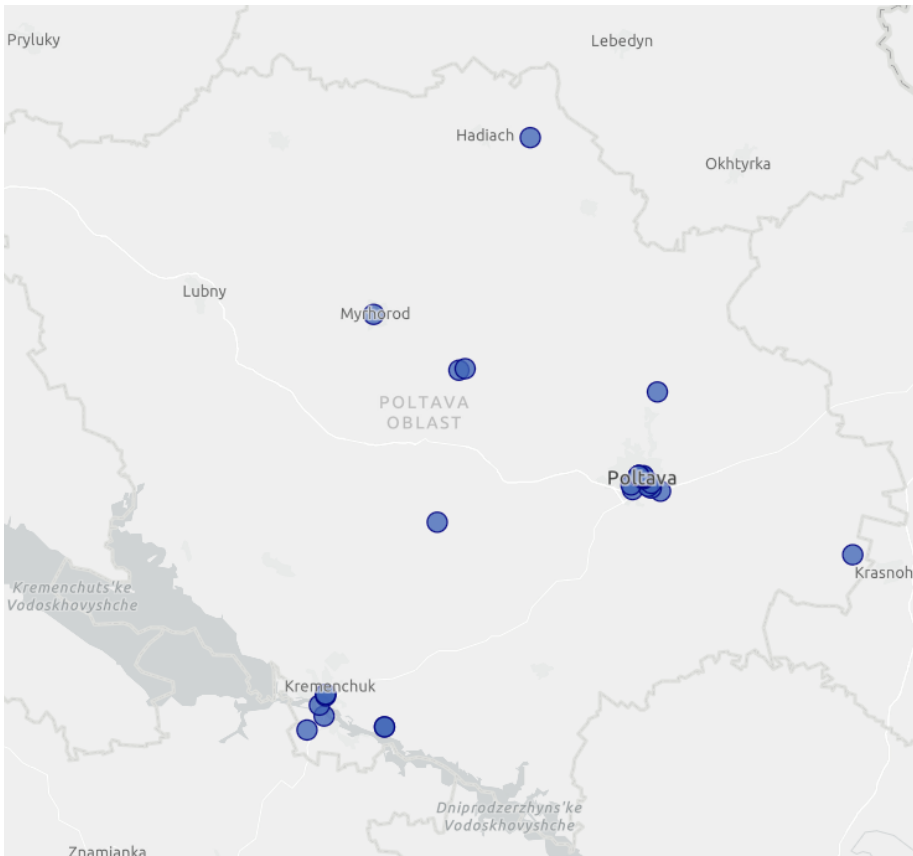


# POLTAVSKA OBLAST COLLECTIVE CENTRE ASSESSMENT

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

CLASSIFICATION: Unrestricted

## ASSESSED COLLECTIVE CENTRES IN POLTAVSKA 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 Poltava Oblast. Data was collected at the site-level at the request of the Poltava 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, 30 sites were assessed, 29 of which all were hosting IDPs at the time of assessment, with 1 centre empty but ready to host. Nearly three-quarters (75%) of the assessed sites (73%) were dormitories, 17% were school buildings, 3% were hotels and 3% were kindergardens. Across 80% of the sites, site managers report that the majority of IDPs do not plan to transit, while in 20% of sites, IDPs are reportedly both planning to stay and transit.

## KEY FIGURES

 **30**  
collective centres (sites) assessed  
across Poltava Oblast

 **2,152**  
IDPs hosted in collective  
centres (sites)

 **4,438**  
total hosting capacity


 **73%**  
of sites are dormitories

 **80%**  
of sites report that IDPs do not  
have plans to transit to other  
locations

 **72%**  
of IDP-hosting sites report  
the presence of persons with  
disabilities

 **40%**  
of sites are managed by the  
government

 **21%**  
of sites report presence of  
unaccompanied elderly persons

 **45%**  
of sites do not have a health  
worker present or regularly  
visiting

 **21%**  
of sites are not connected to  
central sewage system

 **27%**  
of sites report that there is no  
availability of communal space  
for IDPs to eat food

## DEMOGRAPHICS



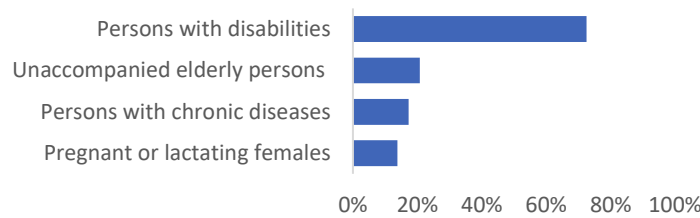
Out of a total of 2,152 IDPs currently hosted in the assessed sites, 59% are female and 41% are male; 24% are minors (under the age of 18), 49% are adults (aged between 18 and 59), and 27% are elderly (over the age of 59).

## VULNERABILITIES



A total of 123 IDPs (6% of total IDPs) across 21 sites (72% of IDP-hosting sites) were reported to be persons with disabilities. Unaccompanied elderly persons were reported in 21% of IDP-hosting sites, persons with chronic diseases in 17% and pregnant or lactating females in 14%.

Top vulnerable groups (% of sites with presence of)



## SITE MANAGEMENT



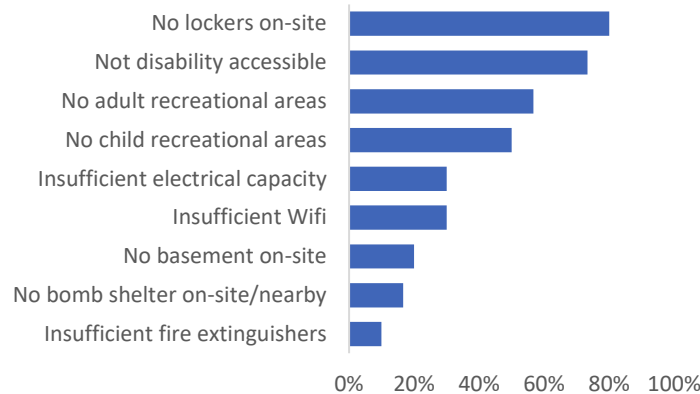
40% of sites are reportedly managed by the government, 37% by unspecified actors, 17% by private individuals, and 7% by local NGOs. 47% of sites report staff presence 24 hours of the day, 50% report staff presence in the daytime only, and 3% report periodical presence. IDP registration upon arrival is reported in all sites, and an allocation plan for vulnerable groups exists in 13% of sites. 23% of site managers report that IDPs are being charged money to stay at the centre.

## SITE ENVIRONMENT



In 40% of sites, the site manager reports that they expect the site to remain open for more than six months, in 57% of sites, site managers are unsure, and in the remaining 3% they expect the site to close within 3 months. The below chart presents gaps in site provision of key items and services. Critically, 84% of sites are not disability accessible, 43% do not have a bomb shelter on-site or nearby, and 34% have insufficient electrical capacity.

Lack of essential items or services (% of sites)



## HEALTH



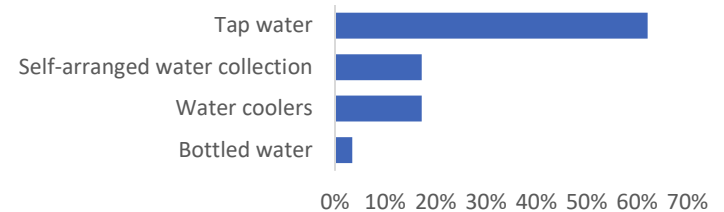
There is no health worker present or to regularly visit in 45% of sites, and problems in accessing medicines are reported in 7% of sites.

## WASH



On average, there are 12 toilets and 7 showers per site for the IDP population. Toilets and showers are not gender-segregated in the majority of sites (66% and 52%, respectively), nor disability-accessible in the majority of sites (86% for both). A critical 21% 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 (62%).

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

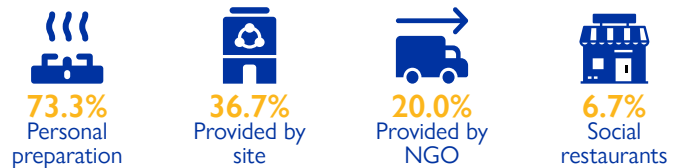


## FOOD PROVISION



27% of sites reported that there was no available communal space for IDPs to eat food, and 13% 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 (73%), followed by food provisions by the site (37%).

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 highest priority site need was found to be food services and kitchen upgrades, which were both identified by 18% of sites (5 sites).

Table 1: Highest priority need (% of sites)

1. Food Services	17.9%
2. Kitchen Upgrades	17.9%
3. Shower upgrades	10.7%
4. Toilet upgrades	10.7%
5. Cash Assistance	10.7%