

UKRAINE

Protection Assessment

of Isolated Settlements in
Government-Controlled Areas
Along the Contact Line

February, 2019



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About REACH

REACH is a joint initiative of two international non-governmental organizations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH's mission is to strengthen evidence-based decision making by aid actors through efficient data collection, management and analysis before, during and after an emergency. By doing so, REACH contributes to ensuring that communities affected by emergencies receive the support they need. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms. For more information please visit our website: www.reach-initiative.org.

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EXECUTIVE SUMMARY

Context

The protracted nature of the conflict in Ukraine has created a widespread humanitarian crisis, with 3.5 million people in need of humanitarian aid after more than five years of armed hostilities.¹ Additionally, there has been large-scale displacement from government and non-government controlled areas (GCA and NGCA respectively) of Donetsk and Luhansk oblasts, with the Ministry of Social Policy reporting 1.4 million internally displaced persons (IDPs) registered as of February 2019.² The contact line that divides these two areas continues to separate urban centres in the NGCA from their peripheral towns and villages in the GCA, transforming areas that were once the outskirts of large cities into isolated, hard-to-reach areas. Such isolated settlements are fully or partially cut off from surrounding areas due to the contact line, checkpoints, landmine/unexploded ordnance (UXO) contamination and poor road conditions.

In 2018, 66% of armed clashes within the GCA occurred in the assessed isolated settlements.³ The concentrated nature of the conflict means that residents of these settlements are at particularly high physical risk. As a result, many of these settlements have experienced significant depopulation due to displacement of residents; REACH estimates that the overall population has declined by 38% from 97,600 prior to the conflict to approximately 69,000 at the time of assessment, including the departure of a significant proportion of younger people. Although the NGCA contains similarly isolated settlements, they were outside the scope of this assessment.

Accessing these hard-to-reach settlements also presents higher security risk and logistical challenges for humanitarian actors. Insecurity prevented access to several settlements during the survey, and these conditions also constrict the flow of assistance to these locations.

Assessment

This assessment was commissioned by European Civil Protection and Humanitarian Aid Operations (ECHO) to investigate the specific protection concerns of residents of such isolated settlements, and to understand the drivers and consequences of these issues. To achieve this, REACH partnered with the Ukraine Protection Cluster and United Nations High Commissioner for Refugees (UNHCR) in research design, analysis and reporting to maximise the operational utility of the findings for humanitarian organisations engaged in protection programming.

The assessment utilised a mixed-methodology approach, including a quantitative survey of 1,474 households (HH) in 53 isolated settlements along the contact line including a total of 3,109 household members. The assessed area was stratified by oblast and by urban/rural characteristics of the settlements, with results generalisable in isolated settlements in Donetsk and Luhansk Oblasts (urban and rural settlements) with a 95% confidence level and 5% margin of error. Primary data collection also included 30 focus group discussions (FGDs) with vulnerable populations, 107 key informant interviews (KIIs) and 46 direct observation workshops conducted by REACH enumerators and partner members of the Protection Cluster including Istok, Proliska, Save the Children, HelpAge International and the International Medical Corps.

The study explored the following research questions:

1. *What are the demographic, geographic and socio-economic profiles of the population living in isolated settlements?*
2. *What are the displacement patterns of the populations living in isolated settlements?*
3. *What are the specific protection risks faced by conflict-affected populations living in isolated settlements?*
4. *How do protection concerns differ between vulnerable categories and settlement types?*
5. *What are the specific drivers of the protection concerns faced by different population groups/categories living in isolated settlements?*

¹ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), 2019. Humanitarian Needs Overview Ukraine. Available [online](#).

² United Nations High Commissioner for Refugees (UNHCR), 2019. Registration of Internal Displacement Dashboard. Available [online](#).

³ Data extracted from INSO data.

6. What are the coping strategies being used by conflict-affected populations living in isolated settlements?
7. What are the specific protection needs of the conflict-affected population living in isolated settlements?
8. What are the main issues faced by people living in isolated settlements in relation to access to basic services?
9. Which basic services that are used as means of support are disrupted by the conflict?

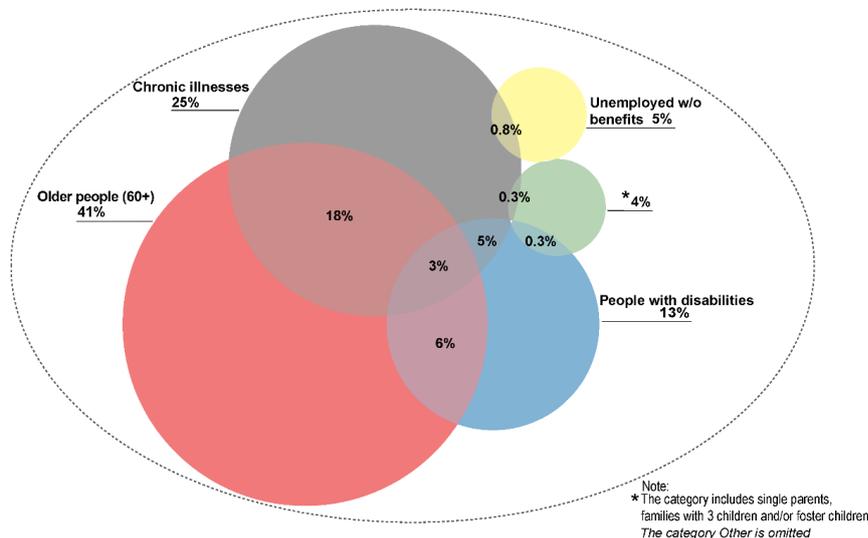
Key Findings

Vulnerable demographic of residents

The study found isolated settlements to have a high concentration of vulnerable persons: **41% of household members were over the age of 60, and 13% had a disability**. Such proportions may relate to the fact that people of working age have been able to leave, while older, more vulnerable people are less likely to be able to afford relocation and cost of living in safer areas. Indeed, residents of the assessed settlements were more than twice as likely to be over the age of 60 than were IDPs as assessed by International Organization for Migration (IOM) across Ukraine,⁴ and just less than twice as likely to be over the age of 60 than the overall population of Ukraine.⁵ Correspondingly, households in isolated settlements were significantly smaller than the national average (average of 2.1 members in isolated settlements and average of 2.6⁶ nationally). Isolated settlements also had a higher proportion of women, 61% of household members compared to 56% in the area within 20km of the contact line and a correspondingly lower proportion of children, with 14% of household members under the age of 18 in isolated settlements and 18% in the 20km area.

Many household members also reported experiencing overlapping vulnerabilities, particularly relating to older people with chronic illness, but also older people with disabilities and to a certain extent overlapping vulnerability relating to unemployment and chronic illness (Figure 1). Such overlapping vulnerabilities compound risk factors as often persons with multiple vulnerabilities require additional social support. However, in isolated settlements, the provision of services is curtailed as a result of insecurity and inaccessibility; thus, those who need support the most are less likely to receive it.

Figure 1. Overlapping vulnerabilities of household members in the assessed isolated settlements



Sustained exposure to armed conflict

The isolated settlements have experienced regular violent clashes for more than five years. According to data from International NGO Safety Organisation (INSO),⁷ in 2018 the assessed **isolated settlements were twice as likely**

⁴ IOM, 2019. National Monitoring System on the Situation of Internally Displaced Persons. Available [online](#).

⁵ Data extracted from the State Statistics Service of Ukraine online portal. Available [online](#).

⁶ *Ibid.*

⁷ Data extracted from INSO security incident datasets. More information on INSO activities in Ukraine is available [online](#).

to have security incidents as compared to other settlements in the 5 km area. As a consequence, in addition to the risk of shooting and shelling, the area experiences some of the highest rates in the world of contamination by landmines and UXO,⁸ creating significant physical security risks for residents. Despite protracted conflict, however, residents of isolated settlements were generally not aware of the location of their nearest bomb shelter (71%).

Residents additionally reported experiencing high levels of fear, with **74% of households reporting feeling a periodic or constant threat to their life during daytime hours, and a greater proportion (80%) during the night.** KIs from health care facilities reported that long-term exposure to these risks had increased psychological stress, and that such stress was the driving factor in the use of negative coping strategies.

Impact of isolation

The contact line and insecurity have disrupted transportation links and the smaller secondary roads that exist are in poor condition. Public transportation was reportedly available rarely in some settlements, and at costs that were reportedly unaffordable for many residents. Communities correspondingly experienced reductions in the provision of normal services like shops, banks, pharmacies, ambulances, public administration and utilities.

After five years of living with insecurity and isolation, the population living in isolated communities have experienced a cumulative negative impact. This trend was most profoundly visible in relation to older people and people with disabilities, whose limited mobility compounded the challenges that were also faced by less vulnerable populations. **Older people in FGDs reported fear of hunger, and concern for property, health and wellbeing.** People with disabilities reported problems obtaining information from officials due to limited accessibility of facilities for people with disabilities and lack of financial resources for food, medicine and heating.

As a result of poor infrastructure and transportation links, **residents of isolated settlements face additional challenges accessing basic services.** Rural households and people with disabilities were most likely to experience issues accessing services, particularly in isolated settlements in Luhansk oblast. For example, in settlements in GCA near the city of Pervomaisk (currently in NGCA), accessing medical facilities prior to the conflict involved traveling approximately five kilometres to Pervomaisk, while at the time of assessment, residents needed to travel 43 kilometres to access medical facilities in the city of Lysychansk. Such dynamics illustrate the way that service providers have been unable to adequately reorient to new conditions since the beginning of the conflict.

Compounding these concerns are the psychosocial impacts of five years of conflict, which varied among different population groups: older persons reported heightened anxiety and a sense of loneliness; men were reported to resort to alcohol abuse; children had grown desensitised to violence.

Conclusions

Settlements along the contact line were found to face barriers relating to isolation from urban centres. Such isolation was found to be a result of 1) acute security concerns around ongoing conflict, shelling and heavy landmine/UXO contamination, and 2) poor transportation links and infrastructure. After five years of such disruption, the area contains larger proportions of vulnerable groups, including a larger proportion of older people, people with disabilities and women.

Furthermore given the reported issues amongst older people and people with disabilities in accessing information from the authorities and from international humanitarian actors, **the populations resident in this area are highly vulnerable and difficult to access, potentially signifying a significant gap in the availability of services by both the Ukrainian government and humanitarian actors.** Despite such elevated need, humanitarian actors that operate in such settlements face security and logistical challenges in reaching affected populations.

⁸ Ukraine Protection Cluster, 2019. Mine Action in Ukraine. Available [online](#).

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List of Acronyms

AoO	Area of Origin
CARI	Consolidated Approach for Reporting Indicators
CVA	Capacity and Vulnerability Assessment
CSW	Commercial Sex Worker
DDG	Danish Demining Group
DPR	Self-proclaimed 'Donetsk people's republic'
ECHO	European Civil Protection and Humanitarian Aid Operations
ERW	Explosive Remnants of War
FCS	Food Consumption Score
FGD	Focus Group Discussion
FSA	Food Security Assessment
FSC	Food Security Cluster
GCA	Government Controlled Area
GBV	Gender-Based Violence
GSM	Gender and Sexual Minorities
HCT	Humanitarian Country Team
HH	Household
HIV	Human Immunodeficiency Virus
HNO	Humanitarian Needs Overview
HoHH	Head of Household
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee
IAVA	Inter-Agency Vulnerability Assessment
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
INSO	International NGO Safety Organisation
IOM	International Organization for Migration
CL	Contact Line
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning
LPR	Self-Proclaimed 'Luhansk People's Republic'
MIRA	Multi-Cluster/Sector Initial Rapid Assessment
MSM	Men who have Sex with Men
MSNA	Multi-Sector Needs Assessment
ND	Non-Displaced
NFI	Non-Food Item
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organization
NMS	National Monitoring System
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODK	Open Data Kit
OHCHR	Office of the High Commissioner for Human Rights
OSCE	Organization for Security and Co-operation in Europe
PIN	People in Need (NGO)
PUI	Premiere Urgence International
PwD	People with Disabilities
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Geographic Classifications

20 km area	An area defined for this assessment which refers to the area within 20 km of the ‘contact line’
‘Contact line’	The area separating the GCA of Ukraine and the NGCA of the self-proclaimed ‘Donetsk people’s republic’ and the self-proclaimed ‘Luhansk people’s republic’
Donbas	An area encompassing the Donetsk and Luhansk Oblasts
Oblast	An oblast is a type of administrative division in Ukraine. It is the first level sub-regional administrative region. The term is analogous to "state" or "province"
Raion	A raion is a type of administrative division of Ukraine. It is the second level sub regional administrative region. The term is analogous to “district” or “commune”

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INTRODUCTION

After more than five years of armed conflict in eastern Ukraine, protection risks remain a serious concern, particularly for residents of areas along the contact line where there are significant threats to physical safety, disruptions to basic services, water supplies and damage to shelters. According to the 2019 Humanitarian Needs Overview (HNO), 3.1 million people are in need of protection-related humanitarian assistance across the eastern region of Ukraine as a result of ongoing security risks and the increasing barriers to accessing basic services.⁹ The 2018 REACH Trend Analysis highlighted that protection risks caused by exposure to conflict are a regular concern for three in four households living in GCA.¹⁰ Concurrently, since the beginning of the conflict households in the area have experienced a deterioration of economic security due to reduced livelihoods opportunities and high rates of inflation leading to deteriorating food security and increasing barriers to accessing basic services.¹¹

Although all residents of the conflict-affected (particularly those within 20 km of the contact line) area face increased risks, there are additional concerns relating to populations living in those settlements close to the ‘contact line’ that have become isolated as a result of the disruption in transport networks and infrastructure caused by the conflict. These are settlements where access roads have deteriorated or become inaccessible, local authorities cannot extend their services, and/or checkpoints control access.¹² Within this context of an already highly vulnerable population, this study found that isolated settlements experience greater restrictions on movement, significant security risks and unemployment, compounding the needs of the resident population.

As a consequence of isolation and limited humanitarian access, there is a lack of representative data concerning the protection situation of people living in isolated settlements. Based on HNO consultations with protection partners and discussions during the 2019 Humanitarian Response Plan (HRP) workshop the Ukraine Protection Cluster highlighted isolated settlements as a priority area of concern. To better understand the situation in such settlements, REACH partnered with the Protection Cluster to conduct an in-depth assessment in February 2019 focusing on the protection needs of populations living in isolated settlements. The assessment sought to provide evidence relevant for advocacy and programming purposes with a specific focus on the protection needs of the population in relation to vulnerability, isolation, security concerns, access to basic services and the use of negative coping strategies.

The report begins by outlining the assessment methodology, providing details on how the data was collected, collated and analysed, and noting the limitations of the study. In the following sections, the report analyses key household demographic profiles, identifying particular vulnerable groups of concern living in isolated settlements, and then provides an in-depth analysis of the specific security risks faced by populations living in isolated settlements, including households’ main security concerns and a focus on mine contamination. Subsequently, the main findings regarding barriers to accessing basic services, specifically employment, education, healthcare, food markets, shelter and utilities, are presented. Finally, the report focuses on protection concerns relating to the age, gender and specific needs of different groups.

⁹ OCHA, 2019. HNO. Available [online](#).

¹⁰ REACH, 2017. Humanitarian Trend Analysis. Available [online](#).

¹¹ Food Security and Livelihoods Cluster, 2017. Food Security and Socio-Economic Trend Analysis in Eastern Ukraine. Available [online](#).

¹² Premiere Urgence International (PUI), 2017. Hard-to-reach settlements quick multisector needs assessment: Contact line, Donetsk and Luhansk Oblasts, Government Controlled Areas. Available [online](#).

METHODOLOGY

Overview

The assessment used a mixed methods approach that incorporated a household survey, KIIs and FGDs to identify the main protection risks experienced by conflict-affected populations living in isolated settlements along the contact line of eastern Ukraine, specifically addressing the following research questions:

- What are the demographic, geographic and socio-economic profiles of the population living in isolated settlements?
- What are the displacement patterns of the populations living in isolated settlements?
- What are the specific protection risks faced by conflict-affected populations living in isolated settlements?
- How do protection concerns differ between vulnerable categories, and settlement types of populations living in isolated settlements?
- What are the specific drivers of the protection concerns faced by different population groups/categories living in isolated settlements?
- What are the coping strategies being used by conflict-affected populations living in isolated settlements?
- What are the specific protection needs of the conflict-affected population living in isolated settlements?
- What are the main issues faced by conflict-affected people living in isolated settlements in relation to access basic services?
- What basic services used as means of support are disrupted by the conflict?

The quantitative element of the assessment included a household survey with a sample that was stratified by settlement type (rural and urban) and oblast (Donetsk and Luhansk) in order to compare the protection related concerns between different geographic areas with a 95% confidence level and a 5% margin of error. The household interviews were conducted in the 53 most isolated settlements along the contact line.

The qualitative element included FGDs with members of vulnerable groups that were conducted by experts from member organisations of the protection cluster. Additionally, KIIs were conducted with service providers (representatives of national and international NGOs/humanitarian actors and service providers) specialised in specific protection issues.

Population of Interest

The assessment focused on conflict-affected populations living in the 53 most isolated settlements along the contact line (all of which were located within 20km of the contact line) in GCA of Luhansk and Donetsk oblasts. The settlements were identified by UNHCR and the Protection Cluster based on protection monitoring by the cluster partners taking into account impact of the ongoing hostilities, their experience of significant access restrictions due security situation, checkpoints and mine contamination, military presence, limited access to services, lack of public transportation and poor road conditions. The sample was stratified into four geographic areas: isolated urban settlements in Donetsk oblast, isolated urban settlements in Luhansk oblast, isolated rural settlements in Donetsk oblast and isolated rural settlements in Luhansk oblast. The official Ukrainian classification of settlements was used to designate if each settlement was urban or rural.¹³ Of the 53 settlements in the assessed area, 43 had a rural designation and 10 had an urban designation.

Secondary Data Review

The secondary data review provided a comprehensive overview of available data from both partner reports and state statistics related to protection risks, which enhanced the understanding of the context and relevant information gaps. The list of key reports that were used as the secondary sources can be found in Annex 1.

¹³ Settlements in Ukraine are officially classified as “village,” “urban type village,” or “city.” This assessment classifies villages as rural and urban-type villages/cities as urban.

Primary Data Collection

Household Survey

The primary data collection covered 1,474 household surveys in Donetsk and Luhansk oblast GCA, with a confidence level of 95% and a 5% margin of error on the stratum level and a 95% confidence level and 2.6% margin of error overall. Data collection was carried out between 21 January and 15 February 2019. Households were randomly sampled to be representative of residents of rural and urban isolated settlements in Luhansk and Donetsk oblasts. The purpose of the household survey was to analyse household demographics and vulnerabilities, and to identify the main drivers of protection concern.

Table 1. Number of samples collected in each stratum

	Rural	Urban	Total
Donetsk oblast	398	402	800
Luhansk oblast	279	395	674
Total	677	797	1,474

Due to physical access restrictions, security risks and weather disruptions, REACH conducted household-level surveys across 41 of the 53 targeted settlements and partnered with the Protection Cluster to conduct data collection in the remaining 12 settlements due to the strategic access of Protection Cluster members to some of the most isolated settlements along the contact line.

The data was collected using the KoBo platform. All enumerators were trained to use KoBo for mobile data collection, as well as interviewing techniques within the context of asking sensitive protection related questions to vulnerable populations.

Key Informant Interviews

REACH conducted 107 KIIs with local community members, professional service providers, and protection experts from humanitarian organisations within the protection cluster. Key informants (KIs) were purposively sampled to collect information on the perceived changes in protection risks since the beginning of the conflict, main risks for different population categories, and the challenges on household access to basic services.

Table 2. Summary of KIIs conducted

	Health services	Educational services	Social services	Admin. services	Community KIs	Total
<i>Number of KIIs</i>	17	32	14	21	23	107

Focus Group Discussions

Due to the level of protection expertise required to conduct FGDs with particularly vulnerable populations, and the required safeguarding protocols, REACH supported Protection Cluster partners who facilitated 18 FGDs with the following vulnerable groups: older people (60+), unemployed people, children and men who have sex with men (MSM) (Table 3). Participants of FGDs were selected from clients of NGOs providing services to their particular vulnerable group. Each FGD included between 4 and 10 participants. The FGDs collected qualitative data on the protection related needs of the most vulnerable groups living in isolated settlements. In addition, REACH conducted FGDs with men and women and 46 direct observation workshops were conducted with REACH enumerators after each field visit.

Table 3. Summary of FGDs conducted

Group Profile	Donetsk Rural	Donetsk Urban	Luhansk Rural	Luhansk Urban
<i>Women (aged 18-59)</i>		1		1
<i>Men (aged 18-59)</i>		1		1
<i>Boys (aged 10-16)</i>	2	2	2	2
<i>Girls (aged 10-16)</i>	2	2	2	2
<i>Older people</i>	1	1	1	1
<i>Unemployed</i>	1	1	1	1
<i>MSM</i>		1		
<i>NGO staff working with older people with disabilities</i>		1 ¹⁴		

Data Analysis

Secondary data was analysed by REACH prior to conducting primary data collection to identify gaps and shape the direction for the primary assessment. This gap analysis included analysis of the comparability of data collected by the various humanitarian actors, including REACH data (see Annex 1).

Primary data was entered into Excel instantaneously from KoBo Toolbox. During primary data collection, the REACH Assessment Officer reviewed the data daily to ensure collection methodology was being followed by enumerators and investigated any extreme outliers or other problematic data, including ensuring the sampling methodology was being carried out in accordance with the sampling plan. The Assessment Officer kept a log of any changes, including cleaning of data.

Prior to data analysis, statistical weights were calculated and applied to ensure the representativeness of the sample when compared to actual population figures. The weights ensure that all strata are representative of their respective populations when aggregating findings.

In terms of the qualitative analysis, REACH analysed the findings derived from KIIs. For FGDs, due to the expertise required to carry out analysis on protection related issues, protection partners supported/conducted the analysis and validation of FGD findings.

Limitations

The following limitations should be considered when reading this report:

- Due to the sensitive nature of protection related issues as there might be cases of underreporting in relation to particularly sensitive topics, for example in the cases of gender based violence, domestic violence and transactional sex.
- Whilst many of the findings relate to medical issues in relation to the conflict, REACH is not qualified and does not aim to formulate any medical diagnoses. Findings are based on the perceptions of healthcare practitioners and the experiences reported by participants themselves.
- In order to 'do no harm' while conducting this survey, some questions related to sensitive issues were not included in the household survey. These issues were explored during FGDs and KIIs. In the absence of quantitative data, the results are indicative but may not be representative.
- It is possible that there might have been cases of over reporting of needs if some participants thinking this would increase their likelihood of receiving humanitarian assistance. To avoid this bias, household survey respondents and FGD/KII participants were informed before the data collection that findings would not directly lead to humanitarian assistance.

¹⁴ One FGD was conducted in Donetsk Urban area with staff that work in all assessed areas.

- Damages to housing are self-reported and this assessment may not always accurately reflect the degree of damages, as assessed by an engineer/expert

In order to ensure data collection was conducted in line with the *do no harm* principle and to mitigate any issues relating to misreporting of sensitive issues REACH ensured the following processes were undertaken:

- UNHCR contributed to the training of enumerators related to protection sensitivities in order to equip REACH enumerators with the necessary skills to conduct surveys with vulnerable populations.
- UNHCR also supported REACH in developing a referral process that allowed enumerators to refer particular emergency cases witnessed to UNHCR.
- Save the Children contributed to the training of enumerators in coping with stress (particularly in relation to witnessing stressful humanitarian needs).
- HH surveys were limited to exclude sensitive issues of protection—e.g. specific sensitive issues that were covered with the other data collection methods KIIs (protection professionals) and FGDs conducted by partners/expert organisations.
- NGO partners that were involved in data collection additionally conducted analysis of findings along with REACH.
- All initial findings were presented to enumerators during an enumerator insight workshop in order to gain their insights and feedback as to whether any findings were misaligned with their experiences.

Map 1. Geographic distribution of the assessed isolated settlements



FINDINGS

Demographics and household profiles

This section will examine the characteristics of isolated settlements and of households in the assessed area. The section begins by describing demographic data on the assessed area and continues on to identify vulnerabilities amongst heads of household and household members, particularly focusing on the ways in which vulnerability overlaps within households.

Characteristics of Isolated Settlements

The total population of the 53 assessed settlements was approximately 68,768 people living in isolated settlements that were found to exist along the entire length of the contact line. The number of people residing in settlements varied from 64 people living in Pisky to 12,616 people living in Novhorodske. The assessed area experienced significant population decline since the beginning of the conflict, having decreased from a population of 97,603 as of the 2001 census. Table 4 indicates the estimated change in population of the five settlements with the largest population change in the assessed area.

Table 4. Settlements with the largest change in population since the 2001 census

Settlement	Population 2001	Population 2019 (est.)	Difference
Krasnohorivka	15,937	9,838	-6,099
Zolote	14,572	8,546	-6,026
Schastia	12,773	8,500	-4,273
Zaitseve	3,459	890	-2,569
Pisky	2,160	9	-2,151

Map 2. Road distances from the contact line to Sievierodonetsk (GCA) and Pervomaisk (NGCA)



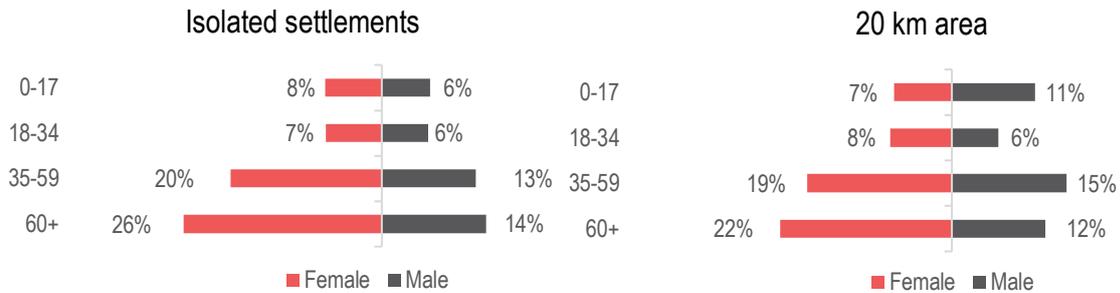
In addition to demographic decline, isolated settlements are frequently more severely affected by the disruption in service networks caused by the contact line separating the settlements from urban areas now in the NGCA. Specifically, based on their observations, enumerators perceived that only 5 out of the 53 assessed settlements had sufficient access to basic services. Enumerators observed that those without sufficient access needed to access services by travelling long distances to other settlements and that there was limited transport.

According to health practitioners (KIs), the disruption in the availability of health services was mostly due to the main regional hospital used previously being based in Luhansk that is now located in NGCA that has been cut off from the population. This was also highlighted in Popasna raion where households would previously access healthcare in Pervomaisk (urban, Luhansk oblast) now located in NGCA (Map 2).

Household Characteristics

The overall population living in the assessed isolated settlements was composed of a significantly larger proportion of people over 60 years old and a lower proportion of children and younger people. Forty-one per cent (41%) of household members in the isolated settlements were over the age of 60, compared with 23% of the overall population of Ukraine as estimated by the State Statistics Service of Ukraine.¹⁵ The proportion of older people in isolated settlements was also significantly higher than in the overall 20 km area where 34% of household members were 60 or older (Figure 2).¹⁶

Figure 2: Population pyramids for isolated settlements and 20 km area (n₁=3,109 HH members, n₂=5,814 HH members)



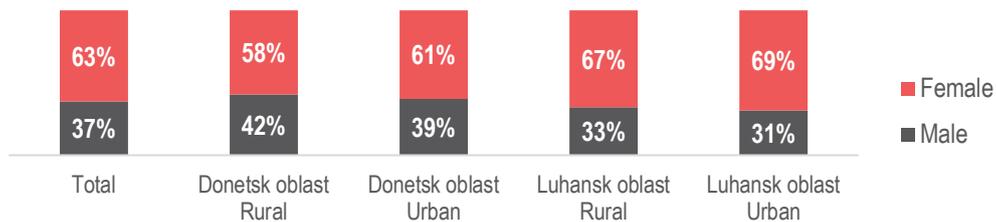
Isolated settlements also contained fewer children, with 14% of household members in isolated settlements below the age of 18, compared with 18% in both the 20 km area as well as across Ukraine.¹⁷ Similarly, 20% of households reported containing at least one person under 18 compared to 28% in the 20 km area.

Regarding household size, households in isolated settlements contained an average of 2.1 members, significantly lower than the national average of 2.6 members¹⁸ and than the average of households in the 20 km area (2.3 members¹⁹).

In isolated settlements, and among all age groups, there was a significantly higher proportion of female household members than male members. Sixty-one per cent (61%) of household members in isolated settlements were women, compared to 56% of household members across the 20 km area.

Households were similarly more likely to be headed by females than males with 63% of households found to be female-headed (Figure 3). By contrast, across the 20 km area 52% of households were headed by women.²⁰ In both rural and urban areas, heads of household had a median age of 60 years old.

Figure 3: Heads of household gender distribution (n=1,474 HHs)



In terms of household marital status, half of heads of household were either widowed, single, separated or divorced (50%), potentially influencing household income as single-headed households are more likely to have a single income source (particularly for heads of household reliant on pensions). The proportion of widowed, single,

¹⁵ Data extracted from the State Statistics Service of Ukraine online portal. Available [online](#).

¹⁶ REACH, 2018. Analysis of Humanitarian Trends. Available [online](#).

¹⁷ Data extracted from the State Statistics Service of Ukraine online portal. Available [online](#).

¹⁸ *Ibid*.

¹⁹ REACH, 2018. Analysis of Humanitarian Trends. Available [online](#).

²⁰ Data extracted from the State Statistics Service of Ukraine online portal. Available [online](#).

separated or divorced heads of household was slightly higher compared to the overall population within 20 km areas where 46% of heads of households were either single, widowed or divorced.²¹

The most reported types of vulnerability among household members were older people age 60+ (41%) followed by chronic illness (25%) and disability (13%) (Figure 4).

Figure 4: Most reported types of vulnerability of household members (n=3,109 HH members)



Overall, 13% of household members reportedly had a disability (either registered or unregistered) (Figure 4). Of these, 59% reported having a physical disability and 12% reported having a visual impairment, 12% reported having an intellectual disability and 9% reported having a hearing impairment.

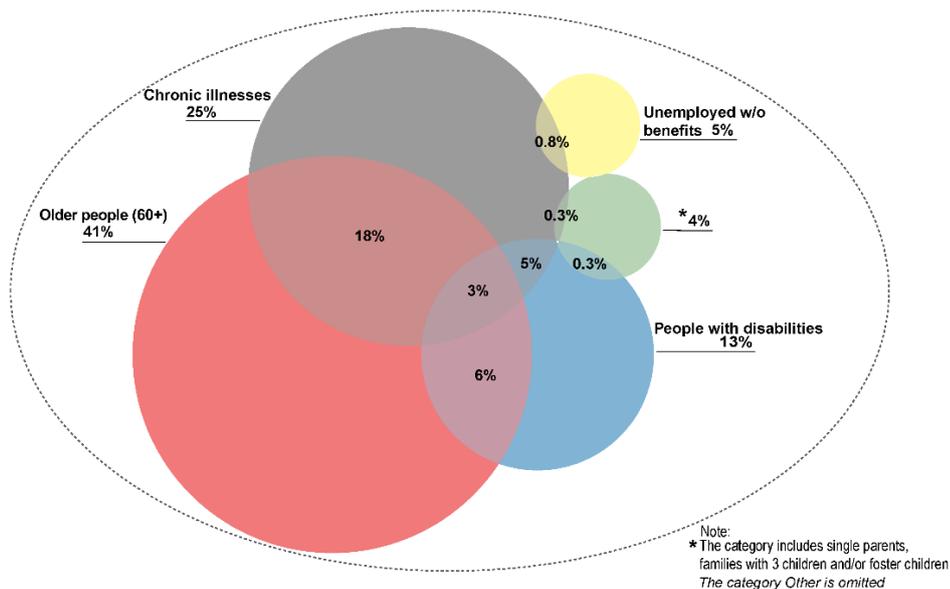
Lack of mobility is a key protection issue, given the associated difficulty of transportation and in accessing humanitarian assistance and basic services for households living in isolated settlements. Of household members above the age of 60, 45% were reported to have limited mobility. More specifically, 15% of household members above 60 had limited mobility to the extent that they were unable to leave their home, 26% reportedly were unable to move further than within their community and 3% reportedly were fully immobile.

In terms of support needed to carry out usual daily activities, 41% of household reportedly required support from other people to carry out their usual daily activities. Fifteen per cent (15%) of household members over the age of 60 reportedly required significant support, while 23% that reportedly required moderate support for their daily activities.

Overlapping Vulnerabilities

Figure 5 illustrates the proportion of household members with vulnerabilities that overlap. The largest category of overlapping vulnerability is pensioners with people with chronic illness (31%), followed by pensioner status overlapping with disability (12%), and chronic illness overlapping with disability (5%). Overlapping vulnerabilities may potentially entail the need to access more varied and complex services that are less likely to be available in isolated settlements.

Figure 5: Euler diagram of overlapping vulnerabilities amongst all household members (n=3,109 HH members)



²¹ REACH, 2018. Analysis of Humanitarian Trends. Available [online](#).

Displacement

This section identifies findings relating to household displacement, beginning with the reported proportion of displaced households, and continuing on to describe factors relating to resettlement in isolated areas as well as issues regarding registration and documentation for IDPs.

Across isolated settlements, 12% of households across reported having displaced members. Rural isolated settlements in Luhansk oblast had the highest proportion of households with displaced members (20%) of any of the assessed areas. Of the 20% of households with children, 17% (n=282) reported having at least one member displaced.

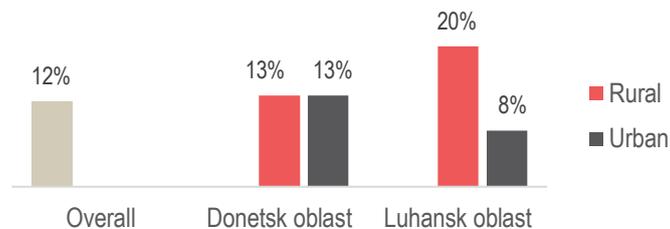
The majority of households with IDP members reported that they had relocated in 2014 (59%) following the onset of the conflict and 24% reported relocating in 2015. Relatively few households with displaced members reported intentions to return to their areas of origin (AoO) in the following six months (3%). Nine per cent (9%) of households with IDPs either did not know or refused to answer whether they planned to return to their AoO.

The main factors reported for IDPs to select their current location in isolated settlements were mainly due to family connections (58%) or more affordable accommodation (28%).

Table 5: Pull factors for IDP relocation (n=192 HHs)

Family connections	58%
Free / Cheap accommodation	28%
Area of Origin	24%
Friend connections	17%
Access to water, electricity, other utilities	12%
Access to education	10%
Safety / Security	9%
Livelihood opportunities	9%

Figure 6: Proportion of households with at least one IDP household member by urban and rural settlement type (n=1474 HHs)



A significant proportion of household members experiencing displacement reported not being officially registered as an IDP (39%), potentially depriving them of receiving social benefits specific to IDPs.

Protection Concerns

Ongoing military activity in Donbas continues to damage critical infrastructure, contaminate the environment, disrupt access to basic services, hinder the provision of humanitarian assistance and impact the physical and psychological wellbeing of the population. According to data from INSO,²² in 2018 the assessed isolated settlements were twice as likely to have security incidents as compared to other settlements in the 5 km area.

Although there exists considerable literature on the security situation in Donbas (See Annex 1), few assessments have focused on the issues faced specifically by residents of isolated settlements. This section will outline the risks to safety and security of residents of isolated settlements, including physical security, perception of safety and the psychological and environmental risks of the conflict.

Security Concerns

Across all assessed settlements, the most commonly perceived security risk was the risk of shooting, as reported by two thirds of households (67%) followed by the perception of risk of shelling (64%), concern over military presence (25%), concern for landmines/explosive remnants of war (ERWs) (24%), as well as a fear of stray dogs (22%) and wild animals (4%). In FGDs, residents explained that there has been a proliferation of stray dogs since the start of the conflict, as many people left pets behind or could no longer afford to feed them. Additionally, a ban on hunting in the region has led to a greater population of wild animals. Only 7% of households reported having no security concerns within their settlement.

There were significant geographical differences in the most commonly reported security issues across the four assessed geographic areas (Table 6). Concerns over shooting were most likely reported in Donetsk oblast while households in Luhansk oblast were more likely to report concerns over the presence of the military and mines.

The majority of households reported that they did not know where their nearest bomb shelter was located (71%), potentially exacerbating the risk to residents caused by shelling and shooting. Of those households that did know, 18% reported that it was not well equipped with food stocks, heating or electricity.²³ Seventy nine per cent (79%) of households reported that they have an alternative location that they use as a bomb shelter (such as a basement).

Table 6: Most reported security concerns by geography (n=1474 HHs)

	Overall	Donetsk Rural	Donetsk Urban	Luhansk Rural	Luhansk Urban
Shelling	64%	82%	59%	75%	63%
Shootings	67%	73%	76%	57%	44%
Landmines	24%	23%	27%	37%	17%
Military Presence	25%	17%	23%	43%	32%

Perception of Safety

Large proportions of people in isolated communities reported not feeling safe, with 74% reporting perceiving periodic or constant threats during daytime and 80% perceiving periodic or constant threats at night (Figure 7). Households in rural settlements were more likely to report feeling constant or periodic threat to their life/health, with 90% of households in Luhansk and 83% in Donetsk rural areas.

Households living in rural isolated settlements of Donetsk were more likely to report feeling a constant threat to life/health (45%) during the night, slightly higher than in rural isolated settlements of Luhansk (37%) and higher than urban isolated settlements in Donetsk (31%) and Luhansk (25%).

²² Data extracted from INSO security incident datasets. More information on INSO activities in Ukraine is available [online](#).

²³ 67% of households reported not knowing whether or not it was equipped.

Figure 7: Household overall feelings of safety by time of day (n=1474 HHs)



Gender and the perception of safety

Women and men frequently highlighted different safety concerns in FGDs. Male FGD participants were more likely than female participants to highlight the security risks experienced when crossing checkpoints. Men reported cases of invasive inspections and detentions at checkpoints, at times including stripping men of their clothes to examine their bodies for bruising associated with use of firearms. Younger men were reportedly the most at risk at checkpoints due to the suspicion that they might be combatants.

Female FGD participants in one of the two FGDs with women highlighted concerns relating to the presence of armed soldiers in their settlements, specifically feeling fear from their presence. Women, particularly elderly women, also highlighted concern over walking in their settlements at night due to fear of attacks or theft. They also reported concerns regarding the safety of their children, including fear of children walking to and from school, and playing outside due to the conflict, mines and UXOs.

Perception of Mine Risk

In the three years prior to this assessment, Ukraine was reported to have the most registered anti-vehicle mine casualties in the world.²⁴ The 2019 HNO reported that mine and ERW related incidents caused 65% of child casualties in both 2017 and 2018.²⁵ Mine contamination accounts for significant restriction in movement,²⁶ creating barriers to accessing basic services and livelihoods.

Within the context of isolated settlements, 24% of households reported landmines/UXOs among their top three security concerns. Concerns about mines varied geographically, with households from rural isolated settlements of Luhansk (37%) most likely to report concern (Figure 8).

Figure 8: Households reporting mines as a serious security concern by geography (n=1474 HHs)



Households were also asked if they had been aware of any signs or markings relating to mines or UXOs in their settlement in the year prior to data collection. Overall, the majority (68%) of households reported being aware of such signs. Nevertheless, during FGDs with men, one of the main security concerns highlighted was that there was a lack of signs and markings indicating the presence of mines.

²⁴ GICHD, SIPRI, 2017. Global mapping and analysis of anti-vehicle mine incidents in 2017. Available [online](#).

²⁵ OCHA, 2019. Humanitarian Needs Overview. Available [online](#).

²⁶ UNHCR, Protection Cluster, 2019. Ukraine: Mine action in Ukraine. Available [online](#).

Thirty-three per cent (33%) of households reported awareness of an incident relating to mines or UXO in their settlement in the year before data collection, particularly in rural areas (45% in Donetsk and 44% in Luhansk rural areas) though also in urban areas (29% in Donetsk and 37% in Luhansk) (Figure 9). Twenty-seven per cent (27%) of households reported knowing a victim of a mine/UXO in their settlement in the year prior to data collection.

Figure 9: Proportion of households reporting knowledge of an incident relating to mines or UXO in their settlement in year prior to assessment (n=1474 HHs)

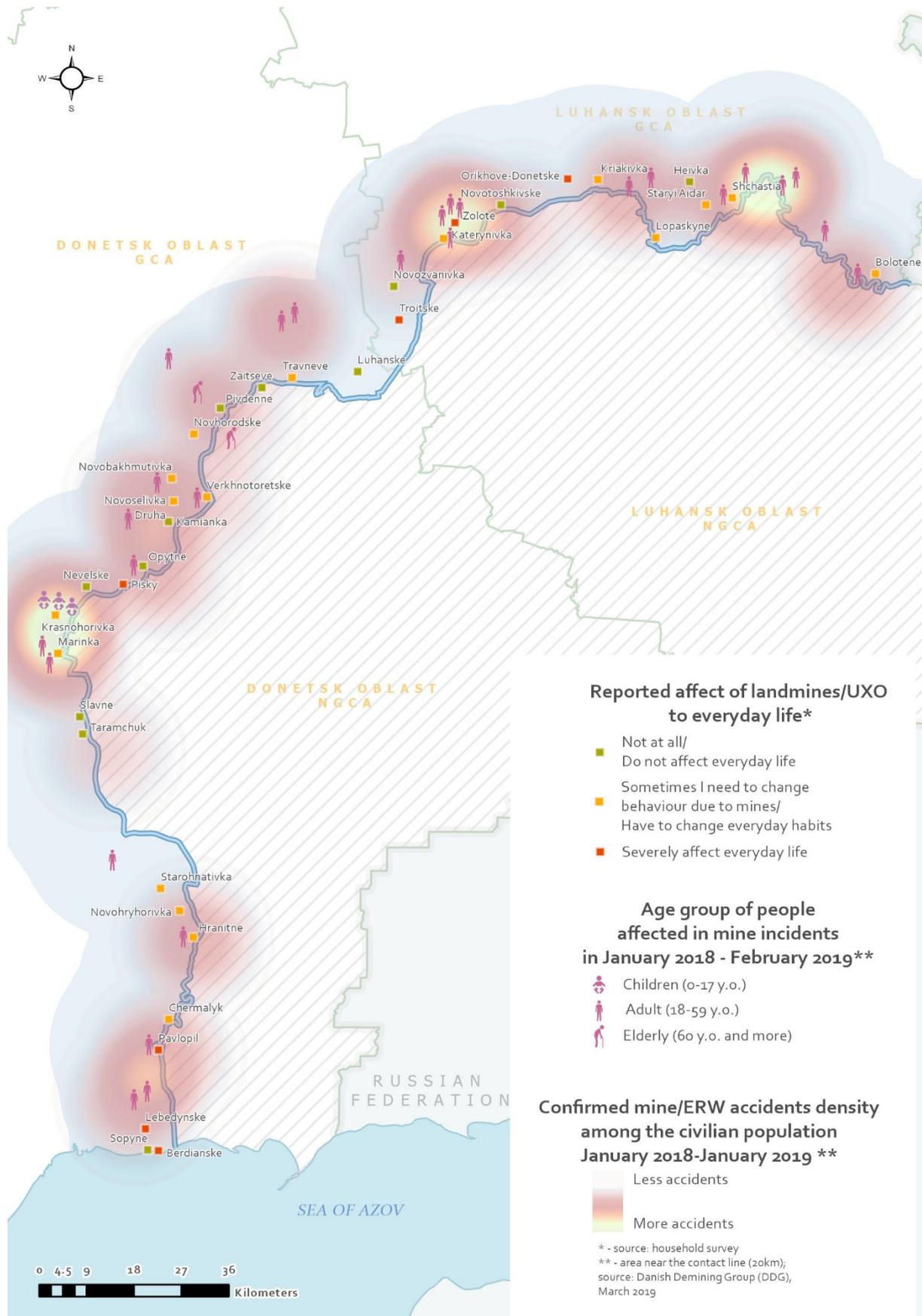


Figure 10: Proportion of households reporting personally knowing a victim of mine/ERWs in the settlement in the year prior to data collection (n=1474 HHs)



Map 3 (p. 20) visualises data from the Danish Demining Group (DDG) on the frequency/prevalence of the 136 civilian casualties caused by mines/ERWs within 20km of the contact line in 2018. Overlaid on this is household data relating to the reported effects of mine risk on everyday life in order to illustrate the relationship between incidents and household perceptions of safety.

Map 3. Confirmed Mine/UXO accidents in 2018



Effect of mines on everyday life

Forty-one per cent (41%) of households reported that mines affected their everyday lives in some way. Six per cent (6%) of households reported that mines severely affected their everyday lives while 8% reported having to change their everyday habits and 27% reported sometimes having to change their routines. Households of Luhansk oblast, especially in rural areas, were more likely to report that mines/UXOs severely affect their daily lives.

Households that reported mines affecting their lives most often reported that mines affected their movement (88%, Table 7) which, as highlighted throughout KIs and FGDs, restricts household access to services. Movement was followed by wood collection (52%), agricultural activity (38%), access to health services (12%) and access to markets (10%).

Regarding agricultural activity, of the 76% of households who reported owning a plot of land for growing food, 15% reported that the conflict had affected their household's ability to use their land plot, the majority of which reported that it was due to the land being unsafe due to mines/UXOs (63%).

Table 7: Activities/Services affected by the presence of mines, of households reporting mines affect their everyday habits moderately and severely (n=272 HHs)

Freedom of movement	88%
Wood collection	52%
Agricultural activity	38%
Access to health services	12%
Access to markets (food, non-food)	10%

In terms of interventions, households were most likely to report that if they saw a mine/UXO they would report it to the State Emergency Services (38%), the police (38%) or to the army (24%). During both FGDs and KIs, mine awareness education was highlighted as a helpful and important intervention carried out by both humanitarian organisations and the military. During KIs with education professionals, 8 out of the 28 interviewed reported that the school in their settlement had received mine awareness education.

Mine risk for children and adolescents

Throughout both KIs and FGDs, it was consistently reported that the most concerning threat to the safety of children was the presence of mines/UXOs. It was explained that children tend to want to play in open spaces, explore abandoned houses and the forest that are areas most likely to be contaminated by mines. This issue was reportedly particularly concerning for young boys who, according to FGDs with children, were found to be more curious about UXOs and explore potentially contaminated areas. As a result, it was reported that parents are more likely to restrict their children's freedom and movement. With little space to play and explore, it is likely to have significant effect on their psychological well-being and development.

Individuals and Groups at Particular Risk

Although all populations groups in isolated settlements experience heightened physical safety risks, certain groups are more likely than others to experience risks that are compounded due to their age, gender or disability. This section will examine the specific risks they face.

Children

The conflict has negatively affected several of the protective environmental elements included in the UNICEF Protection Environment Framework.²⁷ This section focuses on protection concerns for children living in isolated settlements along the contact line through household data, KIIs and FGDs. It analyses differences and assesses perspectives of KIIs and from children themselves (FGDs). In total, 29 boys and 31 girls took part in the 8 FGDs, with ages ranging from 10 to 16 years old. FGDs were facilitated by child protection experts from a Protection Cluster partner. While FGDs with children were conducted in rural and urban areas of Donetsk and Luhansk oblasts, little difference was found between the areas with regards to issues facing children in isolated settlements.

Security Concerns

Across assessed areas, 20% of households reported having children between the ages of 0-18. Similar to the general population as reported in the section on security concerns (p. 17) the main concerns reported by households with children were shootings (71%), shelling (62%), military presence (26%) and mines (24%). There was little difference in the proportions of households with children reporting concerns compared to the overall population of isolated settlements.²⁸ Households with children and households overall also reported similar perceptions of safety in their settlements, both during the daytime and night-time.

During FGDs with children, both boys and girls came to consensus that exposure to violence was a significant concern that they faced on a regular basis. In seven out of eight groups, children reported having seen dead bodies or having experienced the death of a relative due to the conflict. Regular shootings and shelling in close proximity to their homes was mentioned in the majority of groups, and the risk of body injuries was equally reported by boys and girls. Only boys mentioned the risk of mines and ERWs as a main security concern. This correlates with the Office of the High Commissioner for Human Rights (OHCHR) statistics, as boys constitute 85% of mine/ERW-related casualties among children.

Checkpoints were perceived by all children as more dangerous areas, and there was consensus amongst children that military presence caused them significant fear.

Psychological stress

The majority of education KIIs²⁹ reported that the conflict has caused significant and noticeable psychological stress for children, mainly related to the fear of shelling and mines with reports of children crying due to fear of loud sounds, presenting nervous behaviour, anxiety, impaired concentration and deterioration of their performance at school. KIIs also highlighted frequent cases of children needing rehabilitation for speech disorders.

During FGDs with children, two groups of boys and one group of girls openly shared feeling anxiety and fear due to the conflict. Children also discussed their fear of death and the death of their loved ones signalling a high level of awareness about the conflict and its consequences. In two FGDs with boys, children explained that they had begun to experience feelings of hate for the conflict that was going on around them.

"I became more anxious and scared, constantly afraid of shelling. The most terrible thing is to fall under fire when passing a checkpoint"

– a girl from Donetsk oblast

²⁷ Human Rights Quarterly, 2005. The Protective Environment: Development Support for Child Protection. Available [online](#).

²⁸ See section on security concerns, p.17

²⁹ KIIs consisted of professionals working with children either within an education facility, as a social worker, psychologist or child protection professionals.

Such psychological distress appears to have resulted in some children experiencing psychosomatic symptoms. Six FGD groups mentioned an increase in chronic diseases and potentially psychosomatic symptoms suffered by children and their families, which may potentially be linked with high levels of stress. Examples given were that one boy's hair had turned grey, stomach issues, cardiac problems, nervous breakdowns. This issue was mentioned twice as frequently by groups of girls and in Luhansk oblast.

The conflict has also had important implications on children's social relations and ties. Children gave several reasons for the breakdown of their social relations: the number of children in their settlement has decreased due to the conflict and communication with friends who have left is difficult to maintain (mentioned mostly by boys, irrespective of location); families had been separated. Three groups (two boy groups and one girl group) mentioned getting more frequently into arguments with their families.

In relation to children's de-sensitization to violence, boys in particular reported having become less 'emotional' than at the beginning of the conflict and that nowadays, destruction, shelling and death felt normal to them.

KIs additionally highlighted psychological concern for children caused by an absence of leisure activities and safe places for them to play. The lack of appropriate play spaces was also highlighted as having reduced children's ability to socialise with their peers after school, potentially significantly impacting children's psychological wellbeing and development.

KIs reported an increase in smoking, alcohol consumption and dependence on computers amongst youth, which can be considered negative coping strategies. Children also reported noticing a high level of alcohol consumption in their homes. During FGDs facilitators instigated a body mapping exercise where children drew a real sized body as a basis for protection related discussion. There were several drawings that included references to alcohol and one group of children also drew a body map that included a syringe referring to the use of drugs.

People with Disabilities (PwD)

As highlighted in the demographics section, 13% of household members were reported to have a disability and 25% of households reported having at least one member with a disability. Additionally, 15% of older people (60+) were reported to have a disability.

In FGDs the main protection concerns reported were threats of physical security, psychological stress and anxiety caused by the conflict, and financial insecurity due to the limited pension. The lack of financial resources available had reportedly led to a subsequent reduction in expenditure on food, medicine and heating. It was also highlighted that there is little awareness of which services are available. This was confirmed by social service KIs who noted that lack of information reduced the number of applicants for social services.

The issue of accessibility was also noted by KIs, who reported it to be the primary barrier to accessing services for PwD. In addition to issues of accessibility of facilities, participants reported that the transport available is not sufficiently equipped for use for people with disabilities. In addition, bad roads reportedly make the journey particularly uncomfortable. Lack of accessible transportation and poor road conditions were confirmed by direct observation by enumerators. A low level of capacity by service providers was additionally reported as an issue experienced by the older people with disabilities, particularly to those who have hearing and visual impairments where service providers are reluctant or have little capacity to provide extra support.

Health care provision was reported by the KIs as the main area where PwD require additional support, including a lack of quality and quantity of medical services, accessible transportation, financial protection and engaging affected populations with the communities in which they live, in order to support in the care of such vulnerable populations.

Older People

In isolated settlements, 41% of household members are reported to be over the age of 60. During the FGDs with older persons, participants mentioned a lack of financial resources as the largest issue that they face. Participants reported that the majority of older people receive pensions and a number of them receive social benefits. Despite

the reportedly wide reach of benefits, however, FGD participants agreed that the amount was not enough to cover their needs due to high prices of food, medication, winter clothes, utilities and fuel.

Regarding barriers accessing services, FGD participants cited bad road conditions, lack of transportation from their settlement to the nearest town, the cost of transportation and distance as obstacles to access social and medical services. Some FGD participants agreed that the barriers to accessing medical assistance had negatively impacted chronic illnesses. Social Service KIs reported a lack of specialized care facilities for older persons who are in need of special care (particularly nursing homes). During the winter period KIs reported that slippery pedestrian routes are a threat for elderly persons to fall, causing injury or disability.

Older people reportedly face additional challenges in daily tasks, as there was reportedly a lack of support for manual household tasks such as snow-clearing, chopping wood or accessing food markets. Admin KIs additionally reported a lack of social workers who provide assistance to elderly persons.

In terms of psychological wellbeing, FGD participants reported that older people often experience problems such as fear, loneliness, depression and anxiety. In their assessment of older people in Ukraine, HelpAge found that 67% of older people report that they do not engage in social activities, potentially contributing to such loneliness.³⁰ Participants emphasised that older people need additional support from psychologists, as people experience constant stress due to shelling and family separation. Indeed, one health facility KI reported that many older people have been left alone in their homes, due to the displacement or economic migration of their family members. In addition to increased psychological stress, an administrative service KI reported that elderly persons may be not accessing psychosocial services due to stigma surrounding mental illness.

Gender-based Violence (GBV)

In its Call to Action on Protection from Gender-based Violence in Emergencies, UNHCR defines GBV as “an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual, or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty”³¹ though it may also encompass economic violence, which has the potential to additionally impact children. This section will outline the findings on GBV within isolated settlements, highlighting domestic violence and transactional sex through data collected by FGDs with women and KIIs with service providers in the assessment’s target area.

Domestic violence

Within the context of Ukraine, the concept of domestic violence is largely considered a private matter, and, due to lack of services and impunity for the perpetrators, threat of stigma, ostracism and further violence, is often widely underreported. The concern over underreporting is echoed by Inter-Agency Standing Committee (IASC) Guidelines on GBV³² that require humanitarian actors to program for services for GBV survivors in humanitarian and crisis contexts regardless of available statistics or reporting, knowing that instances of GBV are always underreported. Within the context of FGDs with older people, women and children, domestic violence was highlighted to be a common and serious concern affecting families including children, who can be witnesses or experience the direct effects of violence.

In FGDs with men, participants reported awareness of an increase in domestic violence towards women, reportedly due to the increase in unemployment, pressure related to military presence and an increase in alcohol abuse. Interestingly, there was little discussion of domestic violence during FGDs with women. Rather, female FGD participants noted that the issue was private and often hidden by women, potentially highlighting the lack of an effective mechanism for reporting domestic violence to the police. This perceived increase in domestic violence was confirmed by KIs, who speculated that the increase in unemployment had contributed to the issue through a noticeable deterioration in men’s psychological state.

³⁰ HelpAge International, 2016. Humanitarian needs of older women and men in government-controlled Luhansk Oblast. Available [online](#)

³¹ UNHCR, 2015. Call to Action on Protection from Gender-based Violence in Emergencies. Available [online](#).

³² IASC, 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. Available [online](#).

During FGDs with older participants, domestic violence in the form of sexual abuse was reported. However, it was also mentioned that there is a general lack of awareness of where or to whom they could report such cases to.

In terms of support for GBV survivors, KIs reported that isolated settlements are of most concern due to limited access for service providers and law enforcement. Additionally, KIs noted that many people living in such isolated settlements lack basic knowledge about available services and face barriers to accessing those services if they do exist.

Transactional sex

In its report on Gender and Conflict in Ukraine, the Institute of Development Studies reported that the presence of military has increased the risk of sexual violence for women closer to the contact line, noting a risk of increasingly resorting to transactional sex.³³ Both FGD participants and KIs reported awareness of women in isolated settlements that engage in transactional sex, reportedly more frequently due to economic necessity caused by the lack of livelihoods opportunities within isolated settlements. Transactional sex can therefore potentially be considered to be a negative coping strategy used in order for women to meet their and their families' basic needs. Women also highlighted that within isolated settlements women perceived to be engaging in transactional sex experienced stigma within their communities due to the negative perception of such relations.

During FGDs, women highlighted that adolescent girls from less stable families were at higher risk of engaging in transactional sex. There were concerns about the long-term psychological impact on these individuals. UNICEF in their report assessing the children of the contact line also highlighted the concerns about cases of adolescent girls reportedly engaging in sexual relations with the military.³⁴

LGBTIQ People

As was highlighted by a report from the Human Dignity Trust, during times of conflict pre-existing stigma is often magnified, compounding the vulnerability of LGBTIQ people.³⁵ Although it was not possible to speak with LGBTIQ people within isolated communities due to risk to the participants, FGDs were conducted with MSM from isolated communities that had been displaced to Mariupol. Findings in this section may not reflect the experiences of all gender and sexual minorities (GSM), though they are indicative from isolated settlements.

FGD participants were in consensus that MSM are usually unable to openly express their sexual orientation due to fear of violence, stigma and discrimination by community members. Participants highlighted that the situation was worse in isolated settlements than in larger cities away from the contact line, particularly relating to concerns around physical safety, discrimination and lack of psychosocial support. As a result, FGD participants reported that depression is common amongst their MSM peers as a result of feeling constant stress and fear for themselves and for their families

FGD participants also reported widespread issues relating to workplace discrimination, including one participant that reported having been fired due to his sexual orientation. Participants noted a lack of information amongst MSM in isolated settlements relating to rights or legal recourse regarding workplace discrimination.

In terms of access to sexual health care services, participants highlighted a significant gap for MSM in isolated settlements. However, they perceived that the recent health care reform³⁶ had improved the overall experience of MSM accessing general health care services by increasing the ability of patients to select their doctors and making doctors more financially accountable for patient care.

³³ Institute for Development Studies, 2017. Gender and Conflict in Ukraine. Available [online](#).

³⁴ UNICEF, 2017. Children of the Contact Line. Available [online](#).

³⁵ Human Dignity Trust, 2015. Criminalising Homosexuality and LGBT Rights in Times of Conflict, Violence and Natural Disasters. Available [online](#).

³⁶ Until recently, Ukrainians were "appointed" to a district doctor at their place of registration. The health reform permits patients to choose their primary care provider in any institution that has signed an agreement with the National Health Service of Ukraine. More information available in the National Health Reform Strategy 2015-2020 document available [online](#).

Access to Basic Services

This section will outline specific challenges faced by households living in isolated settlements in relation to accessing basic services. Lack of adequate access to services may potentially lead residents of the assessed area to experience concerns around social protection or the necessity of engaging in negative coping strategies to meet basic needs.

Coping Strategies and Access to Basic Services

The assessment analysed the use of negative coping strategies by residents of isolated settlements. Negative coping strategies are used to address immediate concerns in the absence of more appropriate options, but are likely to have adverse consequences and expose the household to additional protection risks. The following coping strategies were included for analysis: spending savings, borrowing money, drinking untreated water, purchasing food on credit, reducing health expenditures, moving for work and engaging in demeaning, unsafe or unpleasant work. Certain types of negative coping mechanisms could not be included in the household survey due to their sensitive nature, but came up in focus group discussions and key informant interviews such as alcohol abuse, transactional sex, risky behaviour, family separation among others.

Map 4 (p. 35) identifies the most common coping strategies utilised in relation to accessing basic services, finding settlements in which a greater than average proportion of the sample utilised one of the assessed coping strategies. Map 5 (p. 36) explores the extent to which assessed settlements were affected by barriers that inhibit the ability of residents to access basic services.

Access to Transport

Access to transport was a significant concern in isolated settlements, particularly related to the ability of residents to access basic services in other settlements. Based on enumerator observations, only three out of 53 settlements observed by enumerators had access roads in good condition, the rest were reported to be in bad condition with potholes, not cleared from snow or ice, damaged by military equipment or were untarmacked. Enumerators also reported that 18 of the settlements they visited did not have any public transport available. There were also six settlements that were found to have public transport but that it only ran a few times per week.

They also observed that public transport was often unsuitable for people with disabilities. It was mentioned in Novhorodske (urban, Donetsk oblast), that people with limited mobility must hire private vehicles to visit specialised health services in hospitals in Toretsk (urban, Donetsk oblast), Kramatorsk (urban, Donetsk oblast) and other localities. Enumerators reported that respondents spoke casually about delaying primary health care visits and negative impacts on their household economic situation due to the need to rent private vehicles (either shared or unshared) to cope with a lack of public transport.

During FGDs with children, participants of four groups reported problems accessing education due to long journeys, danger on the way (in particular gunfire) and a reduced number of transportation means to the school, especially in winter when busses operate less or not at all due to short daylight hours and the fear of shelling

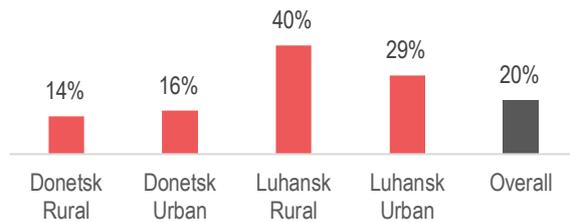
Access to Education

REACH highlighted in its most recent trend analysis (2018) that households living closer to the contact line experienced more barriers to accessing education than those living further away.³⁷ This section will outline the main barriers experienced by households living in isolated settlements when accessing education.

Overall, 16% of households reported having school aged children between the ages of 6-17. Of those, 20% reported that children in their households were unable to attend their facility for more than one month in the year prior to data collection. Gaps in attendance were reported most frequently in rural areas of Luhansk (Figure 11).

³⁷ REACH, 2018. Analysis of humanitarian trends. Available [online](#).

Figure 11: Proportion of households attending an education facility reporting gaps of more than one month in their child's attendance (n=252 HHs)



Among the 20% of households with a child who missed more than one month of school in the year prior to data collection, the main reported reason for these gaps were health reasons, security concerns, and that the school bus was not available, particularly in rural areas of Luhansk. During FGDs with children, two groups of girls reported missing school due to the conflict; one girl highlighted that she had not attended

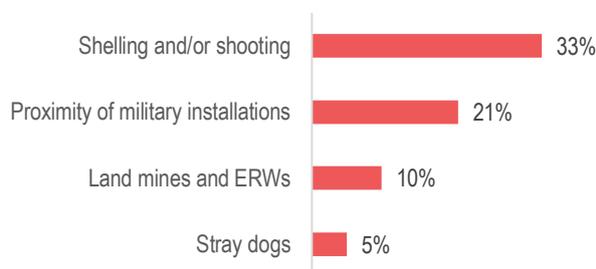
for a year due to the total destruction of her school. It was also confirmed by community KIs that in rural areas of Luhansk specifically, there were significant barriers to access due to transport, particularly because school buses were unable to access their settlements due to a lack of proper tarmacked roads.

More specifically, the majority of households accessing an education facility reported walking as their main mode of transport to their facility (78%) followed by using a school bus (19%).

The issues of transport were also reported to be particularly acute during winter when buses operate either less frequently or not at all due to short daylight hours and poor weather conditions. A community KI from Shchastia (urban, Luhansk oblast) reported that since the onset of the conflict, there has been no access to adequate transport in Lobacheve (rural, Luhansk oblast) and as a result many children have been sent to a boarding school.

In terms of security, of households accessing an education facility, the main security concerns reported were shelling/shooting (33%), proximity of military installations (21%) and landmines and ERWs (10%, Figure 12). Security concerns were most likely reported in rural areas of Luhansk. In addition, of all 28 education KIs, 11 reported that there was not a sufficient bomb shelter at the school within their settlement, which is particularly concerning considering that 16 schools sustained direct physical damages in 2018.³⁸

Figure 12: Main security concerns in the vicinity of schools and during the child's commute to school³⁹ (n=232 HHs)



Similar security concerns were confirmed by the majority of KIs who reported that school life continues despite the constant threat of shelling. KIs also reported that during periods of shelling or shooting children often remain at home and that as a result, there has been an increase in children learning remotely in their villages. Many schools affected have been providing the necessary means for distance learning.⁴⁰

In terms of children's enrolment in school, the majority of education KIs reported a significant reduction in children's enrolment. For instance, one KI from Troitske (rural, Luhansk oblast) reported that before the conflict began their school had 75 children attending and that now, at the time of the assessment there were only 13 attending.

It was also highlighted by KIs that there has been an increase in qualified teachers leaving isolated settlements causing a lack of quality staff. Children during FGDs also mentioned the high turnover of teachers. This was also confirmed in the REACH Capacity and Vulnerability Assessment (CVA) that found the lack of quality teachers to be one of the main barriers to accessing education across GCA.⁴¹ Other disruptions reported include serious damage to facility infrastructure, broken windows and disruptions to the light and water supply, all concerns relating to attacks on schools. Indeed, the Global Coalition to Protect Education from Attack reported in 2018 that shelling

³⁸ UNICEF, 2019. Attacks on Education in Ukraine. Available [online](#)

³⁹ Whilst not directly related to the conflict, there has been an increase in stray dogs in areas along the contact line where residents have relocated and had to leave their dogs behind creating an increase of abandoned dogs.

⁴⁰ The quality of distance learning was not addressed within the context of this assessment.

⁴¹ REACH, 2017-2019. Capacity and Vulnerability Assessments. Available [online](#)

and targeted artillery attacks had damaged or destroyed more than 740 schools in Ukraine since the beginning of the conflict.⁴²

In terms of children's perception of their experience at school as discussed during FGDs, children highlighted that the quality of their education was decreasing, reporting deteriorating grades. Additionally, due to access restrictions to schools, students were being given more work to do independently from home or remote learning. This is likely limiting the capacity for the monitoring and support for learning from their teachers. Children also reported that time spent at school overall had greatly reduced (although this was viewed positively by children).

Access to Healthcare

Overall, 40% of households reported experiencing challenges when accessing healthcare services; this was reported at a similar level across the 20 km areas where 43% of households reported challenges. Households across the 20 km area were most likely to report the cost of medicine as their main challenge to accessing healthcare whereas, the main reported challenges for households living in isolated settlements were mainly, distance (32%), the cost of travel to the facility (25%), lack of transport (19%) and security concerns (11%) and issues with checkpoints (10%, Figure 13). Households living in rural areas were significantly more likely to report challenges to access than households in urban areas. Enumerators confirmed concerns relating to older people with disabilities and their limited access to medical facilities due to the cost or unavailability of transport and the lack of ambulance services in isolated settlements. There was little difference in challenges reported for households with children.

Additional challenges reported by KIs from health care facilities was the cost of medical treatments and medicine. In addition, during FGDs with older people, it was also highlighted that in certain areas such as Petropavlivka (urban, Luhansk oblast), there were poor mobile networks restricting their ability to call emergency services. Community KIs reported that due to bad quality roads and mine and ERW contamination, there are settlements that are inaccessible for ambulances. One health KI reported that in Sopyne (rural, Donetsk oblast), many residents attended alternative health care facilities due to security concerns.

Table 8: Most reported challenges to accessing medical facilities reported by households living in isolated settlements

	Overall	Donetsk Rural	Donetsk Urban	Luhansk Rural	Luhansk Urban
Distance	32%	57%	27%	75%	25%
Cost of travel to facility	25%	55%	18%	69%	20%
Lack of transport	19%	47%	11%	75%	12%
Security concerns	11%	22%	8%	30%	10%
Crossing a checkpoint	10%	32%	3%	34%	9%

In terms of challenges faced by health care practitioners in providing health care to isolated settlements, the main concerns reported by KIs were their restricted access to isolated populations, a lack of specialized equipment and medication and limited qualified staff. KIs from facilities in Avdiivka (urban, Donetsk oblast), Krasnohorivka (urban, Donetsk oblast) and Novotoshkivske (urban, Luhansk oblast), reported that, due to a shortage of staff and specialists they had to refer patients to facilities that were further away, including in one case referring patients to NGCA.

Health Concerns in Isolated Settlements

KIs from health care facilities highlighted the physical consequences of shelling, shootings and mines. It was reported that since the beginning of the conflict, the number of patients with gunshot and shrapnel wounds had increased. In Chermalyk, Orlovske, Fedorivka (all rural, Donetsk oblast), a health care facility KI reported that their

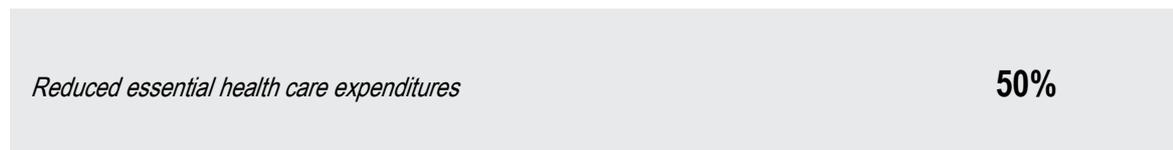
⁴² Global Coalition to Protect Education from Attack, 2018. Education Under Attack: Ukraine. Available [online](#)

number of patients in general was three times higher than before the conflict potentially due to the disruption in access to health care facilities in NGCA.

KIs from health care facilities also highlighted environmental hazards relating to poor rubbish disposal (or abandoned dumps) that could increase the risk of disease, particularly during summer. Women, during FGDs reported that some members of the population collect food from the rubbish disposals. This coping strategy represents a risk to health, highlighting an intersection between food insecurity and health in isolated settlements.

Of particular concern highlighted throughout were the negative coping strategies being used by the population in relation to health. Half of all households (50%) reported having to reduce essential health expenditures within the past 30 days prior to data collection (Figure 14). Female headed households were significantly more likely to use this coping strategy (55%) than were male headed households (38%). The proportion of households reducing their essential health expenditure was also higher than in the overall 20 km area, where 32% of households reported it.⁴³ KIs from health care facilities reported that due to the expense of treatment and medication, and travel barriers to accessing healthcare services, there was a tendency for households to reduce their spending on medical care by either not seeking medical assistance or to self-medicate and rely on traditional medicine, which could be dangerous and not always effective. This was highlighted as common particularly for older people and households with lower incomes.

Figure 13: Proportion of households reporting engaging in negative coping strategies in relation to health in the 30 days prior to data collection



Access to Psychosocial support

KIs from health care facilities highlighted the issues relating to psychological stress of people living in close proximity to security risks such as shelling. KIs reported that the fear, instability and uncertainty of the conflict could be correlated to the perceived increase in cases of neurasthenic syndrome, coronary heart disease and hypertension.

Overall, health practitioner KIs reported that for populations living in isolated settlements, the conflict has negatively affected resident's mental health resulting in a noticeable increase in ill health due to living in a 'constant state of anxiety and stress'. Specifically, health professionals reported a noticeable increase in hypervigilance, high blood pressure, constant fear and lack of sleep due to the conflict.

In terms of vulnerable groups, KIs reported that older people were of particular concern due to reports of significant loneliness being compounded by isolation and immobility in the assessed settlements. Loneliness was also reported during FGDs with older people as a main concern. The effect of social isolation on health appears to be of a similar magnitude to other risks to health, such as high blood pressure, smoking and obesity.⁴⁴

In terms of access to psychosocial support, overall, only 27% of households reported that if a household member was in need of psychological support, they would be able to access services.

A World Bank report also highlighted that the disproportionate impact of mental health disorders in the eastern region of Ukraine can be attributed to the increased conflict and violence.⁴⁵ More specifically, it was highlighted that populations within close proximity to the hostilities experience increased stressors such as violence, loss in the form of family members and anxiety around economic security relating to reduced livelihoods opportunities and

⁴³ REACH, 2019. Economic Security Assessment. Available [online](#).

⁴⁴ Journal of Aging Life Care, 2018. Health Effects of Social Isolation and Loneliness. Available [online](#).

⁴⁵ World Bank Group, 2017. Mental Health in Transition: Assessment and Guidance for Strengthening Integration of Mental Health into Primary Health Care and Community-Based Service Platforms in Ukraine. Available [online](#).

increased costs of necessary purchases such as utilities. The report also highlights the subsequent social impacts of the conflict relating to community conflicts, divisions and break downs in social cohesion that is also contributing to mental health disorders.

Consumption of alcohol

The majority of health professional KIs reported that whilst alcohol, tobacco and drugs have always been an issue within their settlements, they had seen an increase in the consumption since the beginning of the conflict. One health KI from Hirske (urban, Luhansk oblast) reported that the consumption of alcohol and other substances increases during times of more intense hostilities alongside depression and a lack of sleep. Another KI health from Krasnohorivka (urban, Donetsk oblast) highlighted that the increase in alcohol consumption had increased in their settlement due to the increased unemployment since the conflict began.

In terms of the effects of alcohol on specific population groups, drugs and alcohol consumption was mostly highlighted to be of concern during FGDs with men. Participants of FGDs with both men and women highlighted that men were the most likely to have problems with alcohol and engage in dangerous behaviour due to intoxication.

Access to Social Services, Benefits and Pensions

Within the context of a protracted conflict, unemployment and isolation from access to basic services, social security provides significant protection for affected populations by filling the livelihoods gap, at least partially. This section will outline households' access to social benefit payments and pensions across isolated settlements of GCA.

The main challenges reported by households when accessing their social services were similar to other services, including distance to facilities providing social services (39%), the cost of travel (34%), lack of transport (20%), crossing checkpoints (13%) and security concerns (10%). KIs from social service facilities highlighted that transport challenges were also exacerbated by bad road conditions, particularly for older people and people with limited mobility. There were particular concerns when people had to travel long distances returning home in the dark.

One KI from a social service facility also mentioned that there is a lack of information and awareness and outreach about the social services available for people living in isolated settlements, particularly for electronic services available.

Access to Social Payment Benefits

Social benefit payments in Ukraine refer to the state provided one-time or periodic financial support provided to people who are classified within vulnerable groups. The payments include the following types of allowance: targeted assistance to IDPs, assistance to low income families, people with disabilities, unemployment assistance, and new-born child allowances.

Twenty-two per cent of household members in isolated settlements reportedly received social benefit payments in the 30 days prior to data collection. The proportion of household members receiving social benefits was found to be the highest in urban areas of Donetsk oblast (25%), and the lowest in rural areas of Luhansk oblast (12%).

Of those household members reportedly receiving social benefits (34%), the majority (78%) reported receiving them via the bank or ATM, 9% reported 'other' which mostly represented subsidies and cashless payments, 11% received through postal service and 3% reported that their family collects it for them. The majority of household members that received social benefit payments reported receiving more than 1,000 UAH (approx. 36 USD,⁴⁶ 57% of household members). The majority of households receiving social benefits reported no delays in their receipt of social payment benefits (94%). IDP payments were more likely to not be received than other social payments, with 38% of households with at least one registered IDP reporting not having received IDP payments in the 30 days prior to data collection.

⁴⁶ 27.7 UAH = 1 USD, based on exchange rate from the National Bank of Ukraine as of 01.02.2019. Available [online](#).

Access to Pensions

With 41% of the population of isolated settlements made up of older people (60+), the issue of pensions is critical in the protection of people living in these areas. Of all household members of pensioner age, the majority (98%) reported having received their pension in the 30 days prior to data collection. Fifty-two per cent (52%) of household members that receive pensions reportedly received them via the post office and 45% via banks or ATMs. However, during FGDs with older people, it was reported by IDP participants that the process of renewing pensions and benefits (IDP registration) can often take a long-time leaving people without income for several months. Furthermore, given changes in legislation in 2018, IDP pensioners may be unable to receive pension arrears for periods when their pensions were suspended. In terms of challenges regarding receiving pensions, during FGDs, distance to and significant queues at the ATM were reported as a barrier.

Of household members receiving pensions, 79% reported that they had received an increase since 2017. Of those, over half (53%) reported that this increase helped to purchase additional medication, 29% reported it helped to buy more and/or better food and 3% reported it helped to buy non-food items (NFIs). However, the majority of households receiving an increase in pension reported that the increase did not cover increasing prices of such goods (96%). This was confirmed during FGDs with older people that reported that it did not cover the costs of their basic needs, particularly the added cost of medicine, warm clothes or fuel to heat their homes during winter.

Access to Food and NFIs

Twenty-seven per cent (27%) of households reported experiencing challenges whilst accessing food markets, of which the main challenges reported were mainly the distance (17%), the lack (11%) or cost of transport (11%) and security concerns (10%). (Figure 15)

Figure 14: Main challenges reported when accessing food markets (n=1474 HHs)



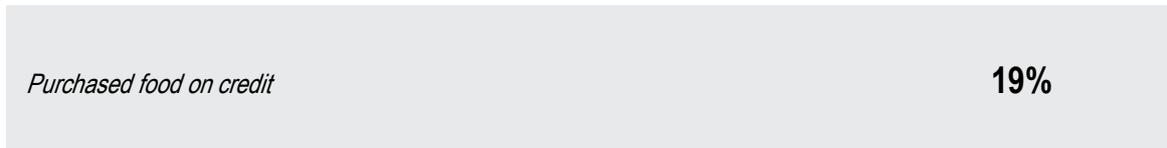
Enumerators highlighted that growing food across these areas was crucial for the survival for much of the population. During FGDs with elderly, it was also reported that there is a high dependency on people growing their own food. It was also noted that there is a high dependency on food distributed through humanitarian assistance. Elderly people also mentioned their overall concerns and fear of hunger due to having to reduce the quantity of food that they eat to cope with lack of economic resources. Health expert KIs reported that this was regularly seen, that patients in general are seen to be rationing food and reducing food consumed overall.

Across isolated settlements, 18% of households reported that there had been times when they did not have enough food or money to buy food in the week prior to data collection. In addition, 12% of households reported not having sufficient food reserves for the remainder of the winter. To cope with this lack of food security, 19% of households reported having to purchase credit or borrow food in the 30 days prior to data collection.

KIs reported children to be the most affected by malnutrition. In Troitske (rural, Luhansk oblast) an education facility KI reported that there were cases of children attending school showing clear signs of malnutrition and teachers reportedly had to bring in food to school to help them. Another KI from Troitske (rural, Luhansk oblast) reported noticing children having unusual levels of hunger, particularly with children of single mothers that could not afford to provide fruits, meat and dairy products for their children. Overall, the food provided for children at school stands out as an important mode of support for the nutrition of children.⁴⁷

⁴⁷ REACH, 2017-2019. Capacity and Vulnerability Assessments found that the majority of education services across GCA provided school meals for free. Available [online](#).

Figure 15: Proportion of households engaging in negative coping strategies in relation to food in the 30 days prior to data collection



NFI markets

The main challenges reported by households when accessing NFI markets reflect those reported previously for food markets that relate to the distance (21%), cost (15%) and/or lack of transport (15%).

Challenges accessing NFI markets were most likely reported in rural areas of Luhansk (73%). Of these households in rural Luhansk, an added challenge mentioned was the having to cross a military checkpoint (27%). This was also highlighted by 23% of households living in rural Donetsk.

Access to Water

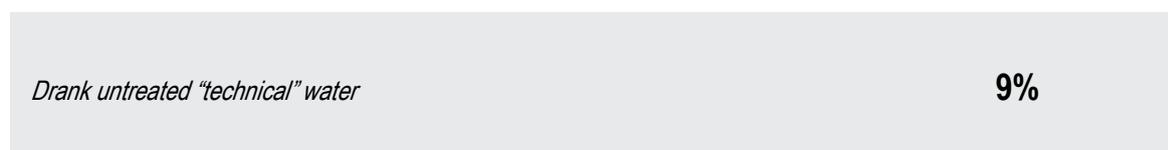
The majority of households across the isolated settlements reported having access to centralised utility services, with 77% of households connected to piped water supplies and 64% of households reporting being connected to gas services.

However, given the widespread reliance on centralised utility systems, active conflict creates additional risk for populations relying systems that may be the subject of shelling. A primary concern outlined in the 2019 HNO were the consequences of such security incidents on critical infrastructure, where the subsequent disruption to services affects access to safe water, electricity, gas and transport.⁴⁸

Indeed, 35% of households in isolated settlements reported experiencing water shortages at least occasionally, including 11% of households experiencing them on a weekly basis. Potentially as a result of these shortages, 9% of households reported having had to drink non-potable technical water⁴⁹ in the 30 days prior to data collection.

KIs from health care facilities reported that the sewage systems were often clogged and at risk of contaminating rivers/water systems. It was reported that wells particularly in isolated settlements, were rarely maintained or checked for water contamination by utility services due to their isolation.

Figure 16: Proportion of households engaging in negative coping strategies in relation to water in the 30 days prior to data collection



Access to Heating

During winter many households in isolated settlements are dependent on wood, coal or other fuels for heating their homes particularly those not connected to utility services. A main concern highlighted during FGDs with older people was the lack of coal available for heating their homes. Participants also noted that the cost of coal is now higher than it was before the conflict, reporting a price of around 7000 UAH (approx. 253 USD⁵⁰) for one ton.

⁴⁸ OCHA, 2019. Humanitarian Needs Overview. Available [online](#).

⁴⁹ Technical water refers to untreated water intended for non-drinking purposes such as irrigation, construction or cleaning.

⁵⁰ 27.7 UAH = 1 USD, based on exchange rate from the National Bank of Ukraine as of 01.02.2019. Available [online](#).

Considering that the amount of pension on average is 3,439 UAH (124 USD) in Donetsk oblast and 3,172 UAH (115 USD) in Luhansk oblast,⁵¹ paying for fuel can constitute up a large portion of a pensioner's income.

Access to Financial services

As a consequence of the isolated nature of the assessed settlements, residents face challenges in accessing financial services, with 30% of residents across isolated settlements reporting at least one challenge. Rural isolated settlements appear to be particularly affected, with 86% of households in rural settlements of Luhansk oblast experiencing challenges and 64% of residents of rural settlements in Donetsk oblast. The most frequently reported challenge in all areas, both rural and urban, was distance (25%), followed by cost of travel (21%) and lack of transport (17%, Table 8).

Table 9: Main challenges reported when accessing financial services (n=1474 HHs)

	Overall	Donetsk rural	Donetsk Urban	Luhansk rural	Luhansk urban
Distance	25%	61%	18%	73%	14%
Cost of travel to facility	21%	60%	12%	69%	12%
Lack of transport	17%	48%	9%	75%	11%
Security concerns	10%	21%	6%	30%	10%
Crossing a checkpoint	7%	32%	0%	33%	5%
Military presence restricting access	3%	12%	0%	10%	4%
Other	2%	2%	3%	2%	2%

Households reported engaging in several livelihoods-related coping strategies relating to finances, with 11% of households in isolated settlements reporting having had to spend their savings in the 30 days prior to data collection and 20% reporting having had to borrow money or take credit.

Access to Employment

The conflict in the Donbas has resulted in a deteriorating economic environment that has led to a decrease in livelihoods and employment opportunities across the entire region.⁵² Isolated settlements are particularly affected due to the often long distances to industrial centres where jobs are more likely to be and the lack of large businesses within small communities and significant security concerns relating to their cultivating of land/agricultural activities. This also links to the findings of the REACH capacity and vulnerabilities assessment that illustrated the urban disconnect caused by the contact line between GCA and NGCA which, following the onset of the conflict, cut off much of the population from employment in urban centres of NGCA leaving high levels of unemployment in GCA.⁵³

Isolated settlements have a relatively low proportion of working-age individuals, with 41% of the population of working age,⁵⁴ compared to the 71% of the population of the 20 km area.⁵⁵ Overall, 18% of household members were reportedly unemployed, while 22% were in paid work and 60% were pensioners, disabled, or otherwise not working but not unemployed (Figure 17, p.34). Comparing geographies, unemployment was most likely reported in rural areas of Donetsk. No significant differences were found between the isolated settlements and other parts of the 20 km area.

The most commonly reported reason for household member unemployment was a lack of opportunities (61%), particularly in rural areas, followed by health conditions (22%), and caring for family (20%). During FGDs with men,

⁵¹ Ukrainian Pension Fund, 2019. Available [online](#).

⁵² REACH, 2019. Economic Security Assessment. Available [online](#)

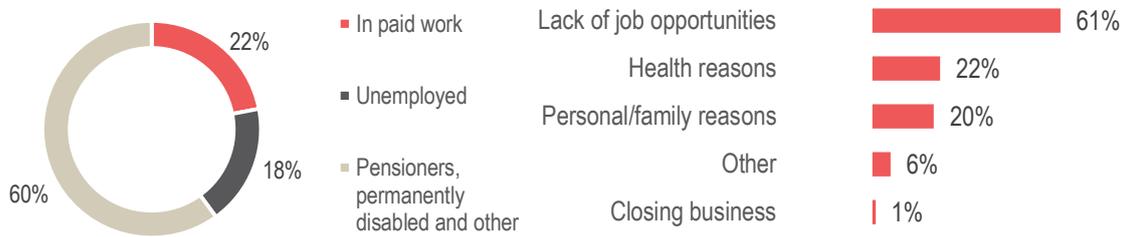
⁵³ REACH, 2018. Capacity and Vulnerability Assessment of Yasynuvata raion. Available [online](#)

⁵⁴ The age range for "working age" individuals is defined by the Ukrainian State Statistics Service as between 15-70. More information available [online](#)

⁵⁵ REACH, 2019. Economic Security Assessment. Available [online](#)

participants confirmed that a lack of opportunities was the most pressing barrier for unemployed people to find paid work.

Figure 17: Household members employment status and reported reasons for unemployment (n1=3109 HH members, n2=615 HH members)⁵⁶



Community KIs additionally highlighted that as a direct consequence of unemployment, it was common for people within their settlement to engage in unregistered work. Working without an official contract can potentially lead to a lack of employer accountability to Ukrainian labour laws and provide limited recourse for employees in cases of abuse or non-payment of wages.

During FGDs with men, participants also highlighted that men of pre-pensioner age over the age of 50 face unique concerns relating to accessing livelihoods. Employers are reportedly reluctant to hire them, but they are not yet eligible for pensions. Furthermore, participants perceived that humanitarian agencies prioritise assistance to older people leaving pre-pension age adults without sufficient support.

Community KIs highlighted that due to the lack of employment opportunities in isolated settlements, men (and particularly able-bodied men) are more likely to relocate to other areas in search of work contributing to family separation and leaving more vulnerable groups in the isolated settlements without sufficient support. They also noted that men are more likely to engage in unsafe work such as collecting metal or search for work in NGCA and as a result men were more likely to cross the contact line regularly. During FGDs with men, participants reported that this can leave families at more risk of protection concerns, more vulnerable and less secure materially and physically. Figure 19 highlights some of the strategies used to cope with a lack of employment opportunities in isolated settlements.

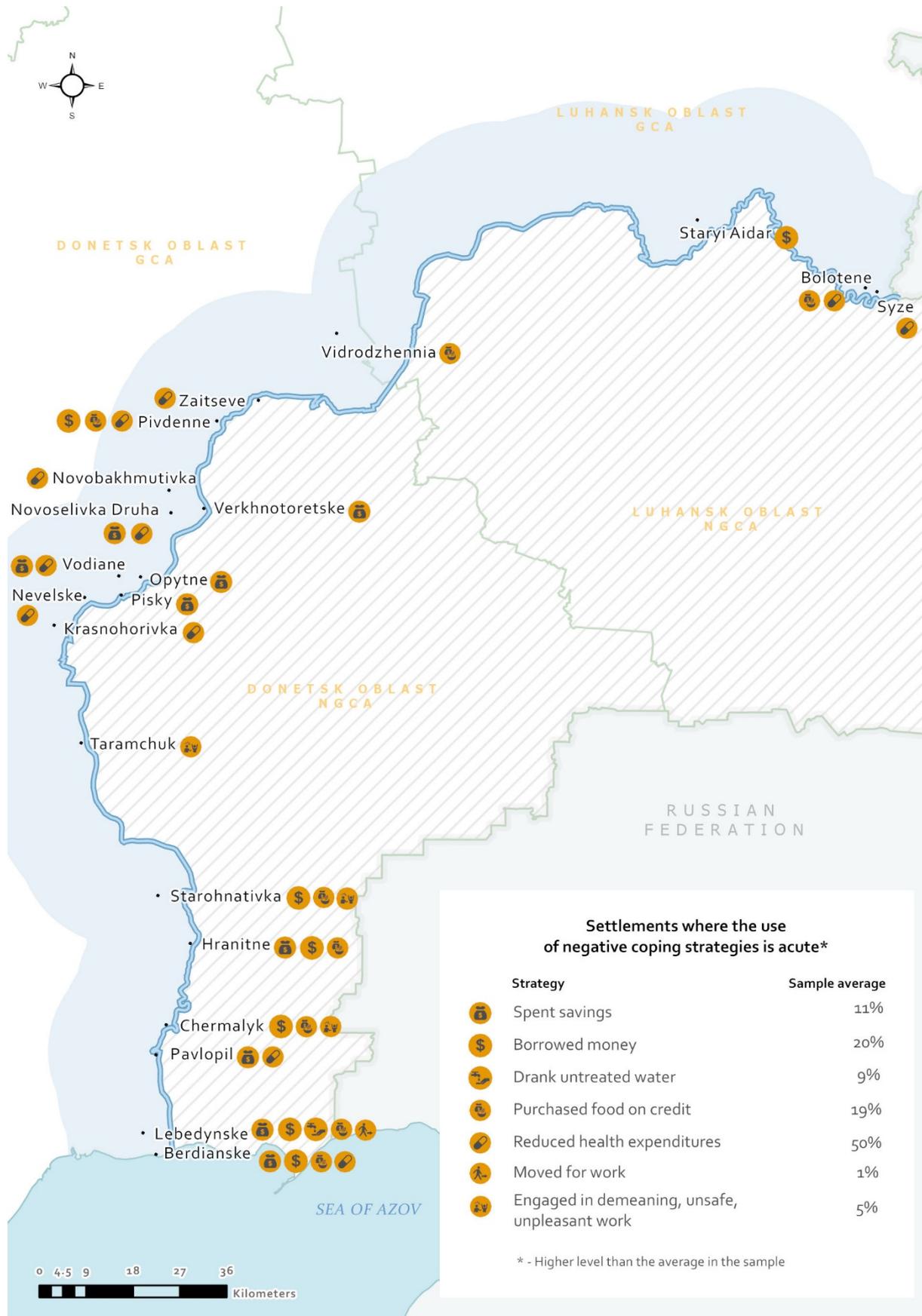
For FGD participants reporting being in paid work, there was a general consensus that there had been a decline in wages with regular delays in payment. It was also acknowledged that, whilst unemployment is an issue for many across GCA, for isolated settlements the situation is aggravated due to the lack of transport links leaving people with no means to travel to and from work. During FGDs men reported that alternative transport was expensive, reducing the net income received from work. This is likely linked to the significant outflow of labour to other regions of the country.

Figure 18: Proportion of households engaging in negative coping strategies in relation to livelihoods

<i>Undertaking any unsafe, unpleasant, or demeaning work in the past year</i>	1%
<i>Working without getting the full expected payment in the past year</i>	3%
<i>Moving elsewhere in search of work in the past 30 days</i>	5%
<i>Spent savings in the past 30 days</i>	11%
<i>Borrowed money or took credit in the last 30 days</i>	20%

⁵⁶

Map 4: Coping strategies utilised in isolated settlements



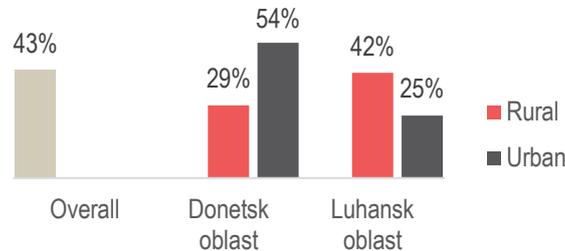
Map 5. Main barriers to accessing to basic services



Access to Humanitarian Assistance

The majority of households (57%) reported not having received humanitarian assistance in the last 30 days prior to data collection. Households living in urban areas of Donetsk were most likely to report receiving humanitarian assistance (Figure 20).

Figure 19: Proportion of households not receiving humanitarian assistance in the 30 days prior to assessment by settlement type (n=1474 HHs)



The main barriers to accessing humanitarian assistance reported by households were a lack of humanitarian organisations offering assistance (43%), followed by limited consultation with beneficiaries (29%) and that aid was only being offered to the same beneficiary groups over time (18%, Figure 22). In line with this finding, community KIs perceived that the regular selection of the same vulnerable groups as beneficiaries has led to the exclusion of others and thus has created tensions and disunity within the community between those who had received humanitarian assistance and those who hadn't but still experience exposure to conflict and disruptions to services. In addition, community KIs highlighted that the main distribution centres are difficult to access especially due to transport issues in isolated settlements.

Relatedly, the majority of households reported having access to a community centre (78%) (mainly informal, non-governmental) and of those households 97% reported that the community centre is used as an aid distribution point. It was also reported that the community centre provides a place for social support (8%).

Figure 20: Most reported barriers to receiving humanitarian assistance (n=1474 HHs)



Accountability to the Affected Populations

Thirty-two per cent (32%) of households that reported having received assistance in the 30 days prior to data collection said that they did not know how to give feedback on the process. This was most likely reported in urban areas of Luhansk (48%). In the overall 20 km area, a smaller proportion of households that receive aid reported awareness of a feedback mechanism (60% did not know how to give feedback⁵⁷), potentially due to the likelihood that aid recipients had contact with a larger number of aid organisations with different processes further from the contact line.

In terms of awareness of the humanitarian assistance available, overall, KIs reported that there was a lack of consistent information available regarding the types of assistance available and how to access it, noting that older people were less likely to be aware of the humanitarian assistance available, particularly in terms of understanding the criteria to qualify for aid. KIs likewise reported that people with disabilities (particularly mobility impairment, and visual impairment) were likely to have problems accessing information about humanitarian assistance eligibility, documentation required or locations of distribution points.

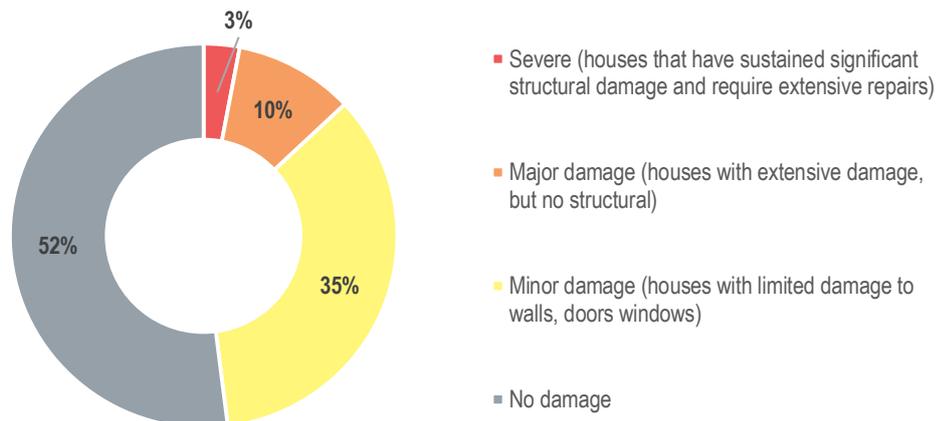
⁵⁷ REACH, 2018. Analysis of humanitarian trends. Available [online](#).

Housing, Land and Property Rights

Shelter

The majority of households living in isolated settlements reported living in a self-owned home (85%). Ten per cent (10%) reported living in free accommodation paying just utilities and 3% reported living in rented accommodation. In terms of damages, almost half of households reported having some form of damage to their home specifically as a result of the conflict (48%). Thirty-five per cent (35%) reported having minor damage to their homes, 10% reported major damage and 3% reported severe damage (Table 9).

Figure 21: Self-reported damage to shelter⁵⁸ (n=1474 HHs)



Damages were most likely reported in Donetsk oblast, with households living in rural areas most likely to report major damages to their home (16%). In terms of the types of damages, windows were most likely reported to be damaged (79%), followed by roofs/ceilings (62%) and walls (37%). There was little difference found across strata in types of damages. Forty-four per cent (44%) of households with damages reported that they did not have documentation confirming damages to their homes.⁵⁹ This was mainly due to households not knowing the correct procedures to apply (31%), and 15% reported that they tried to obtain documents but that their request was denied.

Property Rights and Documentation

In terms of documentation proving ownership, the majority of households owning their home reported having ownership documents (97%); however, this might not relate to the possession of officially recognised, legally viable ownership documents and may relate to technical passports or notes from the village council.⁶⁰ Of the 3% renting accommodation, nearly all reported not having a formal rental agreement with the owner. Lack of documentation about property rights or inability to obtain documents confirming damages can lead to the need for legal assistance, problems registering for services, applying for compensation or even eviction.

In terms of legal assistance, 7% of households reported requiring legal assistance in terms of justice, court procedures and/or lawyers at the time of assessment. One elderly FGD participant expressed concern over property and land rights, explaining that “we are all at risk to lose our property” due to the conflict. One community KI reported that the military has occupied many houses in the settlement, coordinating with the local administration regarding the use of vacant houses.

⁵⁸ Note that damage to shelter as reported by respondents does not constitute an objective measure of damage and may not coincide with findings from an assessment by an engineer.

⁵⁹ Households with shelter damage caused by the conflict can request an “act of damages” certifying such.

⁶⁰ The list of appropriate documentation proving property ownership in Ukraine is defined by Ukrainian legislation. It is important to note that the most common documents (technical passport, notes from village council) cannot be used as evidence of ownership. As the level of legal knowledge of the average resident of such settlements may be not sufficient to properly identify their entitlements to the property, these figures refer to the perception of ownership rights rather than the legal reality.

CONCLUSION

This assessment explores the protection situation of people living in the isolated settlements of eastern Ukraine's GCA. The study followed a mixed method design that identified key findings about the vulnerability, isolation, security concerns and barriers to accessing basic services faced by the population in the assessed areas. Results indicate that compared to other areas of Donbas, isolated settlements have significant **differences in the demographic structure of the population, as a result of working-age people leaving. Those left behind are more likely to be those who are significantly less able to cope with and absorb the stresses resulting from living in an active conflict zone** due to overlapping vulnerabilities. Furthermore, residents are subject to ongoing shelling, small arms (and sniper) fire, widespread mine and UXO contamination and lack of access to sufficient public transport, livelihoods opportunities and essential services, including healthcare and education.

The departure of many younger people exacerbates isolation by removing or reducing the informal support network that the older people and people with disabilities had previously relied on, leading to feelings of isolation and depression (as reported in FGDs). It is therefore increasingly evident that persons with disabilities in isolated settlements lack adequate support mechanisms potentially leading to the need to rely on those younger residents that are both able and willing to assist.

The cumulative effect of living in insecure and isolated locations has further heightened the vulnerability of people and having depleted their resources during 5 years of conflict, leading residents to rely on **negative coping strategies, in particular reducing spending on food and healthcare** at higher rates than in other areas of GCA. Due to the proximity of the assessed isolated settlements to the contact line, all residents experience heightened security risks from shelling, crossfire and landmine/UXO contamination, and this assessment identifies several key differences in protection concerns faced by the population compared to other residents of GCA. **This assessment finds that people, especially in rural areas, have a sense of insecurity that is acutely linked to the threat of shootings in rural Donetsk and landmines in Luhansk.** There is therefore a need for state and non-governmental actors to strengthen mine risk education, marking and demining to mitigate risks to people living in these settlements. At the same time, security acts as a barrier for humanitarian actors when working with the affected population in such areas.

Concerning service provision, this assessment identifies gaps that can be bridged by national and international service providers working in eastern Ukraine. Particularly, the findings suggest the importance of **extending public services such as medical care, disability payments and documentation, as well as providing social accompaniment and mobile legal assistance in order to help older people and people with disabilities navigate the bureaucratic procedures involved in accessing services.**

The research revealed that reduced mobility and **lack of transportation** (due to poor infrastructure, unavailability or high cost of public transportation) **exacerbates other protection issues, in particular access to healthcare services.** This issue is compounded by the higher proportions older people, people with chronic illnesses and people with disabilities, whose health condition put at risk by limited access to hospitals, specialised health care and affordable medicines.

Regarding the secondary effects of conflict, the assessment suggests that **it is vital to address GBV and ensure access to services for survivors** in order to address and prevent further psychosocial and physical protection concerns faced by women. Similarly, children have become subject to years of cumulative stress potentially creating a long-term impact on their psychosocial wellbeing and driving the use of negative coping strategies. Thus, creating more productive and safe activities for children can potentially reduce their reliance on such coping strategies to manage stress.

However, given the small and closely-knit nature of the communities, it is important that humanitarian actors ensure that provision of assistance does not inadvertently create divisions in the isolated settlements. Assistance must be handled with sensitivity, as any sense that the needs of one group are being prioritised over others may lead to resentment, which can be magnified in the context of a small community. As such, aid actors should be aware of potential unintended effects of prioritizing assistance in such settlements so as not to erode the community support mechanisms that are essential for the wellbeing of the most vulnerable. Therefore, in addition to direct assistance to populations in need, support for local level capacities can provide benefits for entire communities, mitigating the risk of community division while ensuring that vulnerable populations have access to adequate support.

As the conflict has become protracted and the location of the contact line has become more entrenched, there are few indications that the security situation and living conditions for residents of isolated settlements will improve in the near future. Particular attention, therefore, should be paid to residents of such settlements, whose sustained exposure to conflict, high rates of vulnerability, and reduced means to access basic services will lead to further protection concerns as coping strategies increasingly become depleted and vulnerabilities become exacerbated.

ANNEXES

Annex 1: Secondary data sources utilised

Organisation	Title
International Organisation for Migration (IOM)	Survey on Migration and Human Trafficking In Ukraine, 2017
UNICEF	The Children of the Contact Line in East Ukraine 2017 Assessment.
REACH	Trend Analysis 2018, Area Based Assessment 2017 and Capacity and Vulnerability Assessment 2018
HelpAge	Older voices in humanitarian crises: Calling for change. 2016
HelpAge	Missing millions 2018
HelpAge	HelpAge Baseline Report on Humanitarian Needs of Older Women and Men Living in Donetsk and Luhansk GCA, 2018
DRC	DRC Legal Assistance Needs Assessment, People Living Along the Contact Line, Donetsk oblast, GCA Ukraine (2017), Risk of Adolescent Involvement in Military Activities
Org. For Security and Cooperation in Europe (OSCE)	Environmental Assessment and Recovery Priorities for Eastern Ukraine. (2017)
Ukrainian Govt.	Environmental Damage in Eastern Ukraine and Recovery Priorities (2017)
Premiere Urgence Internationale	Hard to Reach Quick Multi-Sector Needs Assessment. (2017)
UNHCR/R2P	Crossing the Contact Line (2018)
INSO	Database on security incidents (2018)
OHCHR	Report on the human rights situation in Ukraine (2017)
Masculinity Today	Men's Attitudes to Gender Stereotypes and Violence Against Women (2018)
UNFPA	Economic Costs of Violence Against Women in Ukraine, (2017). Believing in a Better Future, (2016).
Coalition 'Justice for Peace in Donbas'	Unspoken pain, Gender Based Violence in Conflict Zone of Eastern Ukraine
OHCHR	Quarterly reports
Education Cluster Survey	2017/2018 (upcoming)

Annex 2: List of partner and key informant organisations by area of knowledge Key Informant organisations

Key Informant partner organisations by vulnerable group category

Vulnerable Group	Organisation /Partner
Child protection	UNICEF, Save the Children, Child Smile, International Medical Corps, Terres des Hommes, DRC, PIN
Women	UNHCR, Proliska, Right to Protection
Older people	UNHCR, HelpAge International, Proliska, Istok
Mine risk	DDG
Women/GBV/MHPSS	International Medical Corps, UNFPA, Proliska
IDPs	NRC, DRC, People in Needs (PIN), Right to Protection
All vulnerable groups	League of social workers of Ukraine, UNHCR, CARITAS, Premiere Urgence Internationale, Istok, MSF

Population of concern in KIs with service providers

List of service providers	Population of concern
Educational services	Children, female teenagers
Social services	Children, domestic violence survivors, sexual violence survivors, trafficking survivors, older people, people with disabilities, IDPs, MSM
Health services	Children, domestic violence survivors, sexual violence survivors, trafficking survivors, older people, people with disabilities, people with chronic illness, IDPs, MSM, people living with HIV.
Administrative services	IDPs, populations from isolated settlements accessing services
Community KIs	IDPs, pensioners, disabled, older people, MSM

Annex 3: List of assessed settlements

Household surveys

	Settlement	Raion	Oblast	Est. 2019 Population
1	Dacha	Bakhmutskyi	Donetska	23
2	Luhanske	Bakhmutskyi	Donetska	2,548
3	Mykolaivka	Bakhmutskyi	Donetska	14
4	Mykolaivka Druha	Bakhmutskyi	Donetska	9
5	Spine	Bakhmutskyi	Donetska	21
6	Travneve	Bakhmutskyi	Donetska	211
7	Vershyna	Bakhmutskyi	Donetska	7
8	Vidrodzhennia	Bakhmutskyi	Donetska	160
9	Vyimka	Bakhmutskyi	Donetska	4
10	Zaitseve	Bakhmutskyi	Donetska	787
11	Krasnohorivka	Marinskyi	Donetska	11,500
12	Marinka	Marinskyi	Donetska	8,771
13	Slavne	Marinskyi	Donetska	70
14	Taramchuk	Marinskyi	Donetska	110
15	Novhorodske	Toretska	Donetska	12,616
16	Pivdenne	Toretska	Donetska	1,535
17	Shumy	Toretska	Donetska	86
18	Berdianske	Volnovaskyi	Donetska	105
19	Bohdanivka	Volnovaskyi	Donetska	15
20	Chermalyk	Volnovaskyi	Donetska	1,115
21	Hranitne	Volnovaskyi	Donetska	2,856
22	Lebedynske	Volnovaskyi	Donetska	240
23	Novohryhorivka	Volnovaskyi	Donetska	70
24	Pavlopil	Volnovaskyi	Donetska	328
25	Pyshchevyk	Volnovaskyi	Donetska	29
26	Sopyne	Volnovaskyi	Donetska	318
27	Starohnativka	Volnovaskyi	Donetska	1,142
28	Vodiane	Volnovaskyi	Donetska	15
29	Kamianka	Yasynuvatskyi	Donetska	110
30	Nevelske	Yasynuvatskyi	Donetska	42
31	Novobakhmutivka	Yasynuvatskyi	Donetska	896
32	Novoselivka Druha	Yasynuvatskyi	Donetska	90
33	Opytne	Yasynuvatskyi	Donetska	43
34	Pisky	Yasynuvatskyi	Donetska	9
35	Verkhnotoretske	Yasynuvatskyi	Donetska	2,895
36	Vodiane	Yasynuvatskyi	Donetska	102
37	Kriakivka	Novoaidarskyi	Luhanska	147
38	Krymske	Novoaidarskyi	Luhanska	577
39	Lobacheve	Novoaidarskyi	Luhanska	181
40	Lopaskyne	Novoaidarskyi	Luhanska	49
41	Orikhove-Donetske	Novoaidarskyi	Luhanska	31
42	Shchastia	Novoaidarskyi	Luhanska	8,500
43	Katerynivka	Popasnianskyi	Luhanska	280
44	Novooleksandrivka	Popasnianskyi	Luhanska	20
45	Novotoshkivske	Popasnianskyi	Luhanska	2,503
46	Novozvanivka	Popasnianskyi	Luhanska	80
47	Troitske	Popasnianskyi	Luhanska	650
48	Zolote	Popasnianskyi	Luhanska	8,546
49	Bolotene	Stanychno-Luhanskyi	Luhanska	49
50	Heivka	Stanychno-Luhanskyi	Luhanska	84
51	Pishchane	Stanychno-Luhanskyi	Luhanska	30
52	Staryi Aidar	Stanychno-Luhanskyi	Luhanska	167
53	Syze	Stanychno-Luhanskyi	Luhanska	14

Key informant interviews

	Settlement	Raion
1	Avdiivka	Yasynuvatskyi
2	Bakhmut	Bakhmutskyi
3	Chermalyk (+Orlovske, Fedorivka)	Volnovaskyi
4	Druzhkivka	Yasynuvatskyi
5	Hladosove	Yasynuvatskyi
6	Hirske	Popasnianskyi
7	Hranitne (+Staromarivka)	Volnovaskyi
8	Krasnohorivka	Marinskyi
9	Mariupol	Mariupol
10	Marinka	Maryinka
11	Novoluhanske	Bakhmutskyi
12	Novoselivka	Yasynuvatskyi
13	Novoselivka	Popasnianskyi
14	Novoaidar	Novoaidarskyi
15	Ocheretyne	Yasynuvatskyi
16	Popasna	Popasnianskyi
17	Shchastia	Novoaidarskyi
18	Sopyne	Volnovaskyi
19	Stanytsia Luhanska	Stanychno-Luhanskyi
20	Starohnativka (+Novohryhorivka)	Volnovaskyi
21	Talakivka (+Hnutove, Pyshchevyk)	Volnovaskyi
22	Toretsk	Toretsk
23	Troitske	Yasynuvatskyi
24	Troitske	Popasnianskyi
25	Verkhnotoretske	Yasynuvatskyi
26	Volnovakha	Volnovaskyi

Annex 4: Research Terms of Reference

Available on the [REACH Resource Centre](#).

Annex 5: Data Analysis Plan

Available on the [REACH Resource Centre](#).