

# NEEDS ASSESSMENT REPORT

<u>Project:</u> ID 339 Strengthening psycho-social support and emergency aid to conflict-affected children in Ukraine

<u>Implementing Partners</u>: All-Ukrainian Foundation for Children's Rights, AUFCR (local), Defence for Children International-ECPAT the Netherlands (International), Plan the Netherlands

<u>Research Time Frame</u>: the Needs Assessment gives a special attention to the project period from 15 November 2023 until 10 February 2024

<u>Methodology:</u> the Needs Assessment was carried out in 22 local communities in 10 conflict-affected oblasts, namely Dnipropetrovska, Zaporizka, Kharkivska, Khersonska, Mykolaivska, Odeska, Kyivska, Kirovohradska, Donetska, Zhtomyrska, and in 11 local communities in 5 hosting oblasts, namely Rivnenska, Ternopilska, Chernivetska, Ivano-Frankivska and Volynska. The Methodology was based on the mixed-methods approach and utilized both quantitative and qualitative methods, desk review of primary and secondary data collection; analysis of IATI documents; household (HH) surveys with children with the specific focus on children and parents with disability; Key Informant Interviews (KIIs) with the relevant stakeholders (regional and local government, police, state emergency service, health and medical services); Focus Groups Discussions (FGDs) with MHPSS providers, volunteers, CP and non-CP specialists; parents and caregivers; youth activists. In total 2400 respondents participated in the research, with at least 160 respondents per oblast. In total 135 KIIs, 85 FGDs were conducted and 256 HH were involved in the survey.

#### Background

Children continue to be killed, wounded and deeply traumatized by the violence all around them. Schools, hospitals and other civilian infrastructure on which they depend continue to be damaged or destroyed. Families have been separated and lives torn apart. According to the report of the General Prosecutor's office of Ukraine, as of the morning of 28 December 2023, more than 12,568 children have been affected as a result of the conflict, in particular: 520 children were killed; more than 1120 were injured in various degrees of severity; at least 9,541 children were deported to the territory of the Russian Federation. These numbers are not final. We still have a lack of statistics especially in the places of hostilities, in temporarily occupied and liberated territories. The largest number of children were affected, i.e. killed or seriously wounded, in Donetsk oblast (492), Kharkiv oblast (304), Kyiv oblast (129), Zaporizhia oblast (100), Kherson oblast (83), Mykolaiv oblast (98), and Dnipropetrovsk oblast (97). According to the web platform of the Ministry of Education and Science of Ukraine saveschools.in.ua at

least 3798 educational institutions (schools and kindergartens) were damaged due to bombing and shelling, 365 of them were completely destroyed. Children with disabilities are recently almost completely hindered access to education, because of destruction of schools, damaged infrastructure, blackouts, danger of being outside of shelters, lack of equipment to meet the special educational needs of the children, etc.

#### Areas of risk and concern

OCHA reports that 3.4 million Ukrainian children need child protection interventions. In fact, there is a high need for group social support activities for children and teenagers, due to the high level of social isolation of children who are often unable to maintain contact with their peers, especially those that have been evacuated due to connectivity and power outages. AUFCR is concerned about the high need for psychosocial support services, including case management for children and parents, and about the fact that there are still very few organizations which can provide such services. Electricity cut-offs negatively impact partners' child protection activities as not all locations have generators available. Lack of specialized staff for protection services is limiting the response, especially in areas recently retaken by Ukraine where most social service workers are no longer there. Fragmented inclusion of the needs of parents and children with disabilities in humanitarian response programs

### **Key Findings**

### Child Protection and MHPSS

Psychologists and social pedagogues in established Child Friendly Spaces (CFS) have observed that 15% of children suffer from stuttering as a result of explosions; 80% have panic attacks and sleeping disorders; 52% suffer from anxiety and phobias of losing loved ones; 62% of girls suffer from fear of violence and insecurity. At the same time, 89% of caregivers, most of them women, show symptoms of depression and anxiety and are in need of psychological support. Isolation with regards to children with disabilities and lack of inclusive CFS was reported as a main child protection concern across all locations.

"We are facing consequences that are hard to imagine. The consequences of violence and rape ; tragedy when parents are killed in front of children and vice versa ; deprivation of food, water, basic needs ; inability to get medicine and basic health, social, psychological services ; inability to get into the bomb shelter and to be safe", said Olga, 36 years old, mother of 3 children, aged 3, 5 and 7, from Stary Saltiv, Kharkivska oblast. Indeed, these consequences will affect the life, physical and mental health, and the human dignity of a personality, especially of children, in the long term. Children who experienced occupation said the following. "We were forced to drink technical water", said Katia, 9 years old, from Kherson. 'Technical water' means untreated water, thus water that is used in the sewage system. "My granny and I can't leave the apartment because of constant shelling", said Oleg, 7 years old, from Donetsk oblast. "I can't call anyone because there was no connection - you just sit and wait for death. It's just terrible", said Iryna, 18 years old, from Odesa oblast. "When the Ukrainian troops liberated us, I cried ... I am a strong boy, but I cried because all my horrors were over", said Alex, 16 years old, from Kherson.

The unavailability of services, including referral services was identified by KIIs as a major challenge. Thus, 78% of KIIs in local communities noted the lack of basic services for children from 0 to 5: the absence of pediatricians, pediatric dentists and speech therapists; for children with disabilities from 5 to 16 years old, there are no rehabilitation services and even physical access to medical and social institutions.

The interviewed 526 parents (78% of women and 22% of men (mostly grandfathers and single fathers) were very satisfied by receiving the qualified FPS and MHPSS which help them to strength their moral and health conditions and become more effective for their children. At the same time 89% of parents

expressed their need for specialized support of lawyers (56%), advocates for court proceedings (21%), social officer (13%) and medical staff including GBV specialists (20%). "I was positively surprised by the following: in our CFS I can receive not only psychological support, which is very important for me, but also can get the relevant consultations from lawyer, social worker and moreover can be linked with profile doctor for consultation and treatment. This is really fantastic!" (Tamara 42, evacuated from Makiivka, Donetsk oblast, mother of 3 children). "I personally is very happy to come to CFS and just to communicate with other parents. I felt very isolated in evacuation. Now I feel support and I found friends here" (Kseniya, 34, evacuated to Ivano-Frankivsk from Kherson). "I lost my wife during the evacuation from Luhansk and now I am a single father of 5 children. I felt horrible and lost. Three of my children are girls of 3, 6 and 8 years old. I had no idea about girlish needs and problems. I can't make their hair, select the proper size of clothes, etc. At the first time I did not want to go to the CFS. I thought it will be something like bla-bla-bla. I was informed that I will be provided with sanitary kits during the parenting. And I came there. In this CFS I met a lot of nice people who help me and my children. I am reborn here. I could to renovate documents, to overcome my depression, to receive the basic parent's skills. I was helped with employment. I met some friends. We are not alone now" (Stanisvav, 39, single father). "What struck me the most was that I could offer my own ideas for the next parent's meetings. I am very pleased that my needs are always taken into account. Who came up with this parenting? He must be a very kind and intelligent person" (Maria, 74, evacuated to Rivne from Mykolaiv oblast, a grandmother of 2 children).

Preparation of HHs with children for the winterization. More than 72% of respondents are not ready for winter, and this rate increases to 84% in rural areas. Twenty-five percent (25%) of respondents reported that their houses were completely destroyed. In general, the basic needs of people towards the preparedness to winterization are very similar: to repair the roofing ; to repair the water pumping station; to insulate the house ; to get a gasoline generator; etc. Most of single parent HHs face the dilemma "to choose bread or gas, medicines or power!" The most vulnerable children are those who have to constantly use the relevant electronic equipment, tools or gadgets. The life and well-being of these children suffer from the lack of electricity and the blackouts.

### • What support would people need to meet their basic needs (per specific area)?

The main challenges are related to the increase in military aggression from russian federation across Ukraine, in particular:

• winterization in conditions of lack of electricity, heat and water (Khersonska, Mykolaivska, Odeska, Zaporizka, part of Kharkivska and Dnipropetrovska oblasts)

• lack of food and hygiene items in conditions of lack of electricity, heat and water (Khersonska and Mykollaivska oblasts)

• lack of food, hygiene items and supportive services in regions, experienced russian occupation (Khersonska, Kharkivska and Donetska oblasts)

• lack of warm clothes, blankets and bed linen in IDPs families, child instituions and bomb shelters Khersonska, Mykolaivska, Odeska, Zaporizka, part of Kharkivska and Dnipropetrovska oblasts)

• lack of power banks, smartphones, tablets and other gadgets helping children to be included in education process (Khersonska, Mykolaivska, Odeska, Zaporizka, part of Kharkivska and Dnipropetrovska oblasts)

In November 2023 AUFCR conducted a research regarding the preparation for the winterization of the women-headed households, parents with children with disabilities and the aged people. We interviewed 3000 people from different oblasts of Ukraine. This research showed that more then 82% of respondents are not ready for winter; and in rural areas this rate increases to 92%; 38% of respondents

reported that their houses were completely destroyed. In general, the basic needs of people towards the preparedness to winterization are very similar: to repair the roofing; to repair the water pumping station, to insulate the house. Bu all of them say: "If there is no power or gas – nothing will help!". Most of them face this dilemma : "to choose bread or gas, medicines or power!" The most vulnerable are children, single parents and those who has to use constantly the relevant electronic equipment, tools or gajets. The life and well-being of these people become depends from lack of electricity or backouts.

# • Are there children/caregivers in need of PSS? Do they know where to get support from? What are the barriers to accessing care for children and caregivers?

Experiences of war during childhood and adolescence can have long-term psychological and social consequences. There are clear disparities between the mental health of war-affected people and the general population. Children in war conditions experience, witness or are threatened with staggering violence and abuse. They often lose loved ones, are forced to flee their homes and separate from their families. Lack of access to basic services and education threatens their development.

Our CFS practical psychologists during the provision of FPA and individual treatment, found that 15% of children suffer from stuttering as a result of explosions; 80% has panic attack, sleep disorder; 11% suffers from enuresis; 52% suffers from anxiety and phobias of losing loved ones, their home; 62% of girls suffer from fear of violence and insecurity. From the practice of CFS psychologists in Western oblasts, 87% of children with IDP background fears of not returning home and not meeting friends and loved ones are added to all of the above. 89% of parents, most of them women (mothers and grandmothers), are depressed, stressed and in need of psychological help and support. Particularly difficult cases are widows who suffer from various psychological traumas.

# • What are the capacity building needs of professionals working with children (including teachers)?

62% of interviewed practical psychologists are in need of learning opportunities regarding traumas, GBV interventions; 100% of professionals need to be supported from burn out

# • Is the psychosocial wellbeing of teachers themselves being addressed?

82% of the interviewed teachers confirmed the lack of programmes/trainings forcused on their psychological wellbeing

### • What are the main child protection risks (per specific area)?

- 1) Segregation: "only for IDPs not for locals" (across Ukraine)
- 2) Isolation: in respect to children with disabilities (across Ukraine)
- 3) Constant shelling in the Eastern and Sothern oblasts
- 4) Lack of inclusive CFSs (across Ukraine)
  - What are the main child protection needs (per specific area)? What are the main causes of stress for children?

The full-scale war has negatively affected the mental and emotional state of students and teachers. The majority of parents (61%) believe that their children have symptoms of stress such as deteriorated sleep, anxiety, trouble concentrating, problems in communication with their peers and teachers. Children have high levels of anxiety. In addition, students feel lonely, because during the forced break and remote learning they lack opportunities to socialize with their peers and teachers. Teachers have also experienced considerable stress and worsened mental state since the full-scale invasion began, especially in the hromadas where active military actions have taken place or which used to be occupied.

## Is there enough community awareness of mental health issues affecting children and especially on detecting cases where children should be referred for support?

There is a huge gap in community awareness of MHPSS because of lack of relevant professionals, services including the reference services in Donetska, Khersonska, part of Mykolaivska, Zaporizka and Kharkivska oblasts.

# • Is there a need for extra-curricular movement-based psychosocial interventions for children in schools, CFSs and community centers?

Yes, in terms of peer education, youth activism, inclusive sport and recreation activities

## $\circ$ Is the psychosocial wellbeing of caregivers themselves being addressed?

Please find above

## • What are the priority activities for education?

As a result of Russia's military aggression against Ukraine, as of February 2024, 1,759 schools have been damaged; this constitutes 12% of the total number of schools in the country. 228 schools have been completely destroyed. Half of the destroyed and damaged schools are located in Donetsk, Kharkiv, and Luhansk Regions. For instance, in Kharkiv, half of the city's schools have been affected. Schools located near the frontline or the border are under constant increased threat of destruction due to shelling. At the same time, schools in hromadas located further away from the frontline and the border also suffer from missile attacks.

Interviews with educators in 16 oblasts allowed us to generalize the needs of hromadas for the restoration of education infrastructure in order of priority:

• First-priority needs: make access to secondary education as broad as possible right now.

For regions where in-person and mixed education is possible, this requires building and repairing shelters at schools and furnishing education spaces in shelters, including for extracurricular activities; urgently repairing school buildings or repairing minor damage; arranging modular (temporary) schools; providing school buses, generators and internet connection, devices for learning. For the regions and hromadas where only remote learning is possible, this requires generators, internet access, and devices for students and teachers.

• Second-priority needs: restore education infrastructure to resume in-person studies.

This includes repairing schools with significant damage, refurbishing other hromada-owned buildings (administrative buildings, houses of culture, etc.), undamaged by the war, to serve as schools. It also involves restoring the education environment (furniture, learning equipment, technology, utilities) at the damaged schools.

• Third-priority needs: ensure universal access to high-quality education.

This is about fundamental rebuilding of severely damaged and destroyed schools, as well as the schools which require fundamental renovation, in accordance with the relevant needs of hromadas in terms of secondary education facilities and with the plans for the development of the school network.

### Are there enough measures to address GBV risks in schools?

89% of practitioners (psychologists and teachers) confirmed the lack of skilled specialists and programmes to address GBV risks in schools and in communities.

# $\circ$ $\;$ What would be the main needs for CASH distribution?

At least 17.7 million people need humanitarian assistance in Ukraine. The ongoing attacks on key infrastructure all over the country are disrupting Ukrainians' everyday life as they cannot have access to electricity, communication, water, and heating which severely affects their financial ability to meet their basic needs.

Multi-purpose cash (MPC) assistance is a monthly payment that the people enrolled in a humanitarian aid programme receive to respond quickly to their most pressing needs. In emergencies, when people are forced to flee their homes, they leave with the bare essentials, losing their livelihoods. They may face long delays in obtaining the help they need. Providing displaced people with cash assistance enables them to fulfill their basic needs according to their priorities in a dignified manner, contributing to the local economy at the same time.

Cash for Protection is a form of assistance where Cash and Voucher Assistance (CVA) is used as the modality to address individual and/or household-level protection needs, identified on a case-by-case basis. Cash for Protection is used to prevent, reduce or mitigate the impacts of risks, violence, abuse, coercion, exploitation and deprivation, as well as usage of negative coping mechanisms. Cases may include protection concerns related to right to life, physical safety, psychological well-being, liberty, dignity and other fundamental rights. Cash for Protection is not time-bound, not conditional and not restricted given the complexities of protection risks facing individuals and/or households.

According to the Cash working group Ukraine, Cash for Protection can be used to produce a protection outcome for identified individuals and/or households:

• A household faces an immediate risk of eviction because they cannot pay rent. Cash for Protection may be used as a short-term intervention to prevent eviction. It can also be complemented by MPCA or Cash for Shelter, including Rental Market Initiatives, until the financial situation of the household becomes more stable.

• A survivor of abuse and violence -- such as someone who has been subjected to arbitrary arrest — must be relocated to a safe location due to potential harm. Cash for Protection may be used to cover costs associated with the relocation, such as transportation, accommodation, etc.

• An individual missing civil documentation (ID card, marriage certificate, birth certificate, etc) is unable to access Government services. Cash for Protection may be used to pay costs for legal assistance, court fees, cost of civil documents, transportation, etc. to obtain the necessary documents.

• An individual and/or household has damaged or destroyed property and needs Housing, Land and Property (HLP) support. Cash for Protection may be used to cover costs associated with legal assistance, including lawyers' fees, court fees, cost of documentation, cost of transportation to the court, etc.

### **Recommendations**

#### Child Protection case management

- Identification, registration and assessment of individual cases and provision of direct support, and/or referrals to address child protection risks and humanitarian needs, with a focus on survivors of explosive ordnance and their families.
- Systematic and timely support provided by case workers and social workers through standard case management procedures (case assessment, case planning, direct support, referrals), as well as referrals to other services, including emergency and continuing medical care, rehabilitation, mental health and psychosocial support, inclusive education, legal assistance, cash assistance, etc.

• Children and their family may also be supported with advocacy for direct support to navigate systems to obtain services, including through a practical, localized and updated service directory;

## The mental health and psychosocial support

- Identifying children who have suffered traumatic events including explosive ordnance accidents for direct provision of psychological first aid (PFA) and psychosocial support along levels 2 and 3 of the MHPSS intervention pyramid
- Focused care and support for parents/caregivers of children who are EO survivors, including through PFA, support groups and positive and disability sensitive parenting support
- Provision of regular, structured, and accessible psychosocial support activities for children with disabilities, including survivors
- Peer-to-peer support groups for children and adolescents, youth clubs, and group cultural and leisure activities, particularly for child and adolescent EO survivors
- Support for the mental health and psychosocial well-being of community professional working with families and children who are survivors

### The community engagement

- Raising awareness amongst children, caregivers, families and communities on protection services available and how to access them, including child-focused explosive ordnance victim assistance
- Raising awareness of distress reactions of children in humanitarian contexts and as related to explosive ordnance risks, according to age and developmental stage
- Amplification of child-friendly Explosive Ordnance Risk Education (EORE);
- Stigma reduction campaigns for children and adolescents with disabilities, including those as a result of explosive ordnance accidents, and the promotion of positive attitudes to address stigma and discrimination
- Dedicated community-based interventions promoting and facilitating disability, social and economic inclusion of affected children and families
- Support to community-led processes to address risks and response to explosive ordnance risks as well as support to meaningful participation of children, adolescents and marginalised groups in their communities in such processes

### The strengthening of child-focused victim assistance in the Ukraine humanitarian response

- Capacity-building of other NGOs engaged in humanitarian to increase skills and knowledge on child-focused victim assistance
- Training of professional and paraprofessional staff and volunteers providing Child Protection services, as well as frontline workers in other sectors, who may get in contact with children who became EO survivors, and their families
- Training and sensitization of community-based groups and mechanisms on mine risks and age and gender-appropriate support as well as referral pathways
- Capacity-building and advocacy of health, education, social service and other sectoral systems to respond to the particular needs of affected children and families, including through child-friendly communication, sensitization on disability -inclusion, appropriate space and facilities, and support for child and caregiver participation

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