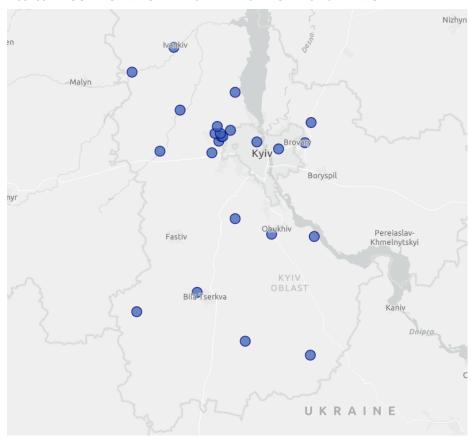
KYIVSKA OBLAST & KYIV CITY COLLECTIVE CENTRE ASSESSMENT

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



CLASSIFICATION: Unrestricted

ASSESSED COLLECTIVE CENTRES IN KYIVSKA OBLAST & KYIV CITY



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 Kyivksa Oblast and Kyiv city. Data was collected at the site-level at the request of the Kyivska 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, 26 sites were assessed, of which 24 were hosting IDPs at the time of assessment, with 2 centres empty but ready to host. 4 sites were assessed in Kyiv city, while the remaining 22 were assessed across Kyivksa oblast. Half of the assessed sites were found to be modular towns (50%), 27% were dormitories, and 12% were health facilities. In all sites, site managers report that IDPs do not have any plans to transit to other locations.

KEY FIGURES



collective centres (sites) assessed across Kyivksa Oblast & Kyiv city



IDPs hosted in collective centres (sites)



total hosting capacity



50% of sites are modular towns



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 unaccompanied elderly persons



of sites report that IDPs have problems in accessing medicines



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

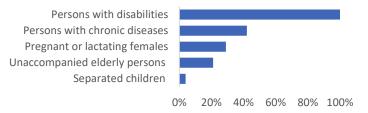


Out of a total of 2,732 IDPs currently hosted in the assessed sites, 57% are female and 43% are male; 19% are minors (under the age of 18), 53% are adults (aged between 18 and 59), and 28% are elderly (over the age of 59).

VULNERABILITIES

A total of 341 IDPs (12% of total IDPs) across 24 sites (100% of IDP-hosting sites) were reported to be persons with disabilities. Persons with chronic diseases were reported in 42% of IDP-hosting sites, pregnant or lactating females in 29%, unaccompanied elderly persons in 21%, and separated children in 4%.

Top 5 vulnerable groups (% of sites with presence of)



SITE MANAGEMENT



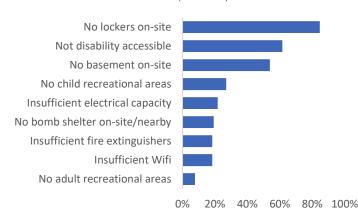
77% of sites are managed by the government, 15% by unspecified actors, and 8% by private individuals. 81% of sites report staff presence 24 hours of the day while 19% report presence in the daytimes only. IDP registration upon arrival is reported in all sites, and an allocation plan for vulnerable groups exists in 19% of sites. In 12% of sites, IDPs are reportedly being charged money to stay at the centre.

SITE ENVIRONMENT



In 92% of sites, the site manager reports that they expect the site to remain open for more than six months, while the remaining 8% expect the site to close within 6 months. The below chart presents gaps in site provision of key items and services. Critically, 62% are not disability accessible, which is especially critical given that all sites report the presence of persons with disabilities.

Lack of essential items or services (% of sites)



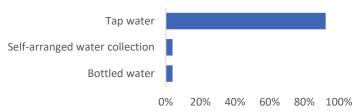
There is no health worker present or to regularly visit in 23% of sites, and problems in accessing medicine in almost half (46%) of sites.

WASH



On average, there are 24 toilets and 23 showers per site for the IDP population. Toilets and showers are not gender-segregated in 42% of sites, nor disability-accessible in 46% and 50%, respectively, of sites. A critical 23% 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 (92%), followed by self-arranged water collection and bottled water (both 4%).

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



FOOD PROVISION



Just 4% of sites reported that there was no available communal space for IDPs to eat food, and all sites reported that there was a kitchen area available for IDPs to prepare food. The most frequently reported way by which IDPs have access to food in sites was found to be IDPs purchasing and cooking their own food (85%), followed by food being provided by the site (19%), and by NGOs (4%).

Ways by which IDPs access food (% of sites)







MOST URGENT NEEDS



The most urgent needs, as identified by site managers are displayed in the below table. Overall, the most frequently reported site need was found to be site upgrades and repairs to structural elements of the site, especially with regard to winter preparation (roofing & insulation), as well as education, which was predominantly requested via the modality of providing tablets for children.

Table 1: Highest priority need (% of sites)

1. Site Upgrades & Repairs - Structural elements	16.0%
2. Education	16.0%
3. NFIs - Small household appliances	12.0%
4. WASH services (including hygiene kits); Children's recreation; Kitchen upgrades; Services for persons with disabilities	8.0%

