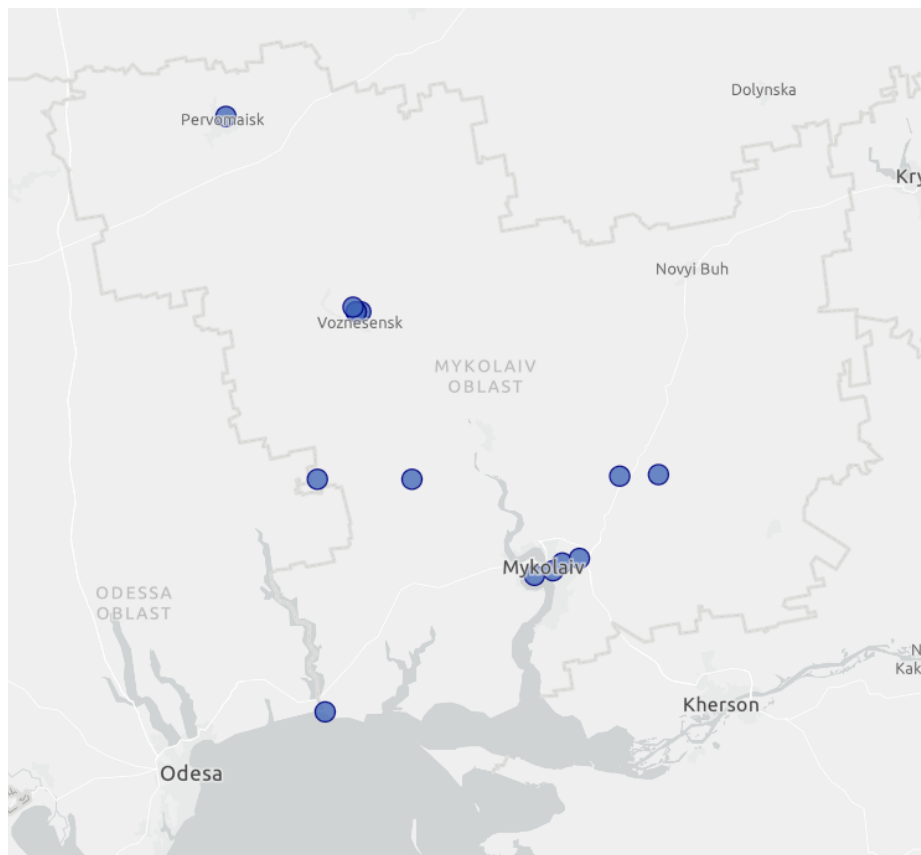


# MYKOLAIVSKA OBLAST COLLECTIVE CENTRE ASSESSMENT

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

CLASSIFICATION: Unrestricted

## ASSESSED COLLECTIVE CENTRES IN MYKOLAIVSKA 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 Mykolaivska Oblast. Data was collected at the site-level at the request of the Mykolaivska Oblast administration and implemented through key-informant 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, 14 sites were assessed, of which all were hosting IDPs at the time of assessment, with no centres empty but ready to host. Half of the assessed sites (50%) were health facilities, 21% were dormitories, and 14% were schools. In the sites that were hospitals (50%), site managers report that no IDPs plan to transit out of the site; however, in the remaining 50% of sites, site managers report that IDPs are both staying in the site and transiting.

## KEY FIGURES

 **14**  
collective centres (sites) assessed  
across Mykolaivska Oblast

 **864**  
IDPs hosted in collective  
centres (sites)

 **2,261**  
total hosting capacity


 **50%**  
of sites are hospitals or  
health facilities

 **50%**  
of sites report that IDPs do not  
have plans to transit to other  
locations

 **79%**  
of IDP-hosting sites report  
the presence of persons with  
disabilities

 **71%**  
of sites are managed by the  
government

 **79%**  
of sites report that there is no  
kitchen available for IDPs to  
cook food

 **21%**  
of sites do not have a health  
worker present or regularly  
visiting

 **29%**  
of sites are not connected to  
central sewage system

## DEMOGRAPHICS



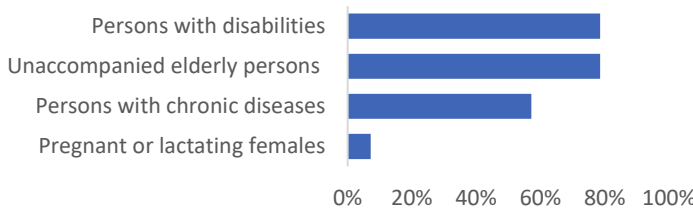
Out of a total of 864 IDPs currently hosted in the assessed sites, 55% are female and 45% are male; 16% are minors (under the age of 18), 44% are adults (aged between 18 and 59), and 40% are elderly (over the age of 59).

## VULNERABILITIES



A total of 287 IDPs (33% of total IDPs) across 11 sites (79% of IDP-hosting sites) were reported to be persons with disabilities. Unaccompanied elderly persons were also reported in 79% of IDP-hosting sites, persons with chronic diseases in 57%, and pregnant or lactating females in 7%.

Top vulnerable groups (% of sites with presence of)



## SITE MANAGEMENT



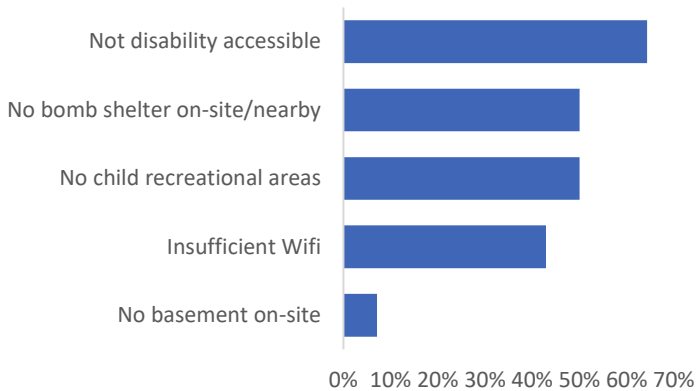
71% of sites are managed by the government and the remaining 29% by private individuals. 79% of sites report staff presence 24 hours of the day while 21% report presence in the daytimes only. IDP registration upon arrival is reported in all sites, and an allocation plan for vulnerable groups exists in 43% of sites. No site managers report that IDPs are being charged money to stay at the centre.

## SITE ENVIRONMENT



In 71% of sites, the site manager reports that they expect the site to remain open for more than six months, while the remaining 29% are unsure about what will happen in the future. The below chart presents gaps in site provision of key items and services. Critically, 64% of sites are not disability accessible. However, no sites report a lack in on-site lockers, adult recreational spaces, insufficient electrical capacity or fire extinguishers.

Lack of essential items or services (% of sites)



## HEALTH



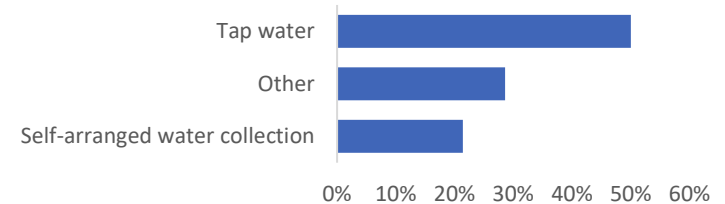
There is no health worker present or to regularly visit in 21% of sites, but no sites reported that IDPs had problems in accessing medicine.

## WASH



Toilets and showers are not gender-segregated in the majority of sites (64% and 54%, respectively), nor disability-accessible in the majority of sites (79% for both). A critical 29% 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 (50%), followed by another unspecified modality (29%), and self-arranged water collection (21%).

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

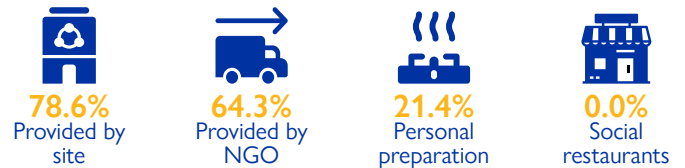


## FOOD PROVISION



21% of sites reported that there was no available communal space for IDPs to eat food, and 79% 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 for sites to provide food (79%), followed by NGOs providing food (64%), and personal preparation (21%).

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), followed by 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	28.6%
2. NFIs for facilities	21.4%
3. Kitchen Upgrades	14.3%
4. WASH services (including hygiene kits)	14.3%
5. NFIs for individuals; Site upgrades - electrical; NFIs - washing machines / dryers	7.1%