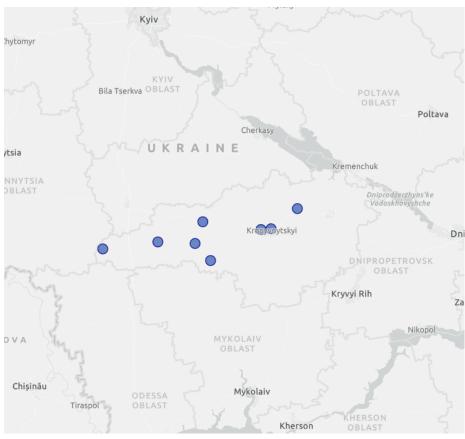
# KIROVOHRADSKA OBLAST COLLECTIVE CENTRE ASSESSMENT

Summary of IOM's CCCM Collective Centre Assessment | Q3, 2023



### **CLASSIFICATION: Unrestricted**

### ASSESSED COLLECTIVE CENTRES IN KIROVOHRADSKA OBLAST



## **OVERVIEW**

Between May and September 2023, IOM CCCM teams, in collaboration with Oblast authorities and local civil society organizations, conducted CCCM Collective Centre assessment across all Kirovohradska Oblast. Data was collected at the site-level at the request of the Kirovohradska Oblast administration and implemented through keyinformant interviews with site managers / focal points as well as conducting observational assessments. All figures and narrative in this fact-sheet cover collective centres which are hosting (and are capable of hosting) 30 persons or more and are indicative of the situation in the sites at the time of data collection. This fact-sheet provides a short overview of the monitoring assessment in the following thematic areas: demographics, vulnerabilities, site management, site environment, health, water, sanitation and hygiene (WASH), food provision, and most urgent needs.

### SITE TYPES

In total, 8 sites were assessed, of which 7 were hosting IDPs at the time of assessment, with 1 centre empty but ready to host. The most common type of site were school buildings (38%), followed by health facilities (25%), and government buildings (13%). In all sites, site managers report that IDPs do not have plans to transit to other locations.

## **KEY FIGURES**



collective centres (sites) assessed across Kirovohradska Oblast



IDPs hosted in collective centres (sites)



total hosting capacity



of sites are school buildings



of sites report that IDPs do not have plans to transit to other locations



of IDP-hosting sites report the presence of persons with disabilities



of sites are managed by the government



of IDP-hosting sites report presence of pregnant or lactating females



14%

of sites do not have a health worker present or regularly visiting



of sites are not connected to central sewage system



These assessments, conducted over the third quarter of 2023, were made possible through the generous support provided by the Bureau for Humanitarian Assistance (BHA).



### **DEMOGRAPHICS**



**HEALTH** 

There is no health worker present or to regularly visit in 14% of sites, while problems in accessing medicines are not reported in any of the sites.

are elderly (over the age of 59).



**VULNERABILITIES** 

On average, there are 4 toilets and 4 showers per site for the IDP population. Toilets and showers are not gender-segregated in 43% and 57% of sites of sites, respectively, nor disability-accessbile in 57% and 43% of sites, respectively. A critical 43% of sites are not connected to the central sewage system. The below chart details the primary ways by which IDPs access drinking water; of which, the most frequently reported way was via tap water (83%).

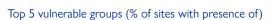
A total of 28 IDPs (10% of total IDPs) across 6 sites (86% of IDP-hosting sites) were reported to be persons with disabilities. Pregnant or lactating females were reported in 29% of IDP-hosting sites, unaccompanied elderly persons, persons with chronic diseases and orphaned children in 14% of sites.

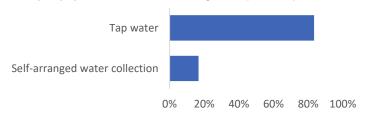
Out of a total of 279 IDPs currently hosted in the sites across the

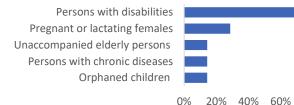
oblast, 63% are female and 37% are male; 23% are minors (under

the age of 18), 43% are adults (aged between 18 and 59), and 34%

Primary way by which IDPs access drinking water (% of sites)







## **FOOD PROVISION**

### SITE MANAGEMENT

17% of sites reported that there was no available communal space

88% of sites are managed by the government, and the remaining 12% are managed by local NGOs private individuals. 50% of sites report staff presence 24 hours of the day, 38% report staff presence in the daytime only, and 12% report periodic presence only. IDP registration upon arrival is reported in all sites; however, no sites report the existence of an allocation plan for vulnerable groups. No site managers reported that IDPs were being charged money to stay at the site.

to remain open for more than six months and 75% are unsure. The below chart presents gaps in site provision of key items and

services. Critically, 38% of sites are not disability-accessible, there

are insufficient fire extinguishers also in 38% of sites and no bomb

for IDPs to eat food, and 17% of sites reported that there was no kitchen area available for IDPs to prepare food. The most frequently reported way by which IDPs have access to food in sites was by personal preparation (50%), followed by food provisions by the site (37%).

## SITE ENVIRONMENT

## Ways by which IDPs access food (% of sites)



80% 100%

rovided by

site



NGO



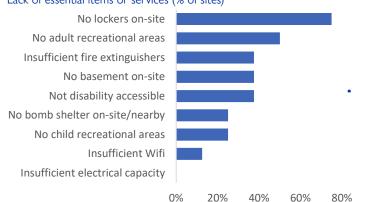
restaurants

shelter on-site or nearby in 25% of sites. Lack of essential items or services (% of sites)

### MOST URGENT NEEDS

Personal

preparation



The most urgent needs, as identified by site managers are displayed in the below table. Overall, the most frequently reported highest priority site need was found to be food services and shower upgrades, which were both identified by 29% of sites.

Table 1: Highest priority need (% of sites)

1. Food Services	28.6%
2. Shower upgrades	28.6%
3. Livelihoods	14.3%
4. WASH services (including hygiene kits)	14.3%
5. Site Upgrades - Heating	14.3%

