



SAFETY AUDIT REPORT

UKRAINE

APRIL- JUNE 2023

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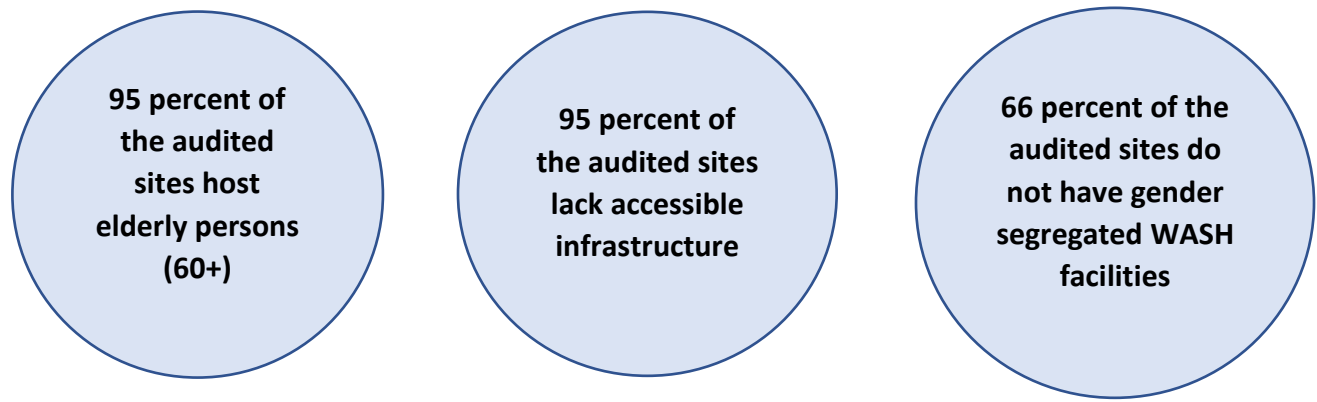
ACRONYMS

AAP	Accountability to Affected Population
CS	Collective Site
CBP	Community Based Protection
CCCM	Camp Coordination and Camp Management
CSM	Collective Site Monitoring
FGD	Focus Group Discussion
GBV	Gender-Based Violence
IEC	Information, Education and Communication
KII	Key Informant Interview
MHPSS	Mental Health and Psychosocial Support
PSEA	Protection from Sexual Exploitation and Abuse
SRH	Sexual and Reproductive Health
UNHCR	United Nations High Commissioner for Refugees

INTRODUCTION

The second round of the safety audit was conducted by UNHCR and its CCCM partners (ACTED, Neeka, Rokada, Right to Protection, The Tenth of April, Proliska and Neemia) in April and May 2023. The safety audit targeted 90 collective sites (CSs) in 18 oblasts (Cherkaska, Chernivetska, Zaporizka, Dnipropetrovska, Zakarpatska, Volynska, Ivano-Frankivksa, Vinnytska, Kharkivska, Ternopilka, Sumska, Rivnenska, Poltavska, Odeska, Khmelnytska, Mykolaivska, Lvivska, and Kirovohradska). Five CSs were targeted in each oblast.

The safety audits aimed at identifying site level protection and Gender-Based Violence (GBV) risks associated with the physical infrastructure, site layout, and provision of critical services. Additionally, the audits support humanitarian actors to identify observable risks and assess specific vulnerabilities of displaced populations living in CSs that need to be addressed, as well as changes that might have been implemented since the safety audits conducted in September 2022.



METHODOLOGY

Four tools were used to implement the safety audit exercise:

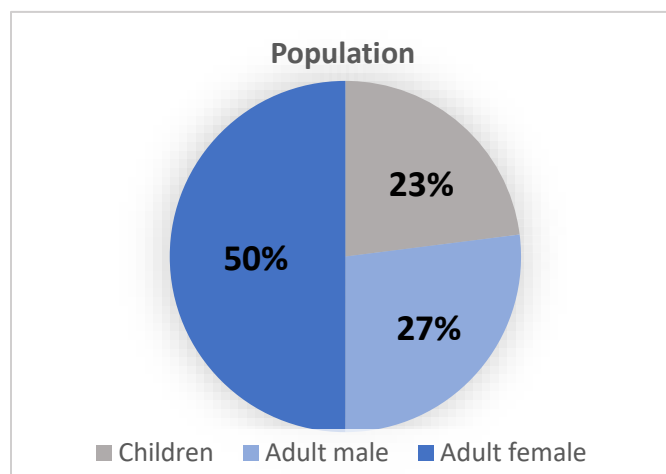
- **The Collective Site Monitoring tool (CSM):** A Collective Site Monitoring tool implemented by the CCCM Cluster and REACH.
- **Observation checklist:** The tool records what was physically seen in the CSs monitored as part of the safety audit exercise.
- **Key informant interviews (KII):** The KIIs were administered in CSs with both male and female representatives living in CS and administrators managing CSs. The KII were administered in CSs with less than 100 IDPs.
- **Focus group discussion (FGD):** The FGDs were held with men and women residing in CSs that host over 100 IDPs. The discussions revolved around the identification of existing risks of GBV and the level of vulnerabilities.

The key findings were compiled based on the responses received, with a particular focus on feedback related to:

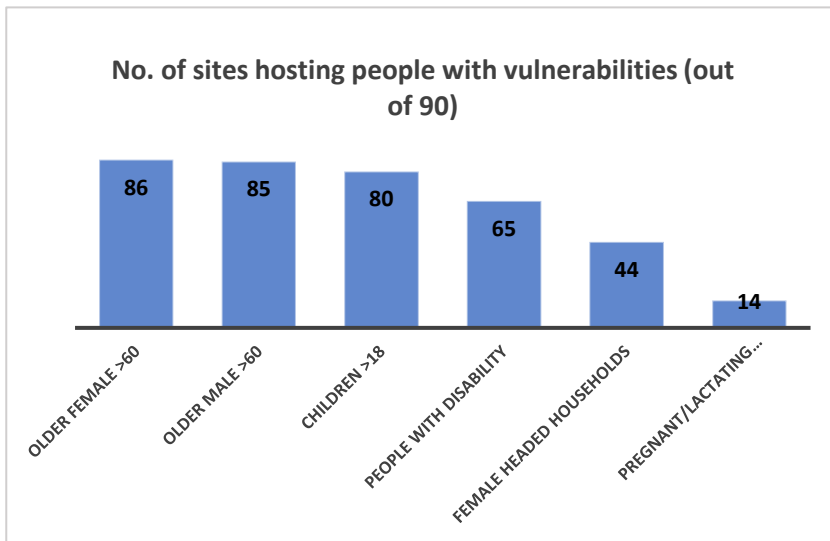
- Safety and security risks faced by residents in CSs;
- Access to services and information on GBV and its referral pathways;
- General living conditions and related challenges among the displaced population living in CSs and possible recommendations.

DEMOGRAPHIC DATA OF RESPONDENTS

- **762** respondents were interviewed for both KIIs and FGDs
- **245** KIIs conducted with **54 percent** female and **46 percent** male respondents
- **80** FGDs were held with **517** individuals (**142 men; 375 women**)
- **16 percent** - Elderly **20 percent** - Adult men **64 percent** - Adult women



At the time of the safety audit exercise, there were **6,741** people living in the 90 audited CSs, comprising **50 percent** adult females, **27 percent** adult males and **23 percent** children.



At the time of the safety audit exercise, **2,260 households** lived in the audited CSs. As indicated in the graph, **65/90 (72 percent)** of the CSs hosted people with disabilities, while **14/90 (16 percent)** of the CSs audited hosted pregnant or lactating mothers.

Movements

- In **30** of the audited CSs, **approximately 225 (3 percent)** of the IDPs are reported to have returned to their homes or found private accommodation with their relatives and friends or relocated to other CSs on their own.
- **14 (0.2 percent)** of the IDPs were forcibly evicted from **8** of the audited CSs (mostly because of inappropriate behavior or not abiding by cohabitation rules).

KEY FINDINGS

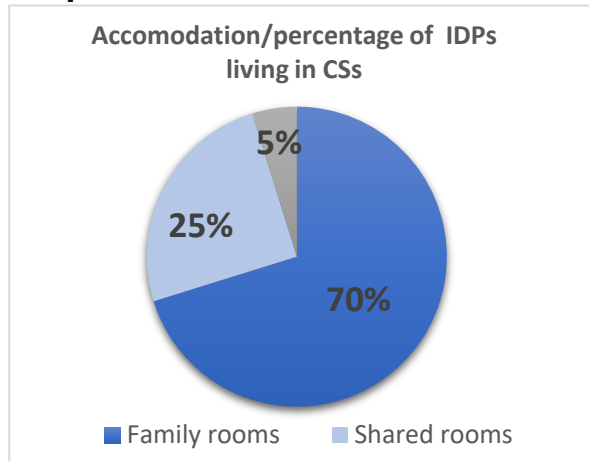
GBV risks

- **8 percent** of the CSs reported incidents of GBV related to intimate partner violence/domestic violence exacerbated by alcohol abuse and stress factors linked to limited access to basic needs, unemployment, and the ongoing war.
- Limited access to basic needs (food, health and nutrition, education) exacerbating vulnerability to exploitation and abuse reported.
- Lack of privacy and dignified sleeping spaces for women and adolescent girls.
- Lack of gender-segregated WASH facilities causing risks to the safety and dignity of women and adolescent girls reported.

Site layout and disability-accessible infrastructure

- **86 percent** of audited CSs have sufficient lighting in common areas (bathrooms, sleeping areas, cooking areas, corridors, walkways, entrances).
- **61 percent** of audited CSs have bedrooms/sleeping areas which are not segregated by gender.

- **87 percent** of audited CSs do NOT have assistive devices for their residents (i.e. wheelchairs for temporary use by people with disabilities or older people).
- **40 percent** of audited CSs have undertaken measures to ensure increased accessibility of indoor and outdoor activities for IDPs, including those with disabilities or older people.
- **97 percent** of audited CSs are not overcrowded, with an average site occupancy rate of **62 percent**.



- **12 percent** of audited CSs are isolated (not near any basic facilities like markets, hospitals, schools).
- **30 percent** of IDPs live in spaces or rooms shared with other non-family members.
- **70 percent** of IDPs live in rooms shared with family members.

Safety and Security



- **66 percent** of audited CSs have bomb shelters.
- **7 percent** of audited CSs are located near military facilities.
- **5 percent** of audited CSs (and surrounding areas) were affected by military attacks.

Emergency assistance

- **94 percent** of CSs audited have escape routes/ emergency exits in the event of hazards/incidents.
- **97 percent** of CSs audited have places to get help nearby in case of emergency.
- **81 percent** of CSs audited have signage with information on how to call for help in emergencies.

WASH



- **69 percent** of the CSs audited do NOT have gender segregated bathrooms.
- **62 percent** of the CSs audited do NOT have gender segregated toilets.
- **90 percent** of the shared/public bathrooms have lockable doors.
- **95 percent** of CSs audited do NOT have accessible WASH facilities (both bathrooms and toilets).

Access to information



Information board in Khirovoradska oblast

- **87 percent** of audited CSs have signage/information on humanitarian partners active in the CS with their contacts translated into Ukrainian.
- **92 percent** of audited CSs have contact information of local authorities available.
- **62 percent** of audited CSs have signage about referral pathways on who does what, when, and where, including materials explaining GBV/PSEA services being provided at the site and on safe disclosure/reporting of incidents.

- **57 percent** of audited CSs have information about PSEA.
- **59 percent** of audited CSs have NO alternative information formats for people with disability/impairments who cannot read written signage to access information.
- **78 percent** of audited CSs have signage about how to ask for information/present a complaint, or other Feedback Mechanisms regarding or related to assistance provided by local authorities or humanitarian actors.

Child Protection

- **4 percent** of audited CSs host unaccompanied children (Mykolaivska, Lvivska, Volynska, Rivnenska oblasts)
- **6 percent** of audited CSs lack child-friendly spaces.
- **1 percent** of audited CSs reported incidents of child abuse, including physical and verbal abuse. CSs that reported incidents of domestic violence highlighted an increased need for child protection services and psychosocial support for children.
- **1** audited CS lacks sufficient nutrition services for children.

Mother and Childcare facilities

- **94 percent** of audited CSs are hosting families with children.
- **20 percent** of audited CSs have allocated places for mothers to nurse.
- **69 percent** of audited CSs have a playground for children.

KEY FINDINGS PER OBLAST (FGDs and KIIs)

Chernivetska

Both adult male and female, as well as elderly, respondents mentioned being relatively safe in terms of physical safety with no risks of violence reported. Respondents also highlighted that any incidents of violence are referred to the police and to the administrator of the CS. This includes the use of available hotlines shared by partners for reporting. The CSs have access to health services and other basic amenities including easy access to markets.

Cherkaska

Both men and women in Cherkaska felt relatively safe living in the CSs located near the military presence. Respondents reported easy access to services related to psychosocial support, education, and healthcare services. Both male and female respondents highlighted enhanced awareness of GBV due to frequent visits of GBV partners in the CSs. This included information on referral pathways. However, women cited safety and dignity concerns due to limited gender-segregated WASH facilities (bathrooms and toilets, lack of lockable doors), and the poor living conditions in the CSs that created discomfort among women living in CSs.

Dnipropetrovska

Both male and female respondents highlighted they didn't feel safe in the CSs despite the presence of security guards because of ongoing shelling. They also reported limited access to health care centers, schools, shopping centers, and sufficient lighting. Respondents highlighted the presence of GBV referral pathways, and that they had access to information on psychosocial support and legal assistance. Similarly, respondents also highlighted that any incidents of GBV are referred to police or site administrators.

Kharkivska

Both male and female respondents highlighted the risks of GBV in CSs, and indicated that risks were exacerbated by the consumption of alcohol which increased incidents of domestic violence among intimate partners. Respondents also reported limited awareness of GBV among residents in the collective sites and information on where and how to report cases. Female respondents also highlighted the safety risks related to the lack of gender-segregated washrooms and highlighted the need for disability-accessible equipment. Other concerns raised included the lack of child-friendly spaces that left many children with a lack of space for their recreation and personal development.

Khmelnyska

Respondents highlighted the physical safety and security to be relatively good. Male and female respondents reported incidents of GBV, primarily domestic violence among partners that were reported to be caused by alcohol abuse. Limited awareness of where and how to report GBV incidents was also mentioned by female respondents. Other concerns raised included the need for psychosocial support and gender-segregated WASH facilities. Both male and female respondents reported concerns about the lack of gender-segregated bathrooms that denied them dignified spaces for personal hygiene. Male and female respondents also mentioned a lack of referral pathways on where to access services, including GBV services and a need for information on reporting mechanisms for SEA incidents.

Kirovohradska

Both male and female respondents highlighted safety risks due to the lack of bomb shelters and the poor condition of the CSs that needed renovation. Other concerns raised by respondents were conflicts among residents because of the aggressiveness exhibited by some CS residents as a result of alcohol abuse. Male and female respondents highlighted concerns of psychological and emotional abuse due to poor living conditions, lack of bomb shelters, and lack of privacy in sleeping areas. Limited awareness of access to services was highlighted because of a lack of referral pathways and knowledge on where to report incidents of GBV.

Ivano-Frankivska

The physical safety and security within the CSs were reported to be relatively good. However, both male and female respondents highlighted risks of negative coping mechanisms among women and children associated with a lack of sufficient food supply, hygiene materials, and non-food items. Women also raised concerns of lack of privacy and dignified spaces to shower due to lack of gender-segregated WASH facilities. Women and men, including older people, raised concerns about the lack of healthcare provision, lack of disability-accessible facilities, and poor living conditions because of the poor infrastructure of the CS. The lack of access to basic needs increased the risk of exploitation among women and girls.

Lvivska

From the KIIs and FGDs conducted, the general safety and security within the CSs were reported to be relatively good. However, female respondents highlighted the risks of underreporting of violence and abuse because of limited information on referral pathways on who does what, when, and where, including materials explaining GBV/PSEA services being provided at the site. This includes a lack of alternative formats for people who cannot read written signage to access information.

Mykolaivska

There were no major safety and security concerns, including risks of GBV, raised in most of the audited sites. However, women in CSs with more than 100 residents highlighted the lack of gender-segregated WASH facilities that caused risks to their safety, including the lack of dignified spaces that increased the risk of GBV.

Odeska

Adult male and female respondents highlighted incidents of domestic violence among intimate partners that also resulted in child abuse. As mentioned by female respondents, the increased incidents of domestic violence were caused by alcohol abuse and psychological trauma that led to increased stress and conflict between partners. Other risks of GBV were also due to limited awareness among CS residents; lack of gender-segregated washrooms to provide dignified spaces for personal hygiene and limited awareness on the referral pathways to access services and assistance.

Poltavska

Both male and female respondents highlighted that the physical safety of the collective site is relatively good. However, due to ongoing shelling and the unpredictable situation of when they will return to their homes, residents continue to face psychological and emotional stress that calls for response. Reported incidents of child abuse and domestic violence were also mentioned during the FGDs that were exacerbated by alcohol abuse by the perpetrators.

Rivnenska

Both male and female respondents highlighted an increased need for psychosocial support and the provision of non-food items among the IDPs living in CSs. Even though safety and security were reported to be relatively good, some residents highlighted the lack of common spaces for leisure time at the CSs. The respondents mentioned the availability of GBV referral pathways in the CSs which made them aware of where to report and access services. There were some concerns reported relating to disciplinary measures that saw some of the IDPs being evicted.

Sumska

Both male and female respondents in CSs with less than 100 residents highlighted safety and security risks related to continuous shelling. Similarly, respondents also mentioned concerns relating to insufficient lighting. Both male and female respondents highlighted a lack of referral pathways and information on access to services including feedback mechanisms on how to report GBV and SEA incidents that impede reporting of incidents and access to services, including on SRH.

Ternopil'ska

While physical safety was reported to be relatively good, respondents highlighted cases of domestic violence in CSs that were mainly attributed to alcohol abuse. Women also highlighted safety risks due to the lack of gender-segregated washrooms; lack of accessible facilities for persons with disabilities and older persons, and limited supply of non-food items. Other risks and challenges reported were conflicts that arise in CSs, although they reported that these conflicts were brought to the attention of the police and CS administration for resolution.

Volyn'ska

The physical safety and security in the CS were reported to be relatively good. However, residents raised concerns about their inability to meet their basic needs due to the high cost of food and non-food items, thereby creating increased risk that residents would resort to negative coping mechanisms. Other challenges mentioned during FGDs were congestion within the CSs; poor communication among residents because of psychological distress and unmet basic needs; poor living conditions because of poor infrastructure and lack of renovations in the CS; and limited awareness of GBV with very few IDPs knowing where and how to access GBV services. Women and men also highlighted the lack of learning institutions close by that leave children in the CSs with no place to study. There were also reports of misunderstandings and poor communication among families which led to domestic violence.

Vinnytska

Respondents from one out of the five audited CSs did not feel safe because of the isolated physical location and its distance from basic amenities. In one of the CSs accommodating both IDPs and students at the same time, IDP residents requested that the site be organized in a manner to separate IDPs and students. Respondents reported a lack of sufficient lighting in the CSs and the poor conditions of the washrooms (toilets and bathrooms). Respondents also highlighted the lack of accessible facilities, hampering movement for persons with disabilities and older persons. Female respondents also highlighted the lack of child-friendly spaces that have resulted in children staying indoors with nowhere to play. Other concerns raised by women included the lack of nutrition services for children, as well as risks of GBV due to the lack of dignified spaces for personal hygiene (primarily bathrooms and toilets). The women also reported limited awareness of where to safely report incidents of GBV.

Zakarpatska

Respondents highlighted risks related to limited awareness of GBV and lack of employment opportunities resulting in unmet basic needs. On safety and security, men and women raised concerns about physical safety due to the lack of a bomb shelter and a lack of dignified sleeping areas for men and women, due to the absence of gender-segregated areas, including privacy for family members.

Zaporiska

The CSs audited in the oblast are all located near basic amenities including markets, healthcare centers, and schools. The physical safety and security within the five CSs assessed were reported to be relatively good with easy access to services. Women in CS with more than 100 residents highlighted they felt safe because of the gender-segregated washrooms. However, both adult women and men in CSs with less than 100 residents mentioned risks of domestic violence in the form of physical and emotional abuse among intimate partners. Respondents noted that children of survivors of GBV were experiencing emotional distress. While women and men respondents reported good awareness of GBV referral mechanisms due to enhanced presence of humanitarian partners (and many cases had been reported to police or CS administrators), respondents requested that information on child protection referral pathways be made available in the CSs.

RECOMMENDATIONS**CCCM (Site layout, accommodation, services)**

Enhance the implementation of code of conduct and cohabitation rules among CS administrators and IDPs.

Provide sufficient lighting in CSs that have poor lighting systems in common and outdoor areas.

Initiate coordination meetings with site administration and other stakeholders on the mitigation of GBV risks.

Enhance the installation of information boards providing emergency service contacts, contacts of humanitarian actors, and referral pathways, including key messages on GBV and PSEA.

Establish outdoor recreational spaces in and around CSs (child-friendly spaces, spaces for group activities, etc.)

Advocate for relocation of IDPs living in isolated CSs to minimize long travel distances to access services.

WASH

Provide gender-segregated toilets and bathrooms for women and girls, men, and boys.

Support the improvement of water supply and sewerage systems to ensure a sufficient number of functioning toilets and bathrooms in CSs.

Provide accessible bathrooms and toilets in CSs.

Provide lockable doors for toilets and bathrooms for safety and dignity.

PROTECTION

Enhance awareness of CP, GBV, and referral pathways in CSs (including printed IEC materials and information in alternative accessible formats).

Enhance the provision of legal aid and consultations for IDPs in collective sites.

Enhance the capacity of site managers/administrators on protection (CP, GBV, Legal).

Advocate for improved assessments of basic needs in CSs (health, nutrition, education, etc.) with a view to supporting vulnerable people to meet their basic needs, mitigating risks of GBV and resorting to negative coping mechanisms in CSs.

Prioritize psychosocial support services for survivors of domestic violence and their families.

Assess the need for the provision of nutrition services for children in CSs.

Advocate for a disability-inclusive response in all CSs, with a particular focus on accessibility.

SHELTER/NFI

Facilitate the demarcation of sleeping areas for privacy.

Improve the infrastructure to make CSs more accessible and inclusive.

Provide alternative solutions to residents of CSs where people live in poor conditions.

Provide and ensure timely access to non-food items to IDPs in CSs based upon needs assessments.

MHPSS

Assess the need for programs designed to prevent alcohol abuse in CSs.

Strengthen and integrate the MHPSS referral mechanisms in collective sites and across sectors.

Accountability to the Affected Population (AAP)

Strengthen the complaint and feedback mechanisms (CFMs) in CSs by increasing awareness of CFMs and ensuring a systematic and effective engagement and response to the challenges faced by IDPs.

Enhance the delivery of tailor-made information/training sessions targeting community-based protection structures.



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