initial amount allocated to cover pension-related payments under the relevant judicial decisions. However, the introduction of a dedicated procedure to pay these arrears as well as a payment mechanism for those who cannot travel is still pending. With the introduction of COVID-19 quarantine measures in March 2020, movement across the “contact line” was practically halted. Although the government suspended verification measures for all IDPs, including pensioners irrespective of their place of residence, and extended the validity of bank cards for receipt of pensions until 31 December 2020, most pensioners residing in NGCA have not been able to garner their primary source of income since March 2020.

Access to documentation – For over six years, conflict-affected people in NGCA have faced challenges when accessing identity, civil status and property documentation. This has a pervasive impact on every aspect of their lives, limiting access to services and entitlements and freedom of movement, particularly in the areas along the “contact line”. A review of court records issued between 2016 and 2019 suggests that only 45 per cent of children born in Donetska and Luhanska oblasts (NGCA) have obtained a birth certificate issued by the Government of Ukraine. The situation could be improved with full implementation of Law No. 2268, adopted in January 2018, which reaffirms the invalidity of all documents issued in NGCA and introduces an exception for “documents certifying facts of birth or death of a person.” Official confirmation of deaths in NGCA is also difficult to obtain, which may lead to challenges concerning inheritance and property rights. In the absence of administrative procedures, people residing in NGCA must go to a court to establish the fact of birth/death before relevant certificates can be issued, thus putting an additional financial and logistical burden on families. Restricted movement across the “contact line” due to the COVID-19 pandemic has made it close to impossible to travel to GCA to obtain necessary documentation, which makes it more difficult in the future to confirm relevant facts in courts.

Overall, procedures for obtaining identity and property documentation are complex and people express need for continued legal assistance from humanitarian actors. In the meantime, residents in isolated settlements and rural areas along the contact line require on-the spot mobile legal assistance due to limited mobility of the population in need of assistance.

Mental health and psychosocial support – Civilians living on both sides of the “contact line” face constant threat of death or injury from shelling, shooting, military presence, mines and ERW. Households express high security concerns over shelling, in particular in Luhanska and Donetska oblasts (GCA), even though the percentage of households within 5km of the “contact line” being concerned by shelling dropped from 86 per cent in summer 2018 to 60 per cent in summer 2019. 94 per cent of older people residing along the “contact line” in GCA report experiencing various conflict-related psychosocial issues and 100 per cent report experiencing anxiety due to the COVID-19 pandemic. Children also reported high levels of worry in relation to COVID-19, only 19 per cent of surveyed children reported that they do not worry about COVID-19. Among IDPs, the overall prevalence of depression was 25 per cent, compared to 14 per cent among the general population. Women are usually more affected than men. However, some 20 per cent of IDPs who suffer significant anxiety and depression have tried to obtain mental health support.

Protection Cluster partners are reporting continued demand for psychosocial support from the conflict-
affected population, as a result of increased anxiety related to economic insecurity, restricted access to services, fear of infection with COVID-19 and increased isolation due to quarantine restrictions. These communities already had a high level of psycho-social distress and may therefore be less resilient in coping with the additional stress of the pandemic. Limited access to psychosocial support has been further restricted as partners have limited organisation of group PSS activities due to COVID-19 pandemic and restrictions imposed by authorities on public gatherings. Older people and those residing in rural areas are often not able to use the remote services provided by humanitarian actors by phone or skype. Improved access to information and outreach activities for mental health and psychosocial services and information on stress-related symptoms and positive coping mechanisms is needed for all conflict-affected people.

Child Protection

More than 500,000 boys and girls living along the within 20km of the “contact line” continue to be affected by armed conflict with direct threats to their physical integrity and mental wellbeing. The majority of those children are in need of psychosocial support. In addition, the repeated shelling of critical infrastructure, including schools, threatens access to education and social services. Meanwhile, weakened family and community support mechanisms, daily stressors and loss of hope for the future continue to cause distress for children and their caregivers and, in some instances, result in child neglect and abuse cases. According to reports by child protection sub-cluster partners, this is due to the fact that caregivers highly affected by stress and hardships often lack coping mechanisms, positive parenting skills, thus, failing to ensure the nurturing and caring environment for their children. Furthermore, ongoing hostilities and economic hardships have led to increased family and gender-based violence where children are either victims of witnesses or the violence. While protection of children’s rights, responding to gender-based violence and family violence are parts of the national policies and strategies, currently limited services exist for child witnesses or survivors of violence, including in the conflict-affected areas. Besides, existing community services are often understaffed and cannot effectively respond to the problems of children and their families. Therefore, affected children and families urgently require ongoing psychosocial support and strengthening of the protection and social services.

Landmines and ERW continue to be a major concern in eastern Ukraine leading to death, injuries and disrupted livelihoods. Mine and ERW-related incidents account for 33 per cent of all conflict-related casualties among children. Since the beginning of the armed conflict, 39 children have been killed and 137 children injured by mines and ERWs (85 per cent of casualties among children are boys). Impairments resulting from a landmine and/or ERW accident negatively impact children’s or caregivers’ physical and psychosocial health, education/training and the ability to sustain their livelihoods. At the same time, limited services exist to support mine or ERW victims, especially quality rehabilitation services for children. Thus, often their needs go unaddressed.

Risk of statelessness remains a key concern with thousands of children born in NGCA not having state-recognized birth certificates. With the closure of the crossing points due to COVID-19 quarantine measures, obtaining a birth certificate for children born in NGCA has become more complicated and often impossible.

The children of Ukraine are expected to be disproportionately affected by COVID-19 as indicated by a recent UNICEF study showing that almost 50 per cent of households with children had lived in poverty before the outbreak. It became evident that the COVID-19 lockdown had a stronger impact on families with children living in the conflict-affected area especially those having a child with disability (as these families are often of low social-economic status). As businesses closed due to the imposed quarantine,

214 UNICEF, ‘Humanitarian Action for Children 2019’, noting that while the 2019 HRP estimates that 700,000 children living in conflict-affected areas are in need, only 500,000 children in need live in the 20-kilometre zone on both sides of the contact line and in non-government controlled areas, which have been prioritized by UNICEF.
the loss of income is tangible especially for the most vulnerable. In case of distance learning, access difficult for some due to lack of equipment and internet. Among displaced families, the worst impact is on families with many children, Roma communities and single-parent households.

During the COVID-19 lockdown, on March 12, 2020 the Ministry of Education and Science issued a decree to close all schools, including boarding schools for children with disabilities and other special education needs. More than 42,000 children were sent home from boarding schools, however, this was done without prior verification of the children's family conditions. Bearing in mind that Donetsk and Luhansk have high numbers of children in residential care, this became a newly emerging child protection problem for the conflict affected area as some children returned to homes where they are at risk of abuse and neglect and/or difficult economic conditions. There is increasing evidence that the COVID-19 quarantine measures had serious impact on the level of domestic violence, including violence against children and their neglect. According to the National Child Helpline and the GBV mobile teams in eastern Ukraine, the number of calls and messages from children and caregivers from Donetsk and Luhansk have increased, including several cases where children from boarding schools had returned. The majority of children in need of consultations requested assistance related to their mental health, witnessing or experiencing domestic violence, bullying and other forms of violence. Furthermore, the majority of those children had no access to online education due to the socio-economic hardships of the families as well as absence of online education for children with special needs. The quarantine restrictions also impacted children from families with low income who do not have computers or children who live in isolated settlements without stable Internet connection. Thus, protecting child rights and continuing to reinforce protection standards, as well as ensuring access to basic and specialised services in the conflict-affected area with the situation aggravated by COVID-19, lockdown remains a major challenge for the government at local and national levels as well as for other stakeholders.

Gender-based Violence

The dire humanitarian crisis in eastern Ukraine continues to increase the need to mitigate, respond and prevent the risks of gender-based violence (GBV) / intimate partner violence (IPV) and domestic violence (DV).

GBV prevention is at the centre of Ukraine’s public policy, but there is still critical lack of sustainable safe space solutions in the conflict-affected areas which challenges the effectiveness of the referral mechanism. Lack of information and access to life-saving services for survivors remains an acute problem, particularly in remote and rural areas. Decentralisation processes and new approaches to coordinate with the humanitarian community may create some new challenges in strengthening the response system. There is a higher risk of IPV / GBV due to the increased tolerance to violent behaviour and negative coping mechanisms used by partners involved in the hostilities.

COVID-19-related restrictions such as movement limitations, more severe isolation, difficult access to healthcare facilities and social services have increased demand for secure distant and silent solutions. Conflict-affected people with specific needs (people with disabilities, older people, female-headed households etc.) are also faced with additional threats.

Many solutions implemented by humanitarian actors (safe accommodation, PSS mobile teams, GBV focal points, specialised healthcare services) should be part of the systemic response. The coverage has gradually expanded as government and local communities have started to provide specialised services in addition to those supported by humanitarian partners. Healthcare service delivery points and mobile clinics offer improved opportunities to the most vulnerable groups of GBV survivors, however, access is still limited. There is a need to

217 Ukraine has gained official status as a member of the Biarritz Partnership, an international initiative for equal rights and opportunities for all; the Presidential Order on Urgent Measures to Protect the Rights and Interests of DV/GBV survivors came into force, September 2020.

strengthen the capacities of service providers as well as increase their support.

In 2020, the number of reports on DV / GBV / IPV increased by at least 50 per cent. This is not only due to COVID-19, but also to people’s increased trust in the system. According to the National Police of Ukraine, the number of calls related to DV / IPV have increased by up to 40 per cent since March 2020 compared to the same period in 2019. The General Prosecutor’s office has also reported that there were 795 cases registered in May 2019 vs 1511 cases in May 2020. As for Lunhask (GCA) the number of calls to social services at the beginning of 2020 was 334 per cent higher than in 2015, and number of appeals from January to June 2020 increased by 54 per cent (78 per cent were from women). Service providers in GCA consider psychological abuse as the most commonly encountered form of GBV, followed by physical assault (70 per cent) and economic violence (34 per cent). Unfortunately, there is a lack of comparable data on GBV while another challenging issue is humanitarian workers’ access to NGCA.

The GBV sub-cluster transition plan served as a tool to bridge humanitarian-recovery-development processes in GBV prevention and response in Ukraine. Regional level administrations have been encouraged to establish strong locally-owned coordination mechanisms for GBV prevention and response. The GBV sub-cluster continues its coordination in Donetsk and Luhansk (GCA), co-chaired by local authorities. General coordination is also implemented together with local authorities / communities taking into account decentralisation processes and participatory approach.

Housing, Land and Property (HLP)

Ensuring HLP rights of the conflict-affected population requires addressing a number of crucial issues such as compensation for damaged or destroyed property, adjusting the legal and policy frameworks on property documentation to the armed conflict and limited access to specific HLP-related services.

Since the beginning of the armed conflict, over 55,000 homes in GCA and NGCA have been damaged or destroyed due to hostilities, and compensation for damaged or destroyed immovable property remains among the most pressing HLP-issues. In July 2019, the Cabinet of Ministers established an administrative procedure for compensation for destroyed housing in GCA applying a variation of the "mass claim commission" approach. The state budget for 2020 initially allocated UAH 40 million for payments of compensation for housing destroyed as a result of the armed conflict which was cut to UAH 20 million in March 2020 due to the COVID-19 outbreak. However, until September 2020 this administrative mechanism remained not operational due to the lack of supplementary by-laws for specific aspects of the procedure. On 2 September 2020, the Cabinet of Ministers Resolution No. 767 amended an administrative mechanism of monetary compensation for destroyed housing to provide local authorities with a practical step-by-step compensation procedure to address legal gaps and develop regulation for managing budget costs. The adoption of this mechanism is a step forward, however, at the same time HLP actors will need to monitor its implementation, raise awareness among the affected population about the new mechanism and provide legal assistance and counselling for people to obtain the required property documentation to apply for compensation. The draft state budget for 2021 has allocated 114 million UAH and if adopted, more people will receive compensation.

At the same time, there is no mechanism for compensation for damaged housing, military use of residential houses, commercial property and private land as well, as waiver of exemption from taxation of agricultural land plots, which cannot be used due to proximity to the area of hostilities,

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219 Deputy Minister of Interior, Kateryna Palychenko, briefing 7 August 2020.
220 Ibid.
225 Ministry of Reintegration of Temporarily Occupied Territories, ‘74 citizens have received compensation for destroyed housing in Donetsk and Luhansk oblasts in 2020’, 30 December 2020.
military use or mine contamination. In, GCA Cabinet of Ministers Resolution No. 767 provides for financial assistance for damaged housing, however, provision of such assistance depends on availability of funds in the local communities. There is no mechanism for compensations for damaged or destroyed property in NGCA.

Lack of documentation confirming house ownership or rental agreements remains one of the most common HLP issues. Legislative complexities and state bureaucracy are primary barriers for people seeking official recognition of their ownership rights. Often, the process to obtain ownership documentation may be a significant financial burden. Without adequate response, this issue can be a barrier to secure housing solutions and may limit people's abilities to apply for state compensation.

NGCA entities have established a parallel system to regulate HLP rights and introduced mandatory re-registration of property. These measures have contributed to IDPs’ fear of losing property in NGCA and made them feel more uncertain their right to property and respect for home, private, and family life.

The most sustainable solution for IDPs’ housing issues is to provide them with permanent housing based on private property rights. However, the implementation of existing programmes cannot be considered as successful and sufficient for addressing IDPs’ housing needs due to lack of state and local-level funding, lack of housing in the two conflict-affected oblasts, lack of awareness about existing programmes and available funding as well as bureaucratic obstacles.

Following the introduction of COVID-19-related restrictions, certain HLP issues (access to utility subsidies for certain categories of the population) was immediately dealt with by the state that introduced a more flexible legal framework for state authorities and people in need. At the same time, the COVID-19 pandemic negatively affects the whole range of HLP rights due to limited freedom of movement, access to justice and state services. If the pandemic significantly impacts the economy, the budget for state housing programmes and compensation for destroyed housing may be reallocated for the COVID-19 response.

Mine Action

Mine contamination remains one of the key concerns in Ukraine with an estimated two million men, women and children being affected. Since the beginning of the armed conflict, 1,145 people have been killed and wounded by mines and ERW (60 per cent of them were men, 21 per cent women, 13 per cent boys and 2 per cent girls while of 3 per cent the sex is unknown). In 2020, 55 civilians were injured and 15 killed by mines or ERWs. Ukraine does not yet have a national centralised landmine/UXO casualty database with information on mine victims. Apart from emergency medical assistance, there is no comprehensive mine victim assistance provided.

National authorities’ preliminary estimates show that 7,000 km² of Donetska and Luhanska oblasts in GCA are contaminated with antipersonnel mines as well as ERW. It is not possible to precisely assess the level of mine contamination along the “contact line” in GCA due to the ongoing armed conflict while in NGCA data is difficult to gather due to limited humanitarian access. In addition to the deadly threat to more than two million people, mine contamination also hinders access to food and livelihoods as people cannot engage in agricultural activities, fishing or animal husbandry. It also puts people at risk when collecting wood for heating, which is common in eastern Ukraine. Access to basic utilities such as water, electricity and gas is frequently interrupted by ongoing hostilities. Their maintenance and repairs is impeded or made impossible by the presence of mines and ERW. Explosive ordnance risk education (EORE) activities for people in settlements along the “contact line” and at the EECPs need to be sustained and expanded in NGCA as it is done on a very limited scale due to access restrictions.

With the contribution of the continuous advocacy of the international mine action community, the
amendments to the Mine Action Law was adopted on 17 September 2020. It envisages the creation of a National Mine Action Authority as a collective body chaired by the Ministry of Defence. There should be two independent Mine Action Centres run by the Ministry of Defence and State Emergency Service. The Law is also due to finalise the IMSMA implementation in Ukraine in order to make mine action response planning and prioritisation more efficient. UN agencies, the OSCE Project Coordinators’ Office and international mine action operators are ready to provide their assistance and support the national mine action institutions.

### Indicators

<table>
<thead>
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<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>SOURCE</th>
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<tr>
<td>x01</td>
<td>% of HHs without Ukrainian government recognised ownership documents</td>
<td>Protection</td>
<td>Multi-Sector Needs Assessment (MSNA) in GCA 2020 (REACH)</td>
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<td>x02</td>
<td>% of people affected by security incidents in the last 12 months</td>
<td>Protection</td>
<td>INSO</td>
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<td>x03</td>
<td>% of IDPs who have to limit expenses even for food or have funds only for food</td>
<td>Protection</td>
<td>National Monitoring System Report (IOM), June 2020</td>
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<tr>
<td>x04</td>
<td>% of IDPs who have to not being integrated into local communities</td>
<td>Protection</td>
<td>National Monitoring System Report (IOM), June 2020</td>
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<td>x05</td>
<td>% of older people who crossed the “contact line” at least once in 2019 to recover a pension or resolve key issues (withdraw cash or buy basic goods)</td>
<td>Protection</td>
<td>R2P / UNHCR ZoiC 2019</td>
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<td>% of adults who crossed the “contact line” at least once in 2019 to manage issues with documents, visit relatives or withdraw cash</td>
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<td>R2P / UNHCR ZoiC 2019</td>
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<td>x07</td>
<td># of children and caregivers in need of MHPSS</td>
<td>Protection</td>
<td>CP sub-Cluster</td>
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<td>x08</td>
<td># of children born in NGCA between 2015 and 2019 have not received a birth certificate from the Ukrainian authorities</td>
<td>Protection</td>
<td>Ministry of Justice stats on birth-death registration; Open sources for NGCA data</td>
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<td>% of women (18+) for whom GBV-related services are not available</td>
<td>Protection</td>
<td>GBV sub-Cluster</td>
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<td>x10</td>
<td>% of persons in need of mine and UXO clearance</td>
<td>Protection</td>
<td>MA sub-Cluster</td>
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3.5 Shelter and Non-Food Items

Overview of the needs within each sector

After six years of protracted armed conflict in eastern Ukraine, efforts by the state and the humanitarian community have led to a significant reduction of humanitarian shelter needs in both GCA and — to a lesser extent — NGCA. Out of the over 55,000 residential buildings damaged by military activities on both sides of the “contact line”, it is estimated that 1,000 households (HHs) in GCA and 7,500-9,000 HHs in NGCA continue to have a humanitarian need for repair of their homes. Significant gaps remain especially in “hard to reach” areas with high insecurity and limited physical access.

The COVID-19 pandemic caused delays in conducting shelter repairs in 2020, since this activity requires construction teams to be physically present. During the pandemic, many persons, especially older persons, have been confined in their homes for purpose of self-isolation and quarantine, which has highlighted the need to improve the condition of homes damaged by the armed conflict.

Harsh winters in Ukraine continue to pose a threat to the health and sometimes to the lives of people living along both sides of the “contact line”. COVID-19 has exacerbated this situation, since many individuals lost their livelihoods. As a result, more than 40,000 vulnerable households in both GCA and NGCA struggle to adequately prepare for the coming winter and were identified by Shelter/NFI Cluster partners as a priority for receiving winterization assistance.

Affordable housing, social housing and compensation mechanisms for IDPs remain a priority need in order to find a long-term, sustainable solution for those who have been displaced by the armed conflict. Over 500,000 IDPs across Ukraine continue living in rented

Needs by Zone

Thousands of people (k)

<table>
<thead>
<tr>
<th>PEOPLE IN NEED</th>
<th>WOMEN</th>
<th>CHILDREN</th>
<th>ELDERLY</th>
<th>WITH DISABILITY</th>
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<tr>
<td>174k</td>
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<table>
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<th>TOTAL SECTOR PIN</th>
<th>MAIN AREAS</th>
<th>GCA – DONETSKA OBLAST</th>
<th>GCA – LUHANSKA OBLAST</th>
<th>NGCA – DONETSKA OBLAST</th>
<th>NGCA – LUHANSKA OBLAST</th>
<th>OTHER OBLASTS</th>
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<tr>
<td>TOTAL BY AREA</td>
<td>109</td>
<td>18</td>
<td>21</td>
<td>22</td>
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</tr>
</tbody>
</table>
accommodation with no security of tenure, while 6,900 reside in collective centres, facing increased risks of eviction.

Affected population

People in need of house repairs

During all six years of armed conflict, the response to shelter needs has mainly focused on GCA where the presence of humanitarian agencies was adequate, access to target areas granted, and where the Donetsk oblast administration has engaged in house repairs. In GCA, humanitarian agencies have scaled back their activities as the state takes responsibility for shelter repairs. For example, the State Emergency Services of Ukraine (SESU) in Donetsk oblast (GCA) conducts shelter repairs that target the residual caseload of non-displaced, returnee, and internally displaced people who reside in areas along the “contact line” and who reportedly live in partially damaged or destroyed houses. Assistance provided by SESU covers the entire eligible population (and not only the most vulnerable families, which was the case for humanitarian agencies), however, it is limited to the repair of roofs and windows. This will leave an estimated 750 households with needs for complementary assistance as the scope of the SESU’s repairs will not be sufficient to provide living conditions that meet Shelter Cluster guidelines.

The vulnerability analysis conducted in GCA shows that more than 50 per cent of the persons with residual needs are elderly and about 65 per cent of the households are female-headed. Findings of the needs analysis exercises from the previous years remain relevant: besides the most widespread vulnerable groups such as elderly people or people with disabilities or chronic illnesses, these last years’ analyses have added unemployed people of pre-retirement age as one of the most vulnerable categories of population, both among local communities (non-displaced) and IDPs, due to lack of jobs and income opportunities. Limitations in movements and access prevent humanitarian agencies from conducting a comprehensive assessment of shelter needs in NGCA in order to identify those vulnerable households that require humanitarian assistance to conduct repairs.

People in need of winterisation assistance

Shrinking funding and decreased partners’ presence in 2020 leave a significant number of households in need for the winter season 2020-2021. While the critical needs of people residing in isolated settlements is covered, a broader population group (approx. 30,000 HHs in 0-5 km zone GCA) will face significant difficulties in the coming winter season. In NGCA, the Shelter Cluster estimates that 23,000 households (42,000 persons) have needs for winterisation assistance which is based on the number of households registering with NGCA entities for social assistance related to the winter season. In GCA, the Shelter Cluster adopted a more granular approach to defining the critical need in GCA, which resulted in identifying 46,000 HHs in need (or 110,000 people). The new approach on the needs assessment foresaw defining several severity thresholds for each indicator (adequate heating solutions, lack of basic winter NFIs, etc.), so the Shelter Cluster has adopted the figure indicating those with the most severe needs. In eastern Ukraine, many households depend on coal, wood, or other types of fuel for heating, which are often unavailable or costly, especially in isolated settlements. Winterisation needs vary with the type of location (urban/rural), the distance from the “contact-line”, and the distance to the closest market/administrative centre. People residing in urban settlements in the 5-20 km zone usually have better access to markets and a centralized energy grid, while in the 0-5 km zone, which is predominantly rural, people depend on solid fuel for individual heaters; in some settlements in this zone, the Cluster continues to recommend delivery of the fuel in kind, as markets do not function sufficiently to allow use of a cash modality.

IDPs residing in collective centres

In 2020, the Ministry for Reintegration of Temporarily Occupied Territories continued to monitor collective centres. Ukraine oblast administrations provided data on 6,900 IDPs who reside in 155 collective centres all over Ukraine. Residents include some 2,000 elderly people and 1,700 children under the age of 18. Most collective centres are located in Donetsk, Luhansk, and Dnipropetrovsk oblasts, and most IDPs reside in buildings or facilities that were designed as sanatoriums.
or dormitories. In order to get a more accurate reading of the IDPs’ needs in terms of durable solutions, the Government of Ukraine plans to conduct a complex profiling exercise, in line with the recommendations of the Joint IDP Profiling Service (JIPS) Mission to Ukraine in 2016. Still, many collective centres communicated to Cluster partners needs such as winterization support, individual legal support, and durable housing solutions.

Analysis of needs

Damage of houses

Over the past years, the Shelter Cluster with the help of its partners recorded approximately 55,000 houses that have been damaged since the beginning of the armed conflict. For 2020, despite a ceasefire which resulted in three months with almost no new damages to residential premises, the projected number of new damages at the end of this year will be similar to that registered in 2019.

In GCA, there is a residual caseload of homes damaged by the armed conflict and not yet repaired. This caseload consists of two types of houses. First, there are damaged homes in dangerous locations close to the “contact line”, where partners cannot conduct repairs due to insecurity reasons. Second, there are homes in geographic areas not covered by the SESU’s repair programme (in Luhanska oblast) or where the scope of the SESU’s repairs cannot fully meet the family’s shelter needs. The Cluster estimates this gap to be 1,005 HHs in both oblasts.

In NGCA, the Cluster estimates some 7,500-9,000 HHs to need of humanitarian assistance with shelter repairs, with the majority of the cases in Donetsk oblast (NGCA). People are living in damaged homes, partially exposed to the elements. These harmful living conditions may damage their immunity levels, making them more susceptible to illness. This is particularly dangerous at the time of the COVID pandemic.

In addition to damaged housing, maintenance of property in conflict-affected areas has become an increasing problem. Despite not being affected directly by the armed conflict, residential premises and objects of social infrastructure which lacked maintenance in the last five years may soon face critical conditions, leaving thousands of people in rural and urban areas at risk of a new crisis as these buildings will no longer be fit for human living. In some cases, the issue of the lack of maintenance will make the homes more costly to heat in winter. The inaccessibility and inability to maintain these objects are complicated due to security and financial issues, but also because the houses were never hit and therefore were never addressed by humanitarian agencies. According to estimates of local authorities, there are some 4,000-4,500 homes in GCA, which require support with maintenance. No estimate is available for NGCA.

In September 2020, sudden massive wildfires occurred in Luhansk (GCA) near the “contact line” which led to heavy damages to private households and infrastructure. People from 32 settlements in total had to leave their homes and seek temporary shelter solutions. The most affected settlements were Syrotine, Muratove, Kapitanove, Smolianynove, and Voronove. The State Emergency Service of Ukraine, mobilising brigades from all over Ukraine, organized evacuations from those settlements, and temporarily accommodated people in schools, dormitories, and cultural centres of Sievierodonetsk and Stanytsia-Luhanska. Humanitarian partners addressed the urgent needs by a provision of acute NFIs and clothes. The wildfires damaged 590 private households. The severity of damages varied from destroyed outbuildings and broken windows to heavy damages. The state responded by making a budget allocation from the Emergency Fund of Ukraine. Persons will receive cash support for up to 300,000 UAH (10,500 USD) which is designed to be sufficient to cover the cost of an average partial repair. The amount of compensation is proportional to the severity of damages. However, the amount of state support may not cover the full repairs or arrive in a timely manner to support all affected families.

Winterisation support

With the restrictive measures that were applied in both GCA and NGCA due to COVID-19, many households have lost their incomes, which led to the increase of the beneficiaries who cannot satisfy their
basic needs. In light of this, winterization remains a life-saving activity for the most vulnerable residents on both sides of the “contact line”, especially in isolated settlements with limited security and difficult access to basic services and markets. During the cold winter months, many such households depend on coal, wood, or other types of fuels for heating, which are often unavailable or costly, especially in isolated settlements: the cost of the minimum quantity of coal needed for the winter is around 7,000 UAH, which constitutes a large portion of a pensioner’s income given the average monthly pension in Ukraine (approximately 3,000 UAH).

Due to their limited presence and shrinking funding, humanitarian agencies in Ukraine approach winterisation by providing complementary assistance to that offered by state agencies or NGCA entities. Agencies that want to engage in winterization programmes are recommended by the Cluster to consider - on an individual basis - the winterisation subsidies which are available for the population in both GCA and NGCA, the actual access to them, and their extent. The amount of such assistance is not sufficient to cover all the people in need. Moreover, the state had to repurpose some of the local budgets to cope with the consequences of COVID-19, and this has reduced the amount allocated as winterization subsidies all over Ukraine. According to the estimates provided by the Shelter/NFI Cluster (based on information gathered from raion administrations), only 30 per cent of the population in need of winterization assistance is covered by the state subsidies.

Permanent housing solutions for IDPs

Over 1.4 million people are registered as IDPs by the Government of Ukraine, 734,000 of whom reside permanently in GCA. While some of them have been able to sustain livelihoods and rebuild their lives, many IDPs remain vulnerable and live in a situation of protracted displacement. More than 65 per cent\textsuperscript{228} of all IDPs in Ukraine continue to live in rented housing or dormitories and at least 3 per cent of them need to pay excessive rents and utilities that consume a significant portion of their income. In the past few years, some programmes have started to help IDPs find durable housing solutions, including support through subventions from the state budget to local budgets to support the acquisition of housing by municipal authorities. At the same time, such programmes cover only a small portion of the affected population and there is a need to better understand how Shelter actors can complement or support government initiatives. Evidence collected by partners during focus group discussions for the High-Level Panel on IDPs shows that IDPs prioritize long-term, sustainable housing as key to durable solutions.

Over 6,900 IDPs live in collective centres of different types across Ukraine, many of them in dire conditions. Due to accumulated debts for rent and utilities, many are at risk of eviction. Due to the COVID-19, many IDPs have lost their livelihood opportunities and have additional struggles to provide children with the means for distance learning. Moreover, 3 cases of suicides were reported in Kherson oblast, due to psycho-social pressure, and other stress factors such as risk. Many IDPs who reside in collective centres are elderly pensioners, people with disabilities, and children. While the focal points of collective centres in Donetsk and Luhansk oblasts (where approximately 1,000 IDPs reside), reported coal for heating as a priority need, the remaining 5,900 people living in other oblasts report to local authorities and Cluster partners the urgent need to find durable housing solutions. Around 50,000 vulnerable IDPs, returnees, and conflict-affected persons living in social institutions and collective centres in NGCA are in critical need of winterization assistance.

Housing, land, and property rights

In relation to the implementation of the shelter programmes, the conflict-affected population (including IDPs) continues facing numerous HLP-issues which need to be addressed in order to ensure the security of tenure and fulfil the further enjoyment of HLP rights, such as ownership rights recognition, compensation for damaged or loss of property, building permits, and the lack of access to specific HLP-related services.

Both shelter actors and beneficiaries face challenges related to the material side of the construction and the complex legal frameworks. According to the Ukrainian legislation, most construction or reconstruction works require several formalities to be fulfilled, such as proof of ownership, acquiring a building permit, and many others. Non-compliance with this legal procedure can lead to administrative fines, demolition of constructions, and, in a national perspective, a large-scale property registration gap. Adoption of the “construction amnesty” would minimise the bureaucratic burden for people who reconstructed their houses without proper permission.

Legal complexities and gaps make it cumbersome for many people to obtain ownership documentation for housing or land plots. Depending on the circumstances, this process may cost the owner from a few hundred (in the simplest cases) up to more than 10,000 UAH. If not addressed by the State or humanitarian agencies, this issue can limit beneficiaries’ access to secure housing and state compensation for destroyed housing.

In September 2020, the Cabinet of Ministers of Ukraine amended an administrative mechanism of monetary compensation for housing destroyed due to the armed conflict. Thus, the armed conflict-affected population, including IDPs, whose housing located in GCA has been destroyed due to the armed conflict, may apply for compensation of up to UAH 300,000 (app. USD 10,500). These amendments are a step forward, but there are still many issues to resolve, such as adoption of a broader, framework law on compensation, technical guidance for the damage assessments, compensation for damaged housing, and registry to manage data about the violation of property rights, etc). According to the Shelter Cluster’s data collected on destroyed housing, more than 500 HHs may apply for such compensation.

Monitoring
The Cluster will continue monitoring of the needs and gaps in the winterization response and shelter:

- In tight cooperation with SESU, the data and gaps in residual shelter needs will be coordinated;
- Compensation caseload for people who have their houses fully destroyed will be coordinated with the Ministry for Reintegration of the Temporarily Occupied Territories;
- The Cluster team will maintain the winterization matrix to coordinate upon requests and partners’ inputs the seasonal response.

Indicators

<table>
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<td>% of households living in damaged or destroyed due to the conflict</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
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<td>x02</td>
<td>% of households that reported insufficient heating arrangement in winter</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
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<td>% of HHs that are missing essential winter NFIs</td>
<td>Shelter / NFIs</td>
<td>Inter-sectoral assessments (REACH)</td>
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3.6
Water, Sanitation and Hygiene (WASH)

Overview of the needs within each sector

In 2021, 3.1 million people will be in need of WASH support in the conflict-affected areas, which is around 300,000 people more than in 2020. This increase is due to the close relationship between the WASH and Health sectors as the COVID-19 pandemic gains strength in Ukraine. At the end of 2021, an estimated 1.85 million people required urgent assistance to improve their level of hygiene. In spite of effective donor support for WASH in mid-2020, efforts to combat the virus must be doubled in early 2021.

Previously identified needs in water supply and sanitation have not disappeared and, if anything, deepened during 2020 with several agencies now targeting improvements in solid waste and medical waste management. There is still a need for small-scale support, for example through water trucking, but also for significant support to water companies working at a larger scale, for example, to initiate recovery work and Disaster Risk Reduction (DRR) approaches for some war-damaged pipelines and pumping stations and within specific communities. Meanwhile, security incidents continue to threaten water infrastructure and must be highlighted to the international community.

The armed conflict in eastern Ukraine continues to be a scenario where WASH work can contribute to alleviate the health and wellbeing of the affected people, but also where transboundary approaches and water workers who operate across the “contact line” have the opportunity to promote recovery and peacebuilding approaches.

Needs by Zone

Thousands of people (k)

<table>
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<tr>
<th>TOTAL SECTOR PIN</th>
<th>MAIN AREAS</th>
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<th>GCA – LUHANSKA OBLAST</th>
<th>NGCA – DONETSKA OBLAST</th>
<th>NGCA – LUHANSKA OBLAST</th>
<th>OTHER OBLASTS</th>
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<td>42</td>
<td>0-20km</td>
<td>813</td>
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<tr>
<td></td>
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<td>5-20km</td>
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<td>SUBZONES</td>
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<td>20+km</td>
<td>150</td>
<td>20+km</td>
<td>211</td>
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<td>TOTAL BY AREA</td>
<td>971</td>
<td>315</td>
<td>1024</td>
<td>650</td>
<td>129</td>
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</table>
PART 3: SECTORAL ANALYSIS

Affected Population

COVID-19 has greatly affected the number of people needing WASH assistance in 2021. Of the 5.4 million people living in Donetsk and Luhanska oblasts, and the 390,000 IDPs living in GCA, 1.73 million (28 per cent) need assistance with access to adequate water supply and 1.11 million (18 per cent) need assistance with sanitation. At the end of 2020, 1.85 million people (around 30 per cent), including 130,000 IDPs who are spread across other oblasts of Ukraine, needed help in improving their hygiene situation, which is mainly due to the hygiene requirements related to COVID-19.

1.16 million elderly and 400,000 disabled people form the core of people needing help to maintain an adequate level of hygiene and to minimize their risks from COVID-19. These people are clearly in a particularly high-risk group for the disease. Meanwhile, the number of elderly people, especially women, living close to “contact line” is disproportionately high. Of the 3.1 million people in need of WASH assistance, 55 per cent are female and 45 per cent are male.

Geographically, more than three quarters of people needing WASH assistance live in urban areas (76 per cent) compared with 24 per cent who live in rural areas. This represents the urban and developed nature of the crisis in eastern Ukraine, but also highlights that many people who need help to avoid COVID-19 actually live in cities. 43 per cent (1.29 million people) of people in need of WASH assistance live in the GCA while 57 per cent (1.67 million) live in NGCA. Higher numerical needs in NGCA reflect the higher population in those areas. At the Entry Exit Crossing Points (EECPs) there is still a need to maintain people’s dignity, and local authorities continue to request direct WASH support there. This requested assistance should help the authorities equip the newly opening crossing point at Shchastia and Zolote as well as the proposed service centres planned for each EECP.

The WASH cluster also identified 451,000 children in need of assistance. Children are at risk within orphanages, schools and kindergartens, where water sanitation and hygiene levels are inadequate. They are also at risk in the wider community as part of disproportionately large families or within child-headed households, where income levels may not be sufficient to help the family buy sufficient hygiene products.

Analysis of needs

There is considerable data that demonstrates an increased need for hygiene interventions in 2021, both at household and institutional levels, including COVID-19 designated hospitals, primary, secondary and tertiary health facilities.

According to REACH, 77 per cent of people in GCA report that they are protecting themselves from COVID-19 by washing their hands, while 86 per cent of people know to wash their hand for 20 seconds or more. However, the implication is that 23 per cent do not immediately think of protecting themselves from COVID-19 by washing their hands while 14 per cent do not realise that they should be washing for twenty seconds or more (REACH KAPA, Sept 2020).

According to UNICEF (2020), 95 per cent of the people are aware that they should wash their hands regularly and report that they do so. As indicated by REACH, it is not clear if people have full access to soap and running water, or whether they would consider washing their hands for long enough.

In GCA near the “contact line”, HelpAge (2020) found that 82 per cent of older people (including 85 per cent women) need assistance to obtain hygiene items, which are either difficult to get or are expensive. Of these, 39 per cent mentioned that they need urological pads and 21 per cent need diapers for adults.

By April 2020, 25 per cent of people reported that hygiene items were not fully available locally (this was worse in less accessible “peripheral” locations, compared to only 7 per cent of people who reported such shortages in February 2020 (REACH/NRC, 2020).
Meanwhile, prices of these hygiene items also rose by nearly 7 per cent between February and April, and 25 per cent of retailers reported that hand sanitizer was unavailable. At that time, 45 per cent of people were travelling to other settlements to buy hygiene items which posed an obvious risk of increasing the spread of COVID-19. Washing powder seemed to be less available in people's own settlements. However, during the quarantine period, only 12 per cent of people were travelling to buy hygiene items elsewhere. While this might reduce direct transmission of the virus, it is true that during quarantine people were forced to use lower quality or more expensive items, purchased locally, or even to go without certain items.

In around 5 per cent of households, women may be using unhygienic menstrual hygiene practices according to a WASH Cluster survey in 2019. Although this figure is slightly out-of-date, the need to continue with Menstrual Hygiene Management (MHM) measures in 2021 is considered relevant. One NGO reported to have observed a reduced level of knowledge in menstrual hygiene issues among very young women and teenagers in NGCA in 2020, when compared to the start of the armed conflict.

In hospitals, the situation is challenging in all areas. According to REACH who studied 473 primary, secondary and tertiary facilities in Luhanska and Donetsk oblasts (GCA only), 60 per cent of health facilities reported that they did not have proper medical waste disposal in place and that they disposed of medical waste in the normal garbage or burnt it without any incinerator (REACH RAHFa April 2020). 72 per cent of health facilities had only limited availability of hand sanitizer, and 55 per cent did not have paper hand towels. This shortage of towels is significant as people, including medical staff, might be very reluctant to wash their hands in the winter, if they cannot dry them hygienically. 29 per cent experienced problems with water for cleaning while 47 per cent of primary health facilities relied on trucked water or water from wells for drinking. As there are

167 secondary or above health facilities in GCA alone, and a comparable number in NGCA, the effort needed to increase levels of hygiene and improve Infection Prevention and Control (IPC) will be significant. Meanwhile, similar institutional hygiene problems apply to orphanages, schools and kindergartens: old people's homes, especially, stand out as one of the most needy and obvious targets to ensure that hygiene levels should be raised during the COVID-19 pandemic.

When considering water needs in eastern Ukraine, it should be noted that 14 per cent of households which use centralised potable water as their main source received water only by schedule in 2020. This figure rises to 28 per cent near the “contact line” according to a WASH cluster study (2019). According to the REACH Trend Analysis (2020), the number of people experiencing “daily” water shortages dropped from 10 per cent in 2019 to 6 per cent in 2020, and an increase in household expenditure for utilities (from 14 per cent in 2019 to 17 per cent in 2020). However, both figures could be explained by the error margins within the study. According to the HelpAge Snapshot study (2020), 71 per cent of older people (67 per cent of women) reported they had limited (90 per cent) or no (10 per cent) access to safe drinking water.

Water quality is also an issue. A 2020 study completed by People in Need observed that in addition to expectedly hard water, households in some areas experienced raised levels of lead in drinking water while in other areas water at household level was polluted by nitrates, coliforms, or both, indicating potential cross contamination of the water network by local sewer networks.

Sanitation is an increasing need in the conflict area of eastern Ukraine. According to the HelpAge Snapshot study (Jan 2020) 51 per cent of older people near the “contact line” have difficulties with access to sanitation (84 per cent of which have limited access, 9 per cent have rare or reduced access, and 7 per cent
have no access at all. Focus Group discussions with WASH cluster partners identified that some households living near the “contact line” still have problems with emptying their septic tanks while others have no effective garbage removal.

**Thirty-eight per cent of people in the conflict area use centralised heating.** This is at risk from underfunding, and it is noteworthy that wealthier households tend to replace their connection to a centralised system with a household level boiler, leaving the poorest reliant on the old system. In addition, 54 per cent of households have a plot, 30 per cent of which use piped water (potable or technical) to water their plants and 30 per cent experienced shortages of water for watering. In that way deficiencies in the provision of water are highly linked to the food security of the population.

During the COVID-19 pandemic, the WASH needs identified in eastern Ukraine have an unfortunate and negative effect on the health and wellbeing of the population, just as reduced access to services has negative humanitarian consequence in terms of people’s living standards.

To address immediate health and wellbeing issues due to both COVID-19 and the armed conflict, WASH partners should consider:

- Distribution of hygiene kits (or through vouchers) to households, especially targeting elderly and disabled people and meeting the specific needs of elderly people in terms of urological pads and adult diapers in urban areas or in areas along the “contact line”.

- Distribution of cleaning materials, especially washing powder, bleach, paper towels and hand sanitizer to institutions at risk during the COVID-19 pandemic. In this case, a voucher-based methodology can be used to increase efficiency.

- Raising awareness of COVID-19 risks and how people can protect themselves. Hygiene promotion, handwashing and general COVID-19 awareness messages.

- Ensuring that physical infrastructure exists to permit handwashing in healthcare settings, schools, kindergartens, orphanages and old peoples’ homes, or key locations within the community. Installing handwashing stations or hand sanitizer stations as appropriate.

- Emergency repairs of existing centralised or decentralised water systems and development of new water sources or emergency provision of safe water, especially in the case that such actions improve hygiene in hospitals, schools, orphanages and old peoples’ homes.

- Trucking water to isolated settlements along the “contact line”, but with a clear exit strategy, and provision of bottled water in extreme cases.

- Improvements to water quality at household level through increased hygienic water storage (jerry cans, or tanks); piloting of household level water treatment options; coupled with continued and increased monitoring of water quality in partnership with the authorities, and improvements in laboratory testing capacity. Continued delivery of water treatment chemicals to water companies, again with an eye on an exit strategy.

- Improved and maintained water quality, availability and sanitation at crossing points.

- Emergency rehabilitation of sewers, sewage pumping stations, sewage treatment plants.

- Sanitation support through assistance to empty septic tanks at household level in rural frontline areas, and community-level initiatives to reduce health risks from solid waste build-up

- Sanitation support at institutional level: toilets, cleaning or general waste improvements with a particular focus on medical waste in relation to COVID-19.

- Hot water system repairs either at institutional or communal level.

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238 WASH Cluster.
In the first three quarters of 2020, there were 58 WASH security incidents that affected people in eastern Ukraine and put the lives of water workers at risk. This is a reduction from 77 in during the same period in 2019. However, the First Lift Pumping Station of the South Donbass waterway and the Donetsk Filter Station were affected eleven times each, and there were twenty-two incidents that threatened to release sewage into the environment. The main water artery to the whole region, the Siverskyi Donets Donbass Channel, was also damaged by shelling on at least two occasions, risking water supply to 3.1 million people during each of those incidents. Water companies, as well as electricity companies continue to face financial issues directly relating to the armed conflict, which in turn lead to stoppages of water supply in all areas. Therefore, field programming by the thirty agencies of the WASH cluster must also be supported by active advocacy, to protect civilian infrastructure and workers.

### Indicators

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<td>WASH</td>
<td>WASH study / COVID-19 KAPA Survey (REACH) / National Monitoring System Report (IOM)</td>
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<td>% of households that need help with water supply</td>
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<td>WASH study / Multi-Sector Needs Assessment (REACH)</td>
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<td>% of households that need help with sanitation</td>
<td>WASH</td>
<td>WASH study / Multi-Sector Needs Assessment (REACH)</td>
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<td>04</td>
<td>% of secondary/tertiary Health Facilities with needs in IPC (hygiene related)</td>
<td>WASH</td>
<td>COVID 19 Preparedness: Rapid Health Facility Assessment (RaHFA) (REACH)</td>
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<td>05</td>
<td>% of secondary/tertiary Health Facilities needing support around proper disposal of medical waste</td>
<td>WASH</td>
<td>COVID 19 Preparedness: Rapid Health Facility Assessment (RaHFA) (REACH)</td>
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</table>
Vladyslav, 90 years old, sits in the living room of his house, just a few hundred metres from where the hostilities are most intense. Photo: OCHA/Yevhen Masolka
4.1
Data Sources

The analysis of humanitarian needs was informed by over 100 assessments conducted by the humanitarian partners between October 2019 and October 2020. All this contributed to a comprehensive understanding of humanitarian needs in Ukraine, particularly in GCA, where humanitarian access is less constrained than in NGCA and where data is more available.

Number of assessments

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<tr>
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<td>72</td>
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Type of assessments

- COVID-19-related assessments: 79
- non-COVID-19-related assessments: 74

Number of assessments per cluster and location

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<th>Cluster</th>
<th>Multi-Sector</th>
<th>Education</th>
<th>Food security &amp; Livelihoods</th>
<th>Health</th>
<th>Protection</th>
<th>Shelter/NFIs</th>
<th>WASH</th>
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4.2 Methodology

Joint Intersectoral Analysis

The common framework facilitating the 2021 HNO analysis has built upon the Joint Intersectoral Analysis Framework (JIAF) originally developed in 2019. The JIAF indicators have been reviewed – mainly to integrate COVID-19-specific indicators - and trimmed down from 38 in 2019 to 30 in 2020. These indicators have been selected in alignment with the global list of indicators as much as feasible/appropriate. They have been categorised into three pillars of (i) living standards; (ii) physical and mental wellbeing and (iii) coping mechanisms, as per the global JIAF framework.

The joint intersectoral analysis this year has been primarily driven by the Inter-Cluster Coordination Group (ICCG) and OCHA with limited opportunities to seek views and expert judgement of field-based partners due to COVID-19 and related restrictions on movement and physical gathering. The ICCG discussed and reviewed qualitative data available, validated the scope of the needs analysis, agreed on population groups and sub-groups, geographic areas (unit) and corresponding indicators, and provided insightful area-based inputs to establish a shared analysis of the humanitarian situation and needs.
It was decided that the scope of the JIAF analysis would remain the same as previous with:

- Two population groups: residents and IDPs
- Geographic areas divided by Administrative 1 level (two oblasts in eastern Ukraine) and by sub-zones from the “contact line”

An additional geographic disaggregation between rural and urban areas was only possible in some sub-zones in GCA.

**Determining Severity of Needs**

The 2021 severity ranking adopts a five-scale methodology that has been customised in line with the global guidance. Severity ranking was done through a two-tiered approach. First, the clusters defined the five threshold values against the intersectoral identified indicators under the three humanitarian conditions (physical and mental wellbeing, living conditions and coping mechanisms).

Where data was available, the defined thresholds were applied systematically to define a scoring from 1 to 5. All determined severity values were consolidated at the inter-cluster level to produce a composite severity map in the eleven geographic areas of the analysis.

Below is the list of JIAF indicators and relevant thresholds:

### Indicators

<table>
<thead>
<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>x01</td>
<td>% of children not attending school, including distance learning, by sex and school-level (as a result of the crisis, including COVID)</td>
<td>Education</td>
<td>100% of school-aged children attended school in the current/most recent school year</td>
<td>&gt;75% of school-aged children attended school in the current/most recent school year</td>
<td>&gt;50% of school-aged children attended school in the current/most recent school year</td>
<td>&gt;25% of school-aged children attended school in the current/most recent school year</td>
<td>0-25% of school-aged children attended school in the current/most recent school year</td>
</tr>
<tr>
<td>x02</td>
<td>Number of attacks on school in the last 12 months</td>
<td>Education</td>
<td>0</td>
<td>1 to 10 incidents</td>
<td>11 to 20 incidents</td>
<td>21 to 30 incidents</td>
<td>More than 30 incidents</td>
</tr>
<tr>
<td>x03</td>
<td>Food Consumption Score</td>
<td>Food Security and Livelihoods</td>
<td>Acceptable and stable</td>
<td>Acceptable but deterioration from typical</td>
<td>Borderline</td>
<td>Emergency</td>
<td>Severely food insecure</td>
</tr>
<tr>
<td>x04</td>
<td>Food expenditure share</td>
<td>Food Security and Livelihoods</td>
<td>&lt;50%</td>
<td>50-65%</td>
<td>65-75%</td>
<td>75-85%</td>
<td>&gt; 85%</td>
</tr>
<tr>
<td>x05</td>
<td>% of households that spent savings as a coping strategy to cope with lack of sources of income to meet basic needs</td>
<td>Food Security and Livelihoods</td>
<td>No stress, crisis or emergency coping observed</td>
<td>Stress strategies are the most severe strategies used by the household in the past 30 days</td>
<td>Crisis strategies are the most severe strategies used by the household in the past 30 days</td>
<td>Emergency strategies are the most severe strategies used by the household in the past 30 days</td>
<td>Near exhaustion of coping capacity</td>
</tr>
<tr>
<td>x06</td>
<td>Household Hunger Scale (HHS)</td>
<td>Food Security and Livelihoods</td>
<td>0 (none)</td>
<td>1 (slight)</td>
<td>2 or 3 (moderate)</td>
<td>4 (severe)</td>
<td>5 or 6 (severe)</td>
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<tr>
<td>#</td>
<td>INDICATORS</td>
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<tr>
<td>x07</td>
<td>% of households that reduced healthcare expenses due to lack of resources to meet basic needs</td>
<td>Health&lt;br&gt;20% of HHs reported reduced healthcare expenses due to lack of resources to meet basic needs&lt;br&gt;21-30% of HHs reported reduced healthcare expenses due to lack of resources to meet basic needs&lt;br&gt;31-40% of HHs reported reduced healthcare expenses due to lack of resources to meet basic needs&lt;br&gt;41-50% of HHs reported reduced healthcare expenses due to lack of resources to meet basic needs&lt;br&gt; &gt;50% of HHs reported reduced healthcare expenses due to lack of resources to meet basic needs</td>
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<tr>
<td>x08</td>
<td>% of households that experienced difficulties in accessing healthcare in the past 12 months all the time or often</td>
<td>Health&lt;br&gt; &gt;10% of HHs reported having problems accessing healthcare services (&quot;all of the time&quot; + &quot;often&quot;)&lt;br&gt;10-19% of HHs reported having problems accessing healthcare services (&quot;all of the time&quot; + &quot;often&quot;)&lt;br&gt;20-29% of HHs reported having problems accessing healthcare services (&quot;all of the time&quot; + &quot;often&quot;)&lt;br&gt;30-39% of HHs reported having problems accessing healthcare services (&quot;all of the time&quot; + &quot;often&quot;)&lt;br&gt; &gt;40% of HH reports problems accessing health care (&quot;all of the time&quot; or &quot;often&quot;)</td>
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<tr>
<td>x09</td>
<td>% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators</td>
<td>Health&lt;br&gt; &gt;80% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators&lt;br&gt; &gt;71-80% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators&lt;br&gt; &gt;61-70% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators&lt;br&gt; &gt;51-60% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators&lt;br&gt; &lt;50% of secondary/tertiary health facilities with functional ICU, including oxygen ventilators</td>
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<tr>
<td>x11</td>
<td>% of people who believe COVID-19 is a real public health risk as important and trust the Government’s response to the outbreak</td>
<td>Health&lt;br&gt; &gt;60% believe COVID-19 is a public health risk and an important issue (&quot;Extremely important&quot; + &quot;Very important&quot;)&lt;br&gt; 51-60 believe COVID-19 is a public health risk and an important issue (&quot;Extremely important&quot; + &quot;Very important&quot;)&lt;br&gt; 41-50 believe COVID-19 is a public health risk and an important issue (&quot;Extremely important&quot; + &quot;Very important&quot;)&lt;br&gt; 31 - 40% believe COVID-19 is a public health risk and an important issue (&quot;Extremely important&quot; + &quot;Very important&quot;)&lt;br&gt; &lt;30% believe COVID-19 is a public health risk and an important issue (&quot;Extremely important&quot; + &quot;Very important&quot;)</td>
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<tr>
<td>x12</td>
<td># of confirmed COVID cases</td>
<td>Health&lt;br&gt; &lt;100 confirmed COVID cases&lt;br&gt; 100-400 confirmed COVID cases&lt;br&gt; 401-800 confirmed COVID cases&lt;br&gt; 801-1500 confirmed COVID cases&lt;br&gt; &gt;1501 confirmed COVID cases</td>
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<tr>
<td>x13</td>
<td>% of HHs without Ukrainian government recognised ownership documents</td>
<td>Protection&lt;br&gt; 0-1% of HHs without Ukrainian government recognised ownership documents&lt;br&gt; 2-3% of HHs without Ukrainian government recognised ownership documents&lt;br&gt; 4-19% of HHs without Ukrainian government recognised ownership documents&lt;br&gt; 20-49% of HHs without Ukrainian government recognised ownership documents&lt;br&gt; 50+% of HHs without Ukrainian government recognised ownership documents</td>
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<tr>
<td>x14</td>
<td>% of people affected by security incidents in the last 12 months</td>
<td>Protection&lt;br&gt; From 0 to 9 security incidents by Settlement in the last 12 months&lt;br&gt; From 10 to 20 security incidents by Settlement in the last 12 months&lt;br&gt; From 21 to 99 security incidents by Settlement in the last 12 months&lt;br&gt; From 100 to 199 security incidents by Settlement in the last 12 months&lt;br&gt; &gt; 200 security incidents by Settlement in the last 12 months</td>
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<tr>
<td>x15</td>
<td>% of IDPs who have to limit expenses even for food or have funds only for food</td>
<td>Protection&lt;br&gt; 0-9% of IDPs have to limit expenses even for food or have funds only for food&lt;br&gt; 10-29% of IDPs have to limit expenses even for food or have funds only for food&lt;br&gt; 30-49% of IDPs have to limit expenses even for food or have funds only for food&lt;br&gt; 50-69% of IDPs have to limit expenses even for food or have funds only for food&lt;br&gt; 70+% of IDPs have to limit expenses even for food or have funds only for food</td>
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<tr>
<td>x16</td>
<td>% of IDPs who have to not being integrated into local communities</td>
<td>Protection&lt;br&gt; 0-1%&lt;br&gt; 2-4%&lt;br&gt; 5-24%&lt;br&gt; 25-49%&lt;br&gt; 50+%</td>
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<td>INDICATORS</td>
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<tr>
<td>x17</td>
<td>% of older people who crossed the &quot;contact line&quot; at least once in 2019 to recover a pension or resolve key issues (withdraw cash or buy basic goods)</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-30%</td>
<td>31-50%</td>
<td>51-74%</td>
<td>75+%</td>
</tr>
<tr>
<td>x18</td>
<td>% of adults who crossed the &quot;contact line&quot; at least once in 2019 to manage issues with documents, visit relatives or withdraw cash</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-30%</td>
<td>31-50%</td>
<td>51-74%</td>
<td>75+%</td>
</tr>
<tr>
<td>x19</td>
<td># of children and caregivers in need of MHPSS</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-24%</td>
<td>25-40%</td>
<td>41-60%</td>
<td>61+%</td>
</tr>
<tr>
<td>x20</td>
<td># of children born in NGCA between 2015 and 2019 who have not received a birth certificate from the Ukrainian authorities</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-30%</td>
<td>31-50%</td>
<td>51-74%</td>
<td>75%</td>
</tr>
<tr>
<td>x21</td>
<td>% of women (18+) for whom GBV-related services are not available</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-30%</td>
<td>31-50%</td>
<td>51-74%</td>
<td>75%</td>
</tr>
<tr>
<td>x22</td>
<td>% of persons in need of mine and UXO clearance</td>
<td>Protection</td>
<td>0-10%</td>
<td>11-30%</td>
<td>31-50%</td>
<td>51-74%</td>
<td>75%</td>
</tr>
</tbody>
</table>

Legend:
1) Population residing in settlements that have not experienced any incident and living in >20 km from the CL (covering all Donetsk and Luhansk regions);
2) Other population (not conflict-affected)
1) Population residing in settlements that have not experienced any incident and living in 0-20 km from the CL (covering all Donetsk and Luhansk regions) + 79% of the overall population of large cities;
2) Populations of settlements with 1 to 4 incidents reported and living in 5+ km from the CL (covering all Donetsk and Luhansk regions) + 79% of the overall population of large cities;
3) Population residing in settlements with 1 to 4 incidents reported and living in 0-5 km from the CL;
4) Population residing in settlements with 5 or more incidents reported and living in 0-5 km from the CL;
5) People who will frequently use the area after clearance;
6) Mine/ERW casualties from HALO database;
7) Population residing in settlements with 5 or more incidents reported and living in 0-5 km from the CL.
<table>
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<tr>
<th>#</th>
<th>INDICATORS</th>
<th>SECTORS</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>% of households living in damaged or destroyed due to the conflict</td>
<td>Shelter / NFI</td>
<td>Shelter never damaged by conflict OR Shelter damaged by conflict AND damage was repaired OR The answer about the shelter damage is “Don’t know”</td>
<td>Shelter damaged by conflict AND One of the following issues exist: Opening or cracks in roof; Broken, cracked windows; Exterior doors broken, unable to shut properly; Some cracks in walls</td>
<td>Shelter damaged by conflict AND Damage not repaired AND One of the following issues exist: Roof partially collapsed; Large cracks or openings in most wall; Exterior doors and windows missing</td>
<td>Shelter damaged by conflict AND Damage not repaired AND House is fully destroyed OR Some walls fully collapsed OR Foundation damaged or shifted OR Damage is to gas pipes OR water pipes OR wiring OR sewage lines</td>
<td>N/A</td>
</tr>
<tr>
<td>24</td>
<td>% of households that reported insufficient heating arrangement in winter</td>
<td>Shelter / NFI</td>
<td>HH spends &lt;20% of spending on heating OR the spending is unknown</td>
<td>HH spends 20-29% of spending on heating</td>
<td>HH spends 30-39% of spending on heating</td>
<td>HH spends &gt;40% of spending on heating</td>
<td>N/A</td>
</tr>
<tr>
<td>25</td>
<td>% of HHs that are missing essential winter NFIIs</td>
<td>Shelter / NFI</td>
<td>HH is NOT missing any of: winter boots, warm jacket, warm underwear AND Has at least one in the whole HH - Functional stove or Movable heater</td>
<td>HH is missing at least 1 of: winter boots, warm jacket, warm underwear AND Has at least one in the whole HH - Functional stove or Movable heater</td>
<td>HH is missing at least 1 of: winter boots, warm jacket, warm underwear AND Missing both in the whole HH - Functional stove and Movable heater</td>
<td>HH is missing at least 2 of: winter boots, warm jacket, warm underwear AND Missing both in the whole HH - Functional stove and Movable heater</td>
<td>N/A</td>
</tr>
<tr>
<td>26</td>
<td>% of households that need help with hygiene given the COVID-19 pandemic.</td>
<td>WASH</td>
<td>&lt;=15%</td>
<td>16-30%</td>
<td>31-50%</td>
<td>51-70%</td>
<td>&gt;=71%</td>
</tr>
<tr>
<td>27</td>
<td>% of households that need help with water supply</td>
<td>WASH</td>
<td>&lt;=20%</td>
<td>21-30%</td>
<td>31-40%</td>
<td>41-60%</td>
<td>&gt;=61%</td>
</tr>
<tr>
<td>28</td>
<td>% of households that need help with sanitation</td>
<td>WASH</td>
<td>1-15%</td>
<td>&gt;16-30%</td>
<td>&gt;31-50%</td>
<td>&gt;51-70%</td>
<td>&gt;71%</td>
</tr>
<tr>
<td>29</td>
<td>% of secondary/tertiary Health Facilities with needs in IPC (hygiene related)</td>
<td>WASH</td>
<td>&lt;=20%</td>
<td>&gt;21-40%</td>
<td>&gt;41-60%</td>
<td>&gt;61-80%</td>
<td>&gt;81%</td>
</tr>
<tr>
<td>30</td>
<td>% of secondary/tertiary Health Facilities needing support around proper disposal of medical waste</td>
<td>WASH</td>
<td>&lt;=20%</td>
<td>&gt;21-30%</td>
<td>&gt;31-40%</td>
<td>&gt;41-60%</td>
<td>&gt;61%</td>
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</table>
Following the 2021 HPC Global JIAF Guidance and given that there were no household level indicators collected at household level for the defined geographical area and population group, the analysis group opted for Data Scenario B in Ukraine. The two main steps to define the severity level for each key unit are:

- Each of the 30 indicators was assigned a humanitarian condition score calculated for every area/population group (key units) by using the 25-per-cent-rule: the score from 1 to 5 is when the first 25 per cent are reached by adding a percentage starting from 5, then 4... until 1.

- The final score (the JIAF estimate ranging from 1 to 5) which combined the severity of the 30 indicators consists of the mean 50 per cent max indicator for each key unit. We obtained a severity score for each key unit but also a JIAF estimate, which informs of a percentage of the population baseline to be considered for the calculation of the PiN.

This methodology provides for the first time a severity score for each key unit (1 to 5) which is primarily based on indicators’ data and allows direct linkages between severity levels and PiN number.

For more detailed information see the Joint Intersectoral Analysis Framework.

People in Need (PiN) Calculation

The total PiN reflects the sum of two main humanitarian population groups: the residents of the two conflict-affected oblasts and the IDPs who live in GCA. Following the instructions of the Data Scenario B from the 2021 JIAF Guidance, two comparisons were undertaken between severity and PiN after obtaining the severity scoring and the JIAF estimates:

- Compare the JIAF estimates against the “critical indicator” breakdown of population by severity class

- Compare JIAF estimates with individual sector PiN estimates available for each individual area / group to estimate the HNO PiN

Resident PiN

Based on the JIAF, the total PiN figure was calculated by using the JIAF estimates after combining the 30 JIAF indicators for each of the ten priority geographic areas with rural and urban disaggregation, where feasible. The highest PiN was calculated by the Clusters using their indicators in each of the ten geographic units.

This methodology relies on the confirmation that the data from the relevant assessments was statistically representative for the geographic units of the analysis of the HNO. Whenever there was no information available, which was particularly the case in NGCA, expert judgement was used. The robust methodology has allowed to compile comprehensive available data which provides a more evidence-based analysis compared with previous approaches that were mainly based on expert judgement.

IDP PiN

For the calculation of IDPs in need, the calculation was based on the 1.4 million IDPs who were registered by the MoSP as of August 2020. However, there was a general understanding that not all of these 1.4 million registered IDPs were living in GCA. Many of them lived in NGCA but had to register as IDPs with the MoSP to maintain their pension and social payments provided by the Government of Ukraine. This is due to the Government’s policy that links pensions to IDP registration. For planning purposes and to avoid potential double counting of people in need, a distinction within these 1.4 million registered IDPs was made as to where they live – in GCA or in NGCA.

The methodology that was originally developed in 2016 was further refined to facilitate the calculation of IDPs in need and the IDP caseload. Applying the endorsed calculation methodology for the 2020 HPC, the IMWG and ICGG have agreed to endorse a baseline figure of about 730,000 IDPs – out of the 1.45 million “registered” IDPs – as those living permanently in GCA. The rest of the registered IDPs (around 720,000) were considered as living in NGCA and have been included in the “NGCA resident” caseload.
For the 2021 HPC, it was agreed with the Protection Cluster that the same number of IDPs in need would be kept as the minor increase in the total number of IDPs in Ukraine provided by the MoSP did not reflect any particular increase in the needs. This was later on revealed in the level of severity observed for that population group. For the 2020 HPC, two IDP-related indicators were identified by the Protection Cluster and included in the JIAF’s list of the 30 indicators:

- Percentage of IDPs having to cut expenses for food or only having enough funds for food (source: IOM’s National Monitoring System)

- Percentage of IDPs who continue to live in collective centres and/or living in rented accommodation.

As such, the IDP PIN has been estimated to be around 340,000, in addition to the residents in need.

In the three geographic areas where data was available to define a severity ranking for the IDP population, the JIAF estimate resulted to be in line with the number of IDPs in need which was only calculated through the Protection Cluster’s single approach.
The Joint Intersectoral Analysis Framework (JIAF)

**Context**

<table>
<thead>
<tr>
<th>Political</th>
<th>Economy</th>
<th>Socio-cultural</th>
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</thead>
<tbody>
<tr>
<td>Legal and policy</td>
<td>Technological</td>
<td>Demography</td>
</tr>
<tr>
<td>Environment</td>
<td>Security</td>
<td>Infrastructure</td>
</tr>
</tbody>
</table>

**People living in the affected area**

**Event / Shock**

**Drivers**

Underlying factors / Pre-existing vulnerabilities

**People affected**

**Impact**

<table>
<thead>
<tr>
<th>Impact on humanitarian access</th>
<th>Impact on systems &amp; services</th>
<th>Impact on people</th>
</tr>
</thead>
</table>

**Humanitarian conditions**

**People in need**

Living Standards  
Coping Mechanisms  
Physical and Mental Wellbeing

**Severity of needs**

Current and forecasted priority needs/concerns  
By relevant age, gender and diversity characteristics
### The JIAF Severity Scale

<table>
<thead>
<tr>
<th>SEVERITY PHASE</th>
<th>KEY REFERENCE OUTCOME</th>
<th>POTENTIAL RESPONSE OBJECTIVES</th>
</tr>
</thead>
</table>
| 1 None/Minimal | Living Standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the legal framework. Ability to afford/meet all essential basic needs without adopting unsustainable Coping Mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on Physical and Mental Wellbeing. | Building Resilience  
Supporting Disaster  
Risk Reduction |
| 2 Stress | Living Standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible Coping Mechanisms. Minimal impact on Physical and Mental Wellbeing (stressed Physical and Mental Wellbeing) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations). | Supporting Disaster  
Risk Reduction  
Protecting Livelihoods |
| 3 Severe | Degrading Living Standards (from usual/typical), leading to adoption of negative Coping Mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services. Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - Coping Mechanisms. Degrading Physical and Mental Wellbeing. Physical and mental harm resulting in a loss of dignity. | Protecting Livelihoods  
Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions |
| 4 Extreme | Collapse of Living Standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality | Saving Lives and Livelihoods |
| 5 Catastrophic | Total collapse of Living Standards  
Near/Full exhaustion of coping options.  
Last resort Coping Mechanisms/exhausted.  
Widespread mortality (CDR, U5DR) and/or irreversible harm. Widespread physical and mental irreversible harm leading to excess mortality. Widespread grave violations of human rights. | Reverting/Preventing Widespread death and/or Total collapse of livelihoods |
4.3 Information Gaps and Limitations

According to the Assessment Registry, some 106 assessments were conducted between October 2019 and October 2020, including COVID-19 related assessments and assessments with multi-sectoral, sector-specific, project-specific or thematic focus. The majority of the assessments covered GCA, while only a handful focused on NGCA due to access constraints. There has been demand for extending the coverage of the needs assessment to all areas in NGCA, provided access is possible.

The two major assessments looking at the situation and needs in NGCA are the annual REACH Multi-Sectoral Needs Assessment which applies mixed methods of data collection between January and February 2020, and the Humanitarian Situation Monitor (HSM) which collected data from hotline users between August and September 2020. The HSM is unique in its approach as it seeks to identify developing or emerging trends in household needs with particular focus on household economic security, coping capacities and access to basic services following the outbreak of COVID-19 and subsequent containment measures. The assessment will be repeated on a quarterly basis. Other studies that extend a limited coverage to NGCA include the quarterly report on the Human Rights Situation in Ukraine by OHCHR and the quarterly review of “Crossing the Contact Line” by the NGO Right to Protection (conducted in GCA). However, the latter has been impacted by the closure of the crossing points since March 2020 resulting in a significant reduction of crossings over the “contact line”.

While these assessments provide a good generic overview of humanitarian needs on both sides of the “contact line”, challenges remain in establishing some common grounds particularly related to the sampling methodology and timeline. Coherence of the sampling frame is essential in ensuring representativeness (spatially and demographically) and comparability of data generated by the different assessments to meet the demand of granularity required by the enhanced approach to the Humanitarian Programme Cycle. The problems of limited access and acceptance of needs assessments in NGCA also pose restrictions on sampling and data collection. As a result, the findings of these assessments conducted in NGCA are neither detailed nor spatially and statistically representative, compared to household assessments with an appropriate sampling size and structure, which is subject to unrestricted access. Such data will have to be complemented by anecdotal evidence or expert judgement to inform programmatic response where specific information/analysis will be required.

A challenge which is common to other analysis processes is that the JIAF relies on a combination of primary and secondary data which are often collected through various methodologies, all subject to limitations inherent to humanitarian contexts, e.g. access, safety considerations, etc. COVID-19 puts further limitations on how data can be collected.

As the enhanced approach to the HPC requires a greater depth and breadth of analysis of the situation and associated needs, it calls for more investment in building up analytical and information management capacity of all concerned, including the clusters. The need for missing data, particularly related to the situation of people living in NGCA as well as the granularity and representativeness of data at the lowest possible level will also persist, given such an ambitious shift of the new HPC approach. There is a need for a stronger collaboration for coordinated or joint assessments in 2021 and beyond to optimise not only the limited resources available, but also the opening of access where/if possible, for the benefit of humanitarian programming and monitoring.
A territorial reform for some administrative boundaries countrywide was announced by the Government of Ukraine and entirely new Admin levels 2 and 3 (raions and hromadas) will be used for any geographical analysis and representation in the country. This transition to a totally new geodata system to map eastern Ukraine has been a major reason and limitation to use official administrative levels in the JIAF.
4.4 Acronyms

**ACTED**: Agency for Technical Cooperation and Development

**AFU**: Armed Forces of Ukraine

**AAP**: Accountability to affected population

**AMC**: Accreditation and Monitoring Commission

**CIMIC**: Civil-Military Cooperation Directorate of the Armed Forces of Ukraine

**CMCoord**: Civil-Military Coordination

**CoM**: Cabinet of Ministers of Ukraine

**CSO**: Civil society organisation

**DDG**: Danish Demining Group

**DOT**: Directly Observed Therapy

**DPA**: United Nations Department of Political Affairs

**DRC**: Danish Refugee Council

**DTP**: Diphtheria, Tetanus, and Pertussis

**DV**: Domestic violence

**ECD**: Early Childhood Development

**ECMT**: Education Cluster Monitoring Tool

**EECO**: Entry-Exit Crossing Point

**EORE**: Explosive Ordnance Risk Education

**ERW**: Explosive Remnants of War

**GBV**: Gender-Based Violence

**GCA**: Government Controlled Area

**GDP**: Gross Domestic Product

**HC**: Humanitarian Coordinator

**HH**: Household

**HLP**: Housing, land and property

**HNO**: Humanitarian Needs Overview

**HPC**: Humanitarian Programme Cycle

**HRMMU**: United Nations Human Rights Monitoring Mission in Ukraine

**HRP**: Humanitarian Response Plan

**HSM**: Humanitarian Situation Monitor

**ICCG**: Inter-Cluster Coordination Group

**ICRC**: International Committee of the Red Cross

**IDP**: Internally Displaced Persons

**IED**: Improvised Explosive Device

**IHL**: International Humanitarian Law

**IHRL**: International Human Rights Law

**IMD**: Institute for Management Development

**INFORM**: Index for Risk Management

**INGO**: International Non-Governmental Organisation

**INSO**: International Safety Organisation

**IOM**: International Organization for Migration

**IPC**: Infection Prevention and Control

**IPV**: Intimate partner violence

**IPV**: Inactivated polio vaccine

**JFO**: Joint Forces Operation

**JIAF**: Joint Inter-Sectoral Analysis Framework

**JIPS**: Joint IDP Profiling Service

**MH**: Mental Health

**MHPSS**: Mental Health and Psychosocial Support

**MoSP**: Ministry of Social Policy

**MRE**: Mine Risk Education
MSNA: Multi-Sectoral Needs Assessment
MoSP: Ministry of Social Policy
MRTot: Ministry of Reintegration of the Temporarily Occupied Territories
MVTot: Ministry of Veteran Affairs and Temporarily Occupied Territories
NFI: Non-food item
NGCA: Non-Government Controlled Area
NGO: Non-Governmental Organization
NMAA: National Mine Action Authority
NMS: National Monitoring System
NRC: Norwegian Refugee Council
OCHA: United Nations Office for the Coordination of Humanitarian Affairs
OECD: Organization for Economic Development and Cooperation
OHCHR: United Nations Office of the High Commissioner for Human Rights
OSCE: Organization for Security and Co-operation in Europe
PIN: People in need
PIT: Personal income tax
PoC: Protection of civilians
PSEA: Protection against sexual exploitation and abuse
PPE: Personal Protection Equipment
PSS: Psychosocial support
PTSD: Post-traumatic stress disorder
SCORE: Social Cohesion and Reconciliation
SESU: State Emergency Service of Ukraine
SMM: Special Monitoring Mission to Ukraine
SSD: Safe School Declaration
STI: Sexually transmitted illness
TB: Tuberculosis
TCG: Trilateral Contact Group
UAH: Ukrainian Hryvnia (national currency of Ukraine)
UHF: Ukraine Humanitarian Fund
UNFPA: United Nations Population Fund
UNHCR: United Nations High Commissioner for Refugees
UNICEF: United Nations Children’s Fund
VAT: Value added tax
WASH: Water, sanitation and hygiene
WHO: World Health Organization
WoS: Windows of Silence