

HUMANITARIAN RESPONSE PLAN

UKRAINE

HUMANITARIAN
PROGRAMME CYCLE
2022
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About

This document is consolidated by OCHA on behalf of the Humanitarian Country Team and partners. The Humanitarian Response Plan is a presentation of the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis. It is based on, and responds to, evidence of needs described in the Humanitarian Needs Overview.

PHOTO ON COVER

Avdiivka, Donetska oblast, GCA, Ukraine. Seven-year-old Viktoriia preparing to leave for school from her house near the "contact line". Photo: UNICEF/Oleksii Filippov

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AVDIIVKA, DONETSKA OBLAST, GCA, UKRAINE

Viktorii with her mother on their way to her school next to the "contact line".
Photo: UNICEF/Oleksii Filippo

Foreword by the Humanitarian Coordinator

For almost two years, people across Ukraine, and the world, have been experiencing unprecedented turmoil and bewilderment of the pandemic era. For the people of Donetska and Luhanska oblasts who have been living in an armed conflict for now eight years, the impact of COVID-19 comes on top of the conflict-related hardships, causing even more grave disruption and suffering.

Prior to the pandemic, millions of people were able to maintain family and community connectivity (even if with difficulty and risk). However, since COVID-19 and its associated restrictions, they have been unable to travel freely across the 427-kilometre-long “contact line” that divides Donetska and Luhanska oblasts of eastern Ukraine into Government- and non-Government-controlled areas (GCA and NGCA). As a consequence of their increased isolation and the abrupt rupturing of their access to basic services and to livelihoods, the needs of these already vulnerable people have become even more pronounced.

Moreover, the unfortunate return to more active fighting that we have observed in recent months is lamentable. I therefore have great hope that the agreement reached in December 2021 to adhere to the strengthened ceasefire negotiated in July 2020 will bring some much needed relief to millions as we enter this new year. At the same time, we witness the growing geopolitical tensions with dread, hoping that they will not translate into an escalation of hostilities, at further risk to civilian lives, adding to an already unbearable toll that has reached 3,100 civilian deaths and over 7,000 injuries.

The firm grip of COVID-19 is unlikely to lessen as we enter 2022. The latest wave of the pandemic during October and November 2021 has shown us that

fragile and weakened health systems in the conflict-torn areas are struggling to cope, while the latest variant is already rampaging the globe. With vaccination levels still low, COVID-19's impact on the most vulnerable will remain severe.

Notwithstanding these amplified challenges, the efforts of the Government of Ukraine to alleviate needs and enhance the rights of the affected population deserve acknowledgment, including the adoption of a new national integration strategy and action plan for internally displaced persons (IDPs), the increased availability of more comprehensive housing schemes for IDPs, establishment of the National Mine Action Centre, as well as the first Safe Schools Declaration implementation plan, among other achievements. We also note the improvements in the infrastructure at crossing points and the increased availability and accessibility of services there, the establishment of a compensation mechanism for destroyed houses, and improved access to education for children from areas beyond Government control.

Considering the growing severity of the needs of the people due to the ongoing fighting, COVID-19 and movement restrictions, we estimate that 2.9 million people will require humanitarian assistance and protection in 2022 – over half of whom reside in non-Government controlled areas.

In 2022, the UN and humanitarian partners will need \$190 million under this Humanitarian Response Plan (HRP) to provide much-needed and principled assistance to 1.8 million of these people, on both sides of the “contact line”. This figure is a realistic ask, reflecting a rigorous and focused prioritization for meeting essential needs and preventing further deterioration of the situation. In addition to addressing

urgent, life-saving needs, one of the on-going objectives of the HRP is to facilitate, in areas under Government control, the transition of the international humanitarian service provision to national and local providers, in close collaboration with the Government, civil society organizations and development actors.

This is the ninth time we are launching an appeal for support for people affected by the conflict in Donetsk and Luhansk oblasts in eastern Ukraine. As prospects for peaceful resolution of the conflict in any near future are still dim, Ukrainians on both sides of the “contact line” need our support now.

Why do I believe it is so vital that our work can be sustained, and even scaled up in the coming year? Firstly, having visited the conflict-affected areas 10 times since the outbreak of COVID-19, the people I meet, the stories I hear of their hardship and suffering, are a testament to why our work matters. We owe them our continued support and solidarity.

Secondly, adequate funding will allow humanitarian organizations to save lives, help people get by and minimize the negative consequences of the continued armed conflict and the additional impact from COVID-19.

Lastly, in these times of uncertainty, geopolitical tension and unpredictable COVID-19 fluctuation, a well resourced HRP can contribute reassurance that our collective robust response capacity is retained, enabling us to adapt swiftly in the eventuality of any deterioration.

I would like to thank our donors for their ongoing generous support and trust. With improved access to areas beyond Government control, these contributions have allowed us to provide assistance to over 1.5 million people during the first nine months of 2021 – the highest level of response since 2017. This critical achievement must be sustained amid the increasing severity of humanitarian needs.

We count on the continued support of our donors and encourage everyone to join us. I also hope that all relevant actors will fulfil their obligations and adhere to the strengthened ceasefire. People deserve to live in dignity, safety and security. They also deserve an opportunity to rebuild their lives that have been turned upside down during the past eight years.



Osnat Lubrani

Humanitarian Coordinator in Ukraine

Response Plan Overview

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	OPERATIONAL PARTNERS
2.9M	1.8M	\$190M	119

Almost eight years of active fighting have had profound consequences on the lives of millions of people in the conflict-affected Donetsk and Luhanska oblasts of eastern Ukraine. An estimated 2.9 million people are projected to need humanitarian assistance in 2022, with some 55 per cent living in the non-Government controlled area (NGCA).¹

In Government-controlled area (GCA), the severity of needs is lower, particularly in the communities farther from the “contact line”, leading to a lower number of people in need of humanitarian assistance in GCA. The lower severity is in part due to the support provided by the Government of Ukraine, civil society and development actors. The most severe humanitarian needs in GCA remain in areas close to the “contact line” where active hostilities continue. Older

MARIUPOL, DONETSKA OBLAST, GCA, UKRAINE

A humanitarian worker consulting with a woman about her needs.
Photo: DRC-DDG/Pete Muller



¹ According to the national Ukrainian legislation, such areas have been defined as the temporarily occupied territories of Donetsk and Luhanska oblasts.

persons, persons with disabilities, female-headed households and children living in isolated villages are particularly vulnerable due to their limited mobility, continued exposure to shelling and landmine contamination and economic challenges.

In NGCA, the humanitarian needs remain severe and continue to deteriorate. Residents of NGCA have been most impacted by the limitations on movement across the “contact line” due to disproportional COVID-19 restrictions, mostly imposed in NGCA, increasing the number of people crossing to GCA through the Russian Federation. The resilience of the most vulnerable on both sides of the “contact line” has been worn thin, leading to a greater reliance on humanitarian assistance.

In 2022, humanitarian partners aim to assist 1.8 million people, including 144,000 internally displaced persons (IDPs) in GCA, with a funding requirement of \$190 million. The target to assist 1.8 million people across the conflict-affected area is similar to the 2021 target and reflects the level of humanitarian response capacity and State ownership of the response as well as access restrictions and the development of COVID-19. The humanitarian response will span six sectoral areas – education, food security and livelihoods, health, protection, shelter/non-food items and water, sanitation and hygiene (WASH).

The vast majority of the 1.8 million people targeted for humanitarian assistance live in the two conflict-affected oblasts of Luhanska and Donetsk.

- 750,000 of the people targeted live in NGCA, accounting for 43 per cent of the overall target.
- 981,000 of the people targeted live in Donetsk and Luhanska oblasts (GCA), accounting for 56 per cent of the overall target. It is important to note that the GCA target (of 981,000) includes 120,000 IDPs living permanently in the two oblasts GCA.
- 24,000 of the people targeted are IDPs living permanently in other oblasts across Ukraine, accounting for around 1 per cent of the overall target.

Among the most vulnerable are older persons, who represent 32 per cent of the people targeted for assistance in 2022, as well as the children of vulnerable families who make up 14 per cent. Importantly, the response also aims to meet the critical needs of 225,000 persons with disabilities.

The 2022 response will continue to focus on saving lives, ensuring access to basic services, and strengthening the protection of those affected by the conflict whose needs have been exacerbated by the continuing effects of the COVID-19 pandemic. Humanitarian operations will focus on delivering a series of sectoral responses aligned with three overarching Strategic Objectives:

1. Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19.
2. Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards.
3. Ensure implementation of an international humanitarian exit strategy in GCA from 2021 to 2023.

The 2022 response will be guided by a differentiated approach, taking into consideration the particularities of the operational contexts in GCA and NGCA, particularly in terms of access, level of State ownership of the response, operational capacity and severity of humanitarian needs.

- **In GCA, the approach of international humanitarian actors will remain humanitarian, including elements of early recovery,** but not longer-term recovery. The severity of needs remains critical, particularly in the area close to the “contact line”, where people continue to experience the prevailing volatility of the security context and extensive contamination of mines/ERW, while being isolated from essential services and markets due to the lack of sufficient transportation and communication. In such areas, provision

of emergency and time-critical assistance will be prioritized to save lives and to ensure people's access to basic essential services. Meanwhile, humanitarian actors, where feasible and to the extent possible, will continue to collaborate with and support the Government, local authorities, and civil society to strengthen service delivery and humanitarian response, maintaining the commitment to gradually phase out international humanitarian assistance in GCA by the end of 2023. This goal recognizes the strong capacity that exists, particularly of the regional and local authorities and the past and current development opportunities. It will also build on the progress and achievements accomplished over the previous years through the humanitarian-development and peace nexus (HDPN) approach guiding the way humanitarian organizations operate² and how they collaborate with Government authorities and development actors to seek longer-term solutions to alleviate the suffering of the conflict-weary people and to contribute to a peaceful future.³ The ongoing national decentralization reform process that is also taking place in Donetska and Luhanska oblasts, has provided and will continue to present an opportunity for operationalizing the HDPN approach, particularly looking towards capacity-building efforts for local communities, civil society organizations and local administration. Further efforts will build upon the lessons learned of the Ukraine Humanitarian Fund (UHF) allocation as a seed funding to pilot HDPN approaches in GCA (that began in late 2020 and continue throughout 2021).⁴

- **In NGCA, the fragile and volatile operational context continues to pose challenges to humanitarian operations**, particularly in terms of access, operational capacity, and respect for the neutrality, impartiality and independence of humanitarian action. Efforts will be made to increase the reach of humanitarian response to address critical and unmet needs, while enhancing humanitarian advocacy to preserve and improve humanitarian space to allow for the continuation of the provision of essential and life-saving assistance, particularly in the programmatic areas where significant gaps remain. The advocacy and access negotiation efforts will build upon and be guided by the recent achievement of the Joint Operating Principles (JOPs) to ensure timely and principled delivery of aid, while the centrality of protection will be promoted and mainstreamed into other sectoral responses, to the extent possible, to allow for a more conducive operational environment.

Taking into consideration the recent third wave of COVID-19 cases, particularly in the two conflict-affected oblasts, vis-à-vis the high rates of vaccine hesitancy, **it is recommended that all interventions, regardless of the sectors, will integrate the WHO-endorsed vaccine information and promotion messages, where feasible and to the extent possible**, to support the campaigns to boost the vaccine uptake and address vaccine misinformation among the conflict-affected communities.

The humanitarian response will require \$190 million to enable 119 humanitarian organizations to carry

² For more information on the progress and challenges on HDPN approaches in Ukraine, please refer to the report of the workshop on “[the Humanitarian-Development and Peace Nexus in Ukraine](#)” organised on 9-10 June 2021.

³ For example, the 12-month Sustainable Humanitarian Interventions for Transition (SHIFT) pilot project that is implemented by a consortium of NGOs and funded by the Ukraine Humanitarian Fund (UHF). This project provides humanitarian assistance and access to essential services in three frontline hromadas of Volnovakha raion in Donetska oblast (Volnovakha, Olhynka, and Myrne), as well as supports strengthened government ownership and response capacity in coordination with development actors. The overall approach of this pilot project shifts away from the direct service delivery by external NGOs, who have been implementing the humanitarian response for the past eight years, and moves toward sustainable and cost-effective response managed by local authorities. Example of the project achievements to date included provision of material investments to repair and strengthen water infrastructure in frontline Hromadas. The key infrastructures were identified and assessed in consultation with local authorities, and their repair will increase the surrounding communities' access to safe drinking water. For the first time, Myrne will have its own dedicated water tower so that costly and inefficient humanitarian water trucking is no longer required. For more information about this pilot project, please refer to the newsletter available at this [link](#).

⁴ As an initial step to inform additional joint programming with a focus on HDP Nexus in GCA, there will be a lesson learned exercise for implementing partners under the pilot nexus allocation under the UHF in 2022. The focus could be on concrete nexus initiatives, how to conduct nexus monitoring; also post-project end and identified risk analysis.

out prioritised humanitarian action in 2022. This is a realistic ask that reflects (i) the different levels of operational capacity that exist on either side of the “contact line”; (ii) the access situation; and (iii) zero duplication with the interventions that are being or will be undertaken by other actors, including the International Committee of the Red Cross, the Government, development actors and other actors that do not traditionally take part in the HRP.

Prioritised activities in the 2022 HRP have been identified with emphasis on quality humanitarian action that (i) saves lives, specifically addresses

the urgent needs of the most vulnerable; (ii) targets the areas of the most severe humanitarian needs; and (iii) contributes to Accountability to Affected Populations (AAP) priorities, including responding to feedback from affected people. Finally, it is important to note that there are fewer people targeted for assistance in NGCA than GCA despite the higher severity of humanitarian needs there because ongoing access constraints continue to limit operational capacity. If humanitarian access improves, particularly to areas outside the Government’s control, the ability to respond and the related financial requirement will likely increase.

AVDIIVKA, DONETSKA OBLAST, GCA, UKRAINE

Natalia, 62 years old, having fled from Donetsk, lives in a small house at the “contact line”.

Photo: OCHA/Yevhen Maloletka



Context and Impact of the Crisis

For more information, please refer to the “Context of the Crisis” and “Impact of the Crisis” sections in the 2022 Humanitarian Needs Overview.

After eight years of conflict, the humanitarian crisis in Donetska and Luhanska oblasts has become protracted. The ceasefire brokered in July 2020 has become increasingly fragile, resulting in the monthly number of civilian casualties returning to pre-ceasefire levels in September 2021. Though the total number of civilian casualties between January and November 2021 (104, including 24 deaths and 80 injuries) was lower than that reported during the same period in 2020 (147, including 26 deaths and 121 injuries), lack of full implementation of the ceasefire agreement remained of particular concern. Civilian infrastructure and civilian housing are frequently coming under, and widespread contamination by explosive remnants of war (ERW) and landmines remains a serious concern. With no political solution to the conflict in sight, it is likely that the humanitarian needs will continue with an increase in severity in 2022, particularly in NGCA.

Since 2014, the lives and well-being of millions of ordinary people in Donetska and Luhanska oblasts have been turned upside down by the ongoing armed conflict. The conflict’s civilian death toll has topped 3,101⁵, with over 7,000 injured since the beginning of the conflict, and people’s mental and psychological health has been severely impacted and further aggravated by the COVID-19 pandemic. They have faced loss, deprivation and have been living in fear for their lives and the lives of their loved ones. Their access to basic services and humanitarian assistance has been severely hampered by insecurity, the presence of landmines and ERW, isolation, absence of public

transportation and, on top of it, by health risks and restrictions related to the COVID-19 pandemic. This has often not only deprived them of their basic rights, but also generated humanitarian hardship. The absence of a comprehensive state policy and mechanism for remedy and reparation to civilian victims of the conflict (both for the loss of life and health and of property, including housing) was another compounding factor.

The conflict that erupted in 2014 in Donetska and Luhanska oblasts was a major blow for an economically troubled region. Donetska and Luhanska oblasts had previously been the most densely populated and industrially thriving part of the country. But the overall economic activity in the two oblasts has drastically declined since the conflict began in 2014. Official statistics report a 61 per cent decrease in the Donetska oblast GDP and a 72 per cent reduction in the Luhanska GDP between 2013 and 2018.⁶ Divided by the “contact line”, about 38 per cent of the combined territories of Donetska and Luhanska oblasts remain outside government control (as of 2020). Traditionally, the economies of both oblasts were dominated by large industry, mostly in mining, metallurgy, coke production and chemical industries. Most of the large industrial enterprises and mines remained in NGCA, while only 33 large enterprises (out of 131) are located in GCA, as of 2018.⁷ With the loss of their large enterprises, both oblasts lost the core of their industrial base, along with a major portion of their tax revenue. The conflict has also had significant impact on economic infrastructure and network essential for trades and other commercial activities, including the railways and the region’s two major airports (Donetsk and Luhansk airports, located

⁵ According to OHCHR report on conflict-related civilian casualties in Ukraine dated 9 December 2021, a total of 3,101 conflict-related civilian deaths (1,844 men, 1,065 women, 102 boys, 50 girls, and 40 adults whose sex is unknown) was recorded from 14 April 2014 to 30 November 2021. This figure does not take into account the 298 deaths on board Malaysian Airlines flight MH17 on 17 July 2014.

⁶ World Bank, ‘[The Economics of Winning Hearts and Minds Programming Recovery in Eastern Ukraine](#)’, June 2021.

⁷ Ibid.

in NGCA) that were destroyed, while the region's major seaport (Mariupol, GCA) has been performing well below capacity.⁸ This has shattered supply and market links and forced big companies to cut jobs or close, leaving the economy of both oblasts in a much weaker and more vulnerable position, pushing entire communities into poverty.

The effects of COVID-19 continue to create additional pressure on the struggling civilian population – on top of the protracted humanitarian crisis. The recurring waves of the pandemic and its associated ramifications have pushed the already conflict-weakened health-care system, the insufficient provision of social services and the declining regional economy to a breaking point. Since the first confirmed case of COVID-19 was reported in the conflict-affected area on 19 March 2020, the number of confirmed cases has increased slowly but steadily through early 2021. Since September 2021, the number of cases has rapidly surged, increasing from approximately 28,600 on 1 September to 211,000 by 1 November in the GCA of Donetsk and Luhanska oblasts,⁹ while the occupancy rates of oxygen-supplied beds and intensive care unit beds in the GCA of Donetsk were recorded to be almost 90 per cent and 75 per cent capacity, respectively.¹⁰ In NGCA, the number of cases was also reported to have risen rapidly, with a reported case fatality rate of 8.7 per cent as of November 2021. The pandemic exacerbated patterns of discrimination, exclusion and inequalities that existed before. Conflict-affected populations, particularly older persons, persons with disabilities and those living in institutions, remain the most vulnerable to the effects of the COVID-19 crisis. The violations of the health-care workers' rights, 83 per cent of whom are women, led to a shortage of health-care staff in

Ukraine and negatively affected the right to health of the general population.¹¹ According to reports, bed occupancy at hospitals in NGCA exceeded capacity and prices of medicines at local pharmacies have doubled. The socioeconomic impact of the COVID-19 pandemic in the conflict-affected areas has become more pronounced due to the prolonged closure of the "contact line" (since March 2020), restrictions on movement, and decreasing livelihood opportunities. Residents of NGCA, particularly the older population, have been most impacted by restrictions on movement across the "contact line", cutting them off from basic services and social entitlements, including pensions.

Conflict-weary people continue to face severe restrictions on freedom of movement as the five existing entry-exit crossing points (EECPs) along the "contact line" have not been fully opened for almost two years. The introduction of additional restrictions and frequently changing crossing procedures, primarily by NGCA entities,¹² have made regular crossing close to impossible. The pensioners from NGCA, particularly older women and persons with disability who relied on pensions provided by the Government of Ukraine (in GCA) to make ends meet, are among the hardest hit by the difficulties in crossing the "contact line". While many of them have become increasingly reliant on pensions from NGCA and have been forced to find alternative ways to survive, such as depleting their savings, borrowing money or obtaining their pensions through costly and legally challenging routes such as traveling to GCA of Ukraine through the Russian Federation.¹³ This detour can take over 30 hours, incurs additional expenses for transportation and, up until late July 2021¹⁴, could put a person at risk of being fined for illegally crossing the border (a

8 Ibid.

9 National Health Service of Ukraine, 'Operational monitoring of the situation around COVID-19'.

10 WHO EURO/Ukraine Ministry of Health, [Information](#) on bed occupancy and oxygen availability in the regions of Ukraine, 1 November 2021.

11 OHCHR, 'Impact of COVID-19 on human rights in Ukraine', December 2020, available at this [link](#).

12 In national legislation the definition of entities that have established overall control is stipulated by the Art. 1 of the Law of Ukraine on peculiarities of state policy safeguarding state sovereignty of Ukraine in temporarily occupied territories of Donetsk and Luhanska Oblasts.

13 Right to Protection (R2P), "Monitoring Report on Crossing Entry-Exit Crossing Points and International Border Crossing Points", January-June 2021, available at this [link](#).

14 On 22 July, the President of Ukraine signed a law suspending administrative fines for crossing the uncontrolled section of the Ukrainian-Russian border to transit to GCA from NGCA. Following the entry into force of this law, NGCA residents are no longer required to pay

minimum administrative fine of UAH 1,700 – equivalent to around \$65), while the average pension is between \$111 and \$185 a month.¹⁵ At the same time, humanitarian workers' access to the population in need, especially in NGCA, continues to be challenged not only by the closure of the EECPs points, but also by the multiple layers of bureaucratic and administrative impediments. This led to a significant gap in the delivery of humanitarian assistance in NGCA, especially in Luhanska oblast (NGCA), as only few partners have sufficient access to continue full implementation of their planned activities.

Movement restrictions which became tighter and more unpredictable with the COVID-19 pandemic have not only increased people's economic vulnerabilities, they have also added to their psychological stress. Between January and November 2021, there has been a 95 per cent reduction in the number of crossings observed compared with the year before the pandemic – from a monthly average of 1.15 million crossings recorded during the same period in 2019 (pre-COVID-19) to 59,000 in 2021. The reasons for crossing included “collecting pensions”, “withdrawing cash” and “visiting relatives” – the latter one becoming increasingly important. The difficulties or impossibility of seeing loved ones is an additional source of anxiety, leaving people feeling trapped and with no hope for improvement of the situation in the foreseeable future.

Even though the July 2020 ceasefire significantly reduced hostilities and civilian casualties over the following six months, resulting in the longest lull in the fighting since the start of the conflict, **active hostilities began to escalate again in early 2021.** The 29 civilian casualties resulting from active hostilities during the four months between August and November 2021, was more than 50 per cent higher than the 18 civilian casualties from active hostilities during the whole year from 27 July 2020 (start of new

ceasefire agreement) to 26 July 2021. The increase in these security incidents, recorded even near or within the agreed disengagement zones, has resulted in the number of civilian casualties caused by active hostilities to return to the pre-ceasefire levels by September. The affected areas are still heavily contaminated with ERW posing a significant risk to the lives of millions of people, especially children, who live on both sides of the “contact line”. The conflict has also severed previously interdependent networks of services and markets and cut people off from the cities upon which they depended for social benefits and essential services.

The uptick in security incidents and the related increase in civilian casualties, together with a COVID-19 epidemiological situation that has plateaued at an alarmingly high incidence level, the operational environment has become increasingly complicated, especially in NGCA. The humanitarian crisis continues to be at risk of being politicized, and access constraints remain a serious challenge to humanitarian operations in NGCA.

As highlighted, the conflict has had a deep impact on the affected population. Even if the situation improves and hostilities decrease, the affected people will still need significant support to rebuild their lives that have been disrupted by the conflict and more recently by the COVID-19 pandemic. They will need support to regain their self-confidence and self-sufficiency, however, the road to recovery is long. Humanitarian needs are expected to persist, especially in NGCA, until peace is achieved and recovery can be initiated.

these fines at “Milove” and “Hoptivka” crossing points while COVID-19 restrictions are in place provided that their justification for crossing falls under certain humanitarian exemptions. While the law provides the possibility for the State Border Guard Service to exempt a person from paying a fine on other grounds, reportedly, it hasn't been applied consistently to date. In addition, the application of this law should be extended beyond the period of COVID-19-related quarantine and apply in case of any other emergency-triggered closure of the “contact line” or introduction of severe movement restrictions.

¹⁵ According to OHCHR.

Response by Strategic Objective

Please refer to section 1.2 “Strategic Objectives, Specific Objectives and Response Approach” for more detailed information on the rationale, intended outcome and approaches.

Strategic objective (SO) 1: Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19.

This strategic objective seeks to save lives and ensure people’s access to basic services through well-targeted assistance addressing the needs of the most vulnerable with respect to their safety and dignity. As the conflict continues to take a toll on the physical and mental well-being and living standards of 1.8 million people, their needs have intensified due to the effects of COVID-19.

This strategic objective is concerned with addressing critical problems related to physical and mental wellbeing and living standards. The humanitarian response aims to provide emergency, time-critical assistance to those in need on both sides of the “contact line”. In accordance with the needs analysis (see HNO 2022), priority will be given to lifesaving assistance for:

- **750,000 people living in NGCA.** Special attention will be given to meeting the needs of older persons, pensioners, persons with disabilities, female-headed families and children who have borne the brunt of the COVID-19 restrictions, particularly in crossing the “contact line”. The number of people targeted in NGCA for 2022 remains similar to that of 2021 (770,000). There are fewer people targeted for assistance in NGCA than GCA despite the higher severity of human-

itarian needs in NGCA because ongoing access constraints continue to limit operational capacity. For response planning purposes, it was recommended to establish the target based on realistic parameters and projections. However, if there will be a significant improvement at any point in time in 2022 in the ability of humanitarian actors to access people in need in NGCA, the plan could be reviewed accordingly.

- **981,000 people living in Donetsk and Luhanska oblasts (GCA), including 120,000 IDPs living permanently in the GCA of the two oblasts,** who have continued to experience the negative consequences of the armed conflict and COVID-19, including difficult access to basic services such as health care, transport, education, water and livelihoods. The 2022 number of people targeted in GCA is fewer than the 2021’s target (1.13 million people), representing a 15 per cent reduction. This corresponds to the 2022 joint intersectoral assessment (as documented in the HNO) that shows the severity of needs in most parts of GCA at the ‘stress’ level (level 2)¹⁶, except in one urban geo-zone in Luhanska oblast and the entire area along the “contact line” where active hostilities have been most intense. The decrease of the number of people targeted in GCA also reflects the achievements of the support provided by the Government of Ukraine, civil society and development actors.
- **24,000 internally displaced persons (IDPs) living permanently in other oblasts across Ukraine** where particular pockets of humanitarian needs also exist. These include IDPs living in dire conditions in collective centres. Activities for the IDPs living in other oblasts across the country will focus on building capacity and providing insti-

¹⁶ According to the 2022 Joint Intersectoral Analysis Framework (JIAF), “severity” expresses the degree of unmet needs – it describes ‘how bad’ the situation is for different groups or in different geographic areas. The JIAF uses a severity scale of 1-5 (one being the lowest and 5 being the highest), with the use of thresholds as defined by clusters for each severity level. Only severity levels 3,4,5 constitute the concept of being “in need” (of humanitarian assistance). The 2022 global JIAF guidance is available online at this [link](#).

tutional support to local authorities to improve quality, access to social services and access to justice; as well as to increase State ownership of the humanitarian response.

Strategic objective (SO) 2: Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards.

The humanitarian response aims to strengthen the protection of 1.4 million conflict-affected people, including IDPs. Many of the activities supporting this objective are advocacy-focused. The interventions advocate for the humanitarian protection of civilians and civilian infrastructure, access to social payments and documentation, freedom of movement, issues concerning landmines and ERW and for the integration of IDPs with due regard to international norms and standards. While people in NGCA are particularly affected by difficulties accessing pensions, social entitlements and civil documentation – and even more so in times of COVID-19 due to the related restrictions – people on both sides of the “contact line” require humanitarian protection from hostilities, mines and ERW. IDPs in particular require durable solutions for a better future.

Strategic objective (SO) 3: Ensure implementation of an international humanitarian exit strategy in Government-controlled areas from 2021 to 2023

The humanitarian response aims to enable the Government of Ukraine, particularly regional and local authorities, to improve its service provision in GCA for its citizens with a view to delivering future humanitarian response through basic services. Strengthening the role of civil society in the humanitarian response will also be prioritised. This reflects the humanitarian community’s ambition to gradually phase out international humanitarian response in GCA by 2023 as the Government of Ukraine takes on more responsibility to provide support, social protection and services. The

capacity of national and local responders and authorities will be strengthened at oblast, raion and territorial community levels aiming to transfer technical know-how. Efforts will be undertaken to assess the possibility of delivering humanitarian services through Ukrainian institutions, while ensuring neutrality and non-discrimination, which will in turn strengthen sustainability and social cohesion.

The approach to achieve this strategic objective will build upon the progress made throughout 2021 in which the operationalization of the HDPN¹⁷ has been further enhanced at field and capital levels, by aligning humanitarian, development, and Government plans via key planning documents, coordination bodies, and funding tools at the capital level, and project-based collaborations among local authorities and partners at the field level. Coordination is supported through structures existing at both Kyiv and field levels and is based on a mainstreaming approach to ensure HDPN is a component of all activities and discussions.


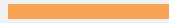

The humanitarian community will continue to engage with partners in 2022, utilizing key systems and tools that have become integral to the success of the Ukraine approach and are supporting the current response. These include collaboration categories of shared analysis, joined-up planning and programming, leadership and coordination, and flexible financing. This objective supports transition plans, with monitoring indicators to gauge progress, as well as individual cluster activities that support this objective with cluster own monitoring plans. While residual humanitarian needs may linger after 2023, the current approach will support the transitional humanitarian programming needed to build resilience and ensure the appropriate capacity to deliver services.

This is a multi-year strategic objective. The progress against it will be measured regularly (at least on an annual basis) to inform strategic decision-making

¹⁷ For more information on the progress and challenges on HDPN approaches in Ukraine, please refer to the report of the workshop on “the Humanitarian-Development and Peace Nexus in Ukraine” organised on 9-10 June 2021 and the progress report of the HPDN pilot project implemented by a consortium of NGOs in selected hromadas (funded by the Ukraine Humanitarian Fund) available at this [link](#). In 2022, as an initial step to inform additional joint programming with a focus on HDP Nexus in GCA, there will be a lesson learned exercise for implementing partners under the pilot nexus allocation under the UHF. The focus could be on concrete nexus initiatives, how to conduct nexus monitoring; also post-project end and identified risk analysis.

moving forward.¹⁸ Finally, it is important to note that this strategic objective is by no means based on the assumption that starting in 2024 there will be no more humanitarian needs in GCA or that international humanitarian actors would no longer operate in GCA. On the contrary, this strategic objective reflects the ambition of the international humanitarian community

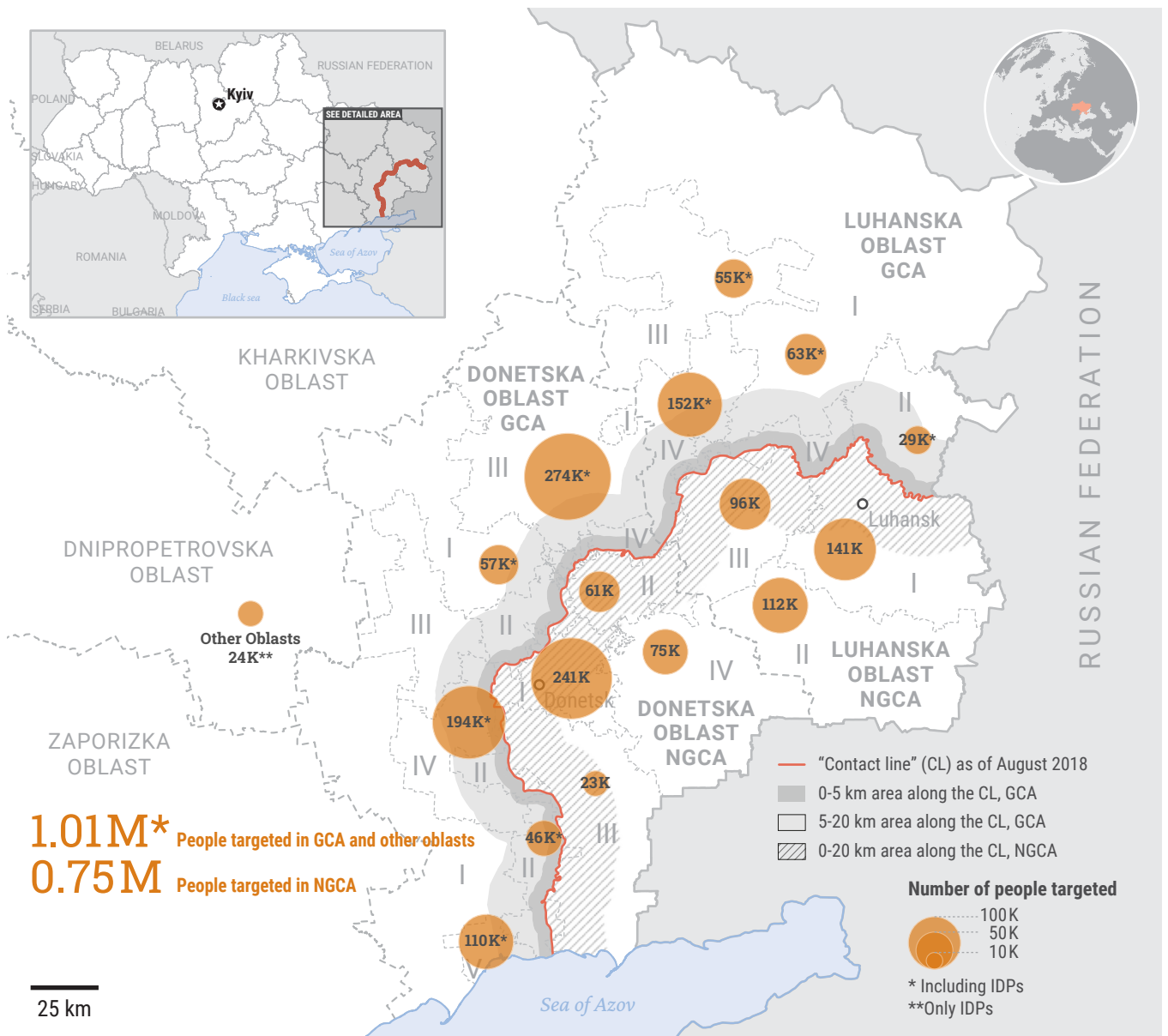
for transition where feasible, recognizing the capacities that exist in country as well as the need to move away from a “substitutive” approach to one that builds capacity of local responders and increases the accountability of state in serving the humanitarian needs of the affected people.

STRATEGIC OBJECTIVE		PEOPLE TARGETED
S01	Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19	1.8M 
S02	Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards	1.4M 
S03	Ensure implementation of an international humanitarian exit strategy in Government Controlled Areas from 2021 to 2023	1M 

¹⁸ Please refer to the indicators and benchmarks established to assess the extent of this strategic objective being reached in section 2.1: Monitoring Approaches. The stocktaking of progress against this strategic objective will also be complemented by the HCT’s annual review of the existing Cluster transition plans.

Planned Response (Visual)

PEOPLE IN NEED	PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	WITH DISABILITY
2.9M	1.8M	54%	14%	13%



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

HRP Key Figures

Humanitarian Response by Targeted Groups

More on pages 23-27

POPULATION GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET
Residents	2.6M	1.6M	
IDPs	0.3M	0.2M	

Humanitarian Response by Sex

More on pages 23-27

GROUP	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Female	1.6M	1 M		54%
Male	1.3M	0.8M		46%

Humanitarian Response by Age

More on pages 23-27

AGE	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Children (0-17)	0.4M	0.2M		14%
Adults (18-59)	1.6M	1 M		54%
Elderly (60+)	0.9M	0.6M		32%

Humanitarian Response by Persons with Disability

More on pages 23-27

	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGET	% TARGETED
Persons with disability	368K	225K		13%

Financial Requirements by Sector

More on pages 69-101

SECTOR	FINANCIAL REQUIREMENTS (MILLION US\$ AND %)		
Protection	\$50		26%
Health	\$36		19%
WASH	\$30		16%
Food Security and Livelihoods	\$30		16%
Shelter / Non-Food Items (NFI)	\$24		13%
Education	\$7		4%
Multi-purpose Cash Assistance	\$8		4%
Common Services & Support	\$7		3%

Number of Partners by Sector

More on pages 69–101

SECTOR	NUMBER OF PARTNERS	
Protection	72	
WASH	43	
Health	39	
Food Security and Livelihoods	38	
Shelter / Non-Food Items (NFI)	27	
Education	25	
Multi-purpose Cash Assistance	18	
Common Services & Support	4	

Historic Trends

Humanitarian response

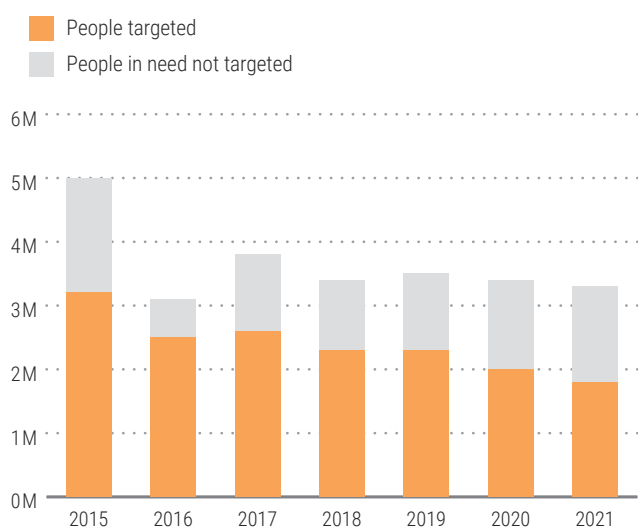
During the first three years of the conflict (2014 to 2017), the humanitarian response in Donetsk and Luhanska oblasts scaled up significantly. From 2018 to 2021, the number of people in need of humanitarian assistance arising from the conflict remained at about the same level at 3.4-3.5 million people. For the first time in the eight years of the conflict, the number of people in need is projected to be lower than the 3 million mark – at 2.9 million – in 2022, with the majority living in NGCA. This is driven by the 2022 joint analysis that shows the lower severity of needs in GCA, particularly in the areas farther away from the “contact line”, leading to a lower number of people in need of humanitarian assistance in GCA, in part due to the support provided by the Government of Ukraine, civil society and development actors over the years.

Since 2016, the humanitarian response has targeted on average around 60 to 65 per cent of the total number of people in need. Similarly, the 2022 HRP

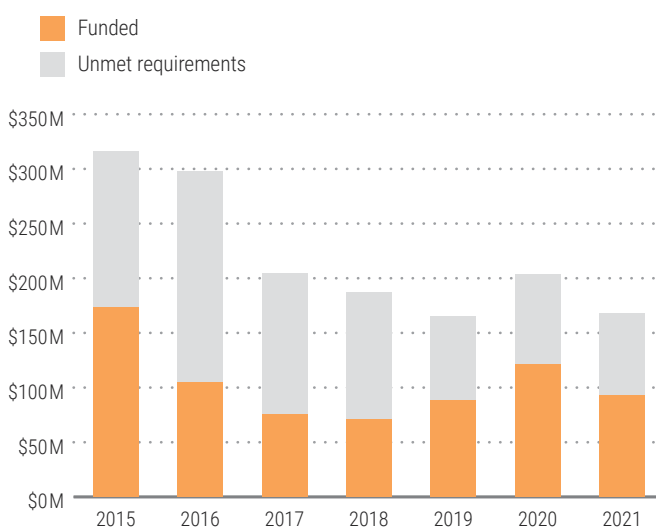
seeks to target 1.8 million people out of the 2.9 million in need, representing 62 per cent. The number of people targeted reflects a realistic projection of operational capacity, restrictions faced by partners in delivering assistance in areas where access impediments have been observed¹⁹ as well as the trend of humanitarian funding to Ukraine over the past five years.

Between 2017 and 2020, the number of people reached by the humanitarian community has remained at a similar level – between 1.0 million and 1.2 million people annually. The number of people reached accounts for at least 50 per cent of the number targeted in a given year, reflecting the level of funding received and access impediments that have curtailed the ability to respond. In NGCA in particular, the number of people reached has consistently been lower than targeted – an average of less than 20 per cent (or around 226,000 people) of the number of people targeted in a given year between 2017 and 2020.²⁰

NUMBER OF PEOPLE IN NEED VS TARGETED



FINANCIAL REQUIREMENTS (US\$)



¹⁹ This is evident in the reduced number of people targeted between the 2017 and 2018 HRPs, which coincided with the closure of WFP’s operation in Ukraine in mid-2017 when the 2018 response planning was about to commence.

²⁰ OCHA, HRP End-of-Year Reports, 2016, 2017, 2018, 2019 and 2020. All are available online at this [link](#).

During the first nine months of 2021, the number of people receiving humanitarian assistance and protection has reached 1.5 million, including 285,000 persons residing in NGCA, more than half of whom were women and almost 14 per cent persons with disabilities. The number of people reached in NGCA is higher than in the previous years as humanitarian actors effectively capitalized on improved access to scale up humanitarian operations in 2021.

Financial requirements

Between 2015 and 2021, Ukraine humanitarian partners used the project-based costing methodology to establish the financial requirement of the HRPs.

The financial requirements reflected in the HRPs over these eight years were the sum of the financial requirement of approved projects. The HRPs included

an average of 100 projects. However, between the 2016 and 2018 HRPs, the financial requirement gradually dropped, which was due to a key UN agency dwindling down its operations and departing Ukraine in mid-2017.

In 2020, the HRP financial requirements increased above \$200 million for the first time since 2017 due to its revision to incorporate the effects of the COVID-19 pandemic into the humanitarian operations. The 2020 HRP received the highest level of funding since 2016, with over \$122 million contributed against the \$205 million requirement. The COVID-19 pandemic and the revision of the 2020 HRP to integrate the COVID-19 response in the conflict-affected part of the country, might have been a significant factor that influenced the increased donors' support.

NUMBER OF PEOPLE IN NEED VS TARGETED (in million of persons) AND FINANCIAL REQUIREMENTS (in million US\$)

YEAR OF APPEAL	PEOPLE IN NEED	PEOPLE TARGETED	PEOPLE REACHED	REQUIREMENTS (US\$)	FUNDING RECEIVED	% FUNDED
2015	5.0	3.2	N/A	316	173	55%
2016	3.1	2.5	1.7	298	105	35%
2017	4.0	2.4	1.1	204	75	37%
2018	3.4	2.3	1.1	187	71	38%
2019	3.5	2.3	1.1	164	87	53%
2020	3.4	2.1	1.4	205	122	59%
2021*	3.4	1.9	1.5	168	92	56%

* Number of people reached during first nine months of 2021. Funding received as of 31 December 2021.

Part 1: Strategic Response Priorities

AVDIIVKA, DONETSKA OBLAST, GCA, UKRAINE

Mariia with her five children. In 2014, a shell hit their apartment, injuring her and three of her children.

Photo: OCHA/Yevhen Maloletka





“STANYTSIA LUHANSKA” CROSSING POINT, LUHANSKA OBLAST, GCA, UKRAINE

An elderly couple passing a sign warning of mines.
Photo: OCHA/Yevhen Maloletka

With conflict, COVID-19 and freedom of movement restrictions driving humanitarian needs, some 2.9 million people are projected to be in need of humanitarian assistance in 2022. With no political solution to the conflict in sight, humanitarian needs are anticipated to continue with increased severity in 2022, particularly in NGCA. Of the 2.9 million people in need, humanitarian organizations aim to

assist 1.8 million people, placing primary emphasis on providing lifesaving and time-critical assistance, strengthening protection, enhancing the capacity of the Government of Ukraine and local actors to gradually take over humanitarian delivery in areas under its control, and on expanding humanitarian access in order to deliver assistance in accordance with needs.

1.1

Humanitarian Conditions and Underlying Factors Targeted for Response

To determine the scope of the HRP, the findings of the 2022 Ukraine HNO were taken as a starting point.

The HNO documents the analysis of the humanitarian needs according to the three dimensions of physical and mental wellbeing, living standards and coping mechanisms, according to the Joint Intersectoral Analysis Framework (JIAF)²¹ methodology. The analysis presented in the HNO determines the nature and severity of need, magnitude, location, underlying causes, trends and projections, as well as people's own prioritization of needs. As the humanitarian context differs significantly between the areas controlled by the Government of Ukraine (GCA) and those beyond it (NGCA), as well as urban and rural areas, location is a particularly important factor in the analysis, scoping and response analysis. The scoping exercise also took the different identified needs according to age, sex and disability dimensions into account, as documented in the HNO, as well as the distinct needs of internally displaced persons (IDPs) who are living permanently in GCA. In light of the envisaged phase-out of international humanitarian assistance in GCA by 2023, the scoping also took the review of Government and development assistance into account (as analysed in detail under HRP, 1.2), as well as response provided by actors which are not part of the HPC process. Access and operational capacity were also considered in scoping and response analysis (please refer to chapter 4.1).

Conflict, COVID-19 and freedom of movement restrictions are interlinked drivers of humanitarian need in Ukraine. Humanitarian needs arising from the armed conflict remain critical on both sides of the "contact line", the 427km frontline which divides the Donetsk and Luhanska oblasts into areas under Government

control and those outside it. The COVID-19 pandemic led to a prolonged closure of the "contact line", restrictions on movement and decreasing livelihood opportunities, and pushed fragile health systems to a breaking point. With the harsh winter season approaching and the COVID-19 pandemic at a peak, the operational environment has become increasingly complex, especially in NGCA. Access remains seriously constrained in NGCA, undermining the provision of principled humanitarian assistance.

Some 2.9 million people are projected to be in need of humanitarian assistance in 2022. Of the 2.9 million people projected to be in need, 1.1 million people live in GCA, including over 133,000 IDPs in Donetsk and Luhanska oblasts, and 160,000 IDPs in other oblasts across Ukraine, while over 1.6 million people in need live in NGCA. The impact of the conflict, COVID-19 and movement restrictions on people depends on numerous factors, such as location, exposure to hostilities, socio-economic status and pre-existing vulnerabilities, with older persons, persons with disabilities, female-headed households and children among those in need of humanitarian assistance and targeted for response.

The below sections provide a summary of the findings of the conditions and underlying factors, which will be targeted for response in this HRP, by providing emergency assistance, ensuring access to basic services, responding to multiple protection needs and ensuring an implementation of a humanitarian exit strategy for international humanitarian assistance to GCA.

For details on the assessment and analysis please refer to the HNO, sections 1.2 and 1.4.

²¹ Inter-Agency Standing Committee (IASC), '2022 Joint Intersectoral Analysis Framework (JIAF) Guidance', May 2021.

Humanitarian conditions and underlying factors targeted for response in Government-controlled areas (GCA), including displacement, age, sex, and disability dimensions

PEOPLE IN NEED (PIN)	PIN BY FEMALE MALE (%)	PIN BY CHILDREN ADULTS ELDERLY (%)	PIN BY DISABILITY (%)
1.3M*	54 46	14 56 30	14

* Including 1.1 million people in GCA of Donetsk and Luhanska oblasts and 158K of IDPs in other oblasts.

The intersectoral needs analysis shows “extreme” severity in the areas directly affected by active fighting, along the “contact line” in GCA. “Severe” severity is also observed in one geo-zone in Luhanska oblast GCA, with the needs driven by disruption in basic services, such as health and education.

The severity of needs is lower in GCA in the areas farther away from active conflict and the “contact line”, with lower severity attributable to the support provided by the Government of Ukraine, civil society and development actors. These findings reconfirm the HRP strategy for an international humanitarian exit strategy for GCA in 2023 and the need to further strengthen HDPN. The intersectoral analysis shows “stress” severity levels in most parts of GCA, with higher levels of severity pronounced in the sectoral analysis for health, food security and livelihoods, WASH and protection needs.

- **While IDPs enjoy a favourable protection environment, with local integration as the preferred durable solution, main challenges are related to de-linking access to services and benefits from IDP registration, expanding access to housing programmes, promoting economic inclusion and finding solutions to IDPs still living in collective centres.** According to a report of the National Monitoring System (NMS) conducted by International Organization for Migration (IOM), the economic situation of vulnerable IDPs from Donetsk and Luhanska oblasts remained dire, with half of the IDPs surveyed during the first quarter of 2021 noting that

they have “enough money only for food” or they have “to limit even food expenses”. The situation is reported to be worse among older IDPs (aged 60 and above) and persons with disabilities, with 67 per cent and 69 per cent of respondents, respectively, reporting to be in a similarly complicated situation. Among all existing concerns, long-term and permanent housing solutions remain the priority for IDPs, which is considered a precondition for successful integration. The majority of IDPs spend a high proportion of their income on rent, which leaves them with a bare minimum to cover their other basic needs. At the same time, housing solutions are not available at the level required to meet the needs of the most vulnerable IDPs. Different groups of IDPs continue to encounter varying challenges in host communities. For female-headed households with children, unemployment remains a primary issue, while for households with persons with disabilities, access to health-care services and medication is a major concern. People aged 60 and above were primarily preoccupied with the lack of opportunities to return to their permanent place of residence in the conflict-affected region.

- **Women constitute the majority of people in need (54 per cent), with 71 per cent of heads of households being female.** The per cent is even higher for the population aged over 60, where the share of female-headed households is 88 per cent.²² While women are more likely to head households in the conflict-affected areas of Ukraine, they are also more likely to have multiple needs compared to men. While there is a slight improvement in GCA’s food security and livelihoods situation, attributable to humanitarian access, a slight economic recovery, and the humanitarian response, all available data show that female-headed households are an estimated 1.3 times more often experiencing food insecurity, compared to the overall population.
- **COVID-19 is currently the highest priority health threat to the population in need, deepening pre-existing health needs of an older population and pushing the health system to the edge.** One third of the people in need in GCA are over 60 years old and

²² According to World Bank data (2019), life expectancy at birth for women in Ukraine is 76.98, compared to 66.92 for men. For more information, please refer to the World Bank Data available at this [link](#).

are at high risk of severe COVID-19 infections. Due to their isolation and limited mobility, older persons require different approaches in aid delivery, such as home-based care or community-based interventions, but health systems are ill-equipped to handle the increasing demands imposed by the pandemic. According to an assessment in August 2021, only 11.4 per cent of people over 60 years reported being vaccinated against COVID-19 in conflict-affected GCA, whilst 98 per cent reported at least one chronic disease, 86 per cent limited mobility and partly in need of help of others, and 70 per cent issues with access to medical facilities and medicines, and 98 per cent conflict-related psychosocial issues. Inadequate PPE is putting health-care staff at risk, evidenced by their high rate of infections. A shortage of medical specialists, inadequate emergency management and infection control protocols, ill-equipped laboratories, lack of contact tracing, few epidemiologists, lack of adequate remuneration for a decent living of health-care workers (of whom 83 per cent are women) and their degrading working conditions, create an alarming picture. The pandemic also negatively impacts tuberculosis (TB), HIV/AIDS, and immunization programmes.

- **Ukraine remains one of the world's most landmine/ERW contaminated countries**, putting people's lives at risk and impeding recovery, access to livelihoods and basic services. As for children, the risks associated with mines and ERWs remain an essential factor. Due to absence of places to play, children sometimes go to the riverbank, which is a major concern to their parents, as the area is contaminated with mines/ERWs.
- **Unsafe and unfavourable learning environments, conflict-related damages to education infrastructure are further exacerbated by COVID-19.** Since the beginning of the conflict, over 750 educational institutions on both sides of the "contact line" have been damaged by the hostilities. The armed conflict negatively impacts students' ability to learn as well as their well-being. In GCA, within 20km of the "contact line", 21 per cent of households reported that their children had missed more than one month of school due to security concerns, closed schools, unavailable transporta-

tion, expensive associated costs and health-related reasons. Computer or tablets represent the most reported need for home-based learning, whilst cash for school supplies and equipment is the most reported need for regular school attendance.

- **Inadequate water, sanitation and hygiene conditions are exacerbated by conflict-related damages to WASH infrastructure and compounded by aging pumps and pipes**, negatively impacting also heating systems depending on water during harsh winter conditions. Linking to that, pending shelter repair and maintenance further contribute to families struggling to keep warm in winter, with households reporting leakages from rain, snow and lack of insulation, negatively impacting health and wellbeing. Out of an estimated 55,000 residential houses damaged since the beginning of the conflict, it is estimated that less than 1,000 households in GCA still require help with the repair of their homes. Non-conflict related damages present additional problems.
- **Access to social protection and public services may improve in GCA, provided that the Government reforms take hold and are sensitive to inclusivity.** Lack of public transportation correlates negatively with employment and livelihood opportunities, and thus deepens vulnerabilities and dependency on social protection mechanisms and humanitarian aid, impacting particularly older population and persons with disabilities. For example, persons with disabilities living in the areas close to the "contact line" report financial constraints and lack of transportation as the main reasons for lack of registration to access available social benefits.
- **The direct food needs are severe in the areas close to the "contact line".** The population in those locations is suffering from overlapping drivers of food insecurity, including continued conflict, high unemployment, loss of access to social services and employment opportunities, high prices, poor infrastructure, and lack of access to markets. In addition, the population structure in the area is characterized by a prevalence of persons with disabilities and chronic illnesses who experience difficulties engaging in livelihood activities.

- **High household food expenditure coupled with high, volatile food prices** pose further problems to the conflict-affected population in GCA. Twenty per cent of the affected households borrowed food in 2021, compared to 16 per cent in 2018 and a record high of 28 per cent in 2020.

Humanitarian conditions and underlying factors targeted for response in non-Government-controlled areas (NGCA), including age, sex, disability dimensions

PEOPLE IN NEED (PIN)	PIN BY FEMALE MALE (%)	PIN BY CHILDREN ADULTS ELDERLY (%)	PIN BY DISABILITY (%)
1.6M	54 46	12 57 31	12

The intersectoral needs analysis shows “extreme” severity throughout NGCA, with the population increasingly cut off from the rest of Ukraine. The nature of humanitarian needs in NGCA are similar to GCA, however, they are higher in severity and magnitude. With conflict, COVID-19 and movement restrictions as interlinked drivers of need, the substantive closure of the “contact line” is further deepening the socio-economic exclusion of the NGCA population, deepening humanitarian needs.

- With the “contact line” substantially closed since March 2020, NGCA population struggles to access basic services, social benefits and entitlements, for which they need to cross to GCA. Most affected are pensioners living in NGCA, as the effective closure prevents them from accessing their pensions in GCA. This contributes to Ukraine being one of the “oldest” humanitarian crises in the world, with one in three people in need of humanitarian assistance older than 60 years. The majority of NGCA pensioners are women as men’s life expectancy is lower.²³ While assessments remain a taboo, indicative findings from hotline calls underline how limitations to freedom of movement affect older persons,

persons with disabilities and persons with limited mobility, as crossings to GCA became more difficult, more expensive and more time consuming, if at all possible, contributing to vulnerable segments of the population often facing multiple needs and vulnerabilities. Of the hotline calls, 97 per cent of respondents 60 years old or older in Donetsk oblast NGCA reported an entitlement to GCA pensions, and all of the callers entitled to pensions in GCA had not received them in the three months prior to the data collection in July/August 2021.²⁴ One in three respondents reported that the last time they were able to obtain GCA pensions was in the first quarter of 2020. Nine in ten respondents cited as reasons to have to pass the EECPs to GCA (90 per cent), physical limitations or a disability (19 per cent), a serious illness (11 per cent), or that transport was unaffordable or unavailable (6 per cent). Almost half of the respondents (42 per cent) said that the missed GCA pensions represented between 51 per cent and 75 per cent of their monthly household budget.

- **After almost two years without reliable access to pensions and entitlements in GCA**, which is a key source of income for the NGCA population, and access to a potential support network of family and friends in NGCA, people have had to find alternative ways to survive. This includes increased reliance on NGCA pensions, depleting their savings, borrowing money or accessing their pensions through costly and difficult detours through the Russian Federation. Of the hotline callers in Donetsk oblast (NGCA), 61 per cent are reported to have adopted negative coping mechanisms to deal with a lack of resources. Twenty per cent reported reducing essential health expenditure to cover other basic needs, and about one in three respondents said they had no confidence in the ability to cover unexpected expenditures for the coming three months, pointing to eroding coping mechanisms. For female-headed households over 60 years, the percentage is even higher, at 38 per cent.

²³ According to World Bank data (2019), life expectancy at birth for women in Ukraine is 76.98, compared to 66.92 for men. For more information, please refer to the World Bank Data available at this [link](#).

²⁴ REACH, ‘Humanitarian Situation Monitor in NGCA round 3’, July-August 2021. Due to access constraints, the HSM round 3 covers Donetsk oblast NGCA only.

- **Problems in civil documentation persist for the population in NGCA**, facing multiple challenges in identity, civil status and property documentation, impacting every aspect of life, limiting access to services and entitlements and freedom of movement. This includes 68,240 children (as of mid-2021) residing in NGCA, who do not possess a birth certificate of a recognized state and are hence under risk of statelessness.
- While the provision of a broad range of governmental services through digital services are commendable, older persons and persons with disabilities may have limited opportunities to access these services, unless measures are taken to enhance inclusivity. With one in three people in need being 60 years old or older, and more than one in ten people in need having a disability, a significant segment of the most vulnerable population in NGCA may lack the ability, the infrastructure, the tools (i.e., smartphone) or relevant documents (printed or digital) to access these Government services online. They may continue to have to undergo a cumbersome journey to GCA, or forego entitlements and benefits.
- **Similar to GCA, COVID-19 severely impacts the population and pushes an even more fragile NGCA health system to the edge.** Many health personnel have left the conflict-affected areas, more so in NGCA where wages are lower. In Donetska and Luhanska oblasts NGCA, the number of cases in October was reported to have increased by 81 per cent and 45 per cent, respectively (compared to the previous month), with a case fatality rate of 8.7 per cent as of November 2021. According to reports, bed occupancy at hospitals in NGCA is exceeding capacity and prices of medicines at local pharmacies have doubled. Detention facilities in NGCA reportedly lack adequate health-care services, PPEs, access to external medical specialists and institutions for detainees, even those suffering from critical medical conditions, also the facilities experience a significant shortage of essential medicines and health-care staff.²⁵
- **Death and physical injury from shelling, mine and ERW contamination** presents similar risks as in GCA, albeit on a higher magnitude. According to OHCHR, in 2020-2021, two thirds of conflict-related civilian casualties caused by mines and ERW were recorded in NGCA, and one third in GCA.
- Inadequate water, sanitation and hygiene (WASH) conditions are equally present in NGCA, and exacerbated by conflict-related damage and pending infrastructure repair. As the water system is integrated between GCA and NGCA, shelling along the “contact line” may have drastic consequences on water supply and heating during the harsh winter season for the affected population, pointing to cumulative health, WASH and shelter needs, particularly for winterization.
- **Linked to this aspect, needs for shelter repair are believed to remain high in NGCA**, with an estimated 7,000 to 8,000 households. Repair is difficult due to an insufficient number of humanitarian partners, and difficult access coupled with high costs. Older segments of the population represent about half of the caseload and are being exposed to harsh weather conditions, further deepening their vulnerabilities.
- **Education facilities were impacted 12 times by hostilities (as of November 2021), thereof 11 times in NGCA.** The most acute is the situation for children living in close proximity to the “contact line” where persistent military presence, shelling and extreme levels of mine contamination threaten their lives. This comes against the backdrop of over eight years of fighting, which has taken a huge toll on children and youth, impacting their physical and psychosocial well-being. Quantity and quality of teaching staff are of concern, especially in small rural communities. Despite recent significant steps to simplify procedures for NGCA graduates to enter universities in GCA, NGCA graduates still face numerous barriers to continue their education.
- **The direct food needs are severe in NGCA.** The population in NGCA is suffering from overlapping drivers of food insecurity, including continued conflict, high unemployment, loss of access to social services and employment opportunities, high prices, poor infrastructure, and lack of access to markets.

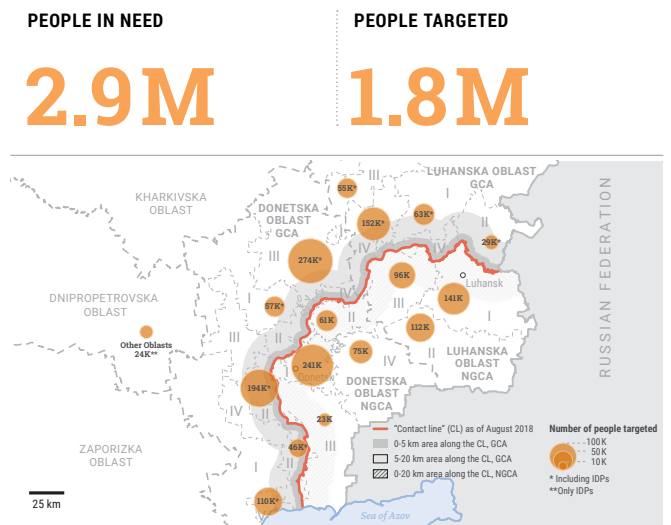
²⁵ OHCHR ‘Impact of COVID-19 on human rights in Ukraine’, available at this [link](#).

1.2 Strategic Objectives, Specific Objectives and Response Approach

Based on the Humanitarian Needs Overview (HNO), the HCT reaffirmed that the three strategic objectives established for the 2021 HRP remain valid to guide the 2022 humanitarian response. All three strategic objectives are inter-connected and mutually reinforcing. One of the three strategic objectives is multi-year covering 2021, 2022 and 2023, guiding the strategy to exit from the provision of international humanitarian assistance in GCA. Each strategic objective is complemented by a set of specific objectives that provide detailed description of the desirable results through a combination of direct service provision, in-kind support, cash and voucher assistance (CVA), community-based support and capacity strengthening of the regional Government authorities and local responders. Success and impact of the 2022 humanitarian response will be ensured and assessed by a set of the measurable intersectoral indicators against strategic and specific objectives, which have been further refined and streamlined. The coordinated response will be accompanied by improved coordination, accountability mechanisms and advocacy.

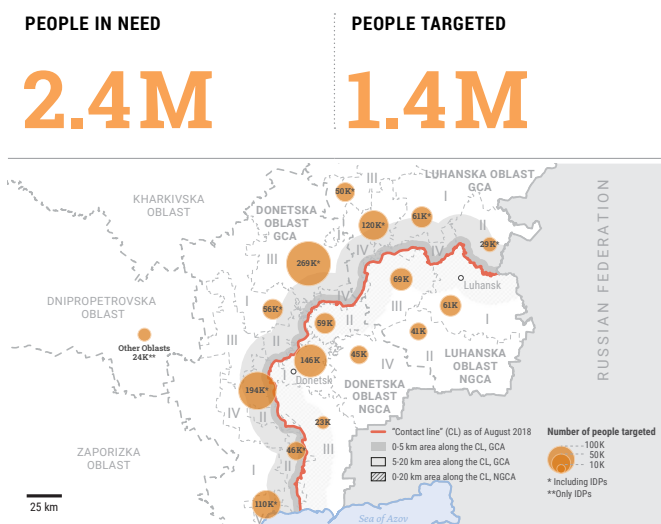
Strategic Objective 1

Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19.



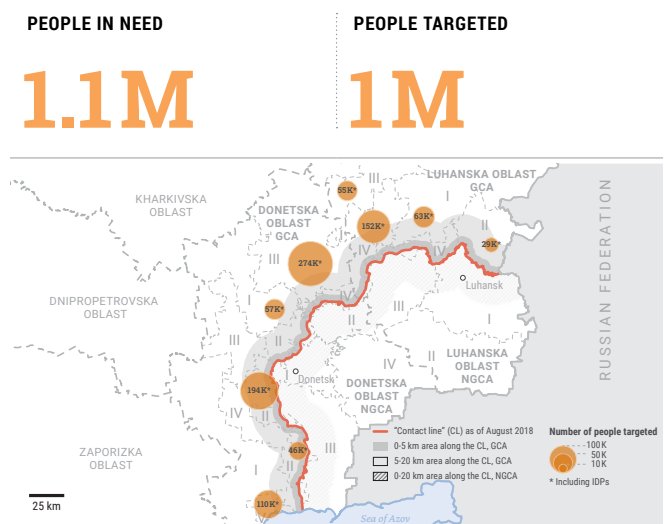
Strategic Objective 2

Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards.



Strategic Objective 3

Ensure implementation of a humanitarian exit strategy in Government-controlled areas from 2021 to 2023.



Strategic Objective 1

Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19.



CHERMALYK VILLAGE, DONETSKA OBLAST, GCA, UKRAINE

Vladyslav, 90 years old, who lives alone just a few kilometres away from the “contact line”, receives coal to stay warm during the winter.

Photo: OCHA/Yevhen Maloletka

PEOPLE TARGETED

1.8M

WOMEN AND GIRLS

54%

CHILDREN

14%

ELDERLY

32%

WITH DISABILITY

13%

Rationale and intended outcome

The strategic objective seeks to address the affected people’s physical and mental welling, save lives and ensure people’s access to basic services through well-targeted assistance addressing the needs of the most vulnerable with respect to their safety and dignity, particularly those living in the areas with “severe” and “critical” severity (level 3 and 4 as per the JIAF severity ranking in the HNO).

The conflict continues to take a toll on the physical and mental well-being and living standards of some 1.8 million people. Their needs have intensified due to the protracted humanitarian situation now in its eighth year, and the prolonged effects of COVID-19. Despite the brief respite following the ceasefire that began on 27 July 2020, an uptick of active hostilities has been recorded since mid-2021, leading to the number of civilian casualties returning to the pre-ceasefire level by September 2021.²⁶

²⁶ OHCHR, ‘Conflict-Related Civilian Casualties in Ukraine Report’, 8 October 2021.

Meanwhile, heavy landmine and ERW contamination still pose a lethal threat to the lives of many conflict-affected people. Almost 70 per cent of civilian casualties since the July 2020 ceasefire have been caused by landmines and explosive remnants of war (ERW).²⁷ COVID-19-related restrictions have curtailed people's access to markets and livelihoods as well as to pensions and social entitlement which is particularly challenging for those living in isolated communities along the "contact line". Since March 2020, the substantive closures of the crossing points have made it hard for NGCA residents to access pensions, administrative services, social benefits and entitlements in GCA. The socioeconomic decline of the region, further aggravated by COVID-19 restrictions, has resulted in greater needs of livelihood opportunities for the most vulnerable. The longer the crossing points along the "contact line" remains substantially closed, the higher the chances the vulnerabilities of the people in NGCA would be further aggravated.

Priority will be given to address the critical needs of the most vulnerable populations, including older persons who make up over 30 per cent of the people in need, and people living in isolated settlements along the "contact line" where the 'critical' humanitarian needs have been identified. Isolated settlements are reported to have a high concentration of vulnerable people: around 40 per cent of household members are 60 years old or older – many of them have a disability²⁸ – and experience limited or no public transport services, which hindering their access to essential services.

Specific objectives and response approach

This strategic objective is supported by three specific objectives:

Specific Objective 1.1: Provide lifesaving assistance for people affected by the conflict, including IDPs. This specific objective recognises that emergency needs are particularly high in the areas with active hostilities and heavy contamination of landmines, as well as in the entire NGCA due to the economic isolation and lower levels of assistance delivered in the past. The response aims to deliver assistance to where the affected popu-

lations are, wherever feasible. It takes into account the many hurdles people may face to reach essential services due to restricted freedom of movement, isolation from important urban centres due to the "contact line" and COVID-19 restrictions. Much of the assistance under this objective is related to health and cash interventions, but also includes critical protection services such as explosive ordnance risk education, shelter repair, provision of water and sanitation services, repair of damaged schools, distribution of essential education supplies and food assistance.

Specific Objective 1.2: Improve living standards through ensuring people's access to essential services. This specific objective recognises the need to ensure people's access to essential services. This includes access to quality education, health care, water, sanitation and hygiene as well as essential protection services. To this end, humanitarian actors will support income generation, proper functioning of school and pre-school facilities, social transportation, water system maintenance and strengthening health-care systems including for COVID-19 response.

Specific Objective 1.3: Expand and secure humanitarian access to all people in need. This specific objective seeks to enable the response on both sides of the "contact line" and acknowledges the different types and drivers of restrictions. Even though no programmatic interventions are foreseen within this specific objective, a large part of the work will be facilitated by the HCT Access Task Force, capitalizing upon the Joint Operating Principles (JOPs) – the first of its kind in Ukraine developed in 2021 – to facilitate and improve humanitarian access in NGCA. The existing mechanisms such as the Ukraine Humanitarian Fund (UHF) will be utilised to support the facilitation of greater access. The HCT prioritized focusing in 2022 on improving the "quality" of access over increasing the number of humanitarian actors, by exploring how the range of humanitarian programming (including "soft" programming) could be expanded to bring greater impact.

²⁷ Ibid.

²⁸ REACH, Protection Assessment in Isolated Settlement, 2019.

Strategic Objectives 2

Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards.



ZORIANE VILLAGE, DONETSKA OBLAST,
GCA, UKRAINE

Two internally displaced people in their new house.
Photo: IOM/Volodymyr Shuvayev

PEOPLE TARGETED	WOMEN AND GIRLS	CHILDREN	ELDERLY	WITH DISABILITY
1.4M	54%	21%	31%	13%

Rationale and intended outcome

With due regard to international norms and standards, this strategic objective aims to strengthen the protection of 1.4 million conflict-affected people by promoting and advocating for respecting international humanitarian law (IHL) and international human rights law (IHRL), demanding accountability and mitigating the impact of violations.

This strategic objective prioritises six key protection concerns (no specific order of priority): humanitarian protection of civilians and civilian infrastructure; access to pensions and social benefits; access to civil documentation; freedom of movement; protection from landmine and ERW and durable solutions and integration of IDPs.

This strategic objective seeks to target 1.4 million people living in the two conflict-affected oblasts on both sides of the “contact line”, and IDPs living in other oblasts across Ukraine. It aims to alleviate the suffering of those people who continue to face serious risks to their safety, well-being and entitlement to their basic rights. The activities under this objective seek to strengthen the protection environment working closely with all stakeholders. Activities under this strategic objective are advocacy-focused and seek to call upon the duty bearers under IHL and IHRL to adhere to international obligations, standards and norms and to respect the rights of conflict-affected people. It is important to note that “operational” protection services such as legal aid, mine risk education, demining, GBV response, etc. that seek to address the protection needs of conflict-affected people are captured under SO1.

Specific objectives and response approach

This strategic objective is supported by five specific objectives, defined thematically, as follows:

Specific Objective 2.1: Step up efforts to protect civilians and civilian infrastructure according to IHL and other legal instruments. This objective recognises the need for taking measures to protect civilians and civilian infrastructure from the effects of armed conflict. Efforts will be made to advocate for the implementation of the Safe Schools Declaration (SSD) action plan endorsed by the Government of Ukraine in August 2021 and for the full adoption of the *National Strategy for the Protection of Civilians in Armed Conflict*. The draft was approved by the Cabinet of Ministers in 2020. Efforts to put in place a comprehensive state policy and mechanism for remedy and reparation to civilian victims of armed conflict will be also strengthened.

Specific Objective 2.2: Improve access to social protection (pensions, benefits, specialized services), administrative services and civil documentation for the conflict-affected population. This specific objective recognises the need to ease and systematise the procedures for civilians to access state administrative services such as registering a birth or a death,

identification documents and education certificates. Even though some progress has been made over the past few years, the issue has not yet been fully addressed and has been further complicated by the consequences of COVID-19. Humanitarian actors will continue to advocate for an efficient administrative civil registration system which is accessible to all civilians within the entire territory of Ukraine and the implementation of the accessible digital verification for pensioners living in NGCA (approved by the Government in September 2021 and needs further development), and de-linking IDP certificate requirement to access pension for NGCA pensioners.

Specific Objective 2.3: Promote NGCA residents’ freedom of movement and access to essential services and humanitarian assistance on both sides of the “contact line”. This specific objective recognises the need for simplified, systematic and safe crossing procedures of the “contact line” and less cumbersome passage for civilians and goods, particularly in times of COVID-19. It also advocates for adequate facilities and structure at all crossing points, including COVID-19 testing, appropriate hygiene facilities, sufficient space for social distancing and WiFi to download the mandatory smartphone app called “Dii Vdoma” (“Act at Home”) required by the GoU for home quarantine. The humanitarian community will continue to work with government counterparts to address the remaining legislative issues that impact people’s freedom of movement. Further efforts to lift the disproportionate restrictions based on the registration of place of residence, rather than on vaccination or COVID-19 testing, in areas outside of Government control, must also be undertaken.

Specific Objective 2.4: Prevent and mitigate physical harm and risks of landmines and ERW. This objective recognises the need for actions to reduce the risks of landmines and ERWs on both sides of the “contact line”. In GCA, this objective will capitalize on the Government of Ukraine’s recent confirmation of its commitment to create a Mine Action institutional framework and the establishment of the National Mine Action Authority, following the landmark Mine Action Law that was adopted in December 2018 and

came into force in January 2019. Advocacy efforts will seek to further advance State ownership of Mine Action activities, including mine victim assistance and IMSMA implementation to make 2022 response planning and prioritization more efficient. In collaboration with the Ukrainian parliament, humanitarian actors will continue to provide technical expertise and propose adequate amendments to the current legislation. In NGCA, interventions will prioritize continuous provision of life-saving protection services, information and assistance at local level, including mine victim assistance, and strengthening community-based protection to expand the outreach to vulnerable groups and deliver “soft” protection services, including of explosive ordnance risk education. Humanitarian actors will continue to advocate for strengthened mine action and explosive ordnance risk education with unimpeded access for mine action actors to all contaminated areas.

Specific Objective 2.5: Promote resilience and social cohesion of communities, including durable solutions for IDPs. This objective recognises the need to identify durable solutions for IDPs through strengthening the implementation of the new IDPs integration strategy (2021-2024) and the Operational Plan (2021-2023), recently adopted in October 2021.²⁹ The focus of IDP integration will lie in the field of mid-term solutions, aimed at solving challenges in IDP housing, employment, social protection, access to education, health care, documentation, and IDP participation in local decision-making. Funding for the strategy shall come from local and central budgets, as well as international donor assistance. The adoption of the strategy, which follows the Guiding Principles on IDPs,³⁰ is a welcome development and may have higher operational impact compared to the previous strategy, if funding and coordination arrangements allow for its implementation.

²⁹ The full text is available online at this [link](#).

³⁰ United Nations, 'Guiding Principles on Internal Displacement', available online at this [link](#).

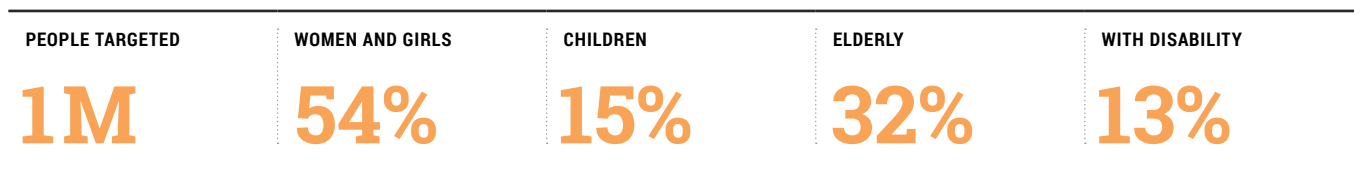
Strategic Objective 3

Ensure implementation of an international humanitarian exit strategy in Government-controlled areas from 2021 to 2023.



MARINKA, DONETSKA OBLAST, GCA, UKRAINE

A preschool girl drinking water delivered by a humanitarian organization to her kindergarten.
Photo: UNICEF



Rationale and intended outcome

This strategic objective seeks to assist the Government of Ukraine and local actors in strengthening the delivery of humanitarian aid to the front lines of the crisis in areas under its control. This is a multi-year strategic objective covering 2021 until 2023.

The international community will support the efforts being taken at the local, regional and national level to strengthen service delivery and access to State social protection. This represents not only a more sustain-

able use of donor funding, it also recognises the strong capacity that exists to play this leadership role. It is also important to strengthen efforts with support of the development community to transfer humanitarian assets and knowledge to local responders. While this strategic objective recognises that the Government of Ukraine is the duty bearer for its own citizens, efforts will be made to facilitate a gradual exit of international humanitarian action from GCA by the end of 2023. It will be supported by the implementation of the Cluster transition plans (last reviewed in

December 2021) in which a set of benchmarks has been set to measure the progress of this transition on an annual basis, in alignment with the HPC.

Efforts will be increased in 2022 to advance humanitarian, development and peace nexus (HDPN) programming in GCA, building upon the field-driven/area-based approach that is proven to be effective. The HCT has identified a need to have an area-based analysis to identify:

- i. where the humanitarian needs still exist;
- ii. where the humanitarian community may be playing too much of a “substitutive” role;
- iii. where the authorities have the capacity to take over; and
- iv. where humanitarian needs will still need to be addressed by international humanitarian actors.

This will help better position the local and national authorities, civil society and development actors to ensure a responsible international humanitarian exit in the areas possible. The HCT is also committed to have a clear engagement strategy with the development sphere at national, regional levels as well as through the Government-led ITA Sector Working Groups to facilitate implementation of the nexus in initiatives and programmes. Finally, the HCT will also engage with the ongoing development of the new UN Sustainable Development Cooperation Framework (to cover 2023 to 2027, including the UN Partnership Framework pillar groups), playing a leading role in identifying areas requiring further development investments to reduce humanitarian needs and enhance service provision by the Government and local civil society organizations. This will allow for effective complementarity with humanitarian assistance.

Specific objectives and response approach

This strategic objective is supported by three specific objectives:

Specific Objective 3.1: Increase national and regional Government ownership of and responsibility for the provision of services that deliver humanitarian assistance in GCA. This specific objective recognises

the need for the Government, particularly the local authorities, to take ownership of the response in GCA. Capitalizing on the ongoing decentralization reforms that have been accelerated in 2021, efforts will be made to increase the commitment to serve the humanitarian needs of the affected people and move from a “substitutive” approach to one that builds local capacity and services, where feasible. Strengthened advocacy with all concerned stakeholders will be essential for further progress.

Specific Objective 3.2: Strengthen capacity of local responders (NGOs, Civil Society Organizations (CSOs), territorial communities (hromadas), and private sector) to complement the Government-led response. This specific objective recognises the critical role local non-governmental responders play in supporting humanitarian operations as well as their existing strong capacity and networks in Donetsk and Luhanska oblasts. Efforts will be made to strengthen their capacity to complement the Government-led response.

Specific Objective 3.3: Implement transitional programming, ensuring complementarity between humanitarian and development actions, and build the resilience of conflict-affected population. This specific objective acknowledges that enhanced linkages and collaboration between humanitarian and development actors support the wider United Nations reform agenda. The conflict has complicated the roll-out of the agenda as it has a direct impact on people’s needs and access to basic services as well as on service provision. By applying the HDP nexus lens to certain issues derived from the conflict, it could potentially reinforce the reform agenda. Activities seeking to strengthen the affected communities’ resilience will also be prioritised in the response. The existing mechanisms such as the Ukraine Humanitarian Fund (UHF) will be utilised to further advance humanitarian-development-peace nexus programming in GCA, based on the lessons learned from the 2021 pilot projects.

Humanitarian-Development-Peace Nexus and the Government of Ukraine's Contribution to Humanitarian Action

The ultimate responsibility for the provision of relief to populations impacted by a humanitarian crisis rests with the Government that controls the affected territory. The 2022 HRP complements the Government's response, with a planned phase-out of international humanitarian assistance by the end of 2023 from GCA. This recognizes the strong capacity of the Government, particular the regional and local authorities, and the development opportunities that are present in GCA.

The HRP will focus on saving lives, ensuring people's access to basic services and strengthening protection to those affected by the conflict, complementing the humanitarian and COVID-19 response by the Government, local authorities, civil society and other humanitarian actors outside the HRP framework. As per SO3 of the HRP, the humanitarian community is planning to phase out international humanitarian assistance in GCA by the end of 2023, recognizing the strong capacity in-country, particularly of the regional and local authorities, and the development opportunities that are present. As a central part of SO3, clusters have set benchmarks for transition and formulate strategies for the multi-year exit strategy. Example of the benchmarks are:

- i. Safe Schools Declaration implementation plan finalized and agreed upon by all the relevant stakeholders.
- ii. Social protection and essential services for conflict-affected people, particularly in the areas close to the "contact line", can be covered by

- iii. national service providers.
- iii. Child Protection Minimum Standards are integrated into the work of state actors.
- iv. Referral pathways are developed and functional at regional level.
- v. Effective systems are in place to monitor the well-being of vulnerable groups of children amongst the conflict-affected population.
- vi. Residual shelter needs that will still require assistance due to the conflict-related damage.
- vii. Water, sanitation or hygiene needs affect less than 50% of the population.
- viii. COVID-19 is fully in retreat.
- ix. The involvement of local and/or national Government bodies in the humanitarian coordination process is assured (authorities participate in or (co-)chair the coordination meetings).

Progress on the humanitarian, development and peace nexus³¹

The objective of the humanitarian, development and peace nexus is to reduce humanitarian needs, while ensuring a more sustainable provision of essential services by government and local authorities. In this regard, progress has been achieved in reducing humanitarian need over the course of the last year, particular in GCA.³² In particular, many of the underlying vulnerabilities and conditions that drive humanitarian needs in the Ukraine require longer-term planning. Collaboration between humanitarian and development actors can build the resilience of communities, enabling a localized solution for the

31 IASC, 'Light Guidance on Collective Outcomes', June 2020, available at this [link](#).

32 For more information on the progress and challenges on HDPN approaches in Ukraine, please refer to the report of the workshop on "the Humanitarian-Development and Peace Nexus in Ukraine" organised on 9-10 June 2021 and the progress report of the HPDN pilot project implemented by a consortium of NGOs in selected hromadas (funded by the Ukraine Humanitarian Fund) available at this [link](#). In 2022, as an initial step to inform additional joint programming with a focus on HDP Nexus in GCA, there will be a lesson learned exercise for implementing partners under the pilot nexus allocation under the UHF. The focus could be on concrete nexus initiatives, how to conduct nexus monitoring; also post-project end and identified risk analysis.

provision of basic services, and reduce the risk of occasional shocks leading to long-term damage or displacement.

With the conflict in its eighth year, humanitarian partners continue providing basic services, such as water trucking, transportation and social assistance on a yearly basis. This is unsustainable and takes the responsibility to deliver these services from the Government. Enhanced coordination among humanitarian and development actors, with increased capacity, ownership and budgets from central and local authorities through the decentralization reform, is more likely to reduce needs among the population in future. Meeting immediate needs at the same time as ensuring longer-term investment to address the systemic causes of conflict and vulnerability, such as poverty and the lack of functioning accountability systems, has a better chance of reducing the impact of shocks and stresses, and supporting the peace process, as peace is essential for development to be sustainable. Peace is not only about the absence of violence but also about sustaining peaceful societies and thus, enabling sustainable development. Programmatic interventions with potential for an optimized HDPN approach in Ukraine are the strengthening of social cohesion, building capacity at the local level to prevent conflicts and tensions and addressing dynamics of exclusion. Strengthening participation in decision-making (especially between national, local authorities and conflict-affected population) may also enhance cohesion. Economic recovery, access to basic services and livelihoods are further goals for collective cooperation from a peace perspective.³³

The forthcoming UN Sustainable Development Cooperation Framework (UNSDCF, 2023-27) will provide an opportunity to reinforce the collaboration approach in the country, for improved coherence and complementarity between the UNCT and HCT planning frame-

works. The humanitarian community was actively engage in the development of the 2021 Common Country Analysis (CCA)³⁴ through the sharing of assessment and analysis, which will shape the design of the forthcoming UNSDCF, for which planning inclusive of humanitarian partners has started. The new framework will take into account the international humanitarian exit strategy for GCA, as well as findings from the UN-Ukraine Partnership Framework (UNPF, 2018-22)³⁵ evaluation undertaken in 2021,³⁶ which underlines the need to further strengthen linkages between the UNPF and the HRP, and a need to lay out more clearly how the planning frameworks are supporting and complementing each other.

Throughout 2021, the operationalization of the HDPN was further enhanced at field and capital levels, by aligning humanitarian, development, and Government plans via key planning documents, coordination bodies, and funding tools at the capital level, and project-based collaborations among local authorities and partners at the field level. Coordination is supported through structures existing at both Kyiv and field level and is based on a mainstreaming approach to ensure HDPN is a component of all activities and discussions:

- The Ministry for the Reintegration of Temporary Occupied Territories (MRTOT) leads the Sector Working Group on Recovery and Reintegration, serving as the platform for collaboration among MRTOT, UN agencies, bi-lateral and multi-lateral donors on addressing MRTOT's priority issues.
- The Humanitarian Country Team tables regular discussions on the collaboration, within the context of the HRP.
- Closer to the "contact line", oblast and raion authorities participate in collaboration coordination with international partners, usually in

33 OCHA, Workshop on the Humanitarian-Development-Peace Nexus in Ukraine, June 2021. The report is available online at this [link](#).

34 The CCA reflects the UN integrated analysis of the context for sustainable development in the country, and its progress towards achieving the 2030 Agenda and its Sustainable Development Goals (SDGs).

35 The current framework has four pillars, which are 1) sustainable economic growth, environment and employment, 2) equitable access to quality and inclusive services and social protection, 3) democratic governance, rule of law and civic participation, and 4) human security, social cohesion and recovery with a particular focus on Eastern Ukraine.

36 Currently only available as a draft report.

the context of joined-up project planning and implementation.

- Flexible financing has been another notable achievement through the use of the Ukraine Humanitarian Fund (UHF) in GCA. The ability of the Fund to bring partners together to jointly plan and deliver solutions in collaboration with local authorities and development partners has been very well received by all stakeholders. These projects cover a range of humanitarian needs but are delivered in close collaboration with, and with a planned handover to, local authorities in GCA.

In addition to the exchange of information and data between the different actors, some assessments are designed to serve the needs of all partners:

- Assessments conducted by REACH/AGORA continue to serve as a common data provider to both humanitarian and development partners. Products are easily accessible in a variety of formats and languages and serve to ensure a common operating picture.
- The Protection Monitoring Dashboard is another tool utilized by a wide range of partners with varying interests to better understand dynamics on access to essential services in isolated settlements close to the “contact line”.
- The efforts of the Information Management Working Group and the MRTOT Data Portal ensure the availability and standardization of data, reports, and analysis to all partners.

The humanitarian community will continue to engage with partners in 2022, utilizing key systems and tools that have become integral to the success of the Ukraine approach and are supporting the current response. These include collaboration categories of shared analysis, joined-up planning and programming, leadership and coordination, and flexible financing. The HRP’s multi-year SO3 continues to support the collaborative approach, charting a humanitarian exit strategy by 2023 in GCA. This objective supports transition plans, with monitoring indicators to gauge progress, as well as individual cluster activities that

support this objective with cluster own monitoring plans. While residual humanitarian needs may linger after 2023, the current approach will support the transitional programming needed to build resilience and ensure the appropriate capacity to deliver services.

The Government of Ukraine’s Contribution to Humanitarian Action

The Ministry for the Reintegration of Temporarily Occupied Territories (MRTOT) has taken several positive steps to support the conflict-affected population, confirming the Government’s commitment to addressing issues related to the ongoing armed conflict in Luhanska and Donetska oblasts. The MRTOT minister serves as both minister and vice prime minister, which considerably strengthens the executive decision-making authority of this ministry since its reconfiguration during March 2020. The Government has reiterated the focus on the creation of a favourable political, economic and humanitarian environment for the reintegration of NGCA in its plan of priority activities, adopted in March 2021.

Significant progress to alleviate needs and enhance the rights of the affected population are undertaken under the leadership of the Government:

- **The new whole-of-Government IDP integration strategy for 2021-2024 was adopted.** On 28 October 2021, the Cabinet issued Decree No. 1364-p, adopting the IDP Integration and Medium-Term Solution Strategy 2024 and the Operational Plan (2021-2023).³⁷ The Strategy is centred around six strategic aims which outline challenges, key tasks, and implementation indicators. All interventions shall flow from the policy, as opposed to the previous system of ad-hoc responses. The focus of IDP integration will lie in the field of mid-term solutions, aimed at solving challenges in IDP housing, employment, social protection, access to education, health care, documentation, and IDP participation in local decision-making. Funding for the strategy shall come from local and central budgets, as well as international donor assistance. The adoption of

³⁷ The full text is available online at this [link](#).

the strategy, which follows the guiding principles on IDPs,³⁸ is a welcome development and may have higher operational impact compared to the previous strategy, if funding and coordination arrangements allow for its implementation. The previous strategy, adopted in November 2017, expired in 2020 and was not fully implemented due to insufficient coordination between state institutions, between centre and regional levels, and due to the lack of funding.

- **The Government confirmed important rights to people living in NGCA.** In March 2021, Ukraine adopted its National Human Rights Strategy, which reaffirms the right of residents of NGCA to pensions and social payments, access to administrative, medical, and educational services, however, does not foresee comprehensive compensation mechanism for conflict-affected civilians.³⁹ For NGCA residents, however, access to social and administrative services is largely connected to the mandatory requirement of being registered as an IDP and the ability to cross the “contact line” to reach GCA for regular verification and to collect payments of pensions and social benefits. In light of COVID-19 restrictions, the Government suspended verification measures for all IDPs, including pensioners irrespective of their place of residence, and extended the validity of bank cards for receipt of pensions.
- **In Luhanska oblast, only one EECP is operational allowing pedestrian crossing.** Two additional EECPs in Zolote (constructed in 2016) and Shchastia (constructed in 2020) were originally due to open in November 2020, however, remain non-functional for civilian crossings to date.
- **The Government improves conditions at EECPs.** Reconstruction, maintenance, and services at EECPs is undertaken by the state enterprise “Reintegration and Renewal”, which was founded in April 2020 and is operating under the authority of MRTOT. The creation of the state-owned enterprise is an important step to improve EECPs, with the goal to provide decent conditions for travellers, effective operations and access to most demanded services by NGCA inhabitants, in proximity to EECPs. Two service centres are already available at the Novotroitske and Shchastia EECPs, which provide administrative and banking services, a medical point with ambulances, a COVID-19 testing point and adequate sanitary facilities. The construction of service centres is the result of a close cooperation between the Government, humanitarian actors, development agencies and the private sector. However, as the “contact line” is substantively closed, travellers are unable to benefit from the improved conditions.
- **The Government has taken steps to enable people living in NGCA to continue receiving their pensions, entitlements and social benefits.** In March 2020, the Ukraine adopted a pack of regulatory acts, which abolished the obligatory in-person verification for the period of quarantine and restrictions related to the pandemic. While payments cannot be terminated, people living in NGCA struggle to access their bank accounts to obtain pensions, entitlements and social benefits, as the “contact line” is substantively closed. Oschadbank, which is a state-owned bank and the only financial institution providing pensions and social benefits to registered IDPs, extended the validity of banking cards until 31 March 2022, as people residing in NGCA are no longer able to collect new cards due to the substantive closure of the “contact line”. With the “contact line” substantively closed, enhanced digital Government services may improve access to documentation and services for people living in NGCA:
 - **In 2020, the Government announced the development of a mobile application through the “Diia” app, which allows for remote verification and renewal of the IDP certificate and also provides remote access to a wide range of documentation and services,** which will make travel to GCA unnecessary. This includes social benefits, scholarships, passport renewal, education services, subsidies,

38 United Nations, ‘Guiding Principles on Internal Displacement’, available online at this [link](#).

39 Protection Sectoral Analysis.

- financial services, participation in election, receiving humanitarian assistance, etc).
- **Digital verification for pensioners living in NGCA was approved on 22 September 2021.** Nevertheless, its application is likely to encounter difficulties regarding its accessibility to older persons and persons with disabilities, as it requires a smart phone, connectivity to use the “Diia” app and new format ID documents that majority of NGCA residents lack.
- **Other digital services introduced by the Government are also very helpful to NGCA residents,** such as e-Maliatko, which is the remote or partially remote registration of a new-born child.
- **People with destroyed property⁴⁰ are benefiting from the improved compensation mechanism,** which includes IDPs as eligible to compensation payment. Resolution No. 767 was adopted in 2020, to include people in the compensation mechanism whose original homes have been destroyed in the conflict and they no longer live in them. Under the new procedure, property owners no longer have to pass the destroyed property to the local council for compensation payment. The resolution amended the compensation mechanism and made it fully operational by specifying the lists of obligatory documentary proof to be submitted by individuals and authorities of relevant state bodies. Local authorities in affected areas have successfully established commissions and started the implementation of the programme in GCA in 2020-2021. As a result, the State Budget allocated in 2020-2021 a total of UAH 135 million (\$5 million) which allowed 528 persons to receive compensation (74 persons in 2020 and 454 persons in 2021). According to the data provided by local authorities to the Ministry of Reintegration of Temporarily Occupied Territories, the compensation provided to date covers approximately 30 per cent of the total number of destroyed houses in GCA. In 2022, the Draft State Budget of Ukraine foresees an additional allocation of UAH 80 million (\$2.9 million). So far, this is the only compensation mechanism effectively implemented by the state. In December 2021, the Resolution was amended in order to regulate the role of the military in conducting verification of destroyed property in locations with limited access, a procedure to challenge the compensation commissions’ decisions, and more flexibility in the requirements to apply for compensation. A more comprehensive mechanism will be implemented by a national law, which will have a broader scope than destruction to property and more instruments for compensations. A draft law was already developed by parliamentarians, civil society and international experts and is now registered at the Parliament of Ukraine.
- **Responding to housing being a major concern for IDPs, there are several housing frameworks available in the Ukraine. A new preferential loan programme was launched in May 2021.** IDPs can get a preferential mortgage under 3 per cent for up to 20 years. Winners of the mortgage are determined through a random selection. IDPs can apply online through “Diia”, or submit a paper application to the regional body of the State Youth Fund.⁴¹ According to a study by NRC, access to housing and employment are the key factors determining IDPs’ intention to stay in the location of their displacement or to relocate elsewhere, and the key major difference between IDPs and non-IDPs relate to housing ownership and security of tenure.⁴²
- **The programme on reintegration of youth from NGCA is progressing.** In 2020, the Government introduced a simplified procedure for NGCA

40 According to the Housing, Land and Property Technical Working Group, the compensation mechanism only covers destroyed houses – there is no compensation for damaged houses yet.

41 Recipients of the mortgage are determined through a random selection of numbers (the number corresponds to the application’s number in the register). IDPs can apply online through “Diia”, or submit a paper application to the regional body of the State Youth Fund. The implementation of the program is conducted with support and funding provided by the Government of Germany (KfW). As of October 2021, three rounds of selection took place and 600 IDPs were granted loans for housing purchase.

42 NRC, ‘[Report on Housing for IDPs in Ukraine: steps towards durable solutions](#)’, August 2021.

students to enrol in universities and colleges in GCA. In 2021, MRTOT introduced free preparatory courses for young registered IDPs from NGCA and conflict-affected areas, providing them with accommodation and scholarships in GCA. This has been a significant step for the young generation, however, only 198 young people were able to use this opportunity,⁴³ due to the closure of the “contact line” and other factors in NGCA.

- **The Government of Ukraine confirmed its commitment to create a Mine Action institutional framework and is currently finalizing the process of establishing its National Mine Action Authority.** Mine Action Centres will become operational as well. This will further advance State ownership of Mine Action activities, including mine victim assistance and implementation of IMSMA (information management system for Mine Action) to

make 2022 response planning and prioritization more efficient. Currently, mine victims with disabilities can access monthly state disability assistance, available for all persons in Ukraine regardless of the cause of disability. Thanks to humanitarian advocacy, in July 2021, Ukraine amended the Law ‘On State Social Assistance to Children with Disabilities’, to increase the monthly social assistance by 50 per cent when a child’s disability resulted from a landmine or an explosive remnant of war (ERW). As of January 2022, a one-time compensation and annual health-care assistance to persons who acquired a disability as a result of landmine-related incidents will become effective.⁴⁴

43 According to the Ministry for the Reintegration of Temporarily Occupied Territories (MRTOT), dated 2 November 2021, available at this [link](#).

44 DRC, ‘DRC Legal Alert issue#70’, September-October 2021.

1.3

Costing Methodology

The humanitarian response planning process in Ukraine has applied a project-based costing methodology for each HRP since the first one was developed in 2015. This approach relies primarily on summing up the funding requirements of projects presented by the different organizations taking part in the HRP process to identify the financial resources needed to provide an appropriate humanitarian response.

While the humanitarian organizations in Ukraine had been familiar with this methodology due to its application for eight years, the project-based costing methodology has a number of pros and cons. On one hand, it is recognised as a useful and familiar channel to bring humanitarian actors together to discuss and agree upon how to best respond to identified needs and it fits well within existing tracking and monitoring systems. On the other hand, it may be seen as an aggregate of projects rather than a coherent picture of the response plan necessary to address the needs of the affected populations with its sum perceived as a fundraising figure rather than a credible reference.⁴⁵ The project-based costing methodology also raises concerns regarding the degree of transparency between projects due to limited cost comparability as the detail of the planned costs of a project is sometimes not readily available or at times not structured in a way that would make it easily comparable. This could make it difficult to facilitate improved cost effectiveness.

Most importantly in the case of Ukraine, the project-based costing methodology raises concern over the inclusivity of the HRP as the HRP project registration process (including Cluster review, Cluster convening inter-agency project vetting and revision by appealing organizations to incorporate feedback, etc.) is usually completed in a rushed manner (within 2-3 weeks in

the experience of Ukraine in order to meet the global deadline for reporting funding requirements. If an organization fails to register their projects in the system in time, their projects and their planned contributions to the collective response outlined within it are excluded from the financial ask of the HRP. Such situation has created an artificial division between projects included in the HRP and “non-HRP” projects, even though both may contribute to the objectives of the HRP, but “non-HRP” projects were not submitted, or not submitted on time for inclusion in the overall financial ask of the HRP. Such artificial division has affected the accuracy of financial tracking of humanitarian action that contributes to the goals of the HRP, which, in turn, creates misinterpretation of the funding overview and could have negative impact on resource mobilization efforts. In addition, the experience of the HRP revisions in 2020 to incorporate COVID-19 into the humanitarian operations showed that revising projects could be too cumbersome to revise the overall ask of the response within a short timeframe following a change in the situation.

Cognizant of the limitations of the project-based costing methodology and weighing the pros and cons of other available methodologies, the HCT decided in September 2020 to adopt an activity-based costing methodology for the 2022 HRP. Activity-based costing methodology (interchangeably called ‘unit-based costing’) relies on identifying a unit or per beneficiary cost for each service or activity delivered. The overall budget of the HRP is then established by multiplying by the number of units planned (or people to be targeted) by the cost per unit, across the response (activity/unit cost x target = \$) The HCT also recommended to use a combination of both activity-based and project-based methodologies for different purposes – first to establish financial requirements

⁴⁵ IASC, ‘HRP costing methodology options’, July 2017 – available online at this [link](#).

using activity-based costing and followed, also, by detailed project planning at a later stage. This is called a “hybrid approach” that seeks to provide more detail to the initial calculations, gives visibility of planned activities of participating organizations to potential donors, and maintains clear linkages between operational planning and monitoring and reporting (including financial reporting of humanitarian action through the Financial Tracking Service) at project-level.⁴⁶ The switch of costing approach for the 2022 HRP seeks to contribute to better represent the actual funding required to address all the needs of affected populations, increase transparency, credibility and cost-effectiveness.

To kickstart the operationalization of the activity-based costing methodology, the following procedures were recommended to the Inter-Cluster Coordination Group (ICCG) in early August:

- i. Define a measurement unit (a beneficiary, service, facility, etc.)
- ii. Provide a cost range – following a retrospective approach (dividing the overall cost of the certain activity into a number of people targeted/ services provided/facility supported, etc).
- iii. A unit cost includes the cost of all elements needed to implement a particular activity.
- iv. Indicate an average cost of the unit.
- v. Calculate overall costs per activity.
- vi. Define a number of people targeted per sector. A ratio of people targeted last year versus people in need can be used as a basis to define the number of people targeted for the 2022 HRP. Humanitarian programmes that are planned to be undertaken by the humanitarian actors that traditionally do not take part in the HRPs must be taken into consideration, together with access constraints. *Please refer to the “Response*

Analysis” section for further information related to establishing response targets.

Several planning processes have been adjusted accordingly, as follows:

- The 2022 HRP financial requirements was established using activity-based costing by the end of October, as opposed to by summing the funding requirements of individual projects, submitted by different agencies, and vetted by clusters. Early calculation of the HRP funding requirement was also needed to inform the 2022 Global Humanitarian Overview (GHO), which has a deadline of early November for all HRPs across the world.
- Longer timeline for the registration of projects on the Project Module – from the usual two weeks to almost one and a half months.⁴⁷
- A Technical project review by Clusters replaced the previous inter-agency “vetting” procedures (put together by individual Clusters) to ensure the proposed interventions remained within the scope of the cluster response and/or contribute to achieving cluster objectives. This technical review process was determined by each Cluster.
- The Gender with Age Marker (GAM) remains integrated into the format used to submit project proposals. In early 2022, all project proposals (regardless of the cluster) will be reviewed externally by an inter-agency GAM review team.⁴⁸ Where required or appropriate, recommendations will be provided directly to the appealing organization as to how to strengthen gender equality programming of the projects submitted. This external GAM review is intended to support partners in strengthening the design of the humanitarian response, not to be a ‘vetting’ for either determining whether projects are ‘in or out’ of the HRP or whether they should be funded.

⁴⁶ The financial requirement of this HRP is established using activity-based costing methodology. Once the HRP requirement is established, project registration process begins. Hence, the sum of all registered/uploaded projects does not necessarily have to be identical with the financial requirement previously established through activity-based costing methodology. In other words, the HRP requirement in this case does not represent the sum of all uploaded projects.

⁴⁷ Incentives are offered to humanitarian organizations to encourage them to register projects in the HRP, e.g. by giving the HRP projects prioritized consideration for the UHF allocation.

⁴⁸ OCHA to coordinate this external GAM review, including seeking expertise from other organizations to support the review process. Clusters will be kept in the loop of communication.

The 2022 HRP is therefore costed on an activity basis by Clusters. Each Cluster produces a unit cost estimate, which combines the costs associated with in-kind supplies, cash provision (where appropriate), and expenses associated with the physical delivery of assistance (e.g logistics, staff, security and other overhead).

Nevertheless, the transition to activity-based costing has been challenging for many reasons, notably:

- **First, there is generally a lack of sector-specific, step-by-step guidance available for implementing the activity-based costing methodology.**⁴⁹ While this is understandable considering the different operational contexts across the globe, the lack thereof makes it difficult to harmonise the approaches used across the sectors. While the IASC has produced an HRP costing methodology options paper in which some broad steps have been identified⁵⁰, which was somewhat useful in guiding the process, the approach still requires specific and practical adjustments that differ from one sector to the other.
- **Second, there exist inherent challenges in applying activity-based costing in certain clusters,** particularly Protection, as their activities often rely extensively on services, advocacy and activities that are much more varied than in-kind/commodity-based assistance, making them difficult to cost.
- **Third, establishing unit cost of all activities across the response for the first time was time-consuming,** and required a high level of commitment, dedication and additional workload from the staff of their partner organizations. Online modality, which is the only safe option to convene partners' consultations amid the pandemic due to the limitations in organizing face-to-face meeting, also added additional challenges in the process, particularly when a consensus among partners is required.
- **Fourth, there were difficulties in standardizing common support/operational costs due to the**

marked differences of such costs among different organizations driven by internal policies.

- Finally, concerns were raised about the unforeseen consequences of the change in costing methodology. Some partners sought confirmation that the method would be used to establish the HRP financial requirement only and that the defined unit costs (or range) would not be used by donors to limit their actual implementation cost. It was recommended that dialogue with key donors be convened in 2022 to ensure adequate management of donor expectation.

Towards the end of the processes, costing methodologies, data sources and ranges have been documented at Cluster level to (i) use as a baseline for further refinements in the future planning cycles, where

feasible; and (ii) to allow for a review of cost ranges should any of the cost drivers change (e.g., exchange rates, prices for fuel, COVID-19-related adaptations, etc). As this was the first time the activity-based costing methodology was applied in Ukraine, it was agreed that the results would be used, for the time being, for Clusters' internal reference while further refinement will be done for the next planning cycle. A lesson learning on the change of the costing methodology will be included as part of the 2022 Humanitarian Programme Cycle (HPC) After-Action Review (AAR), which will take place before the next planning cycle begins, to seek ways to enhance the approach. *Please refer to the Annexes for further information about how each Cluster has applied the activity-based costing methodology in their sectoral planning.*

The 2022 HRP seeks \$190 million to address the needs of 1.8 million people, including 144,000 IDPs living in GCA. This is an accurate reflection of a financial forecast to reach the objectives of the HRP, as costs are no longer established by summing up the requirements of all submitted projects, but of planned prioritised activities per cluster target. Compared to the 2021 HRP, the main reasons of the cost increase are due to (i) the increased severity of needs in

⁴⁹ Global Protection Cluster has produced a guidance note on 'Unit-Based Costing Methodologies For HRPs And Protection Clusters' (December 2018).

⁵⁰ IASC, 'HRP costing methodology options', July 2017 – available online at this [link](#).

NGCA after two years of greater isolation caused by the substantive closure of the “contact line”; (ii) the greater inclusivity of the HRP as the activity-based costing methodology allows for inclusion of the activities from the humanitarian organizations that have never submitted to the previous HRPs (as the ask is no longer established by summing up the requirements of all submitted projects). It was also noted that activity-based costing has exposed the weakness of the previously-used project-based costing in which the cost overlaps of different components within a sector were under-reflected, hence the gaps in the cost estimation in the past; (iii) increased targeting of food and livelihood assistance (from 80,000 to 200,000 people – majority in NGCA) due to the deepening socioeconomic conditions, in addition

to the increase of food assistance to cover a longer period of time (from three months to six months) for severely food insecure people; (iv) programmatic costs for delivering humanitarian items in NGCA are more expensive as some items have to be brought in, e.g. health equipment, while some Clusters, e.g. education, stated that 80 per cent of the funding request will target the needs in NGCA; and (v) inflation and increase of prices for some relief items, e.g. shelter materials.

For further information, please refer to section “5.2: Sectoral Costing Methodologies” in the Annexes.

1.4

Planning Assumptions, Operational Capacity and Access

Planning Assumptions

While only an end to the conflict can lead to a gradual reduction in humanitarian needs on both sides of the “contact line”, there is no indication that this scenario is likely in 2022. The 2022 planning assumptions anticipate that the conflict will continue with low or medium intensity and that the deterioration of public health, protection, social and economic conditions will deepen, exacerbated by the effects of COVID-19 and related restrictive measures that have been and will be put in place. Below is a set of specific planning assumptions agreed by key humanitarian actors operating in Ukraine:

- **The July 2020 ceasefire is likely to become increasingly fragile.** Since mid-2021, there has been a gradual increase of conflict intensity, including greater use of heavy weapons, which is likely to continue in 2022. The number of civilian casualties and damage to critical infrastructure returned to the pre-July 2020 ceasefire levels by September 2021. The incident in October with the Joint Centre for Control and Coordination (JCCC) in NGCA led to limitations on the access and freedom of movement of Organization for Security and Co-operation in Europe (OSCE) Special Monitoring Mission (SMM), which is feared to contribute to the escalation of the security situation. The reported build-up of military elements of the Russian Federation along the Ukraine-Russia border – coupled with the ongoing tensions in Poland and Belarus (both border with Ukraine)
- **over the migration crisis – may contribute to the development of the geopolitical dynamic.**⁵¹
- **While the empowerment of territorial communities (TCs or “hromadas”) through the decentralization reforms is a welcome development**⁵², the transition period, particularly in 2021 and 2022, could create the prolonged disruption of essential services for conflict-affected communities, particularly in the Civil-Military Administrations⁵³ located close to the “contact line” where active hostilities continue to take place.
- **COVID-19 will continue to be a major factor** and the situation is anticipated to deteriorate throughout winter 2021-2022 and persist until at least mid-2022. The epidemiological situation in NGCA is expected to remain critical due to the limited capacity of hospitals and laboratories.
- **Only two entry-exit crossing points across the “contact line” have partially functioned during 2021 and the situation is likely to persist in 2022.** The number of civilian crossings remains at an average of just 5-6 per cent of the number who crossed each month before the onset of COVID-19.
- **The restrictions on movement across the “contact line” will lead to increase in the level of vulnerability,** particularly among NGCA residents, despite their increased reliance on the local services as a primary source of assistance. Additionally, limitation in provision of the protection support in NGCA may persist.
- **The COVID-19 pandemic and related restrictions are likely to accelerate the deterioration of soci-**

51 As is global practice, humanitarian partners are constantly revising their contingency plans and preparedness measures in response to a changing situation. In December 2021, the humanitarian community in Ukraine updated the inter-agency contingency plan after media and other reports indicated a possible escalation of conflict that could have humanitarian consequences.

52 CF Stabilization Support Services in partnership with People in Need, ‘Life on the Line: Decentralization, Access to Services and Perception of NGOs Services Provision Involvement in Donetsk and Luhansk oblast GCA’, 2021.

53 Administratively, both “hromadas” and “Civil-Military Administrations” (CMAs) are at the same level (admin 3). However, the type of administration differs. The administrative management structure of all “hromadas” is under civilian leadership, while the leadership of CMAs is a combination of civilian and military components. The majority of CMAs are located close to the “contact line” where insecurity prevails.

oeconomic vulnerabilities of the people affected by the conflict. Substantial economic recovery in Donetsk and Luhanska oblasts is unlikely in 2022. Communities, particular those located in the vicinity of the “contact line”, are expected to remain dependent on humanitarian support.

- **Growing concerns over the risk of the humanitarian situation being politicized**, which could result in less conducive operational conditions for humanitarian response, e.g., decision related to the opening or closing of the EECs.
- **The continuation of low to mid-intensity armed conflict in Donetsk and Luhanska oblasts may not draw global attention to the humanitarian needs**, making it difficult for humanitarian actors to compete for funding for Ukraine.

Operational capacity and access

For more information on the impact of the conflict and COVID-19 on operational capacity and humanitarian access, please refer to the “Impact of the Crisis” section of the 2021 HNO.

The humanitarian community in Ukraine has had a well-established operational presence across the country, particularly in the conflict-affected areas, since 2015. The consolidated response monitoring and the project registration database shows 119 organizations engaged in the collective coordination structures as of early December 2021.⁵⁴ Compared to the previous year, the operational capacity remains at the similar level. This is an indication of aid agencies’ continued commitment to support the conflict-affected people and their needs which have become severe due to the continuing effects of the eight-year-long armed conflict exacerbated by the COVID-19 pandemic. The majority of operational partners are national NGOs, which continue to be important front-line actors in providing humanitarian assistance and protection to the most vulnerable.

In NGCA, the operational capacity has been challenging since July 2015 due to impediments introduced by NGCA entities. Around 22 humanitarian organizations⁵⁵ have been delivering assistance to the people in NGCA, including the organizations that have gained physical access to support the COVID-19 response. Even though this is the highest number of humanitarian organizations able to operate in NGCA since 2015, the assistance they are able to provide remains insufficient to meet the scale of the deepening needs. Between 2016 and 2019, an annual average of 15 per cent of the targeted populations in NGCA received some form of humanitarian assistance. In 2021, more humanitarian activities have been permitted to be implemented in both NGCAs of Luhanska and Donetsk oblasts, including projects funded by the Ukraine Humanitarian Fund (UHF). This has led to more people in NGCA receiving aid – 285,000 people reached by end of September 2021, compared to 266,000 people for the whole 2020. These outcomes can be attributed to some opportunities the COVID-19 pandemic has opened for access negotiations. This, however, is far below the scale required to meet the critical needs of the populations.

The implementation of humanitarian programmes in NGCA remains subject to several factors, including the evolution and severity of the COVID-19 situation, the restrictive measures in place, the engagement on access advocacy and negotiations, and the development of the geopolitical dynamic. Particular attention will be given to preserve access to Luhanska oblast (NGCA) where multiple bureaucratic impediments remain.

One of the existing mechanisms that support the HCT’s effort in exploring avenues for improving humanitarian access to people in need is the Access Task Force (ATF)⁵⁶ – established in the second half of 2019 and co-facilitated by Norwegian Refugee Council (NRC) and OCHA. The HCT Access Strategy was endorsed in October 2019, outlining four key areas of work (i) lesson learning, (ii) advocacy, (iii) information

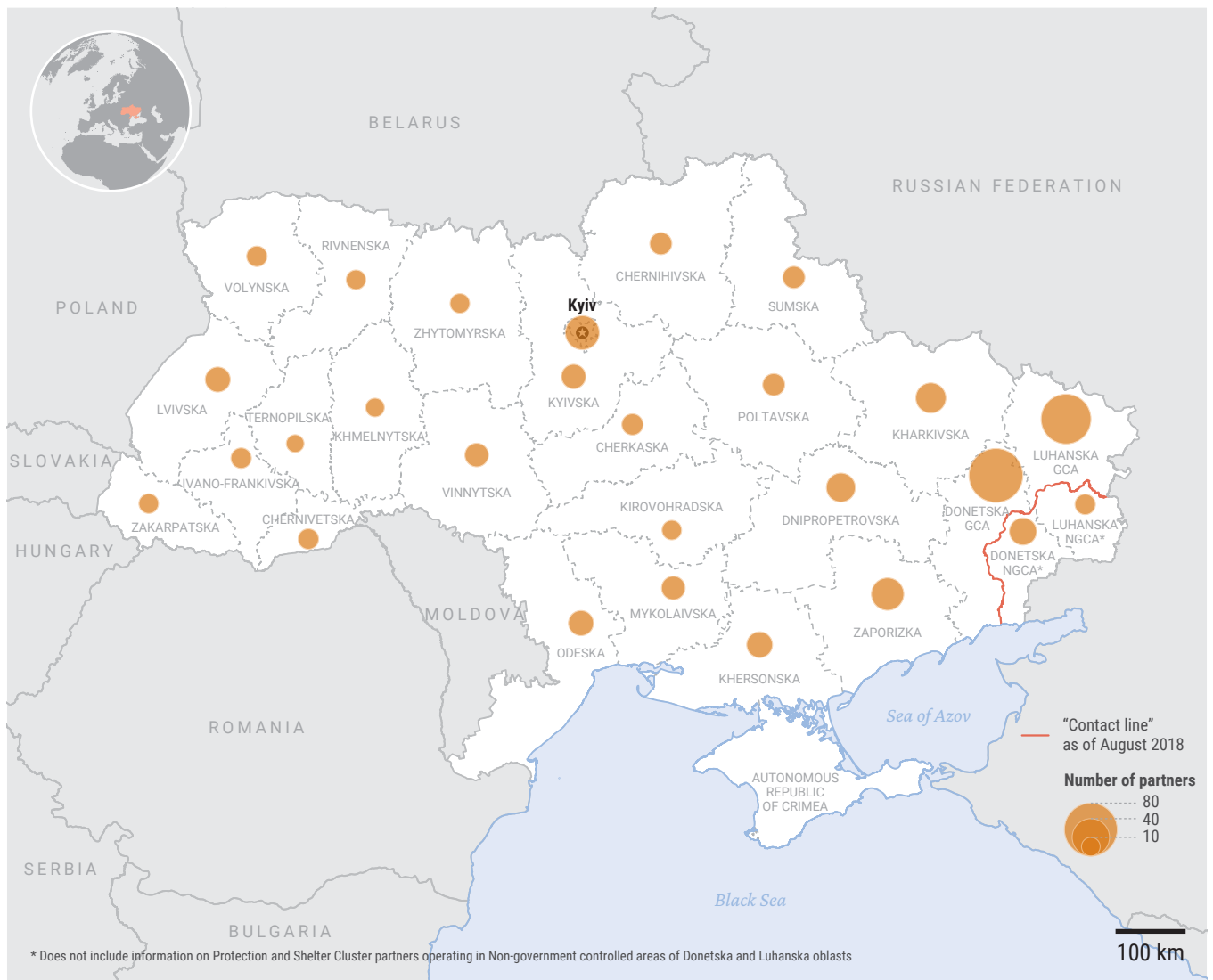
⁵⁴ The figure is based on the consolidated response monitoring covering the 4th quarter of 2020 until the 3rd quarter of 2021 as the full dataset of 2021 is not yet available at the time of drafting this HRP.

⁵⁵ These include 6 UN agencies, 8 INGOs, 2 international organizations, 6 local NGOs.

⁵⁶ Its current membership consists representatives from 15 organizations, including two non-HCT member organisations (DPPA and SDC).

management and (iv) operational approaches. To date, the ATF has undertaken several actions that serve as building blocks toward evidence-based access advocacy. The main achievement of 2021 is the development and endorsement of the

Joint Operating Principles (JOPs), which outline the agreed common standards and ground rules to which humanitarian actors working or aspiring to work in NGCA seek to adhere to ensure a principled response. To operationalize the JOPs, the ATF endorsed an implementation and communication plan at the



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Partners by Location

OBLAST	NO. PARTNERS
Donetska	83
Luhanska	71
Kyiv	33
Zaporizka	30
Kharkivska	26
Dnipropetrovska	24
Donetska (NGCA)	21
Khersonska	19
Lvivska	18
Odeska	18
Kyivska	17
Mykolaivska	16
Vinnitska	16
Chernihivska	14

OBLAST	NO. PARTNERS
Poltavska	14
Sumska	14
Cherkaska	13
Chernivetska	12
Ivano-Frankivska	12
Luhanska (NGCA)	12
Volynska	12
Kirovohradska	11
Rivnenska	11
Zakarpatska	11
Zhytomyrska	11
Khmelnytska	10
Ternopil'ska	9

Partners by Sector

SECTOR	NO. PARTNERS
Protection	72
WASH	43
Health	39
Food Security & Livelihoods	38
Shelter and Non-Food Items	27
Education	25
Multi-purpose Cash Assistance	18
Common Services & Support	4

Partners by Type

TYPE	NO. PARTNERS
National NGO	68
International NGO	34
UN Agency	9
International organization	6
Other	2

end of August covering the remainder of 2021 and beyond. The plan envisages three main workstreams, as follows: (i) sensitization and communication of JOPs among the humanitarian partners, (ii) development of “triggers for actions” – possible scenarios and thresholds constituting breaches of JOPs as well as actions to be taken to address them, and (iii) monitoring of the JOPs adherence, including potential establishment of a small inter-agency body and tool to drive the operationalization and monitoring of the JOPs. Organizations implementing projects in NGCA under this Humanitarian Response Plan agree to abide by the JOPs.

Other existing mechanisms also include the Ukraine Humanitarian Fund (UHF), which has played a significant role in supporting the effort to improve access to NGCA. In 2021, \$5.7 million has been allocated

by the UHF to humanitarian response in NGCA. This response has been carried out by four UN agencies, six international and three national non-governmental organizations (NGOs).

Finally, to improve coordination of humanitarian action in NGCA, the HCT agreed to establish a coordination forum for NGCA that is inclusive of all relevant actors directly or indirectly operating in NGCA to restore trust and avoid siloed approaches. The HCT members agreed to focus in 2022 on improving the “quality” of access over increasing the number of humanitarian actors, by exploring how the range of humanitarian programming (including “soft” programming) could be expanded to bring greater impact.

Response reach under previous HRP*

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	PEOPLE REACHED	% TARGET REACHED
WASH	3.1M	1.9M		0.8M	41%
Protection	2.8M	1.5M		1.3M	84%
Health	1.5M	1.3M		352K	27%
Food Security & Livelihoods	1.5M	80K		23K	29%
Education	404K	105K		30K	29%
Shelter / Non-Food Items	174K	119K		67K	56%
Multi-purpose Cash Assistance	-	23K		11K	49%

* Number of people reached during first nine months of 2021.

1.5

Protection from Sexual Exploitation and Abuse & Accountability to Affected Populations (AAP)

Protection from Sexual Exploitation and Abuse (PSEA)

Protection from sexual exploitation and abuse (PSEA) has been a strategic priority of the HCT since 2016, when the PSEA framework with the six PSEA core principles⁵⁷ was adopted. The HCT is committed to zero-tolerance for sexual exploitation and abuse in the humanitarian response across Ukraine.

The PSEA Task Force was established in 2019. It is co-chaired by OCHA and UNFPA, and reports to the HC and the HCT. It plays a pivotal role in operationalizing the prevention and response to cases of PSEA by aid workers in Ukraine.

The work on PSEA is guided by annual PSEA Action Plans, which operationalize the PSEA Framework. Both the AAP and the PSEA Action Plans are reviewed at the end of each calendar year, in terms of achievements and future priorities. The review of the PSEA and AAP Action Plans for 2021 and the development of the 2022 Action Plans will be undertaken in December 2021. This will be followed by HCT endorsement.

The Task Force has developed a number of training kits, which serve as the basis for awareness raising campaigns, build humanitarian staff capacity and integrate PSEA into Civil-Military Coordination (CMCoord) training for military, intelligence and civil authorities.

In addition to regular training and awareness-raising campaigns for humanitarian workers on PSEA, a country-wide campaign commenced in 2021, informing people affected by the conflict about the zero-tolerance policy for sexual exploitation and

abuse (SEA).⁵⁸ The campaign, which is conducted in Ukrainian and Russian in easy-to-understand language, is intended to develop broader understanding that SEA must not be tolerated by explaining the six core principles of PSEA and that SEA constitutes an unacceptable breach of the fundamental rights of the people served through assistance programmes. The campaign fosters a safe environment and encourages aid recipients to speak up about potential misconduct and offenses committed by staff of organizations providing humanitarian and/or development assistance. The information campaign is also extended to community leaders, with sessions, for example, conducted in Luhanska oblast (GCA) in December 2021. Ways are currently being explored to expand this campaign to NGCA.

The HCT PSEA Task Force is also working towards strengthening the GBV/PSEA referral system, through the inter-agency community-based complaints mechanism (CBCM). A reporting form and a process are in place for hotline managers, to ensure confidentiality and that action is taken on PSEA complaints. Work is ongoing to strengthen the referral system for SEA/GBV survivors, so that humanitarian partners and hotline operators can refer survivors to services accordingly, across Ukraine. The scope of the CBCM will be broadened in 2022, to serve as a collective feedback mechanism beyond PSEA (see AAP section).

Accountability to Affected Populations (AAP)

The HCT Ukraine is guided by the Collective Accountability to Affected Populations Framework, which is defined as a response-wide system to support

⁵⁷ Inter-Agency Standing Committee (IASC), Six Core Principles Relating to Sexual Exploitation and Abuse, 12 September 2019, available under this [link](#).

⁵⁸ Ukraine PSEA Task Force, 'PSEA Visibility Package', 2021.

listening to and acting upon the voices of people throughout the Humanitarian Programme Cycle (HPC). Ukraine is one of the few HPC countries with a national AAP framework, which provides the operational structure for humanitarian response leadership in Ukraine to contextualize AAP commitments and standards into an inclusive response-wide system. By reinforcing global commitments and translating them to the Ukrainian context, the HCT in Ukraine achieves tangible impacts for people in need by working together in a collaborative and systematic manner, strengthening delivery, organizing advocacy, mobilizing financial and other support, and clarifying policy positions. The framework sets out a step-by-step Action Plan that comprises specific actions, indicators and monitoring tools, ranging from AAP in needs assessments to learning from response operations and ensuring this informs future action. The adoption of the framework led to a more holistic and systematic response to AAP, taking into account priority needs and community preferences in programming and response adjustments for the humanitarian community as whole, as exemplified by Protection Cluster partners (see text box), and serves as a platform for best practice exchange and transparent information sharing, through the AAP Task Force.

The HCT's AAP Task Force, which was established in 2020 and is co-chaired by OCHA and UNFPA, is leading the work on strengthening engagement with affected people to ensure that response planning is informed by feedback and preferences of affected communities.⁵⁹ The Task Force is composed of AAP focal points of humanitarian agencies and serves as the primary body for coordination and best-practice exchange. For example, when one of its members identifies a need to direct or adjust the humanitarian response, the Task Force can facilitate AAP/PSEA and community engagement knowledge exchange, as well as development of and access to materials, such as was done with the Ukrainian Red Cross Society.⁶⁰ Moreover, the Task Force regularly updates the HCT and the inter-cluster coordination group (ICCG), to

discuss issues pertaining to community engagement, for example on how to continue community engagement during COVID-19 through remote modalities, or interacting directly when providing in-house assistance. AAP is integrated into the PSEA training and into trainings of partners of the Ukraine Humanitarian Fund, to strengthen awareness-raising and trust amongst implementing partners across Ukraine.

The annual work plan of the AAP Task Force sets goals to ensure community engagement, with a tailored response to the needs of the affected population, taking into account the specific needs of women, men, boys and girls, older persons and persons with disabilities. The HCT reconfirmed in 2021 that AAP will be an integral element of the HRP 2022, and that AAP is central to all elements of the HPC in Ukraine: AAP is embedded into a variety of data collection sources, including for example the MSNA, cluster/partner surveys, organization assessments, and post-distribution monitoring (PDM) questionnaires. Globally-used AAP indicators were adapted by clusters and partners to the Ukrainian context and incorporated into cluster response strategies. The Protection Cluster's AAP work (see text box in this chapter) exemplifies how the HCT commitment translates into action, illustrating how feedback from affected populations is used for protection response adjustments and programming in Ukraine.

To better understand AAP barriers and ways to overcome these problems prior to the establishment of the CBCM, a survey was conducted in Ukraine in 2021 of staff of humanitarian partners, including frontline humanitarian workers, staff of civil society organisations and representatives of local authorities. Survey respondents cited a number of challenges and barriers that organizations experience in fulfilling commitments on AAP in the response, including access constraints and limited contact with beneficiaries in NGCA, security problems, COVID-19, as well as lack of funding and personnel. While three of four respondents stated they have an intention to

⁵⁹ There is an overlap in membership between the PSEA and the AAP Task Force and the structure may be reviewed for a possible merger of the task forces.

⁶⁰ Ukrainian Red Cross, 'PSEA Materials', 2021.

strengthen efforts and capacity in AAP, only one in three respondents were aware of the 2020 Collective AAP Framework and the newly established AAP Task Force. Subsequent to the survey, the AAP Task Force facilitated an AAP “clinic” to discuss the findings of the survey in view of seeking solutions to the gaps identified, which include advocacy, awareness-raising on the AAP Framework and priorities of the AAP Task Force, capacity building, rollout of the CBCM, development of secure feedback mechanisms where confidentiality of data is safeguarded, mandatory implementation of participatory/community-based approaches and the use of the Gender with Age Marker (GAM). Follow-on meetings served to identify good practices of engagement with communities, including with marginalized populations, to map out responsible ways to undertake data collection, and ways to translate the voices of affected populations into tangible actions and results, by learning from each other. This initiative and other platforms, such as AAP “clinics” and humanitarian coordination forums, foster improved trust among humanitarian organizations and peer exchange on AAP. Encouraging findings on aid satisfaction and trust in humanitarian actors, as explained below, will help to further consolidate AAP to achieve tangible impacts to people in need.

Preferred sources of information about humanitarian assistance among Households in GCA (in % of households)⁶¹

SOURCE OF INFORMATION ABOUT HUMANITARIAN ASSISTANCE	2021	2020	2021 2020
International aid agencies	68%	71%	
National aid agencies	29%	4%	
Government representatives or other authorities	23%	8%	
Neighbours or friends	13%	1%	
Community leaders	6%	13%	
TV channel	6%	N/A	

61 REACH, [Humanitarian Trend Analysis in GCA](#) (interactive dashboard), 2020; [Humanitarian Trend Analysis in GCA](#) (interactive dashboard), 2021

62 REACH, ‘Multi-Sector Needs Assessment (MSNA) Accountability to Affected Populations (AAP) findings September 2021 GLOBAL’, 2021 – available at this [link](#).

63 FAO, Food Security & Livelihoods Assessment in Eastern Ukraine, 2021.

64 REACH, Analysis of Humanitarian Trends in GCA, 2019 and 2020

The findings on aid satisfaction and trust in humanitarian actors are encouraging. According to findings on AAP from the recent MSNA⁶² conducted by REACH, 75 per cent of the households surveyed in Ukraine indicated aid workers as their preferred source for receiving information and for sharing feedback. Only 12 per cent of the surveyed households were dissatisfied with the aid received, which is the lowest percentage of the six countries reviewed (Iraq 16 per cent, Somalia 16 per cent, Libya 18 per cent, Niger 21 per cent and Central African Republic 66 per cent). The findings are supported by data stemming from sectoral assessments. The Food Security and Livelihoods Assessment found that 80 per cent of beneficiaries in NGCA were somewhat or highly satisfied with the assistance they had received.⁶³

Leveraging aid satisfaction and established trust, humanitarian organizations need to continue to do more to improve communications with affected people about their needs and response preferences and the availability of humanitarian assistance. In GCA of Luhanska and Donetsk oblasts, the proportion of households reporting not being consulted about their needs has decreased from 72 per cent in 2019 to 62 per cent in 2020. The proportion of households with awareness of available complaints mechanisms has increased from 50 per cent in 2019 to 53 per cent in 2020.⁶⁴ As an integral part of the engagement with affected population, the regular Analysis of Humanitarian Trends conducted by REACH includes segments of historically marginalized population, such as women and older population. Three in ten households surveyed are headed by women 60 years old or older. Of them, 62 per cent reported a chronic illness. While 65 per cent of all respondents reported wanting to receive more information about how to register for assistance in 2020, the percentage has decreased considerably to 41 per cent in 2021. One in three respondents stated they do not wish to receive more information. Two in three respondents stated they wish to receive phys-

ical cash and/or in-kind food assistance (33 per cent), NFIs (25 per cent) and services (20 per cent).⁶⁵ The clear preference for cash has been taken into account in the HRP. The HCT discussed ways to strengthen multisectoral approach to cash programming and agreed to review the feasibility of using multi-purpose cash programming (MPC) as a default response modality. In NGCA, reflective of the extremely difficult operational environment and access constraints, only 20 per cent of the households reported they had been consulted on their needs, prior to the distribution of aid.⁶⁶

The community-based complaints mechanism will allow a systematic response to feedback and complaints. Recognizing a need to systematize multiple hotlines providing counselling (for example, psychosocial support and legal aid) and support to affected people who report problems, the CBCM was established to serve as an inter-agency feedback mechanism for all kinds of requests and complaints, regardless of the issue or Agency involved. As noted above, the CBCM was initially conceptualized to respond to allegations related to sexual exploitation and abuse only. As hotlines kept receiving complaints not directly linked to SEA, it was agreed to expand the coverage to include other complaints.

The CBCM will take up its new broader function in 2022, following an extended holistic preparatory phase. The CBCM function includes operators who can be reached by phone, by email, or verbally through PSEA focal points, who will refer feedback to the respective sectors, or, in the case of PSEA/GBV, handle it according to a dedicated mechanism with clearly developed standard operating procedures (SoPs). With an expansion of coverage, the AAP Task Force will prioritise work on streamlining the referral pathways through the CBCM in 2022, by developing

reporting forms and standardizing referral pathways. The CBCM will serve as a reliable and confidential community engagement mechanism, which will hold humanitarian organizations accountable, through mandatory reporting on the actions taken for individual cases, and systematic issues to be addressed at agency/cluster level and agreed protocols on what to do if no action is taken, by escalating it through the coordination structures in country. For PSEA, the mechanism stipulates that each time a complaint is received, a notification is sent to the Humanitarian Coordinator (HC), without revealing any details. In case there is no response, or no action taken, the issue will be elevated through the CBCM mechanism, for the HC to step in. Inaction will not be tolerated. The procedures and timeframes are articulated in the SoPs for the CBCM and endorsed by the HCT.⁶⁷ Further, a factsheet on the CBCM has been developed, following a request from the HCT, to promote the mechanism. It is available in English and in Ukrainian, to ensure that the reach-out includes national partners.⁶⁸ Efforts will also be prioritised in 2022 to ensure the feedback (and/or complaints) received from the affected population will systematically be utilised to adjust the response as appropriate. Another example of this effort is the resumption in 2022 of joint Inter-Cluster Coordination Group (ICCG) field missions, taking into careful consideration necessary COVID-19 pre-cautions. This joint activity was established in 2019 and considered a good practice that facilitated direct interaction between the ICCG (as a collective body) and the affected communities as it allowed for the listening and soliciting communities' feedback on their needs and the received response, which was used to adjust response activities, approaches and modalities.⁶⁹ Due to the COVID-19 pandemic, it has been suspended since March 2020.

65 REACH, Humanitarian Trend Analysis, July-August 2021. Interactive dashboard is available at this [link](#).

66 REACH, Humanitarian Situation Monitor (HSM), 2021. Interactive dashboard is available at this [link](#).

67 Ukraine PSEA Task Force Ukraine, 'SoPs for Information Sharing and Processing of Allegations of SEA and Complaints received through CBCM', 2020.

68 Ibid.

69 For example, after such joint ICCG missions in 2019 to a number of isolated settlements along the "contact line", the ICCG agreed to prioritize in-kind assistance over cash and voucher assistance as the community members, particularly older persons, reported experiencing difficulties in commuting to market or urban centres to access goods.

The IASC Gender with Age Marker (GAM) is mandatory for HRP projects. It helps users to design and implement inclusive programmes that respond to gender, age, and disability-related differences and is considered a minimum standard of accountability. Regular training sessions on the GAM, with an integrated PSEA component, are conducted by OCHA. The GAM helps humanitarian staff to design projects in a consultative way, by for example applying data collected through surveys, at EECPs, via PDMs, anonymous feedback boxes, or surveys done while delivering aid (i.e. home delivery for the older people or people with disabilities), to respond to specific needs by different segments of the affected population, taking into account gender, age and disability. The GAM fosters meaningful gender-, disability- and age-sensitive programming, and encourages a people-centred approach throughout the project cycle. Projects are reviewed by an external committee

composed of subject-matter experts from the humanitarian and development community, which provides feedback and recommendations to humanitarian partners vis-à-vis gender, age and disability.

Partners are encouraged to use the Core Humanitarian Standard on Quality and Accountability (CHS),⁶⁸ which is an integral part of the Collective AAP Framework. Some agencies made the CHS a mandatory requirement for implementing partners across Ukraine. The CHS sets out nine commitments that organisations and individuals involved in humanitarian response can use to improve the quality and effectiveness of the assistance they provide, placing communities and people affected by crisis at the centre of humanitarian action, starting by ensuring that the affected population receives assistance appropriate and relevant to their needs.

Translating affected people's feedback into protection response

AAP is a collective HCT commitment, which includes as a core element translating collected data and feedback from affected people into tangible humanitarian action. These examples from the Protection Cluster serve to illustrate how feedback from the affected population is used to adjust response and programming in Ukraine:

Protection Cluster partners regularly seek feedback from community-based organizations and IDP activists/community leaders when designing activities in oblasts outside of conflict-affected areas. This takes shape as extended community consultations that are conducted twice-a-year in order to identify the most pressing needs in capacity development. As a result, Protection Cluster partners adjust topics of seminars, exchange visits, consultations, and mentorship programmes as well as additional possibilities for community development, such as youth initiatives and advocacy activities for IDP

communities. Participatory assessments, which are conducted semi-annually as focus group discussions and key informant interviews, result in well-evidenced programmes, ensuring they cover priorities voiced by IDPs. For example, using feedback from such consultations, advocacy on housing issues, including at local level, was intensified and Cities of Solidarity Forums⁷¹ were localized to make sure they are targeting needs of specific IDPs in certain geographic areas.

In addition, based on the request from IDP youth, Protection Cluster implementing partners offer GBV awareness raising sessions and sessions on HIV prevention for IDP and host community youth with further support of youth campaigns dedicated to 16 days against violence.

Other examples include information and feedback collected during regular monitoring visits at EECPs or by organizing

⁷⁰ Core Humanitarian Standard available in multiple languages at this [link](#).

⁷¹ UNHCR, 'Cities of Solidarity', 2020.

inter-agency joint assessments to seek ad-hoc solutions to identified needs.⁷² Based on data collected, partners find ad-hoc solutions, such as improving conditions for crossing the EECs and providing access to the internet through Wi-Fi equipment.

Post-distribution monitoring (PDM) is always conducted following delivery of individual protection assistance (IPA) to IDPs, to seek their feedback on the implementation of the programme with recommendations for improvement, if any.

As part of PDM, Protection Cluster partner Danish Refugee Council (DRC) consulted people who had benefitted from legal counselling. They suggested the programme to include the possibility to communicate with lawyers online. As a consequence, the legal assistance team designed and rolled out a shift to online modalities to provide legal assis

tance, via Telegram and Viber. This was a very well-received option, especially with COVID-19 accelerating a substantial shift to digitalization, and with constrained access to the areas beyond Government control due to the substantially closed “contact line”.⁷³

PDM of community-based initiatives led by the protection team of DRC identified the need for strengthening skills and competencies of community residents and their leaders,⁷⁴ especially to provide capacity building and knowledge/experience activities to improve skills for project design and budget forecasting, as well as expertise to continue fundraising independently. Integrating this feedback into their programme design, DRC envisages in the new phase of the project to conduct trainings on effective budgeting and anticipates positive outcomes that contribute to the sustainability of the initiatives introduced.⁷⁵



POPASNA, LUHANSKA OBLAST, GCA, UKRAINE

A girl sitting in her yard near the “contact line”.

Photo: OCHA/Yevhen Maloletka

72 Health, Protection, WASH Clusters, ‘Note on the Impact of the Ongoing Decentralization Process in Communities Affected by the Conflict in the Eastern Region, March 2021.

73 DRC-DDG, ‘Post-Assistance Monitoring Report: Legal Assistance and Mine Risk Education’, September 2021.

74 Protection Cluster, ‘Post-Distribution Monitoring Reports’, 2021.

75 DRC, ‘Post Assistance Monitoring Report: Community-Based Initiatives’, November 2021.

1.6

Consolidated Overview on the Use of Multi-Purpose Cash

Multi-purpose cash (MPC) assistance offers people affected by the crisis a maximum degree of flexibility and dignity to choose how to cover their needs.⁷⁶

Evidence shows that a number of the conflict-affected people in GCA identified cash transfer programming as a preferred type of assistance – 64 per cent preferred physical cash; 21 per cent preferred cash via bank transfer and 13 per cent preferred voucher.⁷⁷ Cash assistance is acknowledged to be challenging in some remote communities where the active hostilities have repeatedly been taking place for two main reasons – (i) markets may not function properly; and (ii) people's access to market – regardless of how limited it is – may be hindered by insecurity.

Since 2015, MPC has been and continues to be an important multi-sectoral response modality in Ukraine, particularly in GCA. The primary objective of MPC is to increase the ability of people to meet their immediate basic needs and maximise the use of resources in a way that is most suited to their requirements.

Evidence in 2021 shows that MPC beneficiaries generally have an income level of around 60-64 per cent of the minimum subsistence level which makes them unable to meet urgent basic needs.⁷⁸ It also shows that 92 per cent of MPC beneficiaries have overlapping needs in more than two sectors, which tend to be

exacerbated in winter, and 75 per cent of MPC beneficiaries spent cash assistance to cover two or more needs. Without MPC support, they will not be able to meet immediate daily basic needs and are at risk of resorting to negative coping mechanisms.

Since 2016, the Ukraine Cash Working Group (CWG)⁷⁹ has been the main coordination forum for MPC transfers to track their implementation progress and promote a more coherent approach and standards. Transfers with objectives within a specific sector (e.g., cash for food, for rent or for hygiene, etc.) continue to be coordinated by and reported to the relevant cluster.

Response

The CWG helps define the Minimum Expenditure Basket (MEB) which determines a household's requirement to meet its basic needs and average cost. Since 2017, the MEB approaches have been in full alignment with that of the Government of Ukraine using the Ministry of Social Policy's data on minimum expenditure⁸⁰ which is regularly updated to reflect the market dynamic as a benchmark for calculation.

At the time of the 2022 response planning, the MPC transfer amount remained at UAH 1,150 per person per month⁸¹, covering around 60 per cent of the minimum expenditures-income gaps.⁸² This took into

76 According to [the Cash Learning Partnership \(CaLP\)](#)

77 REACH, 2021 Humanitarian Trend Analysis in GCA, July-August 2021. Interactive dashboard is available online at this [link](#).

78 Income gap analysis conducted by Cash Working Group in October 2021.

79 For more information on the services provided by CWG in Ukraine, please visit this [link](#).

80 The actual subsistence level in Ukraine is published on a monthly basis by the Ministry of Social Policy (MoSP). It is calculated as the cost estimate of the Minimum Expenditure Basket (MEB) which includes the minimum essential food basket, a set of non-food items (NFI) and essential services. The currently used MEB comprises a list of 296 items. As of August 2021, the minimum subsistence level was estimated at UAH 4,333.71 per person per month – which is an increase of 15 per cent compared to August 2020. The data is publicly published and available at this [link](#).

81 At the time of developing the HRP in late November 2021, the CWG is reviewing the possibility of increasing the MPC transfer value to UAH 1,320 per person per month. However, the cost of the MPC response included in the 2022 HRP was calculated in late October 2021, using the pre-existing transfer value of UAH 1,150.

82 MEB methodology is available online at this [link](#).

account the negative economic impact COVID-19 had on vulnerable populations and the increase of the official actual subsistence level. The MEB analysis showed no tendency for the average cost of living to stabilise but indicates that vulnerable groups continued to survive on an income that was significantly below the minimum cost of living.

Like in previous years, MPC transfers will cover an average of four monthly instalments or longer should multiple needs persist. In some cases, the transfer will be a one-off transfer, however, the total amount will be in line with the monthly transfer value recommended by CWG.

Targeting: MPC specifically targets the most vulnerable individuals who have multiple unmet needs and whose monthly income is lower than the minimum expenditure. As per the post-distribution monitoring, this mainly includes:

- Older persons whose sole source of income are pensions
- Female-headed households with multiple children
- Families with single parents
- Families with persons with disabilities or immobile members
- Families with chronically ill members
- Families with members, including those registered as IDPs, who may lose access to their social benefits due to bureaucratic complications
- Families with unemployed members aged 50-59 (below pensionable age)⁸³
- Families with children where the breadwinner has lost the job/source of income as a result of COVID-19/quarantine restrictions

Geographic focus: Cash transfers, including MPC, are generally feasible in GCA where markets continue to function, and banking and postal services offer a safe and efficient delivery mechanism. In NGCA,

market data remains limited and insufficient to inform whether cash transfers would be realistically feasible at a larger scale. The lack of reliable financial service providers in NGCA is another major impediment to implement cash transfers there. Although a very small scale of MPC programming has been implemented in the past, it has been discontinued since the crossing of the “contact line” has been restricted, following the onset of the COVID-19 pandemic in March 2020.

Coordination with other sectors: MPC partners coordinate with other clusters through (i) the ICCG, where the chair of the CWG has a permanent seat to ensure adequate coordination with other clusters, (ii) referral systems to in-kind sectoral assistance, in case of extreme or chronic vulnerabilities identified among MPC beneficiaries, and (iii) regular market monitoring by MPC partners in conflict-affected area – the latest one conducted in August-September 2021.

Discussions will be undertaken in 2022 to seek ways to strengthen the multisectoral approach to cash programming, including to explore the possibility of multi-purpose cash programming as a default response modality to better support sectoral cash programming. This takes into consideration the global call to the IASC by 95 NGOs for a predictable and accountable coordination arrangements for humanitarian cash. Further discussions with relevant actors will be required to identify and agree on the pre-conditions and opportunities towards this direction in 2022.

Cost of Operation

Since 2015, MPC transfers have had specific budget lines in HRP in order to quantify the requirement accurately. MPC activities in the 2022 HRP require \$7.5 million to assist 28,000 vulnerable people in GCA. Following the HCT’s decision in September 2020 to adopt activity-based costing methodology for establishing the cost of the HRP, the calculation of the cost of the MPC response was calculated in late October 2021⁸⁴, using the pre-existing transfer value

⁸³ Pensionable age in Ukraine is currently 55 for females and 60 for males. However, the new legal framework stipulates the increase of pensionable age to 60 for females and 62 for males by 2021.

⁸⁴ This was because Ukraine had to submitted the overall target and financial requirement for the 2022 response, including MPC, on 2 November 2021 for inclusion in the 2022 Global Humanitarian Needs Overview.

of UAH 1,150 per person per month⁸⁵, covering the recommendation of four monthly installations. The target of 28,000 people was established, based on the historical data of MPC programming included in the HRP's from 2017 to 2020. Operational/support costs for MPC delivery is included in the total cost at an estimated 25 per cent of direct programming. The

historical data was used as realistic proxy of existing operational response capacity and the estimated operational/support costs.

Objectives and Targets

Cluster Objective CO1	TARGET
Increase the purchasing power of the targeted population to cover their immediate basic needs	28,000
Contributes to Specific Objective SP1.1	

⁸⁵ However, in November 2021, the CWG agreed to increase the MPC transfer value to UAH 1,320 per person per month, based on the income gap analysis done in October 2021. However, the cost of the MPC response included in the 2022 HRP was calculated in late October 2021.

Part 2:

Response Monitoring

OLENIVKA VILLAGE, DONETSKA OBLAST, NGCA, UKRAINE

Kira, four years old, at the entrance to her house near the "contact line".

Photo: IOM / Polina Perfilieva



2.1 Monitoring Approach

The humanitarian community in Ukraine will continue to strengthen the existing monitoring and reporting framework that has been in place since 2015. To ensure protection and humanitarian aid reach the people who need it most and in a timely manner, humanitarian partners will continue to enhance their monitoring and information management capacity and activities, including the use of remote monitoring during times of COVID-19 and in the area where access is difficult.

Response monitoring

The creation and subsequent monitoring of the strategic framework at the inter-cluster and cluster levels is managed by the Response Planning and Monitoring tool (RPM), which supports the HRP planning process and the periodic monitoring processes on a quarterly basis. Partners provide response data (disaggregated by age, sex and disability status) for key cluster and cross-sectoral indicators to cluster for consolidation and review, which is further submitted to OCHA and analysed as appropriate. The consolidated data is displayed on the Humanitarian Insight Platform, which provides a visual overview of progress towards meeting humanitarian needs in 2022. Other existing tools and platforms designed or rolled out by OCHA and other partners such as the Financial Tracking Service (FTS), the Digital Situation Report and the data platform maintained by the Ministry of Reintegration of Temporary Occupied Territories. These tools facilitate the monitoring in real time and enable humanitarian actors to analyse achievements, call attention to gaps and capture changes in the operating context.

The 2022 response will be monitored and measured at three levels: (i) the output indicator monitored by the cluster; (ii) the monitoring against the indicator

contributing to the achievement of the intersectoral specific objectives; and (iii) the monitoring of outcomes against the strategic and specific objective.

The Ukraine Humanitarian Fund (UHF) will also undertake monitoring of funded activities as part of its accountability framework. The UHF projects will also contribute to achieving the 2022 HRP Strategic Objectives.

Response outcome indicators and their complementarities with other monitoring frameworks

Building upon the first of its kind developed in 2020, the outcome indicators against the strategic and specific objectives have been further refined and streamlined to measure the response outcomes in 2022. The refinements include:

- i. Direct linkages with the needs indicators in the JIAF, particularly against the first strategic objective focusing on provision of emergency and time-critical assistance for conflict-affected people to ensure their access to basic services,
- ii. Aligning the indicators for the second strategic objective related to addressing protection needs and strengthening protection for the affected people with the updated HCT Protection Strategy,
- iii. Reformulation of clearer and measurable benchmarks to assess the progress towards the international humanitarian exit in GCA as stipulated in the third strategic objective. This is in alignment with the progress made on the HDPN in GCA.⁸⁶

These outcome indicators will be assessed annually as part of the end-of-year monitoring and reporting.

⁸⁶ OCHA, Report of the HDPN Workshop in Ukraine, June 2021 – available online at this [link](#).

Cluster monitoring

Cluster objectives, outputs, targets and indicators are based on the HRP’s Strategic Objectives and related inter-sector outcomes. The output indicators aggregate the contributions from cluster members’ projects to summarize core activities and highlight key achievements of the cluster. This provides an indication of whether the cluster is on track to meet its targets and reach to different geographic areas. Indicators from the cluster plans will be used to monitor reach on a quarterly basis (5Ws).

Situation and needs monitoring

Humanitarian partners in Ukraine will also continue to monitor changes in the humanitarian context based on the Joint Intersectoral Analysis Framework (JIAF), which is the backbone of the HNO. The monitoring is guided by the list of twenty indicators agreed within the framework of JIAF and optimizes the various existing assessment mechanisms. They include documenting civilian casualties by the UN Human Rights Monitoring Mission in Ukraine (HRMMU), the monitoring of security incidents by the International NGO Safety Organization (INSO) and by the Armed Conflict Location and Event Data Project (ACLED), situation and thematic reports of OSCE SMM, the National Monitoring System (NMS) managed by the International Organization for Migration (IOM) (with focus on IDPs), other multi-sectoral assessments by REACH and COVID-19 updates and statistics provided by the Public Health Centre of Ukraine, WHO and other concerned organizations. Should any major shocks occur during 2022, the HRP

will be revised in accordance with the reprioritization of emerging needs.

Access Monitoring

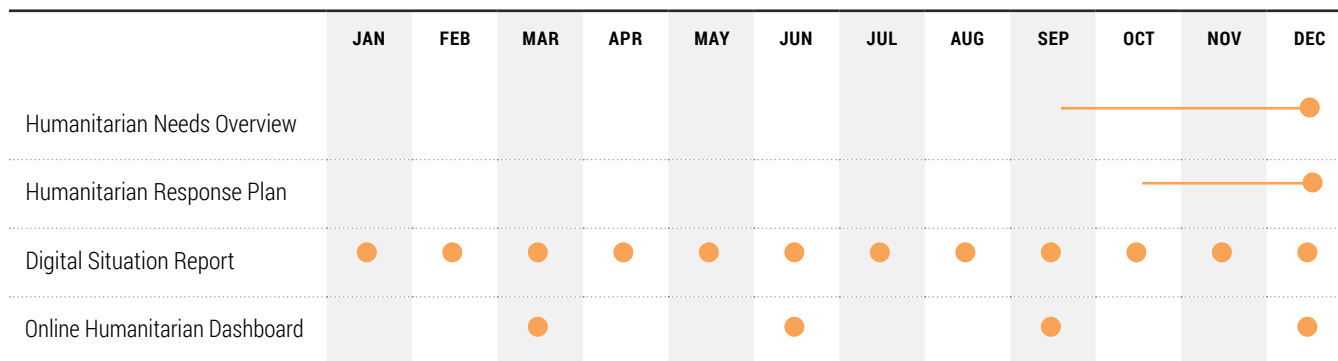
An Access Monitoring and Reporting Framework (AMRF) piloted in 2020 will continue to be used as a tool for monitoring and documenting access impediments affecting humanitarian organizations and their ability to reach the affected people. The collected data will inform trend and impact analysis that seeks to strengthen evidence-based advocacy efforts. The roll-out of the AMRF will be subject to the review of the pilot and a decision by the HCT Access Task Force.

Monitoring of the adherence to the Joint Operating Principles (JOPs) will be the priority for 2022, coming after the completion of the following building blocks: (i) sensitization of JOPs among humanitarian partners, and (ii) development of “triggers for actions”. Further discussions on the appropriate mechanisms, including the potential establishment of a small inter-agency body and tool to drive the operationalization and monitoring of the JOPs, will be required.

Reporting

Monitoring data will be made publicly available on the HumanitarianResponse.info website on a quarterly basis and complement cluster-specific products (maps, interactive dashboards, etc.). These monitoring reports will include revised data and analysis to adjust response planning and inform strategic decisions.

Humanitarian Programme Cycle Timeline



2.2 Strategic and Specific Objectives: Indicators and Targets

Strategic Objective SO1		BASELINE	NEED	TARGET
Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19				
INDICATORS	# of people receiving emergency assistance in 2022	1.43M ⁸⁷	2.9M	1.8M
	% of people reached vis-à-vis people targeted in GCA and in NGCA in 2022	68% ⁸⁸	N/A	75%
	% of people receiving humanitarian assistance are satisfied with the assistance received in 2022	77% ⁸⁹	N/A	80%
Specific Objective SP1.1				
Provide lifesaving assistance for people affected by the conflict, including IDPs				
INDICATORS	# of people living in the geo-zones with 'extreme' severity of needs (level 4) who received humanitarian assistance in 2022	N/A	2,029,931	1,142,961
	# of severely and moderately food insecure people with immediate access to food assistance	58,177 ⁹⁰	400,000	108,000
	# of conflict-affected people with safe and adequate access to water, sanitation and hygiene	2.7M	2.5M	1.5M
Specific Objective SP1.2				
Improve living standards through ensuring people's access to essential services				
INDICATORS	# of girls and boys benefitting from (i) repaired/rehabilitated education facilities, (i) provision of learning materials and equipment, including for online learning; (iii) conflict-sensitive, risk-informed and life skills-based education delivered by trained teachers	46,000 ⁹¹	252,000	125,500
	% of adults and elderly who could not cross the contact line to resolve issues with documents, pensions, resolve key issues or for family reunification	22%	N/A	N/A
	# of disrupted Health Facilities provided with essential medical equipment and supplies,(including ventilators, oxygen concentrators and dispensers)	98 HFs ⁹²	118 HFs	118 HFs
	# of affected households who have improved access to livelihood support	N/A	325,000	46,000

87 This figure reflects the number of people reached from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

88 This figure reflects the number of people reached from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

89 This figure was derived from the MSNA conducted by REACH in 2019. No updated data for 2020 and 2021.

90 This figure reflects the number of people receiving food assistance from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

91 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

92 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

Specific Objective SP1.3

Expand and secure humanitarian access to all people in need

INDICATORS	# of people living in NGCA receiving assistance	266,000 ⁹³	1.6M	750,000
	MT of relief items delivered to Donetsk oblast NGCA	951MT ⁹⁴	N/A	1,050MT
	MT of relief items delivered to Luhanska oblast NGCA	1,092MT ⁹⁵	N/A	1,200MT
	# of humanitarian actors who are able to deliver humanitarian assistance in NGCA through both direct implementation and implementing partners	22	N/A	23

Strategic Objective SO2

Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards

		BASELINE	NEED	TARGET
INDICATORS	# of positive legal frameworks/policies/regulations adopted and/or implemented	40 ⁹⁶	N/A	40
	# of people in need of protection support targeted for receiving assistance	-	2.45M	1.4M

Specific Objective SP2.1

Step up efforts to protect civilians and civilian infrastructure according to IHL and other legal instruments

INDICATORS	# of incidents of attacks on education (physical damage of schools infrastructure, temporary schools closure due to the conflict, military use of schools, close proximity of military sites)	15	N/A	0
	# of WASH incidents	24	N/A	0
	# of damaged or destroyed houses	405	55,000	0
	# of people who received compensation for destroyed housing due to the conflict	306 ⁹⁷	N/A	571 ⁹⁸
	# of civilian casualties due to shelling and SALW fire	44	N/A	0

Specific Objective SP2.2

Improve access to social protection (pensions, benefits, specialized services), administrative services and civil documentation for the conflict-affected population

INDICATORS	# of people who have access to their pensions	635,800 ⁹⁹	1.27M	635,800
	% of children born in NGCA who have received a birth certificate from the Ukrainian authorities	35.2% ¹⁰⁰	N/A	40%
	# of NGCA graduates with widely recognized education certificates in Ukraine	N/A	1,000	300

93 This figure reflects the number of people reached in NGCA between January and December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

94 The target represents 10% increase of the baseline.

95 The target represents 10% increase of the baseline.

96 # of positive legal frameworks/policies/regulations adopted and/or implemented in 2021

97 Up to November 2021.

98 Based on the draft State budget allocations for 2022, it is expected that the State will be able to compensate 265 persons more for destroyed houses. The target figure includes the baseline.

99 As of October 2020.

100 This figure is a cumulative number from 2015 until mid-2021.

Specific Objective SP2.3				
Promote NGCA residents' freedom of movement and access to essential services and humanitarian assistance on both sides of the "contact line"				
INDICATORS	# of crossing times over the 'contact line' annually	708,768 ¹⁰¹	2,988,548 ¹⁰²	800,000 ¹⁰³
	# of crossing times over the 'border crossing points' in Milove (Luhanska oblast) and Hoptivka (Kharkiv oblast) annually	1,864,107 ¹⁰⁴	1,475,365 ¹⁰⁵	2,145,000 ¹⁰⁶
Specific Objective SP2.4				
Prevent and mitigate physical harm and risks of landmines and ERW				
INDICATORS	# of civilian casualties due to landmines and ERW	58	N/A	0
	# of people receiving explosive ordinance risk education (EORE) through awareness raising sessions	114,106 ¹⁰⁷	600,000	144,900
	Land cleared of land mines and/or unexploded ordinances (m2)	2,200,000 ¹⁰⁸	N/A	2,755,600
Specific Objective SP2.5				
Promote resilience and social cohesion of communities, including durable solutions for IDPs				
INDICATORS	% of IDPs reporting feeling "fully and partially" integrated into host communities	89% ¹⁰⁹	N/A	95%
	# of internally displaced families who have been provided with durable housing solutions	1,093 ¹¹⁰	N/A	700
Strategic Objective SO3				
Ensure implementation of an international humanitarian exit strategy in Government Controlled Areas from 2021 to 2023				
		BASELINE	NEED	TARGET
INDICATORS	# of people in need (including IDPs) in Donetska and Luhanska oblasts GCA and other oblasts	1.26M	1.26M	< 1.26M
	# of people targeted (including IDPs) in Donetska and Luhanska oblasts GCA and other oblasts	1M	1M	< 1M
	% of monitored settlements in GCA with adequate or partial access to services ¹¹¹ reported during the year	13%	N/A	32%

101 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2020.

102 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2021.

103 The target reflects around 15% increase of the baseline.

104 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2020.

105 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2021.

106 The target reflects around 15% increase of the baseline.

107 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

108 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

109 According to the National Monitoring System (NMS) conducted by IOM as of March 2021.

110 This figure reflects the Governmental and regional housing programmes between 2014 and November 2020.

111 The results of Protection Monitoring are presented in 10 thematic index, including access to health care, education, administrative, transportation and communications and livelihoods/commercial services. "Adequate" and "partial" access is defined based on the severity threshold on a scale 1-5.

	# of geo-zones ¹¹² in GCA of Donetska and Luhanska oblasts with severity of needs classified below level 3 (out of a total of 9 geo-zones in GCA)	4	N/A	>4
Specific Objective SP3.1				
Increase national and regional Government ownership of and responsibility for the provision of services that deliver humanitarian assistance in GCA				
INDICATORS	% of Clusters/Sub-Clusters meetings having participation of Government representatives	40%	N/A	>40%
	% of Territorial Communities (including CMAs) supported by humanitarian partners to complete the decentralization of essential services	85%	N/A	92%
Specific Objective SP3.2				
Strengthen capacity of local responders (NGOs, Civil Society Organizations (CSOs), territorial communities (hromadas), and private sector) to complement the Government-led response				
INDICATORS	% of direct humanitarian funding to local responders (national, local NGOs and CSOs)	2.3% ¹¹³	N/A	3.0%
Specific Objective SP3.3				
Implement transitional programming, ensuring complementarity between humanitarian and development actions, and build the resilience of conflict-affected population				
INDICATORS	# of people benefiting from WASH DRR and early recovery approaches	350,000 ¹¹⁴	N/A	525,000
	# of the affected HHs in GCA who received shelter assistance from authorities	1,000	N/A	1,500
	# of Cluster Transition Plans developed and approved	6	N/A	6
	Technical and programmatic support to Nexus IM systems	4	N/A	4

¹¹² "Geo-zones" refer to the geographical units of analysis in GCA and NGCA used for the 2022 HPC, which is now aligned with official administrative boundaries. There are a total of 16 geo-zones (covering both GCA and NGCA) used for the analysis and planning for the 2022 HPC - 9 in GCA and 7 in NGCA.

¹¹³ The baseline figure represents direct funding to local NGOs in 2021 - divided by the total humanitarian funding to Ukraine in 2021, according to FTS (assessed on 18 Jan 2022).

¹¹⁴ This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

Part 3:

Cluster/Sector Objectives and Response

TORETSK, DONETSKA OBLAST, GCA, UKRAINE

Vira hopes to see again. She lost her eyesight due to trauma from hostilities she witnessed.

Photo: Albert Lores for People in Need

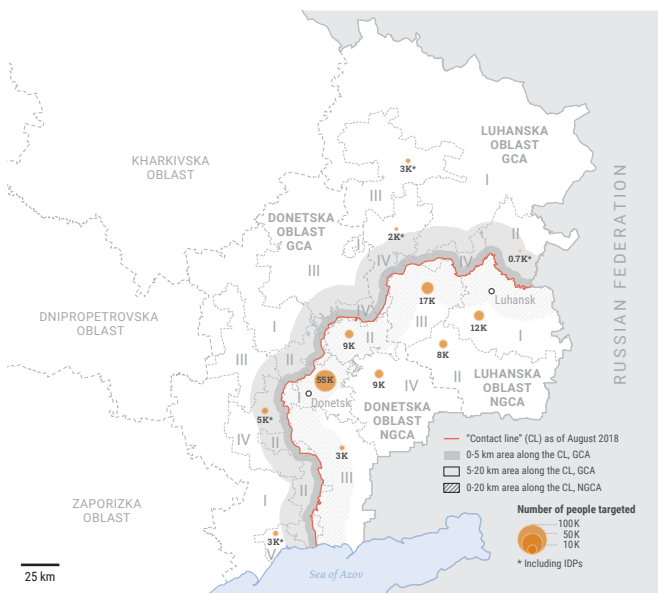


Part 3:

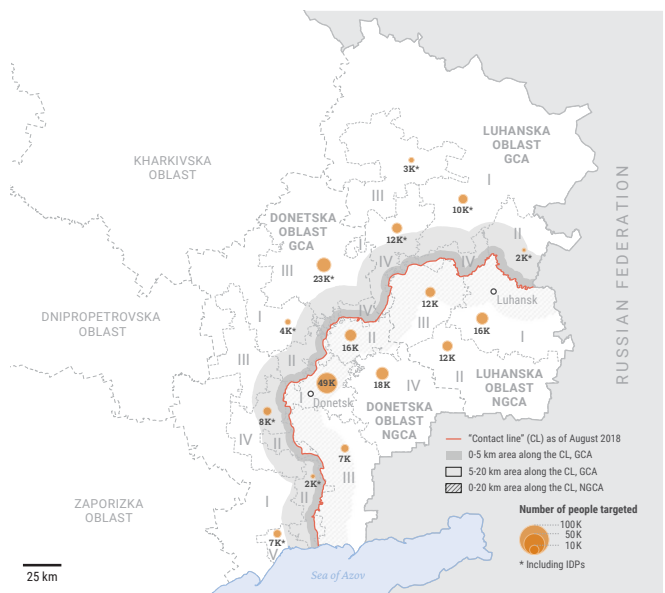
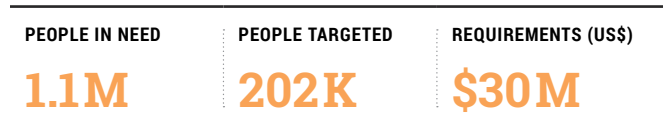
Cluster/Sector Objectives and Response

SECTOR	FINANCIAL REQUIREMENTS (US\$)	OPERATIONAL PARTNERS	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED
Protection	\$50	72	2.5M	1.4M	
Health	\$36	39	1.5M	1.2M	
WASH	\$30	43	2.5M	1.5M	
Food Security and Livelihoods	\$30	38	1.1M	202K	
Shelter / Non-Food Items	\$24	27	158K	81K	
Education	\$7	25	252K	126K	
Multi-purpose Cash Assistance	\$8	18	-	28K	
Common Services & Support	\$7	4	-	-	

3.1 Education

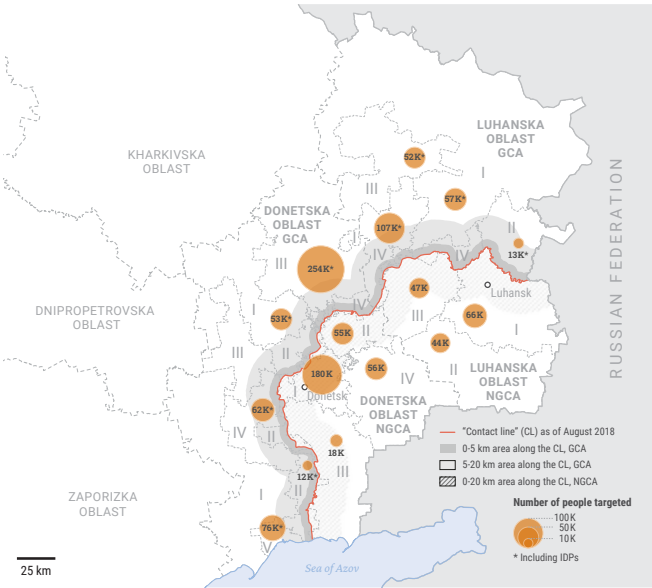


3.2 Food Security and Livelihoods



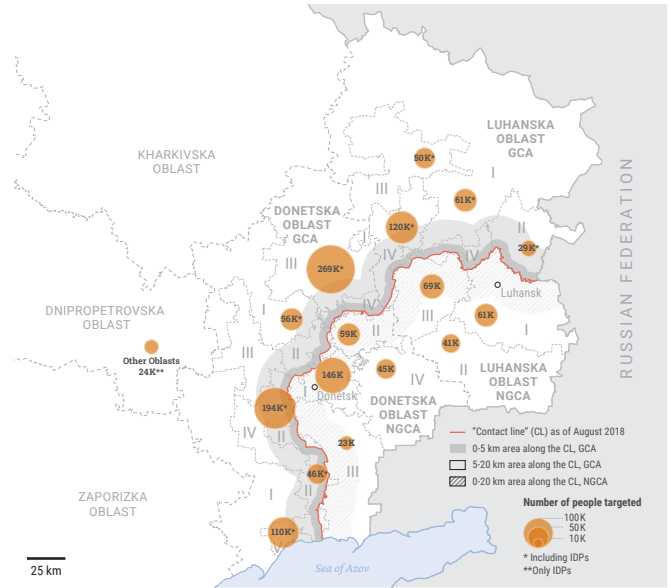
3.3 Health

PEOPLE IN NEED 1.5M
PEOPLE TARGETED 1.2M
REQUIREMENTS (US\$) \$36M



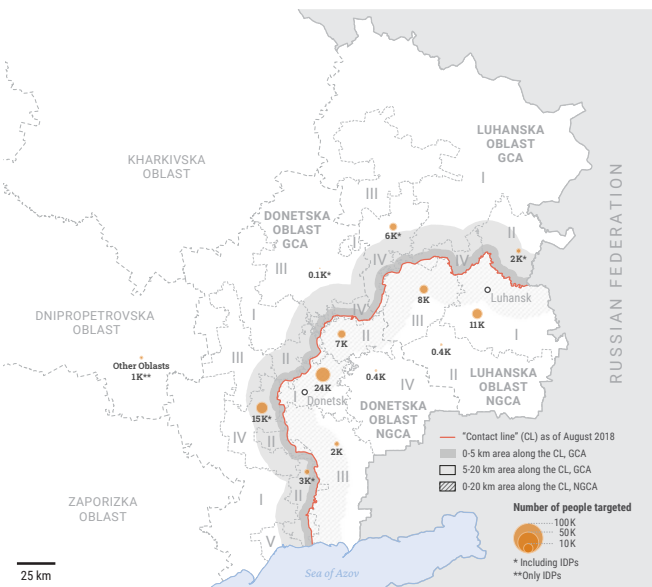
3.4 Protection

PEOPLE IN NEED 2.5M
PEOPLE TARGETED 1.4M
REQUIREMENTS (US\$) \$50M



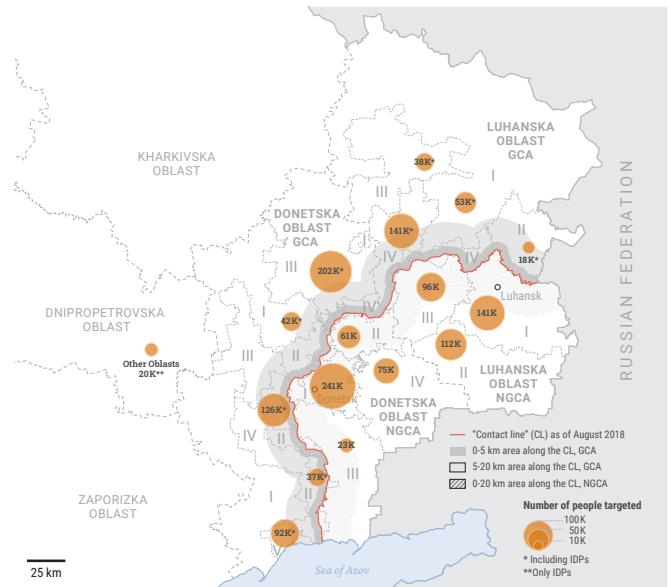
3.5 Shelter and Non-Food Items

PEOPLE IN NEED 158K
PEOPLE TARGETED 81K
REQUIREMENTS (US\$) \$24M



3.6 WASH

PEOPLE IN NEED 2.5M
PEOPLE TARGETED 1.5M
REQUIREMENTS (US\$) \$30M



3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
252K	126K	\$7M	9

Sectoral objectives

Cluster Objective 1: Ensure access for conflict-affected boys and girls to safe, inclusive, and conducive learning environments.

Cluster Objective 2: Improve quality of learning and teaching for conflict affected boys and girls where feasible.

Cluster Objective 3: Promote equal access to safe education in a protective learning environment for conflict-affected boys and girls.

Education Cluster's three objectives contribute directly to strategic objectives 1 and 2 of the 2022 HRP. To meet the critical needs of boys and girls, the Cluster partners aim to ensure access of conflict-af-

ected children to safe and quality, inclusive, conducive learning environments. Priority of the response will be given to support boys and girls living in the areas with the highest severity of needs mostly in NGCA and communities in GCA along the "contact line": with the highest Education in Emergency (EiE) needs. The response includes conflict-related repair and rehabilitation of education facilities in NGCA, supply of different types of education kits and learning materials, provision of life-skills education, social and emotional learning, and interventions to minimize negative impact of the COVID-19 pandemic as well as ensuring safe return to school. Strengthening the education system by targeting education facilities that need support to maintain their operation is a pre-condition to ensure continuous access to education for all boys and girls affected by the crisis.

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
	RESIDENTS	4	3	75	38	-
	IDPS	4	2	-	-	-
126K	TOTAL BY AREA	8	5	75	38	-



**KRASNOHORIVKA, DONETSKA
OBLAST, GCA, UKRAINE**

Maryna and her four children hide in the bomb shelter during ongoing hostilities.

Photo: Volodymyr Shuvayev

The Education Cluster partners aim to promote equal access to safe education as a protective environment to conflict affected boys and girls. Through supporting the implementation of the Safe Schools Declaration (SSD) National Implementation Plan, EC partners aim to ensure that all children and teachers are able to reach and attend their education facility without fear of shelling and other conflict-related insecurity. The Cluster also aims to support equal, non-discriminatory opportunities for all boys, girls with and without disabilities and their teachers to access education on both sides of the “contact line”. EC partners will build capacity of teachers, parents and education authorities on identified priority topics (psychological first aid, stress management, psychosocial issues, distance learning, inclusive and conflict-sensitive education, Disaster Risk Reduction (DRR), etc).

Response Strategy and Modalities

For the 2022 response planning, Education Cluster partners aim to reach 125,000 of the most vulnerable

conflict-affected boys and girls and their teachers in conflict-affected Donetsk and Luhanska oblasts on both sides of the “contact line”. Partners are encouraged to prioritize interventions targeting the identified vulnerable groups, including boys and girls with disabilities, children from families in difficult life circumstances, those without access to education during COVID-19 quarantine, as well as children from minority groups and adjust their activities as appropriate. As up to 85 per cent of activities are to be implemented in NGCA, in-kind support will be the main response modality, simultaneously seeking for new opportunities to implement “soft” activities. Special attention will be given to respond to the needs caused by the COVID-19 pandemic.

Types of support will be driven by existing needs at the school level. In the geographical areas with highest severity of needs activities will primarily aim to improve access to safe education and include interventions to address the most acute humanitarian needs such as provision of equipment to damaged

education facilities and distribution of individual and institutional learning kits to ensure uninterrupted learning. In GCA, partners are instead encouraged to look for sustainable solutions and partnerships with local education authorities and development partners specifically those in newly created Amalgamated Territorial Communities (ATCs) as a result of decentralization reform. Partners in GCA will aim to increase access to life-skills education, build capacity and respond to needs caused by the COVID-19.

The Education Cluster calls partners to strengthen child safeguarding measures, including PSEA, to ensure that all interventions are safe for children, in line with do no harm and best interests of the child principles. The Education Cluster reminds of the importance of consulting children throughout the project cycle to ensure the education response is as participatory and consultative as possible.

Education response is an entry point to provide all types of humanitarian assistance and protection services to children in conflict-affected areas. Education Cluster in coordination with Child Protection Sub-Cluster will support the referrals between partners on identified individual protection cases in need of humanitarian assistance through provision of protection services using best practices of confidentiality and data protection. The Education Cluster maintains close coordination and information-sharing with respective Cluster and Sub-Cluster to ensure accountable and coordinated response to meet critical humanitarian needs of conflict-affected children.

Partners are encouraged to use cash-based assistance in 2022, as an alternative response modality where feasible.

Cost of Response

Overall cost of the response in education is \$7,095,000. Around 87 per cent of funding requirements are to support continuity of education in NGCA (NGCA of Donetsk oblast – 57 per cent, NGCA of Luhanska oblast – 30 per cent), while the remaining 13 per cent are planned for activities that address remaining humanitarian needs in GCA and those activ-

ities that target the humanitarian exit in GCA (GCA of Donetsk oblast – 7 per cent, GCA of Luhanska oblast – 6 per cent).

The primary cost driver of the education response is support to the education infrastructure in NGCA (\$4,200,000 for school repairs and \$1,540,000 for provision of education equipment to schools) which deteriorated due to ageing and the impossibility of upkeep and repair due to the ongoing violence. Some schools were directly impacted by hostilities and haven't been fully restored until now. The second major cost driver is provision of essential education supplies for school age children in both GCA and NGCA (\$760,000) whose families cannot meet all education related expenses because of deterioration of the economic situation in the region. Keeping schools safe in the time of COVID-19 requires \$225,000 for provision of hygiene supplies to schools. Less expensive but essential activities are provision of life skills education and social and emotional learning (SEL) to children and capacity building of teachers and parents on identified priority topics (i.e. psychological first aid (PFA), stress management/selfcare, psychosocial issues, inclusive education and distance learning). These activities require \$120,000 to be fully implemented. Another \$250,000 are needed for the support to the Government in implementation of commitments of the Safe Schools Declaration and advocacy for non-discriminatory opportunities for continuation of education for conflict affected boys and girls in conflict-affected areas.

For the provision of essential education supplies to vulnerable families and hygiene supplies to schools some partners plan to use cash and voucher modalities and it is estimated that it will constitute around 10 per cent of the total cost of the response in education.

Cross-cutting issues: AAP, PROTECTION, GENDER

The more involved communities are in the emergency response, the higher the quality and more sustainable the response will be. For education partners, schools (students councils, Parent Teacher associations) are logical entry points. Partners are also encouraged

to engage communities in the design of projects where feasible.

Communities should take part in identifying needs of boys and girls and determining the most appropriate solutions specifically in light of the ongoing decentralization and New Ukrainian School reform which prescribes more autonomy of decision making on local level. All Cluster partners should consider this type of engagement as an essential element of their accountability to affected populations measures. Similarly, partners must also determine how they will share information back with the communities with which they work.

The 2018 Inter-agency Network for Education in Emergencies (INEE) Guidance Note on psychosocial support, and Global Education Cluster Background Paper on the Protective Role of Education in Emergencies are clear that establishing school as a place of safety and stability when children are experiencing disruptions elsewhere in their lives, and making sure they have a reliable daily routine and a welcoming environment can provide children with the predictability, dependability and chance to relax and be themselves – all of which can promote resilience and limit or mitigate trauma. **In the meantime, schools can be a positive place where teachers can develop supportive and caring relationships with children and where children can play and make friends and learn.**

Cluster's strategy to support the international humanitarian exit in GCA from 2021 to 2023

To support the multi-year international humanitarian exit in GCA by 2023 the Cluster will work further to increase the role of local actors for transitioning from humanitarian to development programming. In 2021 the Ukraine Education Cluster (UEC) which is co-led by Save the Children and UNICEF, continued discussions to transition cluster activities from the Cluster Lead Agencies (CLAs) in GCA to the responsibility of the Ministry of Education and Science (MoES). The UEC transition plan was revised to ensure there is an adequate, realistic guidance in place for key Cluster functions transition. The plan was shared with MoES for their review and feedback.

In 2021, the Government of Ukraine adopted the Safe Schools Declaration Action Plan translating commitment into action and supporting education in emergencies. Actions envisioned by the plan focus on developing mechanisms for monitoring and reporting on attacks on education; integrating conflict-sensitive approaches into education policies, curricula; enhancing the protection of education facilities in conflict-affected Donetsk and Luhansk oblasts of eastern Ukraine and ensuring continuity of education.

In order to facilitate the transition process, UEC supports multi-year, strategic partnerships where there is a transfer of technical and institutional capacities from international to national actors, including national NGOs. National Civil Society Organizations (CSOs) which were engaged in the UEC, and will continue to be critical for the smooth functioning of the EiE WG, therefore their capacities should be assessed and strengthened to sustain their self-sufficiency and capacity to mobilize necessary resources, including human and financial.

Monitoring

As part of the inter-cluster response monitoring framework, regular 5W monitoring of the response will be conducted on a school level, where feasible, using education specific tools (Education Cluster Monitoring Tool – ECMT) and feed into the inter-cluster analysis of quarterly achievements. Children have a right to engage in the design, implementation, monitoring and evaluation of programmes that intend to support them. Partners will be encouraged to involve children in generating credible evidence on the quality of programmes. In GCA, the Cluster will continue work closely with the MoES on different levels to include monitoring of EiE needs in the regular governmental systems.

Objectives and Targets

Cluster Objective C01

Ensure access for conflict-affected boys and girls to safe, inclusive, enabling learning environment as a basic essential service

TARGET
105,500

Contributes to Specific Objective SP1.2

Cluster Objective C02

Improve quality of learning and teaching for conflict affected boys and girls where feasible

TARGET
20,000

Contributes to Specific Objective SP1.2

Cluster Objective C03

Promote equal access to safe education as a protective environment to conflict affected boys and girls

TARGET
n/a

Contributes to Specific Objective SP2.1

Cluster Objective C04

Promote non-discriminatory opportunities for continuation of education for conflict affected boys and girls

TARGET
n/a

Contributes to Specific Objective SP2.3

3.2 Food Security and Livelihoods

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
1.1M	202K	\$30M	20

Sectoral objectives

The Food Security & Livelihoods Cluster (FSLC) has two objectives:

1. Ensure immediate access to food insecure people through lifesaving assistance; and
2. Strengthen vulnerable, conflict-affected households' self-reliance and contribute to the economic capacity by protecting and restoring agricultural and non-agricultural livelihoods.

Under the first HRP objective, FSLC partners will ensure immediate access to food. Under the second HRP objective, the partners will strengthen households' resilience and promote livelihood-based responses. In 2022, the Cluster will continue to prioritize food insecure people to improve their humanitarian condition, especially those with poor or borderline Food

Consumption Scores (FCS) and those with high-to-medium Livelihood coping strategy (basic needs) (LCS)), along with those with high food expenditure shares.

The Cluster will prioritize areas with a high severity ranking and/or a high concentration of people experiencing increased food insecurity, in rural and urban areas in the GCA and NGCA of Luhanska and Donetska oblasts. The Cluster will also prioritize geographic areas with limited mobility, locations closest to the "contact line," and isolated settlements. Livelihoods activities in the GCA and NGCA of both oblasts will be prioritized. A combination of food and livelihood assistance (food+) will be provided.

Response strategy and modalities

The FSLC plans to provide immediate access to food to 108,000 severely and moderately food-insecure

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
	RESIDENTS	42	25	90	40	-
	IDPS	3	2	-	-	-
202K	TOTAL BY AREA	45	27	90	40	-



MAIORSK, DONETSKA OBLAST, GCA, UKRAINE

Liza, three years old, with her mother. In winter, it is almost as cold inside as outside.

Photo: Danish Red Cross/Yevhen Maloletka

people and provide livelihood support to 98,000 vulnerable individuals (46,000 households) in 2022. The Cluster is targeting a total of 202,000 people or 18 per cent of the 1.1 million estimated people in need of food assistance and livelihood support. The number of people targeted is up by 153 per cent due to a change in the methodology of HRP, which shifted from a project-based to activity-based costing and had significant improvement in data quality. In 2021, the partners targeted just 5 per cent of the total PiN.

The 2022 target is more realistic and is based on needs and analysis, partners' capacities, humanitarian access, and contribution by the government and non-humanitarian actors. Sixty-four percent of people targeted are female, 34 per cent are older persons, 11 per cent are children, and about 14 per cent are persons with disabilities. Seventy-two thousand are targeted in GCA, including 5,000 IDPs, while 130,000 are targeted in NGCA.

115 FSLC, 'COVID-19 and Food Security and Livelihoods', 2021.

116 FSLC, 'Guidance on Emergency Livestock Actions', 2021.

The Cluster partners will use vulnerability targeting as per the severity of needs in the 2022 Humanitarian Needs Overview (HNO). Considering the persistent COVID-19 threat, partners are encouraged to select modalities and design their projects with regards to existing guidelines, including the COVID-19 FSLC Guidance Note for Ukraine¹¹⁵ and Guidance for Emergency Livestock Actions in the context of COVID-19.¹¹⁶ COVID-19 measures have significantly reduced partners' physical, direct contact with the beneficiaries, thus making partners use innovative means to reach the most vulnerable.

Cluster Objective 1: Ensure immediate access to food for food-insecure people through life-saving assistance.

About five per cent of the population in GCA and nine per cent in NGCA are food insecure, some 400,000 people. The Family Income and Expenditure Survey (FIES) and the REACH Multi-Sectoral Needs

Assessment (MNSA) record 6 per cent of households employing irreversible coping strategies, such as selling of land or houses. These people need not only direct food, but also livelihood assistance. Partners have provided food for only three months per annum, making recovery hard. Partners will increase support to not less than six months per annum through combined food and agricultural or non-agricultural support. This increase will positively impact food security by increasing food access and promoting agricultural livelihoods. FSLC partners will provide food assistance in accordance with the recommended food basket and cash-based transfer value.¹¹⁷

Forty percent of the moderately food insecure in rural areas and 10 per cent in urban areas are eligible for direct food support through cash/voucher/in-kind (108,000 people). Although the moderately food insecure have a smaller food consumption gap, they risk further deterioration without food support, especially for those who employ many coping strategies. This group risks depleting their assets and falling into the severely food-insecure category.

Partners will focus on priority geographic areas with the highest food insecurity, and limited access to market and income-generating opportunities. Since most of the food insecure are in rural and isolated communities, the Cluster has adopted a new approach to scale up and promote food+ activities: investment in agriculture such as home gardens, poultry, and small animals; cash to meet other basic needs; and promotion of income-generating activities. Cash provision to those targeted for direct food packages will help to decrease the rising borrowing and debt rates, and the reallocating of cash for medicine to food and other basic needs. The partners will continue to provide a similar response package to food-insecure households in urban areas.

FSLC will continue to prioritize vulnerable women-headed households, including those with special needs, persons with disabilities, and the chronically ill. Assistance to these households will aim to cover their food needs and provide a livelihoods package

to promote diversification based on the vulnerable household's capacity.

Partners will continue to create awareness of the COVID-19 pandemic and heed the government guidelines. Partners have adopted effective new delivery modalities, including delivering food to homes, vouchers, adjusting distribution dates, and keeping the staff and vulnerable groups safe. There are no reports linking food/cash/voucher distribution to COVID-19 contamination in the field. Finally, the Cluster is committed protection mainstreaming and to gender-, age-, and disability-sensitive programming.

Cluster Objective 2: Strengthen vulnerable conflict-affected households' self-reliance and contribute to the economic capacity by protecting and restoring agricultural and non-agricultural livelihoods.

The Cluster aims to increase access to agricultural and non-agricultural livelihoods by strengthening and promoting self-reliance, restoring agricultural and non-agricultural livelihoods, and supporting vulnerable households' participation in the local economy. About 66 per cent of the population have needs related to the reduction in living conditions. As mentioned in the HNO, FSC data and consultation with partners promoted a shift to more livelihoods programming. Therefore, the Cluster's strategy is to promote vulnerable groups', especially the moderately food insecure, access to farm inputs through a cash voucher scheme, direct in-kind, and linkage to markets. This approach will enhance food production for home consumption. Investments in households' own production will increase food availability, boost production at household level, and boost income. Investment will include livestock and poultry at household and community levels, rehabilitation of community assets, and provision of livelihood grants.

Forty percent of the rural moderately food insecure and 25 per cent in urban areas (98,000 people) are targeted for agricultural and non-agricultural livelihoods and early recovery. The partners acknowledged that agricultural livelihoods need to be accompanied by skills training targeting individuals, households,

¹¹⁷ FSLC, 'Guidance on Food Basket and Cash-Based Transfers', 2021.

and cooperatives. The partners will prioritize skills training needed to increase employment opportunities and create jobs. The Cluster will explore linking resilience building to include support to technical vocational education training (TVET) to provide new skills to the vulnerable.

Partners' actions developed will also focus on non-agricultural livelihoods such as improving access to income through income-generating activities, job creation, business grants, value chains to restore livelihoods, and links with resilience building. The Cluster will promote market linkages in rural and isolated communities.

Regular consultation by partners with the communities enhances community participation, targeting, and quality of the interventions. The moderately and severely food insecure are targeted to stop further deterioration of their food and livelihood security situation, and to improve their food security status sustainably. Partners will link with durable solutions and income diversification projects in the context of the nexus approach. Despite the HRP being a one-year plan, the Cluster encourages multi-year financing.

Cost of Response

In 2022, the FSLC requires \$29.7 million, with \$19.5 million for lifesaving food assistance and \$10.2 million for livelihood and early recovery support.

Severely food-insecure people are eligible for 2,100 kcal/100 per cent of the food basket value, according to the FSLC¹¹⁸ recommended food basket, while the moderately food insecure should be assisted with 1,600 kcal food basket/75 per cent of the food basket value. Sixty percent of the total financial requirements are needed to provide assistance in NGCA. The majority of assistance planned for NGCA is expected to be provided in-kind given limited opportunities for cash interventions and disruption of markets that limit the beneficiaries' opportunities to redeem food vouchers or cash. The FSLC will use a unit-based costing methodology for 2022. The food package and cash-based transfer value will be based on the approved food basket and cash-based transfer,

which has been revised and where necessary will be review based on assessment, price monitoring, and evaluation.

Cross-cutting issues: AAP, PROTECTION, GENDER

The affected population needs access to a safe, inclusive, enabling learning environment as an essential service; sufficient food; preservation and strengthening of livelihoods; ensured access to sufficient water and minimal levels of sanitation provision; access to basic health services; and the means to meet the most acute protection needs of people with multiple vulnerabilities. The needs of the affected population must be addressed through multi-sector integrated actions, most especially within the WASH, Health, and Protection Clusters. The FSLC has developed a connection with the Protection Cluster to enhance referral of GBV survivors to receive livelihood assistance. FSLC partners will comply with specific guidelines and encourage partners to prioritize woman-headed households, which are more often food insecure, as stated in HNO. Woman-headed households should be assisted not only with food assistance, but also and primarily with income-generating opportunities, agricultural livelihoods, and trainings. To tackle and adapt to climate change, comprehensive approaches to disaster risk reduction and humanitarian assistance should be developed and implemented. Humanitarian actors should respond not only to already existing humanitarian gaps, but also work together to anticipate further challenges and develop capacities to respond to potential sudden onset emergencies. Joint action by all humanitarian actors and authorities is required at local, regional, and national levels.

Cluster's strategy to support the international humanitarian exit in GCA from 2021 to 2023

The Cluster monitoring plan was activated in 2021.

The plan has benchmarks and actions needed to ensure the transitioning of the Cluster responsibilities to a national partner by the end of 2023 subject to political stability in conflict-affected Donetsk and Luhansk oblasts of eastern Ukraine. The Cluster's transition plan is aligned to HRP strategic objective

¹¹⁸ Ibid.

3 aimed at implementing an international humanitarian exit strategy in GCA by 2021–2023. The Cluster will work with FAO to identify national partner(s) to coordinate the residual humanitarian needs, including the Ministry of Agrarian Policy and Food of Ukraine (MoA), Ministry for Temporarily Occupied Territories, and other actors.

In 2022, the partners will build linkages with non-HRP actors involved in recovery and development programs. The Cluster will support quality food security and livelihoods assessment in order to monitor the progress made against the benchmarks for transitioning and residual needs. The Cluster will continue focusing on resilience building of communities affected by the armed conflict. Among key activities under restoring livelihoods are rehabilitation of community livelihood assets, income-generating activities at community level, value chains management, and cooperative support in conflict-affected communities. The partners will engage with relevant Government actors, particularly at the local level, to define and contribute to the development priorities of the specific area. In 2022, the FSLC targets 5,000 IDPs who reside in Donetsk and Luhanska GCA. IDPs residing outside of the conflict-affected areas are expected to be assisted by local responders, including the Red Cross and Red Crescent Movement, Government, and the private sector.

Monitoring

The 2022 humanitarian activities will be monitored against the two sectoral objectives and measured based on the agreed indicators. Throughout 2022, FSLC will monitor the humanitarian situation of different vulnerable groups and provide support to partners to conduct localized assessments in conflict-affected Donetsk and Luhanska oblasts. FSLC will conduct regular field missions to closely monitor the food security and livelihoods situation. For those falling in the severe and moderate food insecurity categories, the FSLC will monitor their Food consumption score (FCS) (through post-distribution monitoring), Food Expenditure Share (FES), Livelihood coping strategy (basic needs) (LCS), and food prices. The partners will monitor price data and households' sources of income. FSLC will collect quality response data from the partners to monitor the number of people assisted against the Cluster's HRP target for 2022. The data will be used for activity progress monitoring, indicating gaps in response across each of the Cluster Objectives and coordination of humanitarian efforts among Cluster partners. Dashboards, partner presence maps, and other informational products will be produced on a quarterly basis and will be available publicly on the FSL Cluster website in Ukraine.¹¹⁹

Objectives and Targets

Cluster Objective CO1

Ensure immediate access to food for food insecure people through life-saving assistance

TARGET

108,000

Contributes to Specific Objective SP1.1

Cluster Objective CO2

Strengthen vulnerable conflict-affected households' self-reliance and contribute to the economic capacity by protecting and restoring agricultural and non-agricultural livelihoods

TARGET

46,000

Contributes to Specific Objective SP1.2

¹¹⁹ The Ukraine Food Security and Livelihoods Cluster website is accessible via this [link](#).

3.3 Health

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
1.5M	1.2M	\$36M	24

Sectoral objectives

Objective 1: Reduce infectious disease transmission and hospitalization rates by supporting the health-care system, including laboratories and immunization, and the COVID-19 incident management system (IMS) (Surveillance, Infection Prevention and Control (IPC), Case Management, EECPs, Risk Communication and Community Engagement).

By supporting the health-care system and strengthening partner coordination, particularly in NGCA, around the IMS during the COVID-19 response, the HRP aims to improve response capacity to prevent and manage outbreaks of other epidemic-prone infectious diseases, such as polio and measles.

Objective 2: Improve access of the conflict-affected population, exacerbated by COVID-19, to essential health-care services (EHS), including HIV, TB and mental health and psychosocial support (MHPSS).

After almost eight years of conflict, EHS, particularly those close to the “contact line” and in NGCA, are still unable to meet the basic health needs of the population, never mind cope with a pandemic. To remove barriers to care, the HRP seeks to improve physical access to health facilities, reinvigorate disrupted programmes, and augment services for which there is overwhelming need. Health sector partners will conduct assessments and perform monitoring to target support and provide guidance and training build capacity.

Objective 3: Improve the capacity, sustainability and quality of health-care services provided at different levels of care for the conflict-affected population and ensure the implementation of the humanitarian exit strategy in GCA from 2021-2023 and working towards the HDP Nexus approach.

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
1.2M	RESIDENTS	425	204	308	158	-
	IDPS	32	24	-	-	-
	TOTAL BY AREA	457	228	308	158	-



**SIEVIERODONETSK, LUHANSKA
OBLAST, GCA, UKRAINE**

A nurse helping COVID-19 patients in the hospital.
Photo: OCHA/Yevhen Maloletka

This objective aims to have the Ministry of Health lead the Health Cluster and development partners take over humanitarian health activities in GCA by 2023.

Response Strategy and Modalities

Cluster partners will target 1.15 million people out of the total 1.5 million people in need. This number includes 151,494 children (13 per cent), 648,277 adults (56 per cent) and 350,229 older persons (30 per cent). More than half (54 per cent) of the response will focus on the female population and 13 per cent (or 150,846 people) on persons with disabilities. Around four per cent of the prioritized activities have a cash component. This amounts to \$1,463,522 of the total health budget. Given the holistic nature of the health response it has not been possible to calculate the split between service and in-kind.

For all activities related to COVID-19 and other epidemic-prone diseases (e.g., polio, measles) (Cluster Objective 1), the response modalities will be structured around the Incident Management System.

Cluster partners will work to increase surveillance capacity and use of rapid-response teams (RRT) to activate and strengthen contact tracing activities (the tracking down, linking, and isolation of cases) to reduce the risk of outbreaks. The coordination of responses to ad hoc assistance requests for medical and laboratory supplies (e.g., personal protective equipment (PPE), testing materials) will be facilitated through the Health Cluster Referrals Tracking Tool. Further assessments and monitoring of COVID-19 designated hospitals with the Health Cluster Emergency Health Services Tool will be conducted to appraise their functionality and to better target support.

Support to local authorities will aim to alleviate the strain on Emergency Medical Services (EMS) and ICUs when COVID-19 cases exceed capacity. Assistance with the recruitment of surge capacity staff and targeted MHPSS interventions to protect health workers from exhaustion and psychological stress are planned.

COVID-19-related training provision and expertise sharing will be a crucial part of the strategy, including the adoption of national and global guidance on IPC, risk communication, clinical care, surveillance, laboratory practices and MHPSS. **Involvement of Civil Society Organizations** in developing risk communication strategies and engaging the community will enable projects to better reach target groups.

Inter-cluster collaboration will enable partners to share expertise and broaden the scope of their activities; for example, partners from the Health and Protection Clusters have teamed-up to deliver vaccination awareness trainings for both health workers and community members to improve communication and dispel misinformation to increase vaccine uptake.

For activities focused on strengthening the health system and access to care (Cluster Objective 2), partners will deliver medical supplies, medication, equipment and support direct life-saving and primary health-care services (through fixed and mobile modalities), including monitoring and services focused on emergency care, HIV, TB, non-communicable diseases, sexual and reproductive health, maternal and child health, and mental health and psychosocial support. This includes the provision of financial and in-kind support to vulnerable populations (e.g., older persons, persons with disabilities) through cash and vouchers for health-care expenses. Support activity planning has been informed by two valuable Health Cluster assessments completed in 2021 focusing on hospital and laboratory readiness and capacity, as well as the EHS monitoring tool, the WHO tool on attacks on health care and other assessments from Health Cluster partners.

Integral to all response activities is that they are structured to prepare the health system for transition and bring it in line with the reform plan (Cluster Objective 3). In addition to rehabilitating infrastructure and supporting laboratories, interventions will also focus on gender-related gaps in humanitarian health care, disaster risk reduction planning, and access to affordable medicines. Additionally, monitoring at EECs will be increased to inform project planning. Activities will also aim to mitigate the impact

of decentralization and health reform on the target population, particularly on household health expenditures, and to ease the health system's transition from reliance on humanitarian actors to Government-led development.

The support will also seek to promote modalities of care based on primary and community health care, including e-health, telemedicine, delivery of routine medication, etc. and improve the quality and coordination of referrals through linkages between the three levels of health care, including communities.

Cost of Response

The estimated cost for health activities in the 2022 HRP amounts to \$35.7 million which aims to reach 1.15 million people in need. With a requirement of \$21,085,109 or 59 per cent of the requirement, the NGCA component is higher than the GCA component with \$14,611,050, or 41 per cent. The NGCA proportion of costs is higher mainly due to the higher costs of activities in NGCA.

The largest proportion (36 per cent) of all sectoral costs under Cluster Objective 1 focuses on providing COVID-19 related training and expertise sharing, including national and global guidance (both, online and offline) on such subjects as IPC, risk communication, clinical care, surveillance and contact tracing, laboratory practices and MHPSS; 93 per cent of the costs are for activities in NGCA. Roughly 17 per cent of the cost (75 per cent of which will fund activities in NGCA) are to provide the minimum number of PPE packages needed to run health facilities at full capacity and ensure high safety IPC standards among health-care workers.

The majority of the resources for Cluster Objective 2 will be allocated to the procurement and distribution of medical supplies, essential medications, and equipment through established and mobile health-care services (52 per cent). Approximately 22 per cent of the sectoral requirement is to cover the provision of direct lifesaving and primary health-care services and the restoration of disrupted health services and damaged infrastructure.

Most of the cluster response under Cluster Objective 3 focuses on restoring and rehabilitating disrupted health services and infrastructure, which became non-functional due to lack of maintenance (41 per cent of costs). A large proportion of the requirement (37 per cent) will be allocated to building the capacity of health authorities and health managers to take over humanitarian health activities, including those which minimize the impact of COVID-19 on EHS access.

Cross-cutting issues: AAP, PROTECTION, GENDER Aligned to the overarching collective AAP Framework, the Health Cluster adheres to the three-step approach consisting of assessments and feedback collection based on a validated methodology; performance-based management by promoting appropriate programme design through the provision of expertise in health systems and financing; and monitoring of activities.

The Health Cluster has brought gender issues in health into the foreground in 2021. In August, the Health Cluster secretariat developed a briefing note, entitled “Humanitarian health analysis through gender lenses,” to draw attention to how gender factors into the humanitarian crisis created by the conflict and exacerbated by the COVID-19 pandemic. It highlighted how women, girls, men, and boys are all affected differently by the crises. A need was identified to increase awareness of gender-sensitive approaches to health programming. To build this local capacity, the secretariat held a series of workshops on to support Civil Society Organizations in addressing the gender-related gaps in health care. After the workshops, participating organizations submitted proposals for projects focused on gender-related issues; individual project support was provided by the Health Cluster, which also evaluated the impact made by the projects.

Cluster’s strategy to support the international humanitarian exit in GCA from 2021 to 2023

To facilitate the humanitarian exit in GCA from 2021 to 2023, the Health Cluster is implementing a humanitarian-development-peace nexus approach, linking health partners providing humanitarian assistance

with transitional aid/development activities and peacebuilding efforts, aiming to ensure sustainable access to health services. This is in line with Phase 3 of the WHO/EU-NEAR Solidarity Programme for the Eastern Partnership – Health. The overall objective is to strengthen the resilience of the region’s people and local health system in the face of both the COVID-19 pandemic and the ongoing conflict. In 2021, the Health Cluster coordinated several inter-agency projects. One such project, aiming to reinforce EHS in GCA, involved the collaboration of WHO and Medicos del Mundo (MDM). WHO provided technical advice on health financing to MDM’s programme in GCA which delivers health-care services, builds the capacity of local health and non-health staff, engages in awareness and advocacy activities, and supports the COVID-19 response. In 2022, the Health Cluster plans to coordinate more interagency projects.

Monitoring

The Health Cluster will conduct regular 5W monitoring as part of the inter-cluster response monitoring framework and feed into the inter-cluster analysis of quarterly achievements. Two online dashboards are maintained by the Health Cluster to visualize the operational presence and activities of its sector partners in by reporting period and location. The COVID-19 5W Dashboard reports on the activities of health sector partners participating in the COVID-19 response, while the Ukraine 5W Dashboard outlines all health sector partner activities.

The Health Cluster EHS tool, launched in 2021, will be used to monitor health facility status and capacity to better guide support. Key performance indicators will also be monitored for systematic data collection and analysis.

The Health Cluster Referrals Tracking Tool will continue to facilitate the coordination of responses to ad hoc assistance requests for medical and laboratory supplies; data from the tool will be analysed to target interventions.

Objectives and Targets

Cluster Objective CO1

TARGET

488,750

Reduce infectious disease transmission and hospitalization rate by supporting health-care system, including laboratories and immunization, and COVID-19 incident management system (Surveillance, Infection Prevention and Control, Case Management, EECPs, Risk Communication and Community Engagement)

Contributes to Specific Objective SP1.3

Cluster Objective CO2

TARGET

224,250

Improve access of conflict-affected population, exacerbated by COVID-19, to essential health-care services, including HIV/TB and MHPSS

Contributes to Specific Objective SP1.3

Cluster Objective CO3

TARGET

437,000

Improve capacity, sustainability and quality of health-care services provided at different levels of care for conflict-affected population, exacerbated by COVID-19, and ensure implementation of an international humanitarian exit strategy in GCA from 2021 to 2023 and working towards the HDP NEXUS approach

Contributes to Specific Objective SP3.3

3.4 Protection

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
2.5M	1.4M	\$50M	35

Sectoral objectives

In 2022, the Protection Cluster plans to reach 1.4 million people in need of protection specialized responses, including 144,000 IDPs. In spite of the higher scale of protection needs in NGCA, the Protection Cluster can only expect to assist 444,000 (32 per cent of the total target) persons in that area, due to severe restrictions on humanitarian access to protection activities, as well as due to limited operational capacity from partners.

The Cluster's objectives are to:

1. Ensure conflict-affected people, including IDPs, benefit from full and non-discriminatory access to quality essential services and enjoyment of their

rights, with particular attention to people with specific needs.

2. Strengthen protection and social cohesion through prevention and mitigation of rights' violations and community-based protection for conflict-affected people, and support IDPs in identifying durable solutions.
3. Improve resilience of conflict-affected people and systems of service provision.

The Protection Cluster will prioritize humanitarian responses in all the territory of NGCA, while in GCA the humanitarian responses will be focused essentially on hard-to-reach areas affected by insecurity, lack of public transportation and/or where services were disrupted by the conflict and decentralization reforms, located in the 27 Territorial Communities

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
1.4M	RESIDENTS	596	219	273	171	-
	IDPS	79	41			24
	TOTAL BY AREA	675	260	273	171	24



**“NOVOTROITSKE” CROSSING POINT, DONETSKA
OBLAST, GCA, UKRAINE**

Crossing the “contact line”.

Photo: OCHA/Yevhen Maloletka

situated along the “contact line” on GCA (including 18 Civil-Military Administrations). In areas further away from the “contact line”, including in other oblasts where IDPs live, the Protection Cluster will work closely with development actors under the Humanitarian-Development Nexus approach, to promote durable solutions for IDPs and the adequate access of the conflict-affected population to social protection and justice, as well as to increase community empowerment and participation.

Response Strategy and Modalities

In 2022, the Protection Cluster will adopt different modalities of response strategies in NGCA and GCA, considering the peculiarities of each zone in terms of humanitarian access; partner’s operational capacities; extent and severity of humanitarian needs; levels of the Ukrainian state ownership of the response; and progresses achieved in terms of provision and access to essential state services, following the decentralization, judicial and digitalization reforms.

While the situation in NGCA has been recognized as a protection crisis, life-saving and essential protection activities are still particularly restricted. Since 2020, protection partners were able to reach less than ten per cent of the planned target of persons to be assisted with protection activities. The protection environment and humanitarian access for protection activities is limited and fragile and deteriorated even further due to ongoing hostilities and enforcement of COVID-19-related restrictions on freedom of movement in 2021, without due respect and recognition of the neutrality and impartiality of humanitarian action. After eight years of conflict, 1.3 million people in need in NGCA are still unable to effectively access Psycho-social Support, Explosive Ordnance Risk Education, Legal Aid, Individual Counselling and GBV prevention and specialized responses. Protection monitoring, needs assessments and humanitarian demining are not accessible, which hinders’ the humanitarian community’s ability to capture accurately and respond to the main risks, threats and gaps affecting the lives of NGCA residents.

In this regard, the **protection response in NGCA** will be grounded in following strategic lines:

- Continuous provision of life-saving protection services, information and assistance at local level, including mine victim assistance;
- Strengthening community-based protection, to support existing or new community centres, and to provide capacity building to community volunteers who could expand the outreach to vulnerable groups and deliver “soft” protection services (protection information, EORE, psychological first aid) through communities’ themselves;
- Continuous advocacy on the right to freedom of movement, particularly to ease restrictions on EECPs and improve reception capacities at the Ukraine-Russian Federation crossing points, facilitating access to GCA territory where NGCA residents can receive social services, payments of pensions and social benefits; access justice; visit relatives and be assisted with humanitarian protection services;
- Advocacy and humanitarian negotiations for access to protection activities, particularly for the provision of essential and life-saving protection services related to Mine Action, psychosocial support, and GBV prevention and responses. In line with the Joint Operational Principles for NGCA, advocate for the impartiality and adequate timing of protection responses;
- Operationalize the centrality of protection in NGCA responses, mainstreaming protection in other sectoral responses (WASH, Shelter, Health, Education, etc.), including capacity building to local humanitarian partners;

On the GCA side, the protection environment is marked by a dual situation – and their corresponding peculiarities guided the rationale of two different response approaches in the area. On one hand, hard-to-reach areas closer to the “contact line” in GCA are still affected by the prevailing volatility of the security context, ongoing hostilities, and extensive land contamination by mines/ERW, coupled with the isolation of communities from state institutions and markets, due to lack of transportation and commu-

nications. In the geo-zones corresponding to the 27 Territorial Communities situated along the “contact line” on GCA (including 18 Civil-Military Administrations), with a particular focus on hard-to-reach settlements, individual life-saving protection assistance (cash, in kind) and essential protection services (legal aid, case management, PSS, transportation, safe spaces for GBV survivors, protection information, individual counselling, EORE) will continue to be required. Protection Monitoring will also be prioritized, to identify risks and violations of rights, including protection trends resulting from the impact of ongoing hostilities, new legislative reforms and progresses in the decentralization of social service provision. Although development actors are expected to engage mainly in larger towns and areas further from the “contact line”, the Protection Cluster will still work closely with them under the HDP nexus, to support the re-structuring of social protection systems adapted to the needs of the conflict-affected population and finding transportation solutions along the “contact line”.

In GCA areas further away from the “contact line”, including other oblasts where IDPs live, there have been notable and much appreciated steps by the Government of Ukraine to alleviate the suffering of conflict-affected people, including legal and policy developments on the protection of IDPs, compensation mechanisms for damaged and destroyed houses, national mine action systems, improvements in infrastructure and availability of services at Entry-Exit Crossing Points (EECPs) and measures taken to enhance service provision at local level. A specific example is the development of mobile social and administrative services (such as mobile social workers, mobile TSNAPS and on-line portals for administrative services), which also represents one of the strategic objectives of the decentralization reform, bringing state services closer to communities. Therefore, in such geographical areas, the humanitarian protection response will be shaped towards paving the way to a future, gradual and responsible humanitarian disengagement, in line with the decrease of humanitarian needs and national authorities increasing capacity and accountability.

In particular, the Protection Cluster will shift the focus of individual assistance to more collective approaches, scaling up community-based protection to empower communities, increase resilience and support them to advocate for themselves and respond to the risks identified in their communities. Although in these locations individual protection assistance may continue to be provided to conflict-affected persons and IDPs in extremely vulnerable situations, partners will prioritize the referrals of individual cases to State service providers, as the first respondents to humanitarian needs, as well as support the affected population to access pensions, social benefits and housing programmes.

The Protection Cluster will continue its advocacy efforts and provision of technical assistance to Ukrainian Ministries, Parliamentary Commissions and national authorities, to improve the legal, institutional and policy frameworks especially in relation to protection of civilians, freedom of movement, pensions, civil documentation, birth registration, HLP rights, social services and durable solutions for IDPs. In order to improve access to the existing compensation mechanism, including to secure compensation for damaged houses, protection partners continue to provide substantial expert support for the Government to amend the existing legislation. The IDP Inclusion and Durable Solutions Strategy and Operational Plan adopted by the Government of Ukraine in 2021 is expected to shape humanitarian partner's advocacy and complementarity efforts with the Government until 2024. In this regard, partners will continue to pursue durable solutions for IDPs and scale-up advocacy efforts related to de-linking access to services/benefits from IDP registration; expanding access to housing programmes; promoting economic inclusion and finding solutions to approximately 6,200 IDPs still living in collective centres.

The Protection Cluster will also expand capacity building and institutional support to local authorities to improve quality, access to social services and access to justice; as well as to increase State ownership of the humanitarian response, including in

areas outside Donetska and Luhanska oblasts where IDPs live. Protection partners will work to strengthen accountability of local authorities and transfer technical expertise, as well as build the capacity of local civil society organizations and also capitalize on their expertise and protection information (including the promotion of the outsourcing of social services by State institutions).

Given the favourable environment for the operationalization of the Humanitarian-Development Nexus in this area, the Protection Cluster will build on existing good nexus practices¹²⁰ between development actors and humanitarian partners, focusing particularly on the following areas: a) social protection, to ensure that when organizing services in line with their new responsibility under the decentralization reform, Territorial Communities ensure that their administrative and social services remain effectively accessible to isolated communities along the “contact line”, either through adequate public transportation connection or mobile services; b) access to justice and legal assistance, including more outreach from free legal aid providers (FLACs or NGOs), having their services more accessible and regularly deployed in isolated communities along the “contact line”; and c) community empowerment and participation, to allow dialogue amongst IDPs, communities and local authorities, including military officers, so their views are taken into account in the reorganization of public services, as well as to foster social cohesion and peaceful coexistence.

Finally, Protection Cluster partners will work closely with other sectors to strengthen synergies and ensure a cohesive multisectoral response to humanitarian needs, particularly on protection mainstreaming with other sectors and to promote livelihoods, economic inclusion, access to essential services (health care, education, etc.), to increase resilience of the affected population.

¹²⁰ OCHA, 'Report of the HDP Nexus Workshop', June 2021 – available online at this [link](#).

Child Protection AoR

PEOPLE TARGETED

399 K

REQUIREMENTS (US\$)

\$5M

The Child protection Sub-Cluster is targeting 399,000 people, of whom 50 per cent are children.

Child Protection partners will continue to provide psychosocial support to boys, girls, men and women. Online and phone modalities will be used in case of quarantine restrictions due to COVID-19 and mobile outreach will be used for hard-to-reach and isolated areas. Community-based activities and mobilization of internal resources of the communities will be prioritized as well as the support of youth initiatives and active agents of change within communities.

Capacity building for community specialists will be conducted with consideration of challenges in connection to the decentralization process and will focus on

the communities next to the “contact line”. Strong emphasis will be made on cooperation between state services and civil society actors. Case management and referrals to other specialized services will be provided to vulnerable children, particularly those who suffered from violence, abuse, neglect, or were affected by mines or ERWs.

Child protection partners will prioritize positive parenting sessions to sensitize parents and caregivers about ways to cope with long-term stress and develop positive coping strategies in the context of military conflict. Additionally, support will be provided to teachers and social workers. Child protection response will also include awareness-raising activities, focusing on CP issues, parenting, explosive ordnance risk education.

Gender-Based Violence AoR

PEOPLE TARGETED

149 K

REQUIREMENTS (US\$)

\$1.3M

The GBV Sub-Cluster is targeting 149,445 persons (80-85 per cent adult women among them). A strong emphasis is also put on ensuring access to sustainable and specialized services to GBV survivors and persons at risk of GBV. This includes activities such as advocacy, capacity building, technical assistance and support to local authorities which aim to enhance accountability for preventing and addressing cases of violence. GBV SC partners will continue to provide specialized PSS support to the survivors, develop the network of specialized services with special attention to accessibility, raise awareness in general population, sensitize responsible specialists.

GBV Sub-Cluster will prioritize strengthening inter-cluster, inter-community and intersectoral coordina-

tion between actors, ensuring a survivor, community and human rights-based approaches (as a part of humanitarian-development and peace nexus). In addition, the Sub-Cluster will support local actors to improve the reliability of quantitative and qualitative data on survivors disaggregated by sex, age, disabilities, family/ household status, as well as information on type of incidents (in-/outdoor, etc.) where feasible. Fostering greater coordination is therefore key and also contributes to increased referrals, in particular to accessing legal and health support as well as to ensure mechanisms are put in place by law enforcement for the protection of GBV survivors. There is no reliable information on GBV risks affecting NGCA residents, with some anecdotal evidence or assumptions available. Therefore, the Sub-Cluster will also work to improve access to NGCA residents at risk and survivors of GBV through hotlines and other remote solutions.

Mine Action AoR

PEOPLE TARGETED

581 K

REQUIREMENTS (US\$)

\$13 M

Mine action Sub-Cluster is targeting 580,000 beneficiaries living in the areas most impacted by the conflict. Mine action programmes undertaken by humanitarian actors are very complex and cover 4 important pillars of MA – clearance/demining operations, explosive ordnance risk education (EORE), victim assistance (VA) and advocacy. MA partners will continue providing capacity building and technical

Cost of Response

To assist 1.4 million people targeted, the Protection Cluster requires \$50.1 million. Although most of the people in need reside in NGCA (54 per cent of total protection PiN), targets and funding requirement to cover the response in NGCA are much lower in comparison to GCA, due to the disproportionate balance between severity of needs, partners' operational capacity and restrictions on humanitarian access in NGCA – which is even more restricted to protection activities in particular. The funding requirement is expected to be distributed as follows: 84 per cent allocated to delivery of services (including community-based protection and demining); 22 per cent to capacity building, advocacy and institutional support; 5 per cent to assessments and protection monitoring; 3 per cent to cash assistance and 3 per cent to in-kind assistance.

The cost of the Protection response was calculated following an extensive consultative process, to which 20 partners contributed to. The exercise found that the main cost drivers for protection activities in Ukraine are: 1) the need to employ high numbers of skilled staff; 2) time-consuming and complex processes of service delivery, requiring multiple actions/days to be completed; 3) logistics (particu-

support to existing and newly established national MA institutions. Legislation, National MA standards and advocacy issues will be addressed as well. Priorities in MA response will be given to VA, EORE and Land release. First mine victim database should be developed in early 2022 and this will allow VA activities to be better prioritized and coordinated on national level (National Mine Action Authority will be in charge). Due to very limited access of MA operators to NGCA, local activities will be limited to EORE and VA only. Establishment of NMAA and mine action centers will bring more focus on national strategic planning and coordination of MA and at the same time there will be more need for assistance and capacity building support from international partners.

larly fuel) to ensure presence, adequate monitoring, and delivery of life-saving activities; 4) modality of delivery (online/offline); and finally, 5) scale of persons reached – for instance, service provision in NGCA is more expensive due to the very limited humanitarian access and numbers of beneficiaries, while community-based activities are more expensive in smaller or isolated settlements (due to logistics/security costs).

Support and indirect costs were included in the price ranges and costs per unit (at a rate of 25 per cent on average). Nonetheless, partners agreed to include a margin of flexibility to adjust costs by 20 per cent, considering the volatility of the security environment, inflation and continuous deterioration of infrastructure and roads in isolated settlements located in the conflict-affected area.

Cross-cutting issues: AAP, PROTECTION, GENDER
In preparations for the HPC, the Protection Cluster and AoRs engaged in an extensive consultative process with local partners, civil society organization, authorities, IDPs and conflict-affected population. Identification of protection risks, needs and priorities for the protection response relied on existing mechanisms established by partners through Protection

Monitoring Tools, Focus Group Discussions with Affected Communities, Participatory Assessments with IDPs and Complaint/Feedback mechanisms, including hotlines.

In 2022, protection partners will maintain active engagement with affected communities, with an increased focus on AAP and Communication with Communities activities in conflict-affected areas, including through hotlines and through protection mainstreaming approaches with other sectors, in areas where humanitarian access for protection activities are limited. The Protection Cluster will also continue to provide technical expertise to partners – particularly those engaged in data collection with affected populations – to ensure critical issues are addressed in a timely manner using best practices and applying the Do No Harm principle.

Finally, the Protection Cluster shared a Guidance on a Gender and Protection Lens to all Actors in the HRP 2022¹²¹ to ensure the centrality of protection and that protection is integrated into all programming of humanitarian responses.

Cluster's strategy to support the international humanitarian exit in GCA from 2021 to 2023

Overall, the humanitarian needs in Ukraine have decreased, while national, regional and local authorities in GCA are increasingly acquiring the capacity to eventually coordinate and respond to residual humanitarian needs. Nonetheless, the conflict is still ongoing, there is no political solution in sight and the security situation has been constantly deteriorating since the ceasefire (although still very far from pre-ceasefire levels). In addition, the legal and institutional framework is itself on a transitional period with multiple ongoing reforms. The decentralization at local level disrupted social service provision and local organizations do not expect the process of re-structuring service provision to be concluded before 2022. Following the adoption of the Transition Plan of the Protection Sector in December 2020, the Strategic Advisory Group of the Protection Cluster met in May 2021 to discuss how to operationalize the plan, as

well as to clarify minimum standards for a responsible and gradual future disengagement. There was consensus amongst SAG members that no full disengagement of the Protection Cluster would be feasible before the security situation improves or a political solution is achieved. Considering that Ukraine is largely a Protection crisis, the Protection Cluster will play an even more important role after other sectors are deactivated, particularly in light of the State's engagement as a party to the conflict and the need to ensure that political and security agendas are not prioritized over the human rights of affected populations. Moreover, the SAG considered that, contrary to other sectors, the responsibility to protect is shared by a wide range of State counterparts at different levels, which would require a gradual and thematic transition, in accordance with the State levels of ownership and capacity to respond to different protection needs (access to social protection, access to justice, community engagement, etc).

During 2021, significant progress was achieved by the three Sub-Clusters towards increasing levels of State ownership and capacity to take over the humanitarian caseload. The Child Protection Sub-cluster has been closely collaborating with regional centres for social services for family, youth and children to scale-up technical capacities and improve their coordination functions in the GCA of Donetska and Luhanska oblasts. Child Protection authorities proactively engaged in most of the Child Protection Sub-cluster meetings, including by co-chairing thematic regional meetings. The GBV Sub-cluster is already co-chaired by respective bodies of Donetsk and Luhansk State administrations, which also host regular learning sessions on GBV coordination with communities, specialized service providers, law enforcement bodies and justice, under the auspices of the GBV Sub-cluster's technical support and expertise. Finally, the Mine Action Sub-cluster has been working closely with the Ministry of Defense towards the establishment of the National Mine Action Authority – both through intense provision of technical expertise and direct engagement in Sub-cluster meetings.

¹²¹ Protection Cluster, 'HRP 2022: Gender and Protection Lens for All Actors', October 2021.

To boost efforts to promote State ownership and communities’ empowerment, the Protection Cluster has scaled up the provision of institutional support to State actors, particularly local authorities and service providers, as well as community activities and capacity building efforts targeting authorities, civil society organizations and affected communities. Advocacy and technical assistance at Ministerial and Parliament levels will also be scaled up to ensure that legal, policy and institutional developments result in a favourable protection environment.

toring Tool to identify the main protection concerns faced by communities living close to the “contact line” on GCA and analyse trends to inform the collective understanding of the main needs of this population, the capacities of the communities and of service providers and the priority needs for humanitarian and development support programs. In NGCA, the Protection Cluster will rely mostly on qualitative data and the collective analysis shared by protection partners present in the zone; b) on the Cluster’s quarterly 5W to periodically collect analyse and report progress in the implementation of responses.

Monitoring

The Protection Cluster will largely rely on two main monitoring mechanism: a) on the Protection Moni-

Objectives and Targets

<p>Cluster Objective C01</p> <p>Ensure conflict affected people, including IDPs, benefit from full and non-discriminatory access to quality essential services and enjoyment of their rights, with particular attention to people with specific needs</p> <p>Contributes to Specific Objective SP1.1 & SP1.2</p>	<p>TARGET</p> <p>245,000</p>
<p>Cluster Objective C02</p> <p>Strengthen protection and social cohesion through prevention and mitigation of rights’ violations and community based protection for conflict-affected people; support IDPs in identifying durable solutions</p> <p>Contributes to Specific Objective SP2.1 & SP2.2 & SP2.3 & SP2.4 & SP2.5</p>	<p>TARGET</p> <p>1,150,000</p>
<p>Cluster Objective C03</p> <p>Improve resilience of conflict-affected people and system of service provision</p> <p>Contributes to Specific Objective SP3.1 & SP3.2 & SP3.3</p>	<p>TARGET</p> <p>11,200</p>

3.5 Shelter and Non-Food Items

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
158K	81K	\$24M	18

Sectoral objectives

Shelter and NFI interventions will address the needs of an estimated 81,000 most vulnerable IDPs and conflict-affected people, mainly living in proximity to the “contact line” in both Government- and non-Government-controlled areas.

Focus will be in NGCA where needs – in terms of both house repairs and winterization – are higher and assistance still inadequate.

In GCA, assistance will be limited to emergency interventions in ‘isolated communities’ or in areas recently affected by shelling. Activities should have a complementary nature to actions taken by local administrations and the State Emergency Service and should be meant to fill possible gaps in State’s assistance:

whenever possible, humanitarian actors should first try the possibility to improve beneficiaries’ access to state support before providing assistance.

In line with the HCT’s decision on cluster transition, the Shelter Cluster will continue to work towards the handover of the Cluster databases on damage and repairs to relevant government bodies, able to take over field-level coordination functions.

The Cluster prioritizes two cluster objectives, around which to build activities for sectorial humanitarian response 2022:

Cluster Objective 1: To address critical gaps in the essential shelter and NFI needs.

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
	RESIDENTS	18	8	34	20	-
	IDPS	-	-	-	-	1
81K	TOTAL BY AREA	18	8	34	20	1



TRIOKHIZBENKA VILLAGE, LUHANSKA OBLAST, GCA, UKRAINE

Valentyna stoking the fire with fuel received from humanitarians.

Photo: OCHA/Yevhen Maloletka

Cluster Objective 2: To contribute to adequate transitional shelter solutions.

Response Strategy and Modalities

Shelter/NFI Cluster partners will reach the most vulnerable beneficiaries, such as single-headed households, the elderly and persons with disabilities and serious medical conditions – in need of winterization and shelter assistance. In terms of geographic coverage, partners will prioritize people living in areas where state agencies' assistance cannot reach (i.e. areas with constrained access or limited basic services, insecure settlements along the “contact line” and the whole NGCA).

Only 13 per cent of the overall shelter and winterization humanitarian needs (temporary and permanent home repairs, solid fuel and heaters, cash for winterization) **are in GCA**; and in terms of winterization, 65 per cent of vulnerable conflict-affected people in need of coal or warm clothes are in NGCA.

In 2022, Cluster partners will execute light, medium and heavy repairs of houses damaged by the conflict only in NGCA because, in GCA, the State – more specifically the State Emergency Service of Ukraine (SESU) and Local Oblast Administrations – have actively taken over the repair of civilian properties. Repairs will be implemented in three different modalities: (a) turn-key interventions executed by contractors; (b) in-kind provision of shelter material and recruitment of construction teams (local brigades or contractors); (c) a mixed modality in which the material is provided in-kind and recruitment of construction teams is organized by local authorities or by the community. The (a) and (b) modalities are likely to remain the main modalities in NGCA in 2022.

The delivery of emergency shelter kits will be limited to the early response to conflict-related incidents and will cover both sides of the “contact line”.

Winterization assistance will still cover both sides of the “contact line” and will include: (a) the provision of

solid fuel, stoves and warm clothing; (b) the insulation of both social institutions and private houses (mainly in ‘isolated areas’ where gas supply or central heating stopped, and access to functional markets is limited).

In-kind distributions will remain the only implementation modality in NGCA where the banking system is still non-functioning and where markets may face shortages of some goods. In-kind distributions are the preferable option also in GCA areas with limited access to services and in isolated settlements. In the rest of GCA, cash-based modalities are recommended, including communities situated farther away from the “contact line”, where Cluster partners will also provide cash for winterization, mainly focused on social and medical facilities and collective centres in Donetsk and Luhansk oblasts. Partners in GCA need to develop projects that fit the context and provide assistance in the best value for beneficiaries.

Cost of Response

The cost of the Shelter/NFI response in the 2022 HRP totals \$24 million and will aim to reach 81,000 people. In comparison with the 2021 response, this is an increase of \$1 million due to the change in the methodology of the HRP process.

An estimated 51 per cent of the response will be allocated to shelter assistance and 49 per cent to winterization assistance. It is important to note that shelter repairs provide households with a long-term solution. Each household benefits only once from shelter repairs. While winterization assistance is normally cheaper than a house repair, it is also recurrent, as the same vulnerable family is often selected for assistance in consecutive years (as the situation of most vulnerable families in this context is likely to worsen with time, rather than improve). The proposed breakdown of response modalities by activity suggests that partners mainly plan to use in-kind assistance.

Since 2016, the Cluster maintains a matrix with estimated costs per each activity and provides partners with recommendations. For example, it is recommended in locations along the “contact line” that are difficult to access to support the transportation of

solid fuel to the beneficiaries, while the beneficiary can arrange procurement and select a preferred supplier. In general, shelter interventions in NGCA are some 20 to 30 per cent more costly than those in GCA due to higher market prices and more expensive supplier services.

Cross-cutting issues: AAP, PROTECTION, GENDER

The shelter response has largely focused on the repair of existing houses damaged by the conflict, where the beneficiary is also the owner of the house. In technical terms, the space for the involvement of the beneficiary in the design of the intervention is therefore limited, compared to operations where shelter agencies plan settlements and design shelter units. Some considerations apply also to the other Cluster’s core activity: the distribution of solid fuel for heating.

The “people-centred approach” informs the process, starting with the identification of the areas for interventions which requires knowledge of the territory, visits to villages and consultations with communities. Since its establishment, the Shelter Cluster – in consultation with the Protection Cluster – has indicated elderly and disable people, women and marginalized groups, as the target population for both shelter and NFI interventions.

Repairing a house is a process that requires time and ends only with the post-distribution monitoring, assuring the partner’s presence in a location – and the constant interaction with the community and the follow up of their needs. The practice of post-distribution monitoring is well established among national and international Cluster partners.

In areas where Protection activities could not be openly implemented, house repairs and coal and winter clothes distribution have allowed Cluster partners to visit and interact with communities and vulnerable individuals, making shelter and NFI activities an essential tool for the assessment of the Protection needs.

Cluster’s strategy to support the international humanitarian exit in GCA from 2021 to 2023

As humanitarian agencies foresee no priority shelter repairs in the GCA for 2021, the main coordination efforts will stay around the winterization response.

In this regard, the Cluster will remain in a reduced footprint in the GCA by arranging a winterization working group that will oversee the timeliness, preparedness, and coordination services for this response. For the shelter response in GCA, the authorities of Donetsk and Luhanska oblasts will coordinate the repairs of the residual number of houses needing repairs and also organize the commissions to provide compensation for fully destroyed houses.

HLP partners operating in both shelter and protection sectors will continue providing expertise to the policy-making processes concerning compensation for the destroyed housing (with a particular focus on hard-to-reach settlements), and the development of a legal framework for compensation for damaged housing. In 2022, it is expected that UAH 80 million (approx. \$2.8 million) will be allocated to provide approximately 260 families with compensation for destroyed housing. Another focus of HLP partners will be the development of the legal framework for amnesty for construction works without permits in conflict-affected housing. For this purpose, the

Ministry for Reintegration of the Temporarily Occupied Territories and the Ministry for Communities and Territories Development will be provided with the technical support needed to develop and introduce this mechanism.

Monitoring

The main monitoring tools used by partners are 5W, winterization matrix and post-distribution monitoring (PDM). In 2022, the Shelter/NFI Cluster will continue regular winterization monitoring by filling in the coordination matrix and the lessons learned session. For the shelter programs, there will be regular contact with the SESU as well as with the local administrations. In order to ensure accountability to affected populations and achieve the quality results of the strategy in the sector, the Cluster advocates for common and transparent processes of production of PDMs. Since 2015, Cluster partners in Ukraine have been collectively working to mainstream post-distribution monitoring into their programs and findings are fed into the planning of future interventions. Based on the findings of PDMs, the Cluster has set out best practices and prepared guidance for partners that they may use in the planning and implementation e.g. recommended amount of coal per household to survive the winter season.

Objectives and Targets

<p>Cluster Objective C01 Address critical gaps in essential shelter and NFI needs of the most vulnerable IDPs and conflict affected population</p>	<p>TARGET 39,400</p>
<p>Contributes to Specific Objective SP1.1</p>	
<p>Cluster Objective C02 Contribute to adequate transitional shelter solutions (monetised or in-kind)</p>	<p>TARGET 1,800</p>
<p>Contributes to Specific Objective SP1.1 & SP1.2</p>	

3.6 WASH

PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US\$)	PROJECTS
2.5M	1.5M	\$30M	28

Sectoral objectives

There are four WASH Cluster objectives which WASH Cluster agencies will work towards in 2022:

1. Ensure immediate and sustainable access to sufficient safe water, and minimal levels of sanitation provision for conflict- and COVID-19-affected people (2022 target: 994,000 people).
2. Provision of critical hygiene-related supplies and information for the prevention of infectious diseases (2022 target: 1,140,000 people).
3. Promote resilience, recovery and sustainable access to sufficient safe water, minimal levels of sanitation, and minimum hygiene standards (2022 target: 849,600 people).

4. Increase the safety of utility workers and safe continuous usage of water infrastructure (2022 target: 50 activities).

When overlaps are eliminated most WASH beneficiaries will receive assistance through more than one of the above objectives. Water and sanitation; water and hygiene; or sanitation and hygiene. Therefore, if fully funded and implemented in its entirety, actions listed under the WASH HRP for 2022 will assist 1.5 million people, approximately half of the simple sum total.

WASH partners will target 475,000 residents in GCA, plus 24,000 IDPs living in the same area. In NGCA, WASH partners will target 400,000 people. In GCA areas of Luhanska oblast, WASH partners will target

People targeted by Zone

Thousands of people (K)

TOTAL SECTOR TARGET	MAIN AREAS	GCA – DONETSKA OBLAST	GCA – LUHANSKA OBLAST	NGCA – DONETSKA OBLAST	NGCA – LUHANSKA OBLAST	OTHER OBLASTS
	RESIDENTS	475	235	400	350	-
	IDPS	24	14	-	-	20
1.5M	TOTAL BY AREA	499	249	400	350	20



PISHCHEVIK, DONETSKA OBLAST, GCA, UKRAINE

Larysa pulling two bottles of water from humanitarian actors as the water supply system in her village has been disrupted by the hostilities.

Photo: UNICEF

235,000 residents, and 14,000 IDPs. In NGCA areas of Luhanska oblast, WASH agencies will try to assist 350,000 people. Partners will also look to assist 20,000 IDPs living elsewhere in Ukraine.

Response Strategy and Modalities

WASH agencies have agreed a minimum package of activities which will address water supply, sanitation and hygiene needs in the conflict-affected areas. Agencies will try to assist 1.5 million people, which would include 826,000 female beneficiaries (54 per cent), 463,000 older persons (30 per cent), and 197,000 persons with disabilities (13 per cent).

Firstly, repairs are required to conflict-damaged, decrepit water systems, including both centralized and decentralized systems, ranging from the largest Voda Donbasu (water company) system serving 3.85 million people and Popasna District water company serving 0.5 million people, to the smallest village level systems. This must be supported by measures to overcome accidental water stoppages, cross

contamination of pipelines, and sustainable humanitarian repairs to pumps, and supported by measures to increase management capacity at hromada level; and increase the engagement of regional and national government.

Water supply for hard-to-reach villages must incorporate the application of a water trucking exit strategy, focusing on more permanent and sustainable solutions, developing more water sources, extending existing networks, or encouraging the private sector to step in. Work should resolve any negative effects of decentralization (occasionally lack of leadership or capacity at hromada level is a problem), and will also include, as a priority in 2022, measures to encourage water saving (from drawing competitions in schools on this theme, to discussing increased tariffs for households that use water excessively to water their fruit trees). This is also an opportunity to work alongside agencies supporting livelihoods programming.

WASH agencies will work to increasing access to wastewater systems, pipelines and treatment plants which need equal priority to water systems. This is particularly important in 2022, since many agencies have, in the past, struggled to approach WASH programming in a holistic way, and have often favoured water-focused interventions, over sanitation.

There is a need to assist many houses to empty full or overflowing septic tanks, which can be very costly to empty in villages close to the “contact line”. Also, to assist authorities to remove garbage in less accessible or remote areas. Sanitation action can overcome problems of poor hygiene and temporarily high unit costs. A layer of medical waste management is also necessary, as the flow of waste through health facilities, whether due to lack of consumables (correctly coloured bags and bins), lack of hard-standing and large bins outside and lack of access to medical incineration are widely reported problems. Partners are encouraged to adopt piloting approaches to this issue.

WASH partners will work to overcome hygiene challenges faced by some households and vulnerable groups. Mainly, programming will focus on the needs of older persons, prone to sickness as well as to the pandemic; women; people with special needs (for example persons with disabilities, bedbound people, who need adult diapers). Partners will focus on expensive hygiene items (including washing powder and adult diapers).

Increased programming around Menstrual Hygiene Management (MHM) is a priority for 2022. Communications and activism through social media, must be balanced by MHM activity at community level, in secondary schools, working to ensure that girls toilets promote dignity and privacy, as well as being a hygienic environment. Women’s sanitary items will continue to be included in distributed hygiene kits.

Hygiene approaches related to COVID-19 must also be supported by WASH Cluster partners, who will work to improve hygiene and IPC (infection prevention and control) in health-care facilities and social institutions, schools, orphanages, and homes for older

persons. There is a need to overcome a general lack of understanding of anti-COVID-19 handwashing (how to protect yourself through handwashing) and also to cover the basics of how to protect a household from COVID-19, through social distancing or wearing masks. Meanwhile all WASH agencies should include a component of improving uptake of vaccination against COVID-19 at community level in Ukraine. This is not a full technical approach, but a simple, people-focused approach which will enable agency staff to have a positive influence, while implementing other WASH activities. Overall, around half of the hygiene programming, involving the distribution of hygiene materials, will be implemented through a voucher modality.

In 2022, WASH agencies will implement repairs to water, wastewater and heating systems in health facilities, schools and kindergartens, and homes for older persons (both humanitarian and early recovery activities). In such institutions there is a need to increase water storage, and to balance the numbers of male and female toilets. Agencies will work to increase the coverage of inclusive latrines, and to ensure dignity levels in all installed or repaired toilets are adequate to encourage adequate menstrual hygiene.

WASH actors will prioritize issues faced by vulnerable groups: women, older persons, persons with disabilities, or children. They will also ensure a responsible approach to promoting accountability to the affected population, by involving the community at all stages of project development. As well as agency-implemented assessments, the needs of community were assessed separately through a multi-agency survey of the needs of households in the conflict-affected areas of Donetska and Luhanska oblasts. Over 1,600 households were surveyed in 2021, and focus groups were convened, for women, households with children, households with older or members with disabilities, and so on.

There is still a reduced need for continued but reduced WASH provision at entry-exit crossing points, with a view of an exit strategy, which involves working with

the state agency established by the Ministry for Reintegration of Temporarily Occupied Territories.

WASH agencies will adopt recovery and Disaster Risk Reduction approaches in partnership with water companies, hromadas and the oblast leaderships. Agencies will also explore how environmental issues and climate change affect recovery modalities, or present additional risks in the target area.

Lastly WASH agencies are committed to increase our level of advocacy, to protect water infrastructure by all actors; for increased funding for utilities; for the stability and facilitated movement of utility workers and essential materials across the “contact line”; for unrestricted access of water utility workers to complete timely repairs; and for the safety of those same workers.

Cost of Response

WASH cluster agencies are requesting \$29.8 million to help people in Donetsk and Luhanska oblasts in 2022, including all non-project costs, staffing, assessments, monitoring and evaluations.

The request represents a 10 per cent rise, compared 2021, representing an increase in the cost per beneficiary from \$14 to \$20. This increase is largely due to a switch from project-based costing, to a more rigorous process, known as activity-based costing. The old system left gaps in coverage, as agencies would not always apply a truly holistic approach in each area. Also, because there were inevitably areas left unserved when agencies simply proposed what they wanted to do.

Of the \$29.8 million, 84 per cent refers to practical repairs to water and sanitation, at system level and within institutions. Sixteen per cent will be used to improve the hygiene situation. In total around \$2.16 million (7 per cent) can be implemented through cash-or voucher-based programming.

In terms of geographical allocation: 33 per cent of the funding request for WASH is aimed at the GCA of Donetsk oblast compared to the GCA of

Luhanska oblast (17 per cent). The NGCA of Donetsk oblast would receive 27 per cent of the funding, and 23 per cent is aimed at the NGCA of Luhanska oblast. This represents an overall balance of 50:50 between GCA and NGCA areas. But, also, the relative level of funding proposed for the NGCA of Luhanska oblast is elevated, in comparison to the GCA of Luhanska oblast, as well as relative to non-Government-controlled areas of Donetsk oblast.

Cross-cutting issues: AAP, PROTECTION, GENDER

In 2022, 54 per cent of targeted WASH beneficiaries are female. However, Water, Sanitation and Hygiene actions planned will also favour women and girls over and above improvements to the lives of men and boys. Excessive drudgery around the house, caused by lack of water, or looking after children who feel unwell, due to drinking poor quality water, are burdens shouldered more frequently by women and mothers, than by men. In 2022, WASH agencies will also benefit by an increased focus on Menstrual Hygiene Management.

Representation of women and girls within planning processes is challenge that WASH agencies are ready to face in the next twelve months. WASH agencies will reference the AAP framework when planning, designing, implementing, monitoring and evaluating projects. This will be reflected by which projects are accepted for financing via the Ukraine Humanitarian Fund. Meanwhile all projects will be subject to screening, using the Gender and Age marker tool.

As the coronavirus pandemic continues, and since older persons make up a very significant percentage of all people in the worst affected areas, WASH actors will target older persons and persons with disabilities specifically, making sure they live in dignity, with safe access to water and sanitation, and where appropriate, that they have access to adult diapers. In the WASH sector, Disaster Risk Reduction approaches, involving Water Safety Plans will also link communities with local authorities, especially at the level of hromadas or Civil-Military Administrations. Joint planning committees are expected to bring the community into the process, actively, so that their interests are represented properly, throughout.

Cluster's strategy to support the international humanitarian exit in GCA from 2021 to 2023

Between late 2020 and late 2021, the number of people needing humanitarian WASH assistance fell from 3.1 million to 2.5 million. In 2022 WASH agencies will continue to support the third Strategic Objective of the HRP, in our case to “promote resilience, recovery and sustainable access to sufficient safe water, minimal levels of sanitation, and minimum hygiene standards”. Unsustainable practices, such as water trucking, will be discouraged in favour of the construction or repair of more sustainable water supply options. Water Safety Planning, a DRR approach, remains a core approach within the Cluster, connecting communities with the authorities so that risk-informed water supply and sanitation solutions can be implemented jointly.

Looking further forwards, WASH agencies have been actively involved in shaping the strategy for the Humanitarian Development Nexus, including by enhancing advocacy for further development investment and considering social cohesion measures. Joint Needs Assessment Data contains a practical list of required technical work required by the authorities and by international or local organisations, so that recovery approaches can be planned jointly, or together with the major donors.

Monitoring

The WASH Cluster will monitor, mainly through collection of 5W data, an extensive list of indicators, related to humanitarian water supply and sanitation, humanitarian hygiene, early-recovery-related WASH, and protection issues around WASH in Donetsk and Luhanska oblasts.

Objectives and Targets

Cluster Objective	NEED	TARGET
Cluster Objective CO1 Ensure immediate and sustainable access to sufficient safe water, and minimal levels of sanitation provision for conflict- and COVID-19-affected people	2,100,000	994,000
Contributes to Specific Objective SP1.1		
Cluster Objective CO2 Provision of critical hygiene-related supplies and information for the prevention of infectious diseases	1,850,000	1,140,000
Contributes to Specific Objective SP1.1		
Cluster Objective CO3 Promote resilience, recovery and sustainable access to sufficient safe water, minimal levels of sanitation, and minimum hygiene standards	1,100,000	515,000
Contributes to Specific Objective SP3.3		
Cluster Objective CO4 Increase the safety of utility workers and safe continuous usage of water infrastructure	n/a	30
Contributes to Specific Objective SP2.1		

Part 4:

Annexes

OPYTNE, DONETSKA OBLAST, GCA, UKRAINE

Nina is witnessing her village dying out due to the on-going conflict.

Photo: Albert Lores for People in Need



4.1 Response Analysis

The 2022 response plan is elaborated based on the results of the joint intersectoral assessment of significant changes in the operational context driving/impacting humanitarian needs, as evidenced in the HNO. The continued application of the Joint Intersectoral Analysis Framework (JIAF) in the 2022 HPC for the third time has allowed for a granular examination and, where feasible, comparison of how the conflict have affected the groups of people in the different areas differently. Gaps and limitations evident in response planning are also recognised. The analysis gives due consideration to how the effects of COVID-19 have exacerbated the existing humanitarian situation facing the conflict-affected populations as well as how it helps creating opportunities for new approaches, including for improving access.

The 2022 HRP has applied for the first time in Ukraine the activity-based costing methodology in establishing the target and financial requirement of the response, with established units showing in a more detailed, transparent way the units/activities that contribute to the objectives of the HRP (*please refer to section 1.3 for details*).

Based on the results of the JIAF, which identifies a total of 2.9 million in need, the starting point is upon the premises that all the “people in need” would require humanitarian assistance (as explained in Chapter 1.1 in the HRP). This is then scoped down by three considerations, namely (i) those targeted by or benefiting from the interventions by the actors traditionally not participating in the HRP processes (including the Government, ICRC, MSF, SDC¹²², development actors and other international financial

institutions); (ii) access; and (ii) operational capacity (inclusive of resources). As the geographic units for the JIAF analysis for 2022 have been adjusted to be more granular (16 geo-zones aligning with the official administrative boundaries as opposed to five zones by distance from the “contact line”), plus one specific strata for the IDPs living in other oblasts across Ukraine¹²³, this has been a conducive factor that allows a more detailed response analysis. In addition to feasibility considerations primarily pertaining to access and operational capacity, appropriateness and relevance were also taken into account in the analysis, for example, online legal support for people in NGCA who cannot cross the “contact line” to GCA, as protection assistance is extremely limited in NGCA.¹²⁴

Each of the three considerations – (i) complementarity to other plans, (ii) access, and (iii) operational capacity – is informed by the historical response monitoring data from 2016 onwards as proxies and the latest progress made in humanitarian deliveries in 2021 – tracked as part of the ongoing response monitoring.¹²⁵ This has enabled the humanitarian community to identify shortcomings and trends in aid delivery and factored them in the 2022 response planning.

For the first consideration on the assistance provided by other actors outside the HRP, a portion of people in need, particularly in NGCA, have been and will be targeted or benefit from other international organizations traditionally not participating in the HRP. The scope and scale of the support provided by the so-called non-HRP partners differ from one sector to the other and from activities to activities. For example, WASH Cluster estimated that around 20 per cent

¹²² Swiss Agency for Development and Cooperation (SDC)

¹²³ Please refer to the “Methodology” section of the 2022 HNO for more information.

¹²⁴ Please refer to Chapter 1.5 above.

¹²⁵ For more information, please refer to the Humanitarian Dashboard.

of the interventions required to address the needs in GCA would be covered by the local authorities. In addition, other humanitarian actors that do not take part in the HRP as well as some development actors deliver significant levels of humanitarian assistance, amounting to over \$80 million in 2021. Furthermore, the gaps in governance and services (e.g. inability to cover municipal expenses to pay for meals in educational facilities, disburse salaries to the personnel of government institutions, or negotiate/renew contracts to service providers, etc) that were reported throughout 2021 in multiple locations in GCA, particularly the locations (18 in total) near the “contact line” where the local election did not take place in 2020, have partially and gradually been filled, following the appointment of Heads of the Civil-Military Administrations (CMA) that addressed the difficulty accessing their 2021 budgets. By November, all CMAs (19 in total) have had the new heads appointed. This is a critical step in addressing the pressing gaps in essential service delivery which could have possible humanitarian consequences. It is also worth noting the Government’s efforts to address the housing needs of IDPs through affordable housing programme, etc (*please refer to the “Government’s Contribution to the Humanitarian Response” section under 1.2 above*). Finally, the recent HDP mapping exercise (as of August 2021) shows at least 88 HDP nexus projects have been or are being implemented in 46 hromadas in GCA by 14 organizations since 2014, potentially contributing to a reduction of humanitarian needs in GCA.¹²⁶

The second consideration is on access, which is a critical factor for the response in NGCA where “extreme” severity level (4) is identified across all geo-zones.

It is decided that the response planning should be based on a realistic parameter when it comes to access consideration as the access situation is likely to remain limited and challenging in 2022.¹²⁷ Despite efforts to enhance access, at the time of the response planning, there are 22 humanitarian organizations delivering assistance in NGCA, including those who have gained physical access. Historical response

monitoring data from 2016 to date indicates that an average of 60 per cent of all people in need in NGCA is targeted annually for the response. Out of that, an average of 20 per cent has received some form of assistance within a given year. The 2022 response planning also takes into account several recent positive developments indicating a certain level of improved access in NGCA, including the increased coverage of the response reach (285000 people in NGCA have been reached vis-à-vis the 770,000 target, accounting for 37 per cent – the highest percentage of those targeted receiving assistance since 2016), increased volume of aid delivered to NGCA through the UN-organized humanitarian convoys (over 1,600 MT of relief items delivered by November 2021, compared to around 1,300 MT in the whole of 2020), and the renewed ‘permission to operate’ provided to 11 humanitarian organizations (at the time of the planning).

Finally, the operational capacity consideration. The number of humanitarian organizations engaged in the humanitarian operations in Ukraine has remained stable and largely unchanged during recent years, while the size of the Ukraine appeals has also remained more or less at the same level since 2017 (around \$200 million or less). Meanwhile, the analysis of humanitarian funding to Ukraine, based on the data presented on FTS, shows an average of \$75-80 million received annually between 2017 to 2019. However, in 2020, the HRP received the highest level of funding since 2016, with over \$122 million received against the HRP. As of the end of November 2021, the HRP is 55 per cent funded, with over \$92 million received. The COVID-19 pandemic and the integration of the COVID-19 response in the conflict-affected part of the country might have been a significant factor that influenced the increased donors’ support, which, in turn, enhanced operational presence and capacity on the ground.

The response analysis takes into account people’s preference of response modality. The needs analysis in GCA reveals that 64 per cent preferred physical

¹²⁶ OCHA, ‘Report of the HDP Nexus Workshop’, June 2021 – available online at this [link](#).

¹²⁷ Please refer to Section ‘1.4: Planning Assumptions, Operational Capacity and Access’ above.

cash; 21 per cent preferred cash via bank transfer and 13 per cent preferred voucher¹²⁸, as markets remain open and postal or bank services offer a safe and efficient delivery mechanism. The use of cash in the Ukraine response has been on a steady rise and is one of the “safe and efficient” ways to deliver assistance in the times of COVID-19. Cash assistance is acknowledged to be challenging in some remote communities where the active hostilities have repeatedly been taking place for two main reasons – (i)

markets may not function properly; and (ii) people’s access to market – regardless of how limited it is – may be hindered by insecurity. For example, the public transport service during the COVID-19 lockdown temporarily restricted the movement of people living in remote locations, limiting their ability to access markets, postal and bank services. Under these conditions, people tend to prefer in-kind assistance to be delivered to their houses.

128 REACH, 2021 Humanitarian Trend Analysis in GCA, July-August 2021. Interactive dashboard is available online at this [link](#).

4.2 Sectoral Costing Methodologies¹²⁹

Education Cluster

- Conflict-related repair and rehabilitation of education facilities: \$30,000 per school. It is an average cost which may vary greatly depending on the needs and the size of the school. Types of works may include repairs to windows, roof, washrooms, heating and sewage systems, classroom interiors
- Procurement and distribution of essential education equipment and supplies to conflict-affected schools, including equipment to support distance learning: \$11,000 per school with an average 150 children enrolled. Include procurement of supplies such as school furniture, sports equipment and equipment required for distance learning
- Supply of education or recreation kits and learning materials or related cash interventions, including materials required for distance learning: \$40 per child
- Distribution of hygiene kits and PPE to education facilities: \$450 per school with 150 children enrolled. Sufficient to cover 3 months need
- Provision of life skills education and social and emotional learning (SEL) through extracurricular activities: \$20 per child
- Capacity building of teachers and parents on identified priority topics (i.e. psychological first aid (PFA), stress management/selfcare, psycho-social issues, inclusive education and distance learning): \$100 per teacher for the face to face 3-day workshop.

Food Security and Livelihoods Cluster

To estimate the cost of response in terms of access to food, the FSLC has a harmonized approach developed by the Cluster and endorsed by the Strategic Advisory Group. According to this approach, \$13,693,855 is required to assist severely food-insecure people with six months of food assistance. \$5,796,256 is

needed for the moderately food insecure to provide three months of food assistance. Although there is no harmonized approach for the Cluster objective 2, as it envisages completely different activities and modalities, the FSLC has been working with the Agricultural Technical Working Group led by FAO to identify the cost of agricultural interventions and has been conducting bilateral consultations with partners and the observers to estimate the cost of livelihood support and early recovery activities.

Health Cluster

New this year, humanitarian response planning in Ukraine has applied an activity-based costing methodology to identify the financial resources needed. This methodology aims to better represent the actual funding required to address all the needs of the affected populations, increase transparency, credibility, and cost-effectiveness. To arrive at these costs, health sector activities were prioritized under each health objective based on the needs of the conflict-affected population. Units of measurement for each activity were then identified and a costs per unit assigned to them for each geographical region (GCA or NGCA) targeted. The number of units targeted by the activity was then multiplied by the unit costs, to arrive at the total cost of the activity.

Example:

- **Prioritized Activity:** Provide direct life-saving and primary health-care services.
- **Unit of measurement:** # of people benefitting from direct lifesaving and primary health-care services.
- **GCA unit cost (\$):** 92; **NGCA unit cost (\$):** 279.
- **GCA unit target:** 23,952; **NGCA unit target:** 760.

¹²⁹ Please refer to 'Section 1.3 Costing Methodology' above for more information about the methodology used for the 2022 HRP.

- Total cost of activity (\$) = (GCA unit cost x GCA unit targets) + (NGCA unit cost x NGCA unit targets)
 = (92 x 23,952) + (279 x 760)
 = 2,192,500 + 211,800
 = 2,404,300

After the financial requirements were established, and in line with the 'hybrid' approach, partners were requested to register projects in the Project Module. The Health Cluster then performed a technical review of the proposed interventions to assess whether they were within the scope of the Cluster's response and would contribute to achieving the Cluster's objectives.

Protection Cluster

Considering that the Protection sector relies extensively on services, advocacy and activities that are much more diverse and complex to calculate in comparison to material assistance, partners recognized that the process would be more challenging and would require significant dedication and additional workload from their staff. Therefore, the starting point for the activity-based costing in the Protection sector was the review of the Global Protection Cluster guidance for the sector, followed by peer-to-peer discussions with Clusters who have conducted the process in other countries. Information sessions were held with partners in Ukraine, in which the Protection Cluster proposed a methodology to ensure efficiency and reduce burden over partner's teams in Ukraine. The methodology was presented and endorsed in the regular monthly meeting of the Protection Cluster in September 2021.

Initially, a desk review was conducted by the Protection Cluster on the overall costs included in projects submitted to the HRP 2021, followed by a review of partners who were actually implementing programmes in the protection response, in order to prepare for an Activity-based costing (ABC) Working Group. The ABC WG comprised a group of partners with a representative profile by type of organization per each activity (UN agency, INGOs, Local NGOs); per areas of protection expertise (case management, child protection, legal aid, demining, etc.); and who had

submitted an HRP 2021 project and/or implemented activities reported via 5W. The ABC WG hosted four meetings that led to agreements on the following issues: 1) main cost drivers for activities; 2) best unit of measurement per activity; 3) agreement on Cost Ranges per activity; and 4) agreement on Average Cost per Unit, per activity. Partners conducted an internal review in their organizations before providing inputs for the collective discussions and consensus on ranges and average cost per unit. Projects funded by the Ukrainian Humanitarian Fund were also considered as a source of data to certain activities (e.g. transportation services). All stages of the process were highly consultative and participatory, and results are based on inputs from almost 20 protection partners.

Shelter/NFI Cluster

Shelter Cluster's activities consist almost exclusively of physical or in-kind interventions. Harmonisation of the extent (and, therefore, of the cost) of these interventions has always been an actual concern, as beneficiaries can easily compare the extent of the assistance (best examples: home repairs, coal distributions) provided by different organisations in the same area. In GCA, stability of markets, availability of supplies, free access to areas of interventions, a functioning banking system, have allowed a relatively easy harmonisation of the costs of the Cluster activities, result of years of experience in the field shared by partners in dedicated consultations.

In NGCA, the lack of a competitive market (due to the restricted number of companies able to meet humanitarian agencies' contracting requirements and their monopolistic behaviour), the difficulties in delivering cargos, the recent instability and increase of construction material prices, have made it difficult to achieve the cost harmonisation as in GCA; the limited number of Cluster partners operating in NGCA and the lower need/chances for sectoral coordination (other than the bilateral type) are also factors contributing to the more difficult harmonisation of costs of some interventions (especially home repairs) in NGCA.

Since 2016, the Cluster maintains a matrix with estimated costs per each activity and provides partners with recommendations. The matrix is regularly updated. For example, acute emergency shelter repair constitutes distribution of quick-fix self-repair kits consisting of tarpaulins, transparent fil, battens, foams, nails, which seek to allow for temporary repairs of damaged windows or roofs to “stabilize” the house and prevent further damage. The unit cost for this estimated at \$80 in both GCA and NGCA, with transportation and storage costs separated. Solid fuel distribution constitutes of the distribution of 2 tons of coals/5 cubic metres of wood as minimum amount, which is an indicative average quantity necessary to produce 20 gigacalories. The unit cost is estimated at \$400, including purchase of supplies and door-to-door delivery. In general, shelter interventions in NGCA are some 20 to 30 per cent more costly than those in GCA due to higher market prices and more expensive supplier services.

WASH Cluster

The WASH Cluster analysed expenditure in previous years for each line item, using data submitted by partners. We then estimated the overall targets necessary, for each activity, to reach as many people as possible, of the 2.5 million people in need. The third step was to discount people who might be reached, by government actors, without our support, and people who would likely be reached through non-participating HRP actors, such as ICRC or Switzerland, and even some actions that might be considered “recovery” programming by actors like UNICEF, and therefore excluded from the HRP.

Each line activity was calculated and costed. For example:

- WASH actors initially targeted 600,000 people for repairs to centralized water networks in 2022. However, this activity would likely be significantly covered by the local government (up to 20 per cent) and by non-HRP actors (mainly ICRC and Switzerland) of 600,000 overall) leaving 240,000 people covered by HRP WASH part-





















ners, at \$10 per beneficiary, therefore requiring \$2.4 million overall for that activity.

Further examples include:

- 70,000 targeted for repairs to decentralized, more local, water networks, under the HRP, at \$20 per person. Line total \$140,000 (this would reach 70 per cent of the overall total with 30 per cent covered by other actors)
- 320,000 people targeted for sanitation improvements in schools, orphanages, homes for old persons, health facilities, at \$6 per person \$1,920,000 total (80 per cent coverage of the overall total of 400,000)
- 100,000 targeted to receive hygiene items at household level, at an average cost of \$40 each for a minimum 3 month’s response would cost \$4 million (this is 100 per cent of the overall total, as it is unlikely that Ukrainian Government or non-HRP actors would cover this)
- 880,000 people targeted for hygiene promotion messaging, including COVID-19 hygiene advice: \$176,000 total as 20 cents each (covering 80 per cent of the 1.1 million who should be targeted, but assuming that government actions will reach 20 per cent of the people adequately).

In total there are 41 separate lines of costing, for the WASH response, which can be shared to any interested party.

4.3 Participating Organizations

ORGANIZATION	SECTORS	REQUIREMENTS (MILLION US\$)	PROJECTS
International Organization for Migration	Coordination and Common Services, Food Security and Livelihoods, Health, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$30.7 	10
United Nations High Commissioner for Refugees	Protection, Shelter and Non-Food Items	\$15.8 	2
World Health Organization	Health	\$14.8 	2
United Nations Children's Fund	Education, Health, Protection, WASH	\$12.9 	4
People in Need	Food Security and Livelihoods, Protection, Shelter and Non-Food Items, WASH	\$9.1 	4
Charitable Organization Charitable Foundation "Donbass Development Center"	Education, Food Security and Livelihoods, Health, Protection, Shelter and Non-Food Items, WASH	\$8.9 	6
Médicos del Mundo Spain	Health, Protection	\$6.5 	3
Agency for Technical Cooperation and Development	Coordination and Common Services, Food Security and Livelihoods, Multipurpose Cash, Protection, WASH	\$6.3 	5
Adventist Development and Relief Agency	Education, Food Security and Livelihoods, Multipurpose Cash, Protection, WASH	\$6.0 	4
Caritas Ukraine	Food Security and Livelihoods, Health, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$5.2 	6
Triangle Génération Humanitaire	Education, Food Security and Livelihoods, Health, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$4.7 	3
Office for the Coordination of Humanitarian Affairs	Coordination and Common Services	\$4.5 	1
Charity Foundation `NEW WAY`	Education, Health, Shelter and Non-Food Items, WASH	\$4.4 	5
Norwegian Refugee Council	Food Security and Livelihoods, Multipurpose Cash, Protection, WASH	\$4.3 	3
Polish Humanitarian Action	Food Security and Livelihoods, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$3.8 	1
Save the Children	Education, Food Security and Livelihoods, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$3.8 	6
Arbeiter-Samariter-Bund Deutschland e.V	Food Security and Livelihoods, Multipurpose Cash, Protection, Shelter and Non-Food Items, WASH	\$3.8 	3
NGO Proliska	Education, Health, Protection, WASH	\$3.3 	1
Première Urgence Internationale	Health, WASH	\$2.9 	1
Danish Refugee Council	Protection	\$2.4 	3

ORGANIZATION	SECTORS	REQUIREMENTS (MILLION US\$)	PROJECTS
HelpAge International	Food Security and Livelihoods, Protection, WASH	\$2.3	4
Ukrainian Deminers Association	Protection	\$2.1	1
Charitable Foundation "Humanitarian Aid and Development Center"	Food Security and Livelihoods, Health, Shelter and Non-Food Items, WASH	\$2.1	6
Help - Hilfe zur Selbsthilfe e.V.	Food Security and Livelihoods	\$1.6	1
Food & Agriculture Organization of the United Nations	Food Security and Livelihoods	\$1.5	1
United Nations Population Fund	Health, Protection	\$1.4	2
Charitable Organization "ICF "MIRA" (International Children's Fund "Mira")	Food Security and Livelihoods, Shelter and Non-Food Items, WASH	\$1.4	4
Office of the High Commissioner for Human Rights	Protection	\$1.4	1
Fondation Humanitaire Internationale AICM Ukraine	Health	\$0.97	4
International charitable organization "International Medical Care"	Health	\$0.72	1
Malteser International Order of Malta World Relief	Health	\$0.65	1
Charity Foundation Stabilization Support Services	Protection	\$0.56	1
HALO Trust	Protection	\$0.50	1
All-Ukrainian Charitable Foundation "Right to Protection"	Protection	\$0.45	1
International NGO Safety Organisation	Coordination and Common Services	\$0.43	1
NGO "Equilibrium"	Protection	\$0.29	1
Charitable Foundation "Slavic Heart"	Protection	\$0.25	1
Donetsk Regional Organization of Red Cross Society of Ukraine	Health, WASH	\$0.21	1
Caritas Ukraine - Mariupol	WASH	\$0.11	1
Caritas Ukraine - Sieverodonetsk	WASH	\$0.11	1
Young Men's Christian Association	Education	\$0.09	1
NGO Resource Center	Protection	\$0.05	1
Women Water Partnership Ukraine	WASH	\$0.05	1

4.4 Planning Figures by Sector and Geography

By sector

SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	BY GENDER WOMEN MEN (%)	FEMALE MALE	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITY (%)	REQUIREMENTS (MILLION US\$)	NUMBER OF PARTNERS
Protection	2.5M	1.4M		54 46		21 48 31	13	\$50	72
Health	1.5M	1.2M		54 46		13 56 30	13	\$36	39
WASH	2.5M	1.5M		54 46		13 57 31	13	\$30	43
Food Security and Livelihoods	1.1M	202K		64 36		11 55 34	15	\$30	38
Shelter / Non-Food Items	158K	81K		56 44		25 40 35	10	\$24	27
Education	252K	126K		53 47		90 10 -	15	\$7	25
Multi-purpose Cash Assistance		28K		65 35		20 40 40	20	\$8	18
Common Services & Support		-					-	\$7	4
Total	2.9M	1.8M		54 46		14 54 32	13	\$190	119

By geography

LOCATION	PEOPLE IN NEED	PEOPLE TARGETED	IN NEED TARGETED	BY GENDER WOMEN MEN (%)	FEMALE MALE	BY AGE CHILDREN ADULTS ELDERLY (%)	WITH DISABILITY (%)	REQUIREMENTS (MILLION US\$)	NUMBER OF PARTNERS
GCA	764K	682K		54 46		14 57 29	14	99	83
Luhanska	340K	299K		54 46		13 57 30	14		71
Other oblasts	158K	24K		54 46		17 57 26	13		54
NGCA	898K	400K		54 46		12 56 32	12	91	83
Luhanska	717K	350K		54 46		11 57 31	12		12

4.5 Monitoring Framework

Strategic Objective **SO1**

Provide emergency and time-critical assistance and ensure access to basic essential services for 1.8 million people affected by the conflict (including 144,000 IDPs), exacerbated by COVID-19

- INDICATORS**
- # of people receiving emergency assistance in 2022
 - % of people reached vis-à-vis people targeted in GCA and in NGCA in 2022
 - % of people receiving humanitarian assistance are satisfied with the assistance received in 2022

Specific Objective **SP1.1**

Provide lifesaving assistance for people affected by the conflict, including IDPs

- INDICATORS**
- # of people living in the geo-zones with 'extreme' severity of needs (level 4) who received humanitarian assistance in 2022
 - # of severely and moderately food insecure people with immediate access to food assistance
 - # of conflict-affected people with safe and adequate access to water, sanitation and hygiene

Specific Objective **SP1.2**

Improve living standards through ensuring people's access to essential services

- INDICATORS**
- # of girls and boys benefitting from (i) repaired/rehabilitated education facilities, (ii) provision of learning materials and equipment, including for online learning; (iii) conflict-sensitive, risk-informed and life skills-based education delivered by trained teachers
 - % of adults and elderly who could not cross the contact line to resolve issues with documents, pensions, resolve key issues or for family reunification
 - # of disrupted Health Facilities provided with essential medical equipment and supplies,(including ventilators, oxygen concentrators and dispensers)
 - # of affected households who have improved access to livelihood support

Specific Objective **SP1.3**

Expand and secure humanitarian access to all people in need

- INDICATORS**
- # of people living in NGCA receiving assistance

130 This figure reflects the number of people reached from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

131 This figure reflects the number of people reached from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

132 This figure was derived from the MSNA conducted by REACH in 2019. No updated data for 2020 and 2021.

133 This figure reflects the number of people receiving food assistance from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

134 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

135 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

136 This figure reflects the number of people reached in NGCA between January and December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY	DATA COLLECTION FOCAL POINT
1.43M ¹³⁰	2.9M	1.8M	5W/HRP	Quarterly	ICCG & OCHA
68% ¹³¹	N/A	75%	5W/HRP	Annually	ICCG & OCHA
77% ¹³²	N/A	80%	MSNA	Annually	REACH
N/A	2,029,931	1,142,961	5W	Annually	ICCG & OCHA
58,177 ¹³³	400,000	108,000	5W	Quarterly	FSLC
2.7M	2.5M	1.5M	5W	Quarterly	WASH
46,000 ¹³⁴	252,000	125,500	Education 5W	Quarterly	Education
22%	N/A	N/A	Protection	Annually	Protection
98 HFs ¹³⁵	118 HFs	118 HFs	Health	Annually	Health
N/A	325,000	46,000	5W	Quarterly	FSLC
266,000 ¹³⁶	1.6M	750,000	5W	Quarterly	ICCG & OCHA

MT of relief items delivered to Donetsk oblast NGCA

MT of relief items delivered to Luhanska oblast NGCA

of humanitarian actors who are able to deliver humanitarian assistance in NGCA through both direct implementation and implementing partners

Strategic Objective S02

Respond to the protection needs and strengthen protection of 1.4 million conflict-affected people, including IDPs, with due regard to international norms and standards

INDICATORS # of positive legal frameworks/policies/regulations adopted and/or implemented

of people in need of protection support targeted for receiving assistance

Specific Objective SP2.1

Step up efforts to protect civilians and civilian infrastructure according to IHL and other legal instruments

INDICATORS # of incidents of attacks on education (physical damage of schools infrastructure, temporary schools closure due to the conflict, military use of schools, close proximity of military sites)

of WASH incidents

of damaged or destroyed houses

of people who received compensation for destroyed housing due to the conflict

of civilian casualties due to shelling and SALW fire

Specific Objective SP2.2

Improve access to social protection (pensions, benefits, specialized services), administrative services and civil documentation for the conflict-affected population

INDICATORS # of people who have access to their pensions

% of children born in NGCA who have received a birth certificate from the Ukrainian authorities

of NGCA graduates with widely recognized education certificates in Ukraine

Specific Objective SP2.3

Promote NGCA residents' freedom of movement and access to essential services and humanitarian assistance on both sides of the "contact line"

INDICATORS # of crossing times over the 'contact line' annually

137 The target represents 10% increase of the baseline.

138 The target represents 10% increase of the baseline.

139 # of positive legal frameworks/policies/regulations adopted and/or implemented in 2021

140 Up to November 2021.

141 Based on the draft State budget allocations for 2022, it is expected that the State will be able to compensate 265 persons more for destroyed houses. The target figure includes the baseline.

142 As of October 2020.

143 This figure is a cumulative number from 2015 until mid-2021.

144 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2020.

145 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2021.

146 The target reflects around 15% increase of the baseline.

951 MT ¹³⁷	N/A	1,050 MT	LSWG	Quarterly	LSWG
1,092 MT ¹³⁸	N/A	1,200 MT	LSWG	Quarterly	LSWG
22	N/A	23	5W, OCHA & UHF	Annually	OCHA

BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY	DATA COLLECTION FOCAL POINT
40 ¹³⁹	N/A	40	PC/UNHCR	Annually	PC/UNHCR
-	2.45M	1.4M	HNO	Annually	PC/OCHA
15	N/A	0	Education & MoE monitoring	Annually	Education
24	N/A	0	WASH Cluster incident monitoring	Monthly	WASH
405	55,000	0	Shelter/NFI Cluster	Annually	Shelter
306 ¹⁴⁰	N/A	571 ¹⁴¹	Ministry of RToT	Annually	PC/HLP WG (NRC)
44	N/A	0	OHCHR Reports	Annually	OCHA
635,800 ¹⁴²	1.27M	635,800	Pension Fund	Annually	PC/UNHCR
35.2% ¹⁴³	N/A	40%	Ministry of Justice and open sources	Annually	PC/UNHCR/ UNICEF
N/A	1,000	300	Education Cluster	Annually	Education
708,768 ¹⁴⁴	2,988,548 ¹⁴⁵	800,000 ¹⁴⁶	SBGS	Annually	OCHA CMCoord

of crossing times over the 'border crossing points' in Milove (Luhanska oblast) and Hoptivka (Kharkiv oblast) annually

Specific Objective SP2.4

Prevent and mitigate physical harm and risks of landmines and ERW

INDICATORS

of civilian casualties due to landmines and ERW

of people receiving explosive ordinance risk education (EORE) through awareness raising sessions

Land cleared of land mines and/or unexploded ordinances (m2)

Specific Objective SP2.5

Promote resilience and social cohesion of communities, including durable solutions for IDPs

INDICATORS

% of IDPs reporting feeling "fully and partially" integrated into host communities

of internally displaced families who have been provided with durable housing solutions

Strategic Objective SO3

Ensure implementation of an international humanitarian exit strategy in Government Controlled Areas from 2021 to 2023

INDICATORS

of people in need (including IDPs) in Donetska and Luhanska oblasts GCA and other oblasts

of people targeted (including IDPs) in Donetska and Luhanska oblasts GCA and other oblasts

% of monitored settlements in GCA with adequate or partial access to services¹⁵⁴ reported during the year

of geo-zones¹⁵⁵ in GCA of Donetska and Luhanska oblasts with severity of needs classified below level 3 (out of a total of 9 geo-zones in GCA)

Specific Objective SP3.1

Increase national and regional Government ownership of and responsibility for the provision of services that deliver humanitarian assistance in GCA

INDICATORS

% of Clusters/Sub-Clusters meetings having participation of Government representatives

147 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2020.

148 The figure is provided by the State Border Guard Service of Ukraine, covering January to December 2021.

149 The target reflects around 15% increase of the baseline.

150 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

151 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

152 According to the National Monitoring System (NMS) conducted by IOM as of March 2021.

153 This figure reflects the Governmental and regional housing programmes between 2014 and November 2020.

154 The results of Protection Monitoring are presented in 10 thematic index, including access to health care, education, administrative, transportation and communications and livelihoods/commercial services. "Adequate" and "partial" access is defined based on the severity threshold on a scale 1-5.

155 "Geo-zones" refer to the geographical units of analysis in GCA and NGCA used for the 2022 HPC, which is now aligned with official administrative boundaries. There are a total of 16 geo-zones (covering both GCA and NGCA) used for the analysis and planning for the 2022 HPC - 9 in GCA and 7 in NGCA.

1,864,107 ¹⁴⁷	1,475,365 ¹⁴⁸	2,145,000 ¹⁴⁹	SBGS	Annually	OCHA CMCoord/ Protection Cluster
58	N/A	0	OHCHR civcas reports	Annually	OCHA
114,106 ¹⁵⁰	600,000	144,900	Protection Cluster 5W	Quarterly	PC/MA Sub-Cluster
2,200,000 ¹⁵¹	N/A	2,755,600	Protection Cluster 5W	Annually	PC/MA Sub-Cluster
89% ¹⁵²	N/A	95%	IOM NMS Reports	Quarterly	PC/OCHA
1,093 ¹⁵³	N/A	700	State Fund for Youth Housing	Twice a year	PC/HLP WG (NRC)
BASELINE	NEED	TARGET	DATA SOURCE	DATA COLLECTION FREQUENCY	DATA COLLECTION FOCAL POINT
1.26M	1.26M	< 1.26M	HNO	Annually	ICCG & OCHA
1M	1M	< 1M	HRP	Annually	ICCG & OCHA
13%	N/A	32%	Protection Monitoring	Annually	Protection Cluster
4	N/A	>4	JIAF	Annually	ICCG & OCHA
40%	N/A	>40%	Cluster transition plans	Annually	ICCG

% of Territorial Communities (including CMAs) supported by humanitarian partners to complete the decentralization of essential services

Specific Objective SP3.2

Strengthen capacity of local responders (NGOs, Civil Society Organizations (CSOs), territorial communities (hromadas), and private sector) to complement the Government-led response

INDICATORS % of direct humanitarian funding to local responders (national, local NGOs and CSOs)

Specific Objective SP3.3

Implement transitional programming, ensuring complementarity between humanitarian and development actions, and build the resilience of conflict-affected population

INDICATORS # of people benefiting from WASH DRR and early recovery approaches

of the affected HHs in GCA who received shelter assistance from authorities

of Cluster Transition Plans developed and approved

Technical and programmatic support to Nexus IM systems

156 The baseline figure represents direct funding to local NGOs in 2021 - divided by the total humanitarian funding to Ukraine in 2021, according to FTS (assessed on 18 Jan 2022).

157 This figure reflects the respective response achievements from January to December 2020 as the figure covering the whole 2021 is not yet available at the time that this monitoring framework is developed for the 2022 HRP.

85%	N/A	92%	Protection Monitoring	Annually	Protection Cluster
2.3% ¹⁵⁶	N/A	3.0%	FTS/UHF	Annually	OCHA
350,000 ¹⁵⁷	N/A	525,000	WASH Cluster	Annually	WASH Cluster
1,000	N/A	1,500	Government	Annually	Government
6	N/A	6	ICCG	Annually	All Clusters
4	N/A	4	# of regular data inputs	Annually	OCHA-RCO

Education		TARGET
Cluster		126K
Cluster Objective CO1		
Ensure access for conflict-affected boys and girls to safe, inclusive, enabling learning environment as a basic essential service Contributes to Specific Objective SP1.2		105,500
Cluster Activity CA1.1		
Conflict-related repair and rehabilitation of education facilities		
INDICATORS	# of education facilities repaired and rehabilitated	140
	# of girls and boys benefitting from repaired education facilities or additional learning spaces	21,000
Cluster Activity CA1.2		
Procurement and distribution of equipment to conflict-affected schools and ECDs including equipment to support distance learning		
INDICATORS	# of girls and boys benefitting from provision of equipment to education facilities	21,000
Cluster Activity CA1.3		
Distribution of learning materials or related cash interventions		
INDICATORS	# of girls and boys benefitting from learning materials or related cash interventions	19,000
Cluster Activity CA1.4		
Distribution of hygiene kits and PPE to education facilities		
INDICATORS	# education facilities with improved hygiene practices in times of COVID-19 pandemic	500
	# of boys and girls have access to education facilities with improved hygiene practices in times of COVID-19 pandemic	75,000
Cluster Objective CO2		
Improve quality of learning and teaching for conflict affected boys and girls where feasible Contributes to Specific Objective SP1.2		20,000
Cluster Activity CA2.1		
Provision of life skills education and social and emotional learning (SEL) through after school activities		
INDICATOR	# of girls and boys benefitting from provision of life skills and SEL	1,000
Cluster Activity CA2.2		
Capacity building of teachers and parents on identified priority topics (i.e. psychological first aid (PFA), stress management/ selfcare, psychosocial issues, inclusive education and distance learning)		
INDICATORS	# of male and female teachers and parents trained	1,000
	# of girls and boys benefitting from trained teachers	20,000

Education		TARGET
Cluster Objective CO3		
Promote equal access to safe education as a protective environment to conflict affected boys and girls Contributes to Specific Objective SP2.1		n/a
Cluster Activity CA3.1		
Trainings of educators, UaF representatives and other relevant actors to ensure SSD guidelines implementation		
INDICATORS	# of trained civil military officers and UaF on the SSD and the Guidelines	100
	# of trainees who are subject of the roll out of the conflict sensitive education trainings in eastern Ukraine	100
Cluster Activity CA3.2		
Advocate for implementation of the Safe Schools Declaration		
INDICATORS	# of statements as a result of discussions of MOFA and UN Ukr Mission on protection of education from attack and of educational facilities from military use, and the continuation of education during armed conflict at the global/UN level	3
	# of state reports to relevant treaty monitoring bodies and mechanisms, with the information on efforts to monitor, prevent and protect educational facilities	3
Cluster Objective CO4		
Promote non-discriminatory opportunities for continuation of education for conflict affected boys and girls Contributes to Specific Objective SP2.3		n/a
Cluster Activity CA4.1		
Advocate for non-discriminatory opportunities for continuation of education for conflict affected boys and girls in eastern Ukraine		
INDICATOR	# of male and female children and youth provided with consultations on continuation of their education	100

Food Security and Livelihoods		TARGET
Cluster		202K
Cluster Objective CO1		
Ensure immediate access to food for food insecure people through life-saving assistance Contributes to Specific Objective SP1.1		108,000
Cluster Activity CA1.1		
Food distribution/home distribution (in-kind)		
INDICATORS	# of individuals receiving in-kind food assistance to ensure their immediate access to food	
Cluster Activity CA1.2		
Wet feeding/daily meal		
INDICATORS	# of individuals receiving in-kind food assistance to ensure their immediate access to food	108,000 (single target for CO1))
Cluster Activity CA1.3		
Food voucher (FV)		
INDICATORS	# of individuals receiving vouchers to improve their immediate access to food	
Cluster Activity CA1.4		
Distribution of hygiene kits and PPE to education facilities Unconditional cash transfer (UCT)		
INDICATORS	# of individuals receiving cash transfers to improve their immediate access to food pandemic	
Cluster Objective CO2		
Strengthen vulnerable conflict-affected households' self-reliance and contribute to the economic capacity by protecting and restoring agricultural and non-agricultural livelihoods Contributes to Specific Objective SP1.2		46,000
Cluster Activity CA2.1		
Agricultural inputs (seeds and basic tools) and grants		
INDICATORS	# of households receiving in-kind agricultural inputs or equipment	15,682
	# of households receiving cash/vouchers for agricultural inputs or equipment	3,920
Cluster Activity CA2.2		
Livestock and poultry (distribution + treatment + feeding)		
INDICATORS	# of households assisted with livestock or poultry distribution	3,250
	# of animals treated or vaccinated	-
	# of households assisted with livestock or poultry feed distribution	1,750
Cluster Activity CA2.3		
Rehabilitation of community livelihood assets, including cash and food for work modalities		
INDICATORS	# of agricultural infrastructure or community assets constructed or rehabilitated	-
	# of households benefited from livelihood assets rehabilitation	2,131

Food Security and Livelihoods		TARGET
Cluster Activity CA2.4		
Rehabilitation of community livelihood assets, including cash and food for work modalities		
INDICATORS	# of people trained	13,400
	# of trainings or events conducted	-
	# of farmers with improved skills	2,500
Cluster Activity CA2.5		
Provision of livelihood agricultural and non-agricultural grants and assets		
INDICATOR	# of households receiving livelihood grants or assets	2,131
Cluster Activity CA2.6		
Income generation activities (at community level, agricultural and non-agricultural)		
INDICATOR	# of households receiving income generation support	425
Cluster Activity CA2.7		
Job creation grants (enterprise level) or access to employment		
INDICATORS	# of enterprises assisted	-
	# of people with improved access to employment	980
Cluster Activity CA2.8		
Business grants		
INDICATOR	# of business grants provided	1,278
Cluster Activity CA2.9		
Value chains management and support for conflict-affected households		
INDICATOR	# of businesses/producers supported with value chain development	390
Cluster Activity CA2.10		
Technical Vocational Education Training (TVET)		
INDICATOR	# of people trained	1,960
Cluster Activity CA2.11		
Cooperative support in conflict-affected communities		
INDICATORS	# of cooperatives supported	-
	# of farmers, enterprises, producers that contributed to cooperative development	1,240

Health		TARGET
Cluster		1.2M
Cluster Objective CO1		
Reduce infectious disease transmission and hospitalization rate by supporting health-care system, including laboratories and immunization, and COVID-19 incident management system (Surveillance, Infection Prevention and Control, Case Management, EECPs, Risk Communication and Community Engagement) Contributes to Specific Objective SP1.3		488,750
Cluster Activity CA1.1		
Recruit surge capacity staff to support COVID-19 response at national and sub national level		
INDICATOR	# people recruited	50
Cluster Activity CA1.2		
Develop social media communication strategies and distribution of updated messages in local language to address rumors and myths, promote physical distancing and other practices to prevent transmission (wearing of mask, hand washing, etc.)		
INDICATOR	# of people reached	17,870
Cluster Activity CA1.3		
Support health authorities in: investigating outbreak and potential super spreader groups; establishing tracking of moderate or mild cases and suspected cases and Isolating them into home confinement; adopting and disseminating case definition to all health-care facilities		
INDICATORS	# of health-care facilities supported	30
	# of contacts (of confirmed cases) for whom contact tracing has been completed	5,000
Cluster Activity CA1.4		
Support local rapid response teams, in areas where COVID-19 is confirmed, to provide technical support (according to the national strategy)		
INDICATOR	# RRTs	100
Cluster Activity CA1.5		
Provide direct support to laboratories, including through provision of lab test kits and other consumable supplies (e.g. RNA extraction and enzymes), training of the laboratory staff, ensuring timely reporting and providing other technical support as required		
INDICATORS	# of laboratories supported	10
	% of laboratory results available for all suspected cases within 48 hours in supported laboratories	75%
	# of health-care workers trained (lab staff)	230
	# tests distributed in health-care facilities, including laboratories	300,000
Cluster Activity CA1.6		
Disseminate latest disease information and provide crossing point staff with clear messages to follow in case of encountered suspected COVID-19 passenger at EECP		
INDICATORS	# of EECPs supported	4
Cluster Activity CA1.7		
Provide minimum package of PPE (based on generic PPE estimation tool) that can run health facilities at full capacity to ensure high safety IPC standards among health-care workers		
INDICATORS	# of health-care facilities supported	105
	# PPE kits provided to health facilities	110,000

Health		TARGET
Cluster Activity CA1.8		
Provide health facilities with necessary medical equipment and supplies, including ventilators, oxygen concentrators and dispensers		
INDICATORS	# of health-care facilities supported	118
	# of consumables, supplies provided (units)	
	# of medical equipment provided (units)	140
Cluster Activity CA1.9		
Identify vulnerable groups in need of special care; provide care, including home care, especially in remote and isolated areas		
INDICATOR	# of people reached	9,965
Cluster Activity CA1.10		
Ensuring safe conditions for planned health services, including immunization		
INDICATOR	# of health-care facilities supported	13
Cluster Activity CA1.11		
Support transportation of required supplies, including testing kits, PPEs and other consumables to designated locations		
INDICATOR	# of health-care facilities supported	180
Cluster Activity CA1.12		
Provide COVID-19 related training and expertise sharing, including adoption of national and global guidance (both, online and offline), including on IPC, risk communication, clinical care, surveillance and contact tracing, laboratory and MHPSS		
INDICATORS	# of health-care facilities supported	36
	# of health-care workers trained	8,720
Cluster Activity CA1.13		
Protect health workforce from exhaustion and mental distress through targeted MHPSS interventions		
INDICATOR	# of people reached	1,860
Cluster Objective CO2		
Improve access of conflict-affected population, exacerbated by COVID-19, to essential health-care services, including HIV/TB and MHPSS		224,250
Contributes to Specific Objective SP1.3		
Cluster Activity CA2.1		
Procure, pre-position and distribute medical supplies, essential medications and equipment through established and mobile health-care services		
INDICATORS	# of health-care facilities supported	220
	# of consumables, supplies provided (units)	
	# of medical equipment provided (units)	6,500

Health		TARGET
Cluster Activity CA2.2		
Provide direct lifesaving and primary health-care services (through fixed and mobile clinics), including emergency medical health-care services, HIV and TB services, integrated Sexual and Reproductive Health services and Mental health and Psychosocial support		
INDICATOR	# of people reached	90,700
Cluster Activity CA2.3		
Provide financial and in-kind support to vulnerable affected population (e.g. elderly, people with disabilities, minorities, children) through cash and vouchers for health-care expenses		
INDICATOR	# of people reached	6,000
Cluster Activity CA2.4		
Restore and/or rehabilitate disrupted health services and infrastructure (conflict-induced)		
INDICATORS	# of health-care facilities supported	13
	# of people reached	52,160
Cluster Activity CA2.5		
Provide clinical management of mental disorders by non-specialized health-care providers (e.g. PHC, post-surgery wards)		
INDICATORS	# of people reached	4,000
	# of social institutions supported	36
Cluster Activity CA2.6		
Provide clinical management of mental disorders by specialized mental health-care providers (e.g. psychiatrists, psychiatric nurses and psychologists working at PHC/ general health facilities/ mental health facilities)		
INDICATORS	# of people reached	1,700
	# of MH specialised outreach units supported	3
Cluster Objective CO3		
Improve capacity, sustainability and quality of health-care services provided at different levels of care for conflict-affected population, exacerbated by COVID-19, and ensure implementation of an international humanitarian exit strategy in GCA from 2021 to 2023 and working towards the HDP NEXUS approach Contributes to Specific Objective SP3.3		437,000
Cluster Activity CA3.1		
Support community-based health-care services including but not limited to first aid services, community-based outreach and capacity building		
INDICATOR	# of people reached	7,410
Cluster Activity CA3.2		
Restore and/or rehabilitate disrupted health services and infrastructure (due to lack of maintenance), including for people with specific needs		
INDICATORS	# of health-care facilities supported	50
	# of people reached	8,760

Health		TARGET
Cluster Activity CA3.3		
Support health & nutritional education and promotion activities to raise awareness of affected population, including through social mobilization and advocacy activities		
INDICATORS	# of people reached	101,235
	# of advocacy campaigns	6
Cluster Activity CA3.4		
Support Health & nutritional education and promotion to update and improve knowledge and skills of health-care providers		
INDICATOR	# of health-care workers trained	2,000
Cluster Activity CA3.5		
Build capacity of health authorities and health managers to take over humanitarian health activities, including the ones which minimize the impact of COVID-19 on access to essential health-care service		
INDICATORS	# of people trained	40
	# of NGO/UN partners trained and sensitized	10
	# of health-care facilities supported	10
Cluster Activity CA3.6		
Support new modalities of service provision, e.g. tele medicine, e-medicine delivery of routine medication, etc.		
INDICATORS	# of health-care facilities supported	160
	# of people reached	530
Cluster Activity CA3.7		
Promote affected population right to timely emergency medical health-care services, starting from community level all the way to hospital-based care		
INDICATORS	# of advocacy activities focused on citizens right to timely emergency medical services at all levels of care	10
	# of people reached	5,000
Cluster Activity CA3.8		
Improve quality and coordination of referrals through linkages between the three levels of health care including communities		
INDICATORS	# of health-care facilities supported	50
	# decisions related to implementation of referrals	5
Cluster Activity CA3.9		
Support the effective implementation of screening and triage protocols at all points of access to the health system, including primary health centers, clinics, etc.		
INDICATOR	# of health-care facilities supported	45
Cluster Activity CA3.10		
Support affected population's access to affordable drugs through sustainability-oriented activities, including advocacy		
INDICATORS	# of interventions, including advocacy, to improve affected population's access to affordable drugs	5
	# of people reached	2,930

Protection		TARGET
Cluster		1.4M
Cluster Objective CO1		
Ensure conflict affected people, including IDPs, benefit from full and non-discriminatory access to quality essential services and enjoyment of their rights, with particular attention to people with specific needs Contributes to Specific Objective SP1.1 & SP1.2		245,000
Cluster Activity CA1.1		
Provision of essential services (including PSS, Legal assistance, GBV, Mine assistance, etc.) and individual protection assistance (incl. cash)		
INDICATOR	# women, men, boys and girls with access to essential services (including PSS, Legal assistance, GBV, Mine victim assistance, etc.) and individual protection assistance (incl. cash)	245,000
Cluster Objective CO2		
Strengthen protection and social cohesion through prevention and mitigation of rights' violations and community based protection for conflict-affected people; support IDPs in identifying durable solutions Contributes to Specific Objective SP2.1 & SP2.2 & SP2.3 & SP2.4 & SP2.5		1,150,000
Cluster Activity CA2.1		
Protection Monitoring		
INDICATOR	# of protection monitoring visits conducted and recorded	6,000
Cluster Activity CA2.2		
Awareness raising and Information Dissemination		
INDICATOR	# of persons receiving information on trafficking, GBV risks, prevention, referrals, and availability of life-saving services, EORE Information, HLP, documentation, IDP/residence registration, social benefits, legal assistance or entitlements, COVID-19	800,000
Cluster Activity CA2.3		
HRP2D Support to Peaceful Coexistence & Durable Solutions		
INDICATOR	# of local and displaced women, men, girls and boys supported through peaceful coexistence/peace-building/ social cohesion projects, or community support initiatives	200,000
Cluster Activity CA2.4		
Explosive Ordnance Risk Education		
INDICATOR	# of persons receiving Explosive Ordnance Risk Education through EORE awareness sessions	144,900
Cluster Objective CO3		
Improve resilience of conflict-affected people and system of service provision Contributes to Specific Objective SP3.1 & SP3.2 & SP3.3		11,200
Cluster Activity CA3.1		
Capacity building		
INDICATOR	# of persons trained	11,200

Shelter and Non-Food Items		TARGET
Cluster		81K
Cluster Objective CO1		
Address critical gaps in essential shelter and NFI needs of the most vulnerable IDPs and conflict affected population Contributes to Specific Objective SP1.1		39,400
Cluster Activity CA1.1		
Acute emergency shelter		
INDICATOR	# HHs receiving acute emergency shelter support	600
Cluster Activity CA1.2		
Solid fuel & heater distribution		
INDICATOR	# HHs receiving solid fuel and heaters for winter	16,200
Cluster Activity CA1.3		
NFI distribution		
INDICATOR	# individuals receiving NFIs (clothing sets, bedding sets, and other general NFIs)	800
Cluster Activity CA1.4		
Winterization cash grant transfers		
INDICATOR	# HHs receiving winterization cash grants	9,800
Cluster Activity CA1.5		
Winterization of collective centers and social institutions		
INDICATOR	# individuals living in non-specialized collective centres/social institutions receiving winterization support	12,000
Cluster Objective CO2		
Contribute to adequate transitional shelter solutions (monetised or in-kind) Contributes to Specific Objective SP1.1 & SP1.2		1,800
Cluster Activity CA2.1		
Light and medium repairs		
INDICATOR	# HHs supported with light and medium repairs	1,600
Cluster Activity CA2.2		
Structural repairs ("heavy repairs")		
INDICATOR	# HHs supported with structural/heavy repairs/reconstruction	200

WASH		IN NEED	TARGET
Cluster		2.5M	1.5M
Cluster Objective CO1			
Ensure immediate and sustainable access to sufficient safe water, and minimal levels of sanitation provision for conflict- and COVID-19-affected people Contributes to Specific Objective SP1.1		2,100,000	994,000
Cluster Activity CA1.1			
Access to sufficient quantity of water			
INDICATOR	# of people provided with access to sufficient quantity of water		322,000
Cluster Activity CA1.2			
Access to sufficient quality of water			
INDICATOR	# of people provided with access to sufficient quality of water		44,000
Cluster Activity CA1.3			
Improved access to adequate sanitation			
INDICATOR	# of people provided with improved access to adequate sanitation		628,000
Cluster Objective CO2			
Provision of critical hygiene-related supplies and information for the prevention of infectious diseases Contributes to Specific Objective SP1.1		1,850,000	1,140,000
Cluster Activity CA2.1			
Access to critical hygiene- or COVID-19-related supplies and/or awareness			
INDICATOR	# of people provided with critical hygiene- or COVID-19-related supplies and/or awareness		1,140,000
Cluster Objective CO3			
Promote resilience, recovery and sustainable access to sufficient safe water, minimal levels of sanitation, and minimum hygiene standards Contributes to Specific Objective SP3.3		1,100,000	515,000
Cluster Activity CA3.1			
Sustainable access to sufficient quantity of water			
INDICATOR	# of people provided with sustainable access to sufficient quantity of water		135,600
Cluster Activity CA3.2			
Sustainable access to sufficient quality of water			
INDICATOR	# of people provided with sustainable access to sufficient quality of water		10,000
Cluster Activity CA3.3			
Sustainable improved access to adequate sanitation			
INDICATOR	# of people provided with improved sustainable access to adequate sanitation		358,000
Cluster Activity CA3.4			
Sustainable access to WASH-related supplies and/or awareness			
INDICATOR	# of people provided with WASH-related supplies and/or awareness		325,000

WASH		IN NEED	TARGET
Cluster Activity CA3.5			
Capacity building and Disaster Risk Reduction approaches in WASH			
INDICATOR	# of people benefiting from capacity-building or DRR approaches in WASH		21,000
Cluster Objective CO4			
Increase the safety of utility workers and safe continuous usage of water infrastructure Contributes to Specific Objective SP2.1		n/a	30
Cluster Activity CA4.1			
WASH advocacy			
INDICATOR	# of advocacy activities focused on making utility workers and infrastructure safer		30
Multi-Purpose Cash			TARGET
Cluster			28K
Cluster Objective CO1			
Increase the purchasing power of the targeted population to cover their immediate basic needs Contributes to Specific Objective SP1.1			28,000
Cluster Activity CA1.1			
Provision of timely MPC transfers			
INDICATORS	# of individuals assisted		28,000
	# of monthly grants distributed, by amount		140,280
	% of people satisfied with MPC assistance provided		80%

4.6

What if we fail to respond?

Education

- The cumulative impact of years of conflict will be compounded and continue impacting the learning and wellbeing of hundreds of thousands of students and teachers.
- Thousands of conflict-affected girls and boys, and teachers on both sides of the “contact line” will not have access to a safe and inclusive learning environment that increases drop-out rates and protection risks.
- Children without sufficient access to education are denied the opportunity to develop necessary skills to reach their full potential in future.

Food Security and Livelihoods

- Failing to respond is likely to put the lives of 400,000 severely and moderately food insecure people at greater risk of negative and irreversible coping strategies, which could adversely affect their health conditions physically and mentally.
- Over one million people whose livelihoods have been shattered as a consequence of the armed conflict could be pushed into deeper vulnerabilities.
- The significant yet fragile gains made over the years could be reversed if we fail to respond today.

Health

- More than 1.15 million people will have inadequate access to essential medicines and life-saving health care.
- Health-care workers will be at greater risk of falling ill with COVID-19 and other infectious diseases due to insufficient PPE, outdated medical equipment, and overwork.
- The conflict-affected population, particularly IDPs, who are at greater risk of suffering from psychological distress and mental illness, will not have sufficient access to MPHSS to cope.

- Disruptions to immunization programmes will place vulnerable populations, particularly the older population and children, at risk of vaccine-preventable diseases.

Protection

- Increase in civilian casualties, particularly in NGCA, due to absence of humanitarian mine action, including surveying, marking, mine risk education and demining.
- People living close to the “contact line”, particularly older persons and persons with disabilities, will not have access to essential social services and may resort to negative coping mechanisms due to their inability to meet basic needs.
- Conflict-affected people, including IDPs, will continue highly dependent on humanitarian assistance, which would decrease without the corresponding level of State ownership to take over.
- Children will be at higher risk of psychological distress, risky behaviour, family separation and institutionalization.
- People at risk or survivors of GBV will not have access to appropriate assistance particularly in NGCA.

Shelter/NFI

- In the worst-case scenario, all the 26,000 targeted persons will struggle to survive the cold season; given the harsh winters and the difficulties added by COVID-19, these already vulnerable persons will face exposure to illness and possibly death. The resources that they will have to use to purchase heating fuel and related goods would not be available for use to meet other basic needs.
- At least 12,000 vulnerable conflict-affected people living in collective centres and social institutions would face health issues and have difficulties surviving the winter.

- In NGCA, if the house repair programme will not be implemented, and given the unavailability of other options, 1,600 families will have to stay in their damaged house and live one more year in substandard and undignified living conditions
- In NGCA, if shelter and winterization programmes are not implemented, the occasions to interact with communities and visit vulnerable individuals will be drastically limited and will eventually result in the expulsion of humanitarian organizations.
- Decreased access to adequate, safe, water supply and sanitation: 53% already require support.
- Reduced dignity of older people, women, children and people with disabilities, forced to use substandard facilities, especially in rural areas where 65% of the population already need sanitation assistance.
- A perpetuated unhygienic situation in “frontline” villages, and in hospitals, schools, orphanages and elderly homes.
- An increased risk of water-related diseases in conflict-affected Donetsk and Luhansk oblasts of eastern Ukraine, with a negative effect on the current coronavirus pandemic.

WASH

Failing to provide an adequate humanitarian WASH response, in conflict-affected Donetsk and Luhansk oblasts, in 2022, would lead to:

4.7

How to contribute

Contributing to the Humanitarian Response Plan

For more information on Ukraine's 2022 Humanitarian Needs Overview, Humanitarian Response Plan, other monitoring reports or on how to donate directly to organizations participating in the plan, please visit:

www.humanitarianresponse.info/operations/ukraine

Donating through the Ukraine Humanitarian Fund (UHF)

Donors can contribute through the Ukraine Humanitarian Fund (UHF) which was launched in February 2019. This country-based pooled fund (CBPF) aims to support coordinated humanitarian action, in line with this Humanitarian Response Plan and address some of the most critical needs, which are of strategic priority and would otherwise go unfunded. The UHF allows donors to pool their contributions into single, unearmarked funds to support local humanitarian efforts which will, in turn, not only enable a coordinated, flexible and inclusive humanitarian response, but also strategically maximise available resources.

For information on contributing to the Ukraine Humanitarian Response Plan, and donating through the Country-based Pooled Fund, visit the OCHA Ukraine web page:

<https://www.unocha.org/ukraine/about-uhf>

If you have further questions, do not hesitate to send us an email at

ochaukraine@un.org

Donating through the Central Emergency Response Fund (CERF)

CERF provides rapid initial funding for lifesaving actions at the onset of emergencies and for poorly funded, essential humanitarian operations in protracted crises. The OCHA-managed CERF receives contributions from various donors – mainly governments, but also private companies, foundations, charities and individuals – which are combined into a single fund. This is used for crises anywhere in the world. Find out more about the CERF and how to donate by visiting the CERF website:

www.unocha.org/cerf/ourdonors/how-donate

In-kind Relief Aid

The United Nations urges donors to make cash rather than in-kind donations, for maximum speed and flexibility, and to ensure the aid materials that are most needed are the ones delivered. If you can make only in-kind contributions in response to disasters and emergencies, please send an email with relevant information concerning your in-kind contribution to:

logik@un.org

Registering and recognising your contributions

OCHA manages the Financial Tracking Service (FTS), which records all reported humanitarian contributions (cash, in-kind, multilateral and bilateral) to emergencies. Its purpose is to give credit and visibility to donors for their generosity and to show the total amount of funding and expose gaps in humanitarian plans. Please report yours to FTS, either by email to fts@un.org or through the online contribution report form at

<http://fts.unocha.org>

4.8 Acronyms

AAP	Accountability to affected populations or people	FSLC	Food Security and Livelihoods Cluster
ACTED	Agency for Technical Cooperation and Development	FTS	Financial Tracking Service
AFU	Armed Forces of Ukraine	GBV	Gender-Based Violence
AMRF	Access Monitoring and Reporting Framework	GCA	Government Controlled Area
ATC	Amalgamated Territorial Community	GDP	Gross Domestic Product
CERF	Central Emergency Response Fund	GoU	Government of Ukraine
CIMIC	Civil-Military Cooperation Directorate of the Armed Forces of Ukraine	HC	Humanitarian Coordinator
CMA	Civil-Military Administration	HCT	Humanitarian Country Team
CMCoord	Civil-Military Coordination	HH	Household
CoM	Cabinet of Ministers of Ukraine	HLP	Housing, land and property
COVID-19	2019 novel coronavirus disease (also 2019-nCoV)	HNO	Humanitarian Needs Overview
CSO	Civil society organization	HPC	Humanitarian Programme Cycle
CVA	Cash and voucher assistance	HRMMU	United Nations Human Rights Monitoring Mission in Ukraine
CWG	Cash working group	HRP	Humanitarian Response Plan
DDG	Danish Demining Group	HSM	Humanitarian Situation Monitor
DPA	United Nations Department of Political Affairs	IBCP	International Border Crossing Points
DRC	Danish Refugee Council	ICCG	Inter-Cluster Coordination Group
DTP	Diphtheria, Tetanus, and Pertussis	ICRC	International Committee of the Red Cross
DV	Domestic violence	IDP	Internally Displaced Persons
ECD	Early Childhood Development	IED	Improvised Explosive Device
EECP	Entry-Exit Crossing Point	IHL	International Humanitarian Law
EORE	Explosive Ordnance Risk Education	IHRL	International Human Rights Law
ERW	Explosive Remnants of War	IMD	Institute for Management Development
		INFORM	Index for Risk Management
		INGO	International Non-Governmental Organization

INSO	International NGO Safety Organization	PSS	Psychosocial support
IPC	Infection prevention and control	PTSD	Post-traumatic stress disorder
IOM	International Organization for Migration	PUI	Premiere Urgence Internationale
JFO	Joint Forces Operation	RPM	Response planning and monitoring
JIAF	Joint Inter-Sectoral Analysis Framework	SCORE	Social Cohesion and Reconciliation
MEB	Minimum Expenditure Basket	SESU	State Emergency Service of Ukraine
MH	Mental Health	TB	Tuberculosis
MHPSS	Mental Health and Psychosocial Support	TCG	Trilateral Contact Group
MoES	Ministry of Education and Sciences	UAH	Ukrainian Hryvnia (national currency of Ukraine)
MoSP	Ministry of Social Policy	UHF	Ukraine Humanitarian Fund
MPC	Multi-purpose cash	UNFPA	United Nations Population Fund
MSNA	Multi-Sectoral Needs Assessment	UNFSDCF	UN Sustainable Development Cooperation Framework
MRToT	Ministry of Reintegration of Temporarily Occupied Territories	UNHCR	United Nations High Commissioner for Refugees
NFI	Non-food item	UNICEF	United Nations Children's Fund
NGCA	Non-Government Controlled Area	UXO	Unexploded ordnance
NGO	Non-Governmental Organization	WASH	Water, sanitation and hygiene
NMAA	National Mine Action Authority	WHO	World Health Organization
NMS	National Monitoring System	WoS	Windows of Silence
NRC	Norwegian Refugee Council		
OCHA	United Nations Office for the Coordination of Humanitarian Affairs		
OECD	Organization for Economic Development and Cooperation		
OHCHR	United Nations Office of the High Commissioner for Human Rights		
OSCE	Organization for Security and Co-operation in Europe		
PiN	People in need		
PoC	Protection of civilians		
PSEA	Protection against sexual exploitation and abuse		
PPE	Personal Protection Equipment		

**HUMANITARIAN
RESPONSE PLAN**
UKRAINE