



# UKRAINE

## PROTECTION CLUSTER STRATEGY

2016

## I. CONTEXT

Since the conflict in Ukraine began in mid-April 2014, more than 9,000 people have been killed and at least 20,000 have been wounded, including civilians, in the area of conflict<sup>1</sup>. As of 1 March 2016, 1.7 million IDPs had registered across the country according to the data provided by the Ministry of Social Policy.

Parties to the conflict have demonstrated a widespread disregard for the principles of proportionality and distinction, resulting in excessive harm to the civilian population. People living in the “grey zone” along the contact line are the most vulnerable; many of the more than one million civilians who have been forcibly displaced by the violence are of heightened vulnerability; many of those who have been unable to flee from areas of intensified violence are also at particular risk. In recognition of the scale of the protection crisis, under the overall leadership of the Resident/Humanitarian Coordinator (RC/HC), the Protection Cluster was established in December 2014. In 2015, 3 sub clusters were active under the Protection cluster: Child Protection (led by UNICEF), GBV (led by UNFPA) and Mine action (led by UNDP). Additionally, there is an Age and Disability Technical Working Group (chaired by HelpAge International) active under the Protection cluster and a Housing, Land and Property Working Group (chaired by NRC), under the umbrella of the Protection and Shelter/NFI clusters.

The Protection Cluster, and the Child Protection, GBV, and Mine Action Sub-Clusters meetings are held in Kyiv; Protection Cluster or Protection Coordination meetings in the field are held in Kharkiv, Sloviansk, Dnipro, Sieverodonetsk, Mariupol and Donetsk. Child Protection and GBV Sub Clusters organize Coordination meetings in Kharkiv, Dnipro, Zaporizhzhia, Sieverodonetsk, Kramatorsk, and Mariupol.

This strategy is developed in support of the wider humanitarian response in Ukraine. As many as 3.1 million people are estimated to be in need of protection and assistance in areas such as shelter, health, food security and nutrition.

Given the scale of the protection crisis, the proliferation of perpetrators and limited capacity on the ground, this strategy aims to provide a realistic response to priority protection concerns. The protection response of the humanitarian community, as outlined in this strategy, cannot be a substitute for concerted action by all relevant stakeholders – the full protection of the affected population can only be achieved through a resolution to the current conflict that is founded on the respect for human rights and the rule of law.

This strategy is a broader umbrella strategy, comprising of and informed by the work and the strategic directions of Child Protection, Gender-Based Violence (GBV) and Mine Action Sub Clusters; technical working group on Housing, Land and Property (HLP) and also technical working group on Age and Disability.

The aim of the Protection Cluster is to ensure a coordinated, predictable, accountable and effective response by humanitarian organizations to the protection concerns stemming from the current conflict in Ukraine. Additionally the Protection Cluster aims at advising the Humanitarian Coordinator, the Humanitarian Country Team and the other Clusters on protection risks and assists them in mainstreaming protection in all activities.

Humanitarian principles provide the fundamental foundation for humanitarian action and underpin the work of the Cluster and this strategy: (i) humanity (ii) neutrality (iii) impartiality.

## II. IDENTIFICATION OF PROTECTION RISKS

The following provides a summary analysis of current key protection concerns in Ukraine. This is not an exhaustive situation analysis but rather identifies key issues to address within the Cluster. This prioritization does not preclude partners from responding to evolving gaps and needs as they emerge on the ground. It is important to note that the risks, concerns, needs and responses are significantly different in the Government-Controlled Area (GCA) and Non-Government Controlled area (NGCA). The focus of the Protection Cluster is on conflict affected population, particularly (i) Persons living along the contact line/“grey zone”; (ii) persons living in NGCA, especially the vulnerable groups such as children, women at risk of increased conflict related gender based violence, older people, disabled person, minority groups; (ii) the most vulnerable IDPs living in GCA.

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<sup>1</sup> The UN Human Rights Monitoring Mission in Ukraine report as of 31 December 2015

## 2.1 RISKS TO LIFE, SAFETY AND SECURITY

Conflict-related deaths and injuries caused by shelling of populated areas from artillery systems and exchanges of fire from small arms and light weapons are the main concerns reported in areas of frequent and sporadic fighting. This highlights the seriousness of the situation for the civilian population trapped in the conflict area. According to OHCHR, since the conflict in Ukraine began in mid-April 2014, more than 9,000 people have been killed and at least 20,000 have been wounded, including civilians, in the area of conflict.

According to the NGO Action on Armed Violence (AOAV)'s research, Ukraine was the seventh most affected country by explosive violence in 2014, mostly through the frequent use of large-calibre artillery and multiple rocket launchers. All parties to the conflict used explosive weapons in populated areas, including cluster munitions, which are banned by the 2008 Convention on Cluster Munitions. Further research by AOAV for the period 1 May 2014 – 30 April 2015 shows that civilians made up 89% of all casualties (killed or physically injured) when explosive weapons were used in populated areas in Ukraine. On average, nine civilians were killed per attack with explosive weapons.

Recent figures suggest there have been over 250 mine and UXO-related accidents in Ukraine since May 2014, with at least 600 victims: 200 adults have been killed and 400 injured. 40 of these known accidents involved children, with 8 killed and 32 injured. Significant casualties are occurring at the crossing points over the contact line.

Limited access to contaminated areas, ongoing conflict, and limited national standards prevents full-scale mine action activities. There is currently no accreditation process for international humanitarian actors to undertake mine action activities beyond Mine Risk Education (MRE). There are difficulties in reaching agreement with parties to the conflict to allow humanitarian actors to undertake MRE and other mine-action activities. Ongoing hostilities pose risks for carrying out humanitarian demining activities. Levels of mine and unexploded ordnance awareness among civilians are fairly low. There are large flows of people crossing the contact line on daily basis. This increases the risk of casualties from Explosive Remnants of War (ERW), including mines. The contamination situation in the NGCA is equally acute, and casualty monitoring of open source data (such as news reports) suggests high levels of ERW casualties in the NGCA. Very little is known about the actors undertaking clearance in the NGCA, and at present both the Ukrainian state organizations and international humanitarian mine action organizations remain unwelcome in the NGCA for any type of activity.

## 2.2 FREEDOM OF MOVEMENT<sup>2</sup>

On 21 January 2015, the Government of Ukraine introduced the 'Anti-Terrorism Operation Center' under the State Security Service Order No 27. The order also includes 'Temporary Procedures' for controlling movements of persons, vehicles and goods along the conflict line within Donetsk and Lugansk regions which imposes restrictions on freedom of movement between government controlled areas (GCAs) and the non-government controlled areas (NGCAs). A heavily bureaucratic pass system was created. The same order declares social services entities and banking systems in NGCA as illegal, affecting access to basics for 2.7 million of civilians living there. The order was revised on 16 June 2015, introducing an electronic pass system, with an on-line application and pass authorization process, and prohibiting commercial traffic and exchanges between GCAs and NGCAs.

Currently, movement from GCAs to NGCAs is only authorized through certain pre-identified corridors. These corridors are often closed, at the Government's discretion. Large queues of Ukrainian citizens wait for hours or days at checkpoints to cross the contact line, in unbearable conditions. Many of those affected by restrictions on freedom of movement are older people and people with disabilities who live in NGCA and need to travel to GCA to access their social benefits and pensions. Although the Ukrainian government has stipulated that children should have priority, this is not enforced in a consistent manner and sometimes is not even possible due to the high number of families with children crossing the contact line. These restrictions are also applied to people living in GCA close to the contact line. In certain locations, people can only reach GCAs via the territory of NGCAs, having to pass through checkpoints. These obstacles to freedom of movement isolate people in non-government-controlled areas from the other areas of Ukraine, hinder dialogue, reconciliation and impact family unity. Since January 2016, passport controls and "customs" type of activities have been taking place at checkpoints controlled by the de facto authorities in Zaitseve and Elenovka, resulting in long queues also on the NGCA side.

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<sup>2</sup> For more details about Freedom of Movement, see Protection Cluster note on FoM, August 2015

Simultaneously, legislative measures have been taken to strengthen controls of population movement across the administrative boundary with Crimea. On 4 June 2015, the Government adopted Resolution No. 3673 regulating crossing procedures for nationals and non-nationals of Ukraine. While the adoption was a legal requirement deriving from the Law on Legal Regime in Crimea of 15 April 2014, the provisions resulted in highly restrictive procedures for foreigners and stateless persons. Foreigners and stateless persons can enter and leave Crimea through designated checkpoints only if they possess special permits, which are issued by the State Migration Service in mainland Ukraine for a very limited number of grounds. Furthermore, the new regulation introduced additional requirements for children under 16 years of age to cross the administrative boundary: they must hold an international passport and if they are accompanied by only one parent, they must have the consent of the other parent certified by a notary.

Hotlines and organisations providing counseling report that queries related to the procedure of crossing the contact line and obtaining permits are the most frequently asked questions.

## 2.3 ACCESS TO BASIC SERVICES

Access to social services, addressing basic needs and “making ends meet” is a daily struggle for a significant number persons affected by the conflict. While the Government has made efforts to support the displaced population by adopting relevant legislation and allocating available resources to provide financial assistance, the needs of the population, many of whom fled with little or no belongings, remain high. The overall economic situation, the fall of the exchange rate of the hryvnia, an increase of prices for basic items as well as utilities has significantly affected the entire population and in particular those displaced and affected by the conflict. Displaced people are not able to access their bank accounts or sell their property in NGCA.

## 2.4 ISSUES WITH REGISTRATION AND DOCUMENTATION

Some categories of IDPs are facing difficulties to register: those who lack documents (i.e. those whose documents were lost or destroyed or confiscated or never obtained them), those who see a risk associated to registration (i.e. those who see a risk to be drafted), certain groups with limited mobility (i.e. older people and people with disabilities), as they need to register in person. While there is no data on the number of IDPs that are not registered, the REACH assessment of July 2015 indicated that the majority of assessed IDPs (82.3%) reported that all members of their household were registered with the Ministry of Social Policy (MoSP) in their current location. A further 10.9% of all households reported that some members were registered, and 6.8% that none were registered.

Some reports indicate that the *de facto* authorities are registering IDPs displaced within NGCA but criteria or data is not publicly available. Queries related to the registration procedure comes as the second most frequent question according to NGOs manning information hotlines for IDPs.

IDPs face challenges related to the receipt or restoration of civil documents as restoration of various civil status documents often requires the originals or additional documents to be presented from the place of origin, which is often either not possible as people cannot physically access their places of origin or because the documents provided by the *de-facto* authorities in the NGCAs are not recognized. In NGCA, the main problem is the inability to receive/ restore civil status and identity documents, mainly passports, which then further limits freedom of movement. Receipt of various social status documents (in particular certificate of a single parent, disability status certificate, etc.) is difficult due to cumbersome bureaucratic procedures. An increasing concern is that children born in NGCA are provided with birth certificates that are not accepted by the Ukrainian authorities and hence risk to become stateless. Moreover, students that take their exams in NGCA (who are currently using the Russian curriculum) are provided with certificates that are neither recognized in Ukraine nor in Russia.

## 2.5 INDIVIDUALS AND GROUPS AT PARTICULAR RISK

**a) Persons in institutions:** Reports indicate that there are 141 social institutions in the conflict zone coordinated by Ministry of Health, Ministry for Social Policy and Ministry for Science and Education of Ukraine. Donetsk Region has 86 social custodial settings and Luhansk Region has 55.

Children homes, secondary boarding schools, penitentiary institutions, nursing homes, psycho-neurological and other facilities continue to function albeit without financing by the Ukrainian state thus have till now depended entirely on humanitarian aid. In

general, the available data shows a continuously deteriorating humanitarian situation in residential care facilities, with a particularly hard impact on the most vulnerable groups of the population located within areas currently not under Government control. Humanitarian actors report a constant shortage of medicine and hygiene kits, and sometimes food. After the beginning of the conflict, the number of staff decreased as people fled the area, especially experienced and specialised staff like doctors. This situation makes people staying in these institutions more vulnerable to neglect, abuse and possible trafficking. The Committee on the Rights of Persons with Disabilities mentioned reports of sexual abuse and exploitation of children with disabilities in institutions and their trafficking abroad (September 2015).

The placement of children in institution is a traditional negative coping mechanism among vulnerable families in Ukraine, which has one of the highest levels of institutionalized children in Europe with figures up to 100,000. A number of policy initiatives managed to decrease this number during the last few years, but there are now signals that this trend is changing and that the number of children in institutions is again on the rise. One institution reported an increase from 80 to 130 admitted children over the last year and another reported that whereas last year they had received one abandoned infant, this year they have received five so far.

**b) Persons with disabilities:** In Ukraine, last official data (2012) reports 2,631,110 persons with disabilities among the population (5.7%). Amongst registered IDPs, the proportion is 4.16% according to MoSP statistics. Persons with disabilities have specific needs in regards to shelter, access to services, health, NFIs, wash facilities, as well as physical accessibility within public and social facilities; they may not have the required documents to prove their disability and are likely to face more difficulties in accessing services due to physical and institutional barriers. Persons with disabilities and bed-ridden persons are at risk during active conflict due to inability to flee. These individuals are often dependent on carers, medication and special equipment which is limited or non-existing in the NGCA. Collective centres and apartments in host communities often lack access for persons with disabilities including access to water and sanitation as well as access to specific services, such as rehabilitation cares, protection and specific items (assistive devices, specific hygiene's items).

**c) Minorities:** Religious communities and other minorities such as Roma have reportedly been threatened and attacked within the areas controlled by armed groups. Roma often lack the documents needed to apply for IDP registration, to apply for passes to move across the contact line or to rent apartments. There are also reports of discrimination for accessing basic services; other minorities at risk include Tatars, stateless and LGBTI.

**d) Older persons:** Older women (60+) account for 27% of the female population, approximately 6.4 million of the total Ukrainian population. Older men account for 17.4% of the male population, approximately 3.5 million of the total Ukrainian population. 59% of registered IDPs are older people. According to an assessment conducted by HelpAge in Luhansk and Donetsk Oblast in July 2015 (60% of the respondent in NGCAs), 61% of the population is represented by people 60+ of which 74% are older women. These demographics show a unique element of the profile of the affected population in Ukraine. Older people in NGCA face significant challenges in accessing drugs and treatment for non-communicable diseases. Such conditions, if left untreated can lead to severe complications and avoidable deaths. Older persons also have specific nutritional needs. Older people face significant challenges in physically accessing relief assistance, including markets. Limited access severely undermines older people's ability to meet their basic needs including food, and specific needs such as diapers and mobility aids.

Older persons who remain in the NGCA have been cut off from their entitlements and the challenges related to movement across the contact line make many older persons dependent on humanitarian support.

Older persons living in institutions face significant risks of neglect, abuse and a progressive deterioration of their dignity due to lack of staffing, resources and access to basic care. Insecurity, personal mobility restrictions and complex registration requirements mean that less than half of those receiving pensions before the crisis in NGCA are regularly receiving them now.

## 2.6 PSYCHOSOCIAL NEEDS

Displacement has reportedly led to trauma, stress and mental health issues. Seeking psychological help is not common and affected communities are reluctant to do so. Many are also demoralized because of the destruction of their homes and lack of assistance from local authorities. Social fragmentation, family separation, economic problems and an unclear future affects IDP's mental state, which can lead to tension and conflict, especially in areas with high concentration of IDPs, such as collective centers.

The detrimental effect that the conflict is clearly visible on children: feelings of fear, problems with sleeping and concentration, bedwetting, loss of hair, avoidance, intrusive memories, hyperactivity, social isolation, etc. These symptoms can be observed in the majority of children who have been directly affected by the conflict. One assessment showed that in many cases these symptoms last more than six months after the incident that the child experienced, indicating they may have clinical PTSD.

Remarkably, only one third of these children reported that they had received sufficient support by adults to help them get over their experiences, one third of the children reported that they had not received any adult support at all. Statistics from the major hotline for children that average 4,000 calls per month show that more than 40 % of the calls refer to the mental health of children. Of particular concern is the increasing reference to suicidal thoughts among conflict affected youth, in particular those who have lost a parent through the conflict.

Psychosocial interventions targeting older people and people with disabilities are limited or totally lacking. This is due to the lack of recognition of the impact of the crisis on the psychosocial wellbeing of older people and people with disabilities. A survey conducted by HelpAge International found that 3% of the 5,164 individuals assessed had mental illnesses. In addition, 82% reported changes in sleeping patterns, 56% had crying spells, 54% felt isolated, 58% experienced loss in appetite and 45% were scared<sup>3</sup>.

## 2.7 HOUSING, LAND AND PROPERTY RIGHTS

IDPs face challenges in finding adequate housing, either by lack of temporary accommodation available or due to lack of financial means. The homes of some displaced persons but also affected communities were completely destroyed. In Donetsk there are concerns related to the fact that many people still continue to live in destroyed houses, bomb shelters and overcrowded collective centres, with some of those living in collective centres being under threat of eviction. The REACH assessment survey reported that 18% of IDPs perceive that there is a high possibility of eviction from their current accommodation, with 12.2% reporting that they would certainly be evicted in the future.

Cases of looting and vandalism of property have also been reported, as well as illegal occupation (for military purpose of public or private buildings) and confiscation of property. Ukraine does not have a special law on compensation for destroyed property and no procedure to account the sum of the damaged property, those being first steps to compensation. Owners also face difficulty due to having lost their property document.

People living along the the contact line, including older people and people which disabilities, have been significantly affected by shellings and destruction of houses and other property. According to a recent assessment conducted by HelpAge, 23% of older people who were internally displaced in GCA were found to be residing in unsafe shelter or houses, whilst 21% lacked blankets and warm clothings.<sup>4</sup>

## 2.8 CHILD PROTECTON

As highlighted in the section Psychosocial Needs, the detrimental effect that the conflict has on children is clearly visible. At the same time, the conflict has severely weakened the protective environment around children in Ukraine making them even further vulnerable to violence, abuse, exploitation and neglect. Some of the risks and threats against children existed before but have been exacerbated by the conflict. This is for example the case with domestic violence and with neglect which both severely undermine children's resilience to handle the effects of the conflict. Other risks are new, such as the presence of mines and UXOs, or recruitment of children to armed forces and armed groups. A traditional negative coping mechanism among challenged families is the placement of children in institutions, and there is now a concern that the number of children in institutions may be increasing.

## 2.9. GENDER BASED VIOLENCE

Gender-Based Violence (GBV) remains a significant risk in crisis affected areas of Ukraine. There is no systematic monitoring or mandatory aggregate reporting mechanism for GBV cases within the health system. Additionally, police do not have full jurisdiction over crimes committed by members of the national military and are required to hand over such cases to the military for additional investigation and prosecution. Respondents to an assessment made in January 2015 associated alcohol use by armed actors as a contributing factor to the instances of sexual assault that they were aware of. Further, the assessments have noted that in the current crisis, many risk factors for violence were evident and directly associated with IDPs' on-going struggle to meet their basic survival needs. According to UNFPA in-depth needs assessment in 16 oblasts of Ukraine (January 2015) various forms of violence have been faced by women IDP including threats with weapon (9,3%), psychological (24%), sexual (1.3 %), intimidation (15,6 %) and domestic (1 %).

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<sup>3</sup> Post Distribution Monitoring Report, Cash Transfer (HelpAge International March 2016)

<sup>4</sup> Post Distribution Monitoring Report, Cash Transfer (HelpAge International March 2016)

Local service providers in GCA have reported an increase in intimate partner violence particularly among IDPs residing in eastern Ukraine. This trend is confirmed by hotline reports registering 3-5 cases reported monthly in the beginning of the year to 20 cases in late spring/summer. According to the survey conducted by the Institute of Social Reforms in early 2015, physical and psychological violence prevailed in families of IDPs during the displacement in 2014. Organizations have also reported an increase in various forms of domestic violence among families of ex-combatants in 2015.

The risk of human trafficking is exacerbated by the mass population movements and displacement, with the rapid influx of IDPs making it difficult for authorities to appropriately identify and intervene in suspected cases of human trafficking. Vulnerable groups of women and girls, boys and men, have become more susceptible. In some IDP collective centres, recruiters have been known to offer services for asylum claims, and offer work abroad to abled men and women without any guarantees of payment. Trafficking for sexual exploitation, as well as for exploited labour, are some of the protection risks facing IDP men and women. Monitoring of IDP online forums by some NGO groups have indicated that recruiters are very active in these forums, proposition 'study and work' schemes abroad, as well as accommodation and work in Russia in exchange for sexual services.

In highly militarised locations, young women have been known to establish relationships with armed actors for protection, support, food, and other services. The exchange of sex for survival purposes is often a taboo topic, however, IDP women and local NGOs have mentioned cases and indicated that the situation will escalate as the conflict deteriorates and women and girls run out of options to support themselves. There is also concern that IDP women and girls have, and more will continue to engage in sex work/prostitution to support themselves.

## 2.10 AGE AND DISABILITY

Older people form a significant proportion of the conflict affected population in Ukrainian, they constitute 31% of the 3.1million people in need of humanitarian assistance. This is the largest percentage of older people affected by conflict in a single country so far. The needs of older people in this crisis consist of: health, shelter, cash assistance, WASH, psychosocial support and overall protection. In health, the lack of drugs particularly in the contact line and then NGCA remains a major protection concern. Non communicable diseases, specifically: hypertension and other cardio vascular diseases remain a major concern amongst older people and diabetes is the leading cause of amputations and functional limitations amongst older people in Ukraine. As a result, most older people spend their pension or cash assistance on medication, 60% of the total cash transfer that HelpAge distributed to older people and people with disabilities was spent on medication.

Furthermore, the suspension of social assistance and pension within NGCA and then introduction of new regulations on social pensions for IDPs in GCA has significantly affected the livelihood of older people and people with disabilities who are dependent on social assistance and pensions henceforth causing distress and anxiety. Although the majority of humanitarian agencies have prioritized older people and people with disabilities in their assistance programmes, such as cash assistance, this support is not regular nor sustainable since it's linked to donor funding. Furthermore, the suspensions have in turn affected vulnerable people's ability to access medical care and other basic needs. Higher prices for basic goods such as food and medicine as a result of the economic blockade on the NGCA have also disproportionately affected older people living in the NGCA, who rely on meagre pensions for their livelihoods. For many older people, the inability to support themselves in GCA as a result of the small pensions, meant that they chose to remain in the NGCA.

## 2.10 DISPLACEMENT

Displacement continues to take place from NGCAs. While many travel regularly to GCAs to collect social payments, withdraw cash, receive medical care, and purchase food and medicine, many decide to relocate, both being displaced or returning to places of habitual residence. To date, there is no reliable information on returns and secondary movement of IDPs. Attempts of the State Emergency Service to collect information on returns at places of departure did not produce accurate data, as the majority of returnees saw no reason to report their departure. The unified IDP registration database run by the Ministry of Social Policy does not provide a possibility to track population movements either. UNHCR monitoring shows that the MoSP database features multiple inconsistencies, including duplications and closure of cases of persons still displaced.

The majority of the displaced in Ukraine have moved at least twice in the course of their displacement. A third have moved three or more times. Repeat movements are frequently driven by intermittent eruptions of violence; the hard choices IDPs face as personal resources are depleted; as IDPs search for best access to services and assistance in other areas; as landlords

increasingly are disinclined to rent to IDPs; and as host families and family members lose the ability (or tolerance) for supporting IDPs. These repeat displacements are typically disruptive to IDPs social networks, education, and service access as they must re-register for services if they change administrative areas.

### III. PROTECTION CLUSTER OBJECTIVES

As per the 2016 Humanitarian Response Plan (HRP), the Protection Cluster together with Child Protection, GBV and Mine Action Sub Clusters, TWG Housing, Land and Property (HLP), and Age and Disability TWG, aim to protect, support and strengthen the resilience, well-being and family unity of the conflict-affected population. Its objectives are framed by International Human Rights Law (IHRL) and International Humanitarian Law (IHL).

The overall strategic objectives of the 2016 Ukraine Humanitarian Response Plan are to:

1. To advocate for and respond to the protection needs of conflict-affected people with due regard to international norms and standards.
2. Provide emergency assistance and ensure non-discriminatory access to quality essential services for populations in need.
3. Improve the resilience of conflict-affected people, prevent further degradation of the humanitarian situation and promote recovery and social cohesion.

In line with this the Protection Cluster objectives:

1. To strengthen protection for people of concern, including prevention and mitigation of rights' violations.
2. People of concern benefit from full and non-discriminatory access to quality essential services and enjoyment of their rights, with particular attention to the most vulnerable.
3. Improve social cohesion and the resilience of conflict-affected people; support people of concern in their decision-making regarding solutions.

Protection risks faced by children are given special attention through the work of a Child Protection Sub Cluster that will develop its own strategy and work plan along the lines of the Protection Cluster strategy. Similarly, a specific response on Gender Based violence, and mine risks and MRE will be coordinated through a GBV Sub-Cluster and a Mine Action Sub Cluster correspondently with the development of a tailored strategy and action-plan. TWG on HLP and TWG on Age and Disability will also develop action plans to respond to the specific needs of the affected population and ensure inclusion of the vulnerable groups to the programming.

#### **Priorities:**

The Protection Cluster will focus on:

**Persons living along then contact line/grey areas:** The situation for those residing on both sides of the contact line is especially dire, as their access to humanitarian and medical aid is impeded due to security reasons and the prohibition of the transportation of cargo. This has resulted in an increase in prices on the available goods. It is largely accepted that savings have been depleted and additional income is scarce. A recent assessment in some villages in the grey area shows that women accounted for the majority of the population over the age of 18 years. Almost 30% of households comprise at least one older person, and almost 30% of households are female headed households with children. Households with a chronically ill or disabled person also accounted for 30%. Two thirds of surveyed households were food insecure, and are without humanitarian assistance. They have different needs living in areas under continuous shelling and presenting threat to life (including Explosive Remnants of War (ERW)). They are likely to have less access to assistance and services and more difficulty to ensure their rights. Savings are running low with little job opportunities. The risks to develop negative coping mechanisms are high.

**Persons living in NGCA:** Persons in NGCA face human rights violations including major protection concerns such as risk to life; economic isolation with the cut in payments of social entitlements and restricted movement across the contact line; absence of local authorities in some villages. Access to fundamental economic and social rights, including those related to an adequate standard of living, and the highest attainable standard of physical and mental health may be curtailed by current circumstances. Access to medication has become an issue (shortage of medical supplies for TB, HIV, Opioid Substitute Therapy, for chronic illnesses (diabetes, haemodialysis).

**Vulnerable IDPs:** While not all IDPs are necessarily vulnerable, displacement can increase vulnerability, especially for persons at risk based on their profile, life circumstances and lack of support networks. Due to multiple displacement, some have exhausted their resources and cannot find additional income resources, having to resort to selling their belongings or borrowing. Savings have or will run out eventually. Some IDPs might be facing discrimination in accessing services and tensions with host communities are reported. IDPs can have compounded vulnerabilities and without enjoying the support of pre-conflict networks (family, community), they are more at risk of developing negative coping mechanisms or fall into sheer poverty.

In addition to these operational objectives, the Protection cluster will focus on further enhancing capacity building of protection partners; provide technical guidance on protection response and dissemination of common standards; strengthen field coordination.

## IV. PROTECTION CLUSTER PRIORITY RESPONSE

OBJECTIVES	RISKS	RESPONSE	SUB CLUSTERS RESPONSE
<p><b>To strengthen protection for people of concern, including prevention and mitigation of rights' violations.</b></p>	<p>2.1-Risks to Life, safety and security 2.2-Freedom of movement 2.5-Individuals and groups at particular risk 2.8-Child Protection 2.9-Gender-based Violence 2.10-Displacement</p>	<p><b>Protection activities</b> such as protection and human rights monitoring, advise on conflict related legislation (i.e. IDP law) and advocacy on protection matters to authorities, including on freedom of movement, civil registration and provide targeted services to individuals or groups with protection concerns.</p>	<p><b>Child Protection</b> In response to the alarming reports on the devastating impact of the conflict on children's psycho-social wellbeing, activities will focus both on restoring the protective environment around children as well as strengthening the resilience within children themselves. This will be done by providing psycho-social support to children and their care givers in child friend spaces and through different awareness raising activities. Various activities will also foster social cohesion between IDPs and host communities in order to facilitate the integration of displaced children into their new environment. Training will also be provided to children in Mine Risk Education. The capacity of monitoring the situation of children will be strengthened with a particular focus on those most vulnerable, such as children in institutions and disabled children. Connected to the monitoring will be a system for referrals and case management.</p>
<p><b>People of concern benefit from full and non-discriminatory access to quality essential services and enjoyment of their rights, with particular attention to the most vulnerable.</b></p>	<p>2.3-Access to basic services 2.4-Issues with registration and documentation 2.6-PSS needs 2.7-Housing, Land and Property rights</p>	<p><b>Services</b> include provision of urgently needed psychosocial support for the conflict affected people particularly children, older people, people disabilities and their care givers, ensuring essential service provisions to support possible GBV victims and access to legal aid, including for victims of human rights violations; recovering or issuance of ID documents and counselling on Housing, Land and Property (HLP) issues. Dissemination of information and awareness-raising will be boosted through various tools. Systems will be strengthened with the further development of referral pathways and community-based protection mechanisms but also capacity building for service providers. Advocacy will continue to ensure policy changes, inclusion of the most vulnerable in assistance and overall inclusion of protection analysis in all interventions, including for older people, who constitute 31% of the affected population</p>	<p><b>GBV</b> Gender based violence (GBV) has a devastating impact on the lives of the most vulnerable women and girls affected by the conflict in Ukraine. GBV concerns will be addressed through strengthened inter-sectoral coordination, functional referral mechanisms at local levels and the availability of quality services for GBV survivors in the health, psycho-social support and legal sectors. To reach the most vulnerable in remote areas and closer to the contact line, activities aimed at scaling up the psycho-social assistance including through mobile and on-line consultations are particularly needed and encouraged. Another priority is the establishment of shelters and safe spaces for GBV survivors. Furthermore, activities will focus on increased access to information on consequences of GBV, the availability of essential services, referrals and entitlements as well the promotion of accountability of duty bearers through targeted awareness raising. In the same time, humanitarian actors are encouraged to increasingly engage vulnerable women and men in livelihood activities to offer alternatives to harmful survival practices and provide coping methods.</p>
<p><b>Improve social cohesion and the resilience of conflict-affected people; support people of concern in their decision-making regarding solutions.</b></p>		<p><b>Activities aiming at reinforcing resilience of people of concern</b> and creating opportunities for durable solutions will also be prioritised including support of IDPs regarding local integration, relocation or return; support of peace-building and social cohesion projects between host communities and IDPs; dissemination of information</p> <p>Recognising the gender and age impacts of the conflict, activities will ensure collection of gender, age and disability breakdown for better analysis of needs of different groups of affected men and women. Consultations and feedback with different groups of men and women, boys and girls, will take place as much as feasible in order to deliver and monitor protection interventions.</p>	<p><b>Mine action</b> With fatalities and injuries occurring almost daily owing to the presence of explosive remnants of war (ERW, a category that includes landmines and unexploded ordnance), a concerted effort of mine action activities is urgently needed, to include (i) clearance (demining, UXO spot tasking and/or survey) (ii) Mine risk education for some 200,000 at risk school-age children, parents, educators and civil society organizations in Donetsk and Luhanska oblasts (both GCA and NGCA); (iii) victim assistance and (iv) advocacy towards increased focus on mine action activities from relevant authorities.</p> <p><b>Age and Disability</b> Home-based care and psychosocial support will be provided to older people and people with disabilities who are affected by conflict. Assistive devices and rehabilitation services will be provided to harness independent living and participation in daily living activities. Through coordination with other clusters, including WASH, Livelihood and Food Security, Shelter, Health and Nutrition, other basic services will be provided. Through inclusive programming; training and technical support will be offered by the Age and Disability TWG to other humanitarian agencies and clusters on inclusive practices and tools on integration of protection concerns of older people and people with disabilities.</p>

## V. EXPECTED IMPACT OF THE WORK OF UKRAINE PROTECTION CLUSTER

- Areas of priority protection concerns, gaps and challenges are identified.
- Awareness of key protection issues and capacity of key stakeholders on protection matters have increased.
- Effective overall coordination of protection activities responding to the identified key concerns in Ukraine is ongoing.
- Resource mobilization initiatives for the Cluster and its participants are supported.
- Through advocacy key protection issues prevalent in Ukraine are flagged for enhanced understanding of key stakeholders, including the Government of Ukraine.

## VI. RISKS AND CONSTRAINTS

- Restrictions imposed by the *de facto* authorities in NGCA on any activities related to capacity building of service providers and the provision of the psychosocial assistance to survivors of violence further reduced the already limited operational options for GBV partners. Psychosocial Support (PSS), Mine Risk Education and other individual protection assistance are severely constrained in NGCA.
- In the absence of a National Mine Action Authority (NMAA), mine action responsibilities in the GCA are shared between various government actors, primarily the Ministry of Defense, the State Emergency Services and the Ministry of Interior.
- The project based 2016 Humanitarian Response Plan leads to challenges of lack of funding of some projects due to the limited or no access to NGCA.
- Ad-hoc issues arise and focus is shifted away from priority issues as identified in this strategy.

## VII. KEY DOCUMENTS

- Humanitarian Response Plan (HRP-2016)
- Protection Cluster Terms of Reference
- Protection Cluster Strategy
- Protection Cluster 3W
- Guidance on evacuation
- Update on IDP registration
- Advocacy note on Right to Freedom of Movement
- Guidance note on protection & prioritizing vulnerable persons
- Protection and prioritizing of the most vulnerable persons in the Ukrainian humanitarian response
- Guidance note on persons with disabilities
- Guidance note on older people
- HRP 2016: a Gender and Protection lens for all actors
- HRP 2016: For Cluster Coordinators and Vetting committees: a Gender and Protection lens
- HLP Factsheet
- Overview on state assistance for IDPs
- Minimum Standards on Inclusion of Age and Disability

## ANNEX - PROTECTION CLUSTER RESPONSE PLAN

### Cluster Objective 1: To strengthen protection for people of concern, including prevention and mitigation of rights' violations

#### Indicators:

# monitoring visits conducted

In need: N/A

Baseline: 0

Target: 6 000

# of changes/improvements to policies /institutional frameworks related to protection and rights where advocacy has been conducted

In need: N/A

Baseline: 0

Target: 20

### Cluster Objective 2: People of concern benefit from full and non-discriminatory access to quality essential services and enjoyment of their rights, with particular attention to the most vulnerable.

#### Indicators:

# women, men, boys and girls disaggregated by age and disability having access to quality essential services (including PSS, GBV, legal aid, CFS, rehabilitation, assistive devices etc)

In need: 100%

Baseline: 0

Target: 100 000

# response mechanisms strengthened (including training of service providers, establishing referral mechanism, agreed standard operations procedures and coordination structures in place)

In need: N/A

Baseline: 0

Target: 20

### Cluster Objective 3: Improve social cohesion and the resilience of conflict-affected people; support people of concern in their decision-making regarding solutions.

#### Indicators:

# communities or people supported through peace-building or social cohesion projects

In need: 100%

Baseline: 0

Target: 80 000

Activities	In need	Indicator	Baseline	Target
<b>Provision of targeted services to individuals and groups at risk</b>				
Address immediate PSS needs of GBV survivors, conflict affected children and their parents, and other vulnerable population through establishment of safe spaces, mobile outreach (including on-line consultation) and operation of hotlines	100%	# of women, men, girls and boys that are reached by PSS activities	60%	70 350
		# of GBV survivors/those at risk of violence, provided PSS through mobile outreach and on-line counselling	0	58 190
		# of children affected by the conflict that received psychological counselling	0	31 700
Ensure inter-sectoral, survivor centered response and prevention to GBV through establishment of local coordination mechanisms, agreements on GBV specific SoPs inclusive of functional referral mechanisms for GBV survivors including trafficking victims	100%	# of functional GBV coordination mechanisms on local levels (Oblast/raion)	5	7
		# of agreed GBV referral pathways in accordance with the SOPs on GBV response in place at oblast/raion levels	0	6
		# Victims of trafficking who receive rehabilitation and reintegration services	600	1 300

Establish temporary solutions to fill the gap due to the non-availability of safe spaces and shelters to GBV survivors	100%	# of GBV survivors/those at risk of violence access safe spaces	0	520
Support families and individuals with protection concerns with tailored assistance and support, including cash, material assistance and referral to adequate services or through community support.	100%	# of families/individuals (women, men, girls and boys) supported	40%	21 641
Assistance to mine victims through referral to available services	100%	# of women, men, girls and boys referred	500	750

Clearance of mines and/or un-exploded ordnance		m2 cleared	0	60,000
Ensure availability of Child Friendly Spaces (stationary or mobile)	100%	# of girls/boys who participate in activities in Child Friendly Spaces, stationary or mobile.	26 979	180 550
Avail legal aid/counselling for the most vulnerable population (GBV/trafficking survivors, HLP, registration for IDP children, etc) and support in recovering or issuing lost or destroyed ID and	100%	# of women, men, girls and boys receiving legal assistance/advice  # of GBV survivors receiving legal aid and legal counselling services  # of children born in NGCA receiving Ukrainian birth certificates	30%  0  18 000	205 250  4 900  9 000

in issuance of birth registration				
<b>Information and awareness raising</b>				
Dissemination of information through info campaigns, hotlines, leaflets, group information, visit to info centers, etc	100%	# of women, men, girls and boys receiving information	30%	682 580
Conduct MRE activities		# of women, men, girls and boys receiving information (MRE specific)	300 000	600 000
Information on protection risks, particularly GBV (incl. trafficking), prevention, referrals, entitlements and life-saving services available and regularly provided to affected population	100%	% of population informed on GBV risks, prevention strategies, entitlements of survivors and availability of key services (health, PSS, legal, police)	0	75%
Survey and marking of suspect hazardous areas	100%	m2 areas marked	0	60 000
<b>Strengthening systems &amp; Capacity building</b>				
Protection referral pathways, SOPs and legislative framework identified, agreed and	100%	# Written Standard Operating Procedures (SOPs) developed and agreed upon by all relevant humanitarian actors	0	1

followed at oblast/rayon levels				
Capacity building of service providers (GBV, CP, legal, PSS, social services, MRE)	100%	# of service providers (includes volunteers, communities) trained  # of trainings  # health facilities ready to provide survivors timely and safe medical services in accordance with international protocols on sexual assault	0  0	15 342  100  50
Strengthen community based protection mechanisms to support individuals with protection concerns	100%	# of community-based networks established  # of community level child protection actors trained in case management	0  0	328  150
<b>Assessment and Monitoring</b>				
Conduct regular human rights and protection monitoring, and individual interviews to provide an evidence base for advocacy; identify individuals and groups at risk, to inform duty bearers and conduct individual follow-up and referral.	100%	# of visits to children institutions  # of individual follow-up with authorities and referral to humanitarian partners	41  0	100  960  5943

		# of monitoring visits conducted	0	
Protection assessments; safety audit; population profiling; M&E; FGD (including GBV, mine action and CP)	N/A	# of assessments conducted	0	83
<b>Advocacy</b>				
Advocacy interventions with humanitarian actors for inclusion of vulnerable people in interventions, risk mitigation and protection, including older people and people with disabilities.	N/A	# of advocacy initiatives carried out	0	218
Advocacy with authorities on identified protection concerns (including FoM, access to services, GBV, child protection, mine action, human rights and IHL violations, social assistance and pension for older people and people with disabilities etc) using different tools such as media campaigns, workshops, roundtables, conferences)	N/A	# of advocacy initiatives carried out	0	708

Strategic litigation to adapt legislation	N/A	# of strategic litigation carried out	0	15
<b>Coordination</b>				
Support coordination of protection response through the cluster approach	N/A	# of coordination structures in place		7

**Cluster Objective 3: Improve social cohesion and the resilience of conflict-affected people; support people of concern in their decision-making regarding solutions.**

<b>Resilience and durable solutions</b>				
Support peace-building and social cohesion projects between host communities and IDPs	100%	# of communities or individuals supported through peace-building or social cohesion projects  # of teachers and youth leaders trained in mediation and conflict resolution	0  0	80744  2500