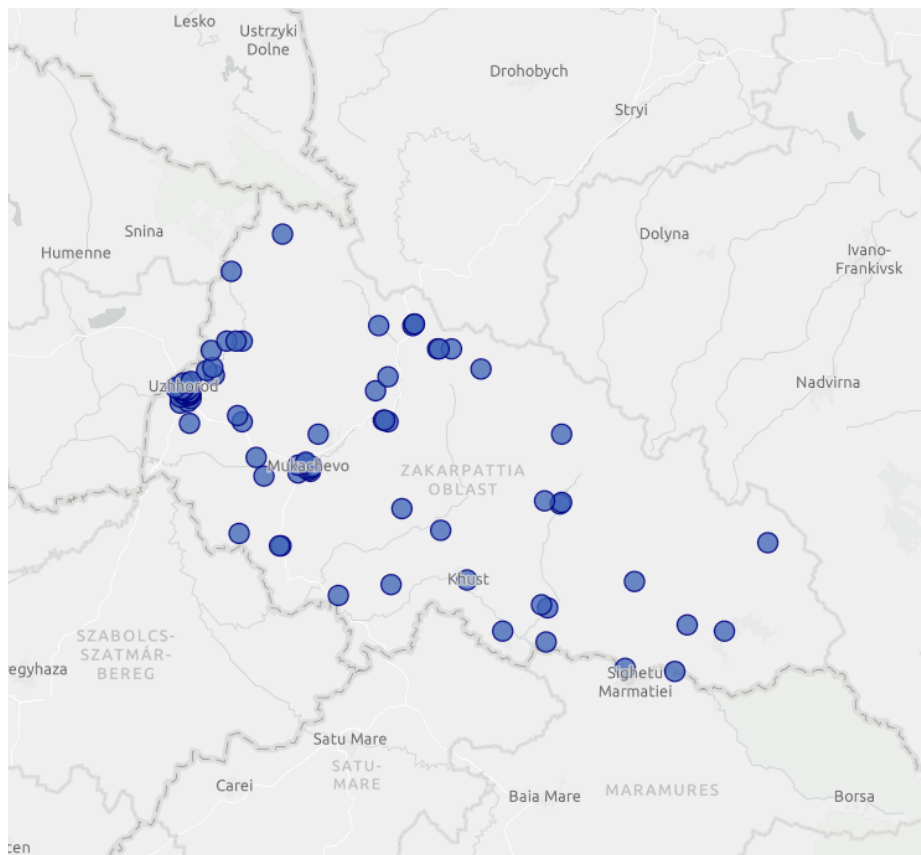


# ZAKARPATSKA OBLAST COLLECTIVE CENTRE ASSESSMENT

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

CLASSIFICATION: Unrestricted

## ASSESSED COLLECTIVE CENTRES IN ZAKARPATSKA 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 Zakarpatska Oblast. Data was collected at the site-level at the request of the Zakarpatska 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, 89 sites were assessed, of which 88 were hosting IDPs at the time of assessment, with one centre empty but ready to host. The most common type of site were dormitories (31%), followed by health facilities (19%), and schools (13%). In 48.3% of sites, site managers report that IDPs do not have plans to transit to other locations; while in 49.4% of sites, IDPs are reportedly both staying and transiting, and in the remaining 2.2% of sites IDPs are primarily transiting.

## KEY FIGURES

 **89**  
collective centres (sites) assessed  
across Zakarpatska Oblast

 **4,170**  
IDPs hosted in collective  
centres (sites)

 **7,053**  
total hosting capacity


 **31%**  
of sites are dormitories

 **48%**  
of sites report that IDPs do not  
have plans to transit to other  
locations

 **70%**  
of sites report the presence of  
persons with disabilities

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

 **17%**  
of sites report presence of  
unaccompanied elderly persons

 **61%**  
of sites do not have a health  
worker present or regularly  
visiting

 **19%**  
of sites are not connected to  
central sewage system

## DEMOGRAPHICS



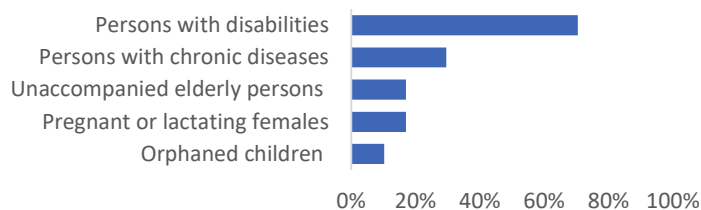
Out of a total of 4,170 IDPs currently hosted in the sites across the oblast, 61% are female and 39% are male; 30% are minors (under the age of 18), 47% are adults (aged between 18 and 59), and 23% are elderly (over the age of 59).

## VULNERABILITIES



A total of 450 IDPs (10% of total IDPs) across 62 sites (70% of IDP-hosting sites) were reported to be persons with disabilities. Persons with chronic diseases were reported across 26 sites (30% of IDP-hosting sites), unaccompanied elderly in 15 sites (17%), pregnant or lactating females in 15 sites (17%), orphaned children in 9 sites (10%), and separated children in 5 sites (6%).

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



## SITE MANAGEMENT



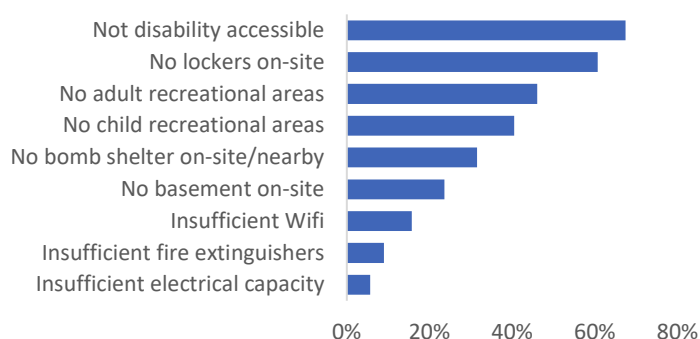
71% of sites are managed by the government, 12% by local NGOs, 9% by private individuals, 6% by religious entities, and the remaining 2% by other unspecified actors. 24% of sites report staff presence 24 hours of the day while 66% report presence in the daytimes only, and 10% report periodic presence. IDP registration upon arrival is reported in 99% of sites, and an allocation plan for vulnerable groups exists in 22% of sites. In 2% of sites, IDPs are reportedly being charged money to stay.

## SITE ENVIRONMENT



In 83% of sites, the site manager reports that they expect the site to remain open for more than six months, 2% report that they expect the site to close within 6 months, and 3% report that they expect the site to close within 3 months. The below chart presents gaps in site provision of key items and services. Critically, 67% of sites are not disability accessible, and there are no bomb-shelters on-site or nearby in 31% of sites.

### Lack of essential items or services (% of sites)



## HEALTH



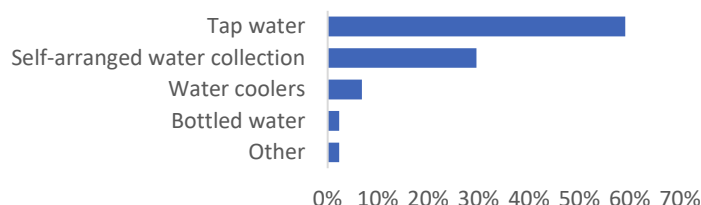
There is no health worker present or to regularly visit in nearly two-thirds of sites (61%). However, problems in accessing medicine are reported in a much lower, but still significant, 9% of sites.

## WASH



On average, there are 12 toilets and 10 showers per site for the IDP population. Toilets and showers are not gender-segregated in the majority of sites (53% and 60%, respectively), nor disability-accessible in the majority of sites (87% for both). A critical 19% of sites are not connected to the central sewage system. The below chart details the primary ways by which IDPs access drinking water. Across all sites, the most frequently reported way was by using tap water (59%), followed by self-arranged water collection (30%).

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

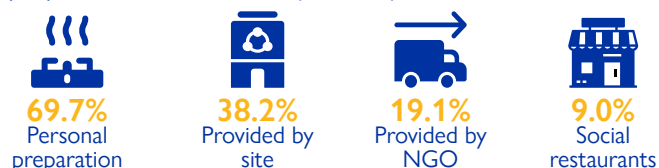


## FOOD PROVISION



29% of sites reported that there was no available communal space for IDPs to eat food, and 10% 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 found to be IDPs purchasing and cooking their own food (70%), followed by food being provided by the site (38%), and provided by an NGO (19%).

### 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 WASH services (including hygiene kits) (21%); however, it is also important to note that a considerable 16% reported that there were no urgent needs.

Table 1: Highest priority need (% of sites)

1. WASH services (including hygiene kits)	21.3%
2. None	16.3%
3. Cash Assistance	13.8%
4. Food Services	7.5%
5. Kitchen Upgrades	7.5%