FLASH APPEAL
UKRAINE

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Humanitarian InSight supports decision-makers by giving them access to key humanitarian data. It provides the latest verified information on needs and delivery of the humanitarian response as well as financial contributions.

fts.unocha.org

The Financial Tracking Service (FTS) is the primary provider of continuously updated data on global humanitarian funding, and is a major contributor to strategic decision making by highlighting gaps and priorities, thus contributing to effective, efficient and principled humanitarian assistance.
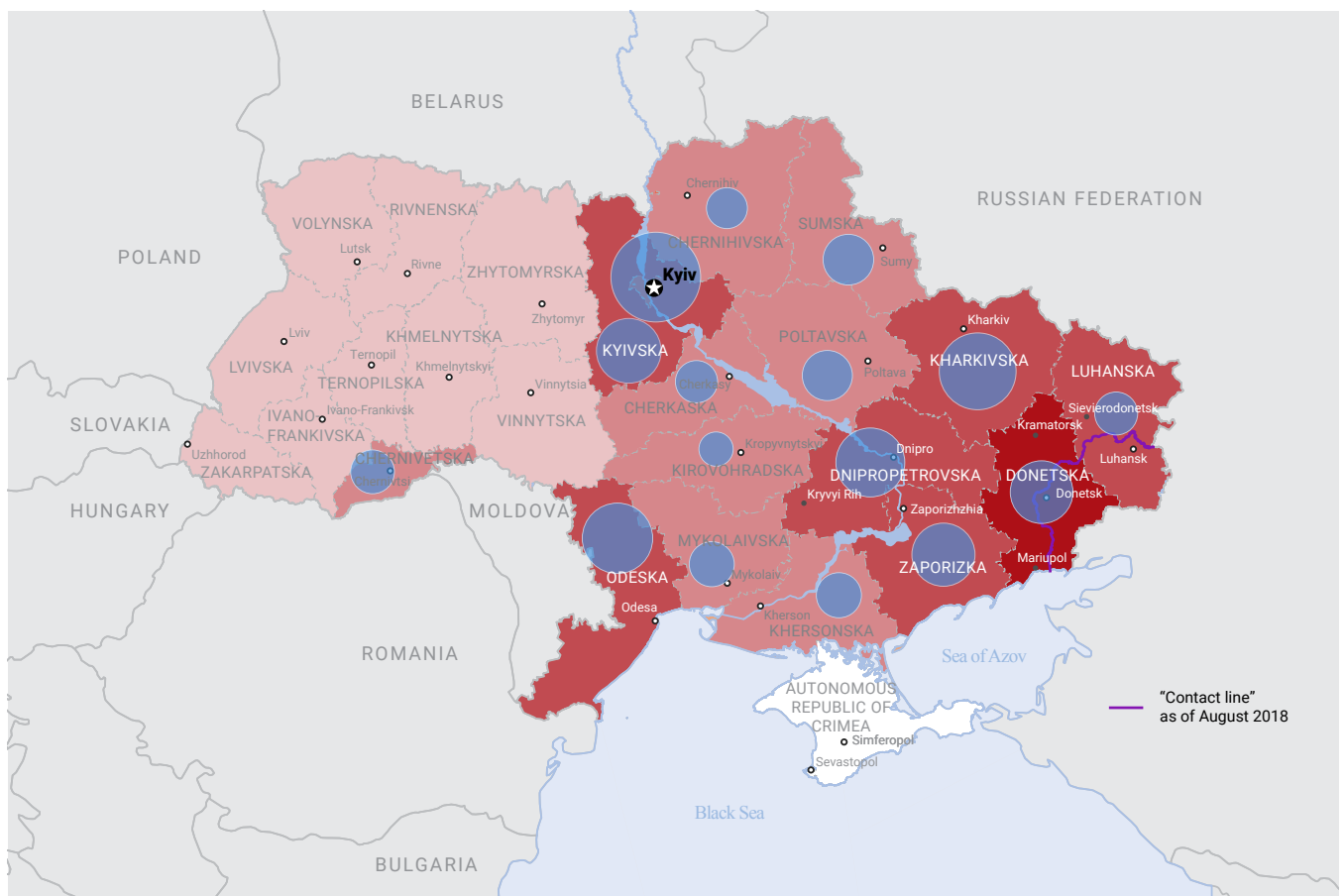
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Ukraine Flash Appeal 2022*

TOTAL POPULATION	PEOPLE AFFECTED	PEOPLE IN NEED	PEOPLE TARGETED	REQUIREMENTS (US$)
41.4 M	**18 M**	**12 M**	**6 M**	**$1.1 B**
	Of whom 6.7M IDPs	Of whom 4.3M IDPs	Of whom 2.1M IDPs	

* With the scale and direction of the ongoing military operation, 18 million people are projected to become affected, including up to 6.7 million people projected to be newly internally displaced. Of the affected population, 12 million people are expected to need humanitarian assistance, and 6 million with the most urgent humanitarian needs will be assisted with the resources required under this Flash Appeal, including 2.1 million IDPs covering the initial period of three months. The Flash Appeal 2022 supersedes the 2022 Humanitarian Response Plan (HRP), as of 1 March. A revision of the 2022 HRP is envisaged in the coming months.

Projections based on scale and direction of the ongoing military operation

Total people affected

- > 2 M
- 1 M - 2 M
- 0.5 M - 1 M
- < 0.5 M

Displacements in oblasts

- 500K
- 250K
- 100K

"Contact line" as of August 2018
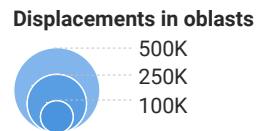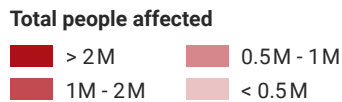
Crisis overview

The security situation in Ukraine deteriorated rapidly following the launch of a Russian Federation military offensive on 24 February 2022. The armed violence escalated in at least eight oblasts (regions), including Kyivska oblast and the capital city of Kyiv, as well as in the eastern oblasts Donetska and Luhanska which were already affected by conflict.

The intense military escalation has resulted in loss of life, injuries and mass movement of civilian population throughout the country and to neighbouring countries, as well as severe destruction and damage to civilian infrastructure and residential housing. Public service provision - water, electricity, heating and emergency health and social services - is under severe pressure, and people's access to health care is limited by insecurity. Primary services such as banking, social transfers and transport have been affected, as have basic services, such as health, water, and electricity, and local administration. With the continuation of the military operation and mounting insecurity, supply chains are likely to be disrupted for a prolonged period of time. The ability of local authorities to sustain a minimum level of services has also been severely hampered, as employees have fled or can no longer access their workplace.

The ongoing armed violence and rapidly deteriorating security environment throughout the country has put hundreds of thousands of people's lives at risk. The expansion of the conflict is projected to deepen and expand humanitarian needs among millions of Ukrainians. It is also exacerbating human suffering in eastern Ukraine, an area which has already been exposed to eight years of armed conflict, isolation of communities, deteriorating infrastructure, multiple movement restrictions, high levels of landmine and unexploded ordnance-contamination, and the impact of COVID-19. In these conflict-affected oblasts, some 2.9 million people were already in need of humanitarian assistance prior to the latest escalation in violence.[1]

The humanitarian community has prepared for and is rapidly adapting to the unfolding situation, based on the Inter-Agency Contingency Plan updated in early 2022 ahead of the onset of the crisis. As anticipated in a worst-case scenario, the violence has prompted a steep escalation in needs and a significant expansion of the areas in which humanitarian assistance is required compared to the 2022 HRP. The type of needs and humanitarian activities required in Donetska and Luhanska oblasts have also shifted as a result of the new extent of hostilities.

For a rapid scale-up of principled and effective humanitarian response in existing and new areas of Ukraine for a duration of the three months from March to May 2022, humanitarian partners require US$1.1 billion to help more than 6 million people in need. Immediate and urgent funding will be crucial for meeting existing and new humanitarian needs of millions of civilians caught in the middle of escalated hostilities. The funding currently available for humanitarian operations in Ukraine is extremely limited, with the 2022 HRP funded with less than $18 million (9.2 per cent of requirements as of 26 February 2022).

Most affected areas

The escalating insecurity affects the capital and a vast area of Donetska and Luhanska oblasts, as well as multiple new locations referred to as "newly impacted areas", including but not limited to Kyivska, Kharkivska, Khersonska, Mykolaivska, Odessa, Sumy, and Zhytomyrska oblasts.

LYSYCHANSK, LUHANSKA OBLAST
An older woman standing amid debris from the nearby barn, which was heavily damaged by shelling. *OCHA/Agron Dragaj*

Affected population

The intensity of the armed violence in Ukraine is having a severe humanitarian impact on the population. As a result of insecurity, people are fleeing from their homes in high-risk and the most-exposed areas in search of safety, many of whom were already displaced multiple times by previous fighting. As of 27 February 2022, at least 368,000 people have already crossed into neighboring countries, according to UNHCR. Many more continue moving towards Ukraine's borders.

Particularly vulnerable groups include older persons and persons with disabilities, who may be unable to flee or may stay in the impacted areas, resulting in risks to their lives, struggles to meet daily needs and challenges in accessing humanitarian assistance. Women and girls, already susceptible to various forms of gender based violence, particularly transactional sex, survival sex and sexual exploitation and abuse, will be even further at risk of gender based violence, including conflict related sexual violence. The remaining population, even those currently not directly affected by security incidents and fighting, are facing reduced or disrupted services, with water, heating, electricity supply as well as transportation and telecommunications

badly affected. Health services – already massively weakened by the cumulative effects of years of conflict as well as the multiple waves of COVID-19 – have also deteriorated rapidly due to shortages of medical supplies and personnel relative to the current scale of needs. Access to emergency medical services, including reproductive health services, has become even more challenging amid insecurity. Local authorities' capacities to provide social protection services are overstretched, partially due to the impact of the recent decentralization. The disruption of basic services, as well as significant infrastructure and economic losses, is not only exacerbating the pre-existing humanitarian situation, but also generating critical new humanitarian needs that must be addressed urgently.

In Donetska and Luhanska oblasts, most of the vulnerable population are older persons who, according to the demographics of the area and associated vulnerabilities analyzed and documented in the 2022 HNO and HRP, constitute over 30 per cent of people in need (the highest proportion compared to other global emergencies), with others being persons with disabilities, women and children. Due to the ongoing military offensive, males aged between 18 and 60 years old are banned from

leaving the country, even if they manage to reach the border. There are reports of families being separated.

In summary, with the scale and direction of the ongoing military operation, 18 million people are projected to become affected, including up to 6.7 million people projected to be newly internally displaced. Of the affected population, 12 million people are expected to need humanitarian assistance, and 6 million with the most urgent humanitarian needs will be assisted with the resources required under this Flash Appeal, including 2.1 million IDPs covering the initial period of three months – during which time the 2022 HRP will be revised to incorporate new humanitarian needs arising from the escalation.

Ongoing assessments

The Flash Appeal is based on the Inter-Agency Contingency Plan for Ukraine (last updated in January 2022). Building upon the 2022 HNO, the situation and needs analysis made use of pre-crisis and post-crisis secondary data, including ground observations and reports. The findings are summarized under the section "Main Humanitarian Needs" and detailed in the sectoral plans. Subject to the improvement of the security situation, inter-agency rapid assessments (IARAs) will be conducted and used to facilitate a shared understanding of the situation and prioritize immediate response according to emerging needs.

Response efforts of the host government

The ultimate responsibility for the provision of relief to population impacted by a humanitarian crisis rests with the Government that controls the affected territory. The Ukraine Flash Appeal complements the Government's response. This recognizes the capacity of the Government, regional and local authorities and services, as well as efforts made to alleviate needs and enhance the rights of affected population under Government leadership prior to this escalation.

The Ministry for Reintegration of Temporarily Occupied Territories (MRTOT) is responsible for facilitating the coordination of the national relief and response efforts together with line ministries and relevant departments, supported by humanitarian partners.

Local authorities, particularly in western oblasts receiving people from affected areas, are monitoring movement of people and trying to accommodate and provide humanitarian response to the newly arrived, together with national and international humanitarian partners.

Support already received and delivered

Government authorities, local partners, private sector, churches, local civil society, community-based organizations and individuals are playing a pivotal role in providing immediate assistance. In the areas with ongoing humanitarian operations prior to the escalation, humanitarian partners have scaled up the response to mitigate the conflict's impact by the provision of food assistance, protection services, access to safe water, shelter and NFIs and health care.

A Central Emergency Response Fund (CERF) grant of $20 million and a Ukraine Humanitarian Fund (UHF) allocation of $18 million will support this Flash Appeal. On 24 February 2022, CERF already allocated $20 million for humanitarian assistance in Ukraine and neighbouring countries. The CERF allocation allows UN agencies and partners to further scale up humanitarian operations, particularly in new locations that have not previously been affected by hostilities before, and enhance supply chain capacity, in order to provide targeted humanitarian assistance to people affected by the recent surge in violence.

Main humanitarian needs

Several factors are influencing and potentially exacerbating the severity of humanitarian needs, including the harsh winter conditions and humanitarian access and logistics constraints due to exacerbated pre-existing challenges. The presence of numerous environmental hazards poses additional risks, if for example shelling or fires result in release of hazardous materials, toxic smoke or chemicals, in addition to mine/ERW contamination.[2]

The situation analysis suggests that the most immediate threats to life are:

Death and injury as a result of the sharp and drastic increase in hostilities in major urban areas in the north, east, south and centre of Ukraine, including Kyiv: Between 24 February and up until midnight 26 February, OHCHR recorded 376 civilian casualties, with 94 people killed, including seven children. Figures are likely to grow dramatically in the coming days if the conflict continues across the country.

Forced displacement and resulting multi-sectoral needs amongst displaced persons: The unprecedented deterioration of the security situation resulted in a massive displacement of civilians both internally within Ukraine and crossing to third countries, namely Poland, Slovakia, Hungary, Moldova, Romania, Russia and other countries. The monitoring of traffic data on Google Maps by REACH as of 23 February, indicates the signs of massive population movement from urban areas around Odesa, Mariupol, Kharikyv and Kyiv. The scale and scope of displacement in the country is likely to become apparent in the coming days and weeks as the highly volatile situation continues to unfold. Over the course of the next three months, up to 6.7 million persons may be displaced inside of Ukraine.

A small proportion of the displaced population is expected to be sheltered in receptions/services centres and in collective centres in western oblasts of Ukraine. A larger proportion is expected to rent accommodation or to stay with family and friends in various oblasts of Ukraine. There is also a likely movement away from urban centres towards the outskirts and countryside areas, where cottages, "dachas", are used as temporary shelter. A significant proportion of the displaced persons require multisectoral assistance, as they fled their homes without basic items to meet their daily needs over the short to medium term and have limited financial means. Subject to various factors, such as the duration of the current escalation, the intensity of hostilities and scope and scale of destruction of private housing, host communities and collective centres may soon become overstretched, resulting in tensions with the host community and overcrowded conditions in collective facilities. Overstretched capacities increase the multitude of risks faced by IDPs.

Multi-sectoral needs amongst the remaining population in either "newly impacted areas" or areas previously impacted by the conflict in Donetska and Luhanska oblasts, GCA and NGCA: Large parts of the affected population will not leave their homes, resulting in significant risks to life, struggles to meet daily needs and humanitarian access problems. Communities may be caught in the midst of fighting, requiring assistance for basic items, such as materials to cover damages to their homes, warm clothes, fuel, food items, medical assistance and protection services. In Schastiye settlement alone, reportedly 80 per cent of the infrastructure is destroyed. Whilst the risk to life and daily struggles are similar in "newly impacted areas" and areas already impacted by hostilities prior to the events of the week of 21 February, the coping capacities of people directly affected by conflict for now almost eight years have been eroded, particularly for people with pre-existing vulnera-

ZHOVANKA VILLAGE, DONETSKA OBLAST
An older man showing the house he had built for his children that was largely destroyed due to active hostilities. *OCHA/Yevhen Maloletka*

bilities, including older population, persons with disabilities, women and children.[3] Even if currently not directly affected by fighting, the non-displaced population is faced with reduced, disrupted or collapsed services.

The disruption and collapse of essential public services causes multi-sectoral needs. Public services include the water supply network, waste management, environmental protection, transportation infrastructure, telecommunications, social services, healthcare, emergency services, education, electricity, and the judicial system, amplified by disruptions of the market and banking systems. The drastic increase of hostilities since 24 February has led to significant damages of civilian infrastructure, especially in Luhanska and Donetska oblasts resulting in disruption and collapse of essential public services. Reportedly damages caused to the Thermal Power Plant in Luhanska oblast and damages caused to the Water Supply System in Donetska oblast, left significant number of settlements, including health facilities providing vital emergency healthcare services with no electricity, no water, and no heating up to one week. Furthermore, due to destruction of railroad infrastructure, trains evacuating people from Lysychansk were cancelled.

Almost eight years of conflict had already caused significant damage to systems and services in the affected areas, with needs particularly pronounced in NGCA and along the "contact line". Prior to the escalation, lack of access to transportation, poor infrastructure and communications, as well as the decentralization of social and administrative services posed additional challenges for people's access to state social protection, particularly in areas under civil-military administration. Moreover, people in the conflict-affected oblasts already faced numerous barriers to health care, which deepened health needs, particularly of the older population, an unsafe, unfavorable learning environment and damages to education infrastructure. Inadequate water, sanitation, and hygiene conditions were exacerbated by damages to infrastructure, pointing to intersectoral needs of WASH, health and shelter, as the water system is linked to the heating system, and shelter repair and maintenance issues. Limited economic security, barriers to social protection, and food insecurity due to conflict, high food prices, limited or lack of markets and access to basic services, loss or lack of livelihood opportunities, high poverty levels, reduced industry and production capacity and increasing economic outward migration added to the problems.[4] The escalation has pushed public services to the point of collapse.

Please refer to Annex I for details on the sector needs and response.

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[3] According to the assessed demographic profile in geographical areas impacted by the conflict already prior to this escalation, see Ukraine Humanitarian Needs Overview 2022 and Ukraine Humanitarian Response Plan 2022.
[4] See Ukraine Humanitarian Needs Overview 2022, impact on systems and services.

Strategic objectives

The people targeted and financial requirements of this Flash Appeal supersede the 2022 Humanitarian Response Plan.

1.

Provide timely life-saving multi-sectoral assistance to displaced and non-displaced persons, who are affected by the escalation of hostilities.

Save lives by providing essential protection, shelter, health, NFIs, food security and livelihoods, water, sanitation, hygiene, and education to population affected by the escalation of hostilities.

Scale up multisectoral response through the use of multipurpose cash to address the basic humanitarian needs of affected people in a holistic manner.

Scale up logistics and telecommunications to allow for an efficient and effective response and communication with affected communities (AAP).

2.

Protect conflict-affected people and civilian infrastructure, with due regard to international humanitarian law, norms and standards.

Protect, prevent and mitigate physical harm to civilians and civilian infrastructure, including through protection monitoring, support to transit and reception centres, specialized protection services explosive ordnance risk education (EORE), and mine victim assistance in places of arrival of IDPs.

Strengthen communication with communities to multiply information on reception centers, affected communities and IDPs' host communities, on protection services and humanitarian assistance, and to identify and refer individual cases to protection partners.

Scale up response, mitigation and prevention of GBV.

3.

Support provision of basic services in areas impacted by the escalation of hostilities.

Support, complement and fill gaps to disrupted or collapsed public service provision, including through emergency telecommunications, logistics, WASH, education, protection, and health services.

Carry out essential repairs to restore basic services, in close coordination with local authorities and development actors.

Response strategy

The humanitarian response is scaling up through the expansion of existing programmes on both sides of the "contact line" in Donetska and Luhanska oblasts. The prolonged period of insecurity and intensification of fighting has further eroded and diminished the coping ability of the affected people exhausted by nearly eight years of conflict, while also overwhelming the capacity of local structures and authorities to respond.

The response capacity and systems are scaled up through the humanitarian response architecture in Ukraine, led by the Humanitarian Coordinator (HC) and the Humanitarian Country Team (HCT). Prior to the escalation of hostilities, six clusters and three sub-clusters were operational, coordinating the response of 119 organizations, of which 22 organizations were already delivering aid to Donetska and Luhanska oblasts (NGCA). A Cash Working Group (CWG) co-chaired by OCHA and ACTED, is also operational providing a common platform for coordinating multipurpose cash programming that transcends all sectors. The HCT agreed to use multipurpose cash (MPC) as a preferred/default rapid response modality during the first phase of the response (covering three months) wherever operationally feasible. Hence, this Flash Appeal has been developed with MPC built into it. All Clusters were tasked to review the cash component of their response plans and convert it into a single cash response through MPC.

The scale-up of response capacity and systems includes:

1. The operational scale-up of organizations working in country, reprogramming of planned activities to "newly impacted areas" and to life-saving activities in response to the escalation, bringing onboard organizations that used to work in Ukraine and new organizations (all under the leadership of the respective clusters and ICCG/HCT).

2. The scale-up of MPC as the preferred/default rapid response modality to cover basic needs of affected populations wherever operationally feasible.

3. The activation of the Logistics and the Emergency Telecommunications (ETC) Clusters to provide critical common services to the response.

4. Expanding the humanitarian notification system that is intended to ensure safety and security of humanitarian actors, locations, assets as well as movement of humanitarian goods and personnel across all priority areas.

5. Establishing additional operational hubs in addition to the existing five geographical hubs in the conflict-affected Donetska and Luhanska oblasts, to reinforce and scale up the response.

All humanitarian activities carried out by the UN and its partners are guided by the humanitarian principles of humanity, neutrality, impartiality and independence to ensure that the assistance is delivered to those in need without any adverse or arbitrary distinction. Organizations work under the cluster approach and their activities align with the IASC and HCT overarching commitments on promoting the centrality of protection, gender- and age-sensitive programming and accountability to affected populations (AAP).

The response under the Flash Appeal is reliant upon the collective PSEA (Prevention of Sexual Exploitation and Abuse) and AAP (Accountability to Affected People) mechanisms already in place as outlined in the 2022 HRP, building upon the significant progress achieved in 2021.[5] The inter-agency community-based complaints mechanism, originally developed to respond to allegations related to sexual exploitation and abuse, expanded to cover other types of complaints and serves as a main channel to receive feedback on the response from

People in need, people targeted and financial requirements per sector

CLUSTER / SECTOR	PEOPLE IN NEED	PEOPLE TARGETED	FINANCIAL REQUIREMENTS (US$)
Multi-Purpose Cash (MPC)	2,250,000	1,300,000	288,600,000
Education	2,200,000	875,000	25,100,000
Food Security and Livelihoods (FSLC)	2,250,000	1,500,000	183,500,000
Health and Nutrition	12,000,000	6,000,000	89,000,000
Protection	5,300,000	2,800,000	218,000,000
Shelter and Non-Food Items (NFI)	5,200,000	2,835,000	242,300,000
Water, Sanitation and Hygiene (WASH)	12,000,000	6,000,000	83,000,000
Logistics	N/A	N/A	6,800,000
Emergency Telecommunications	N/A	N/A	1,600,000
Coordination Services	N/A	N/A	2,000,000
TOTAL	**12,000,000**	**6,000,000**	**1,139,900,000**

the affected populations. The feedback received will allow correction and adjustment of response activities, if necessary, in real time to ensure the relevance and appropriateness of the response. Taking into account COVID-19, telecommunications and access constraints, activities outlined under the Emergency Telecommunications Cluster ensure continued communication with communities. Importantly, engagement with community members and leaders, including faith-based organizations, women's organizations, disability organizations, are critical to ensure affected people have agency and decision making about humanitarian services. Opportunities to promote the leadership of women, older persons, persons with disabilities will be key.

Based on longstanding operational experience of humanitarian partners in Donetska and Luhanska oblasts (GCA and NGCA) and the demographic profile of the region, particular attention will be paid to age, gender and disability considerations in needs assessment and humanitarian response. The response will complement the Government response, ensuring close coordination in assessment, design,

implementation, and monitoring of the response to identify problems and undertake adjustments.

Pending an end to the escalation of hostilities, the frontline will continue to shift, impacting humanitarian access by land, air and sea, with particular difficulties in areas close to active hostilities and in the areas not controlled by the Government of Ukraine. Prior to the ongoing military offensive, operational capacity in the areas outside Government control has been challenging for almost seven years due to bureaucratic impediments. Around 22 humanitarian organizations have been delivering assistance to the people in the areas outside Government control throughout 2021, thereof six UN agencies, eight INGOs and six local NGOs. Due to such limited capacity, the assistance provided in these areas was already insufficient relative to the needs of the population prior to the current escalation. High-level advocacy is ongoing to overcome access problems, which are now exacerbated by the sharp increase of hostilities, to ensure humanitarian assistance to the most vulnerable, including children, women, older persons, and people with disabilities, in all priority locations.

CHERMALYK , DONETSKA OBLAST
A woman holds her five-year-old daughter Liuba. She raises five children alone in a small village right at the "contact line"
OCHA/Yevhen Maloletka

Annex: Sector plans

Multi-Purpose Cash

PEOPLE TARGETED

1.3 M

REQUIREMENTS (US$)

$288.6 M*

* UAH 2,220 (equivalent to $74) per person per month × 1.3 million people × 3 months

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Impact and main needs

- The escalation of conflict not only increases humanitarian needs among the population that has been affected by the years-long conflict in Donetska and Luhanska oblasts, but also creates new needs among the populations living in the areas that have never been directly affected by the hostilities until very recently. An estimated 4.3 displaced people are particularly vulnerable.

- Emergency humanitarian needs are diverse and span across all sectors – from education, food, health, shelter, heating, hygiene to protection. The needs also vary from households to households.

- As a large number of people have moved or are moving out from the place of origin in search of safety, their access to regular jobs and livelihoods is likely to be disrupted. Such disruption, if prolonged, is likely to make them economically vulnerable.

Priority activities

- Multi-Purpose Cash (MPC) assistance is a single multi-sectoral emergency cash programming that seeks to increase the ability of people in need to meet their immediate basic needs, reduce the risk

of their resorting to negative coping mechanisms, and maximize the use of resources in a way that is most suited to their preference[6] and requirements in the current conflict situation.

- Multi-purpose cash assistance offers people affected by the crisis a maximum degree of flexibility and dignity to choose how to cover their needs.[7]

Response strategy

- The Humanitarian Country Team (HCT) unanimously agreed to use MPC as a preferred/default modality (wherever operationally feasible) to scale up the response in GCA for the first three-month period of the Flash Appeal to accompany and reinforce service delivery. This builds upon the experience of the response over the past eight years in which MPC transfers have represented one of the most appropriate and timely modalities to addressing the immediate multiple needs of the affected population. It is also considered a modality that upholds the dignity and preferences of affected people.

- Especially for this rapid response emergency, MPC is the preferred modality to effectively scale-up the urgently needed assistance in a rapidly exacerbating emergency context because they help people in meeting their multiple basic needs while also contributing to local economic recovery by injecting cash into functioning markets that offer goods produced locally.

[6] REACH, 2021 Humanitarian Trend Analysis in GCA, July-August 2021. Interactive dashboard is available online at this link. The findings show 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 and 21 per cent preferred cash via bank transfer.

[7] According to the Cash Learning Partnership (CaLP).

- The MPC transfer value will cover 100 per cent of the income gap which amounts to UAH2,220 ($74) per person per month[8] and targets 1.3 million people over the period of three months.

- Geographically, the MPC assistance will focus on vulnerable populations. The feasibility of using cash transfer will be regularly assessed to ensure that markets in these areas are well integrated and functioning, that there is high coverage and presence of banking facilities and post offices can still provide safe and efficient delivery of services, including door-to-door delivery where possible. Services may be interrupted; therefore, regular feasibility studies will ensure that the response continually reviews new or existing cash transfer mechanisms and works to ensure newly targeted populations are transitioned into assistance via post office or commercial financial services wherever they are available. Strong internet and mobile networks to support the use of electronic cash and other delivery mechanisms will also be continually leveraged.

- MPC targets the most vulnerable persons with multidimensional urgent needs. In consultation with the Protection Cluster, the following groups have been identified as being eligible for MPC assistance: IDPs or conflict-affected populations, who have specific protection needs (children at risk, GBV survivors, persons older than 50 years old with specific needs, persons with disabilities and persons with severe/chronic medical conditions, including due to conflict-related injuries), and who also present lack of access to income or basic needs such as accommodation, food, etc. A common beneficiary assessment will be used to identify recipients of MPC.

- Communication with the Ministry of Social Policy will be reinforced, to coordinate MPC with government social protection cash support and with any potential adjustments introduced to address the emerging needs. The social protection system database will be used to coordinate target beneficiaries.

- Other existing tools, such as regular Market Monitoring, will be adjusted and contextualized, to assess the market dynamics and inform programmatic decision-making. MPC Post-Distribution Monitoring has been revised to integrate sectoral outcomes to inform future sectoral interventions following the first three months of the response.

- In terms of coordination, the Ukraine Cash Working Group (CWG) has been the main coordination forum for MPC transfers since 2016 to track their implementation progress and promote a more coherent approach and standards. The CWG determines and regularly reviews the MPC transfer value to guarantee that current transfer amount is aligned to the requirements of the most vulnerable to meet their multiple basic needs. The ICCG, in which the Cash Working Group has a permanent seat, is permanently working to strengthen the cash coordination structure and scale up the capacity for MPC.

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[8] Ukraine Cash Working Group, 'Multipurpose cash transfer value revision', February 2022.

Annex: Sector plans
Education

PEOPLE TARGETED

875,000

REQUIREMENTS (US$)

$25.1 M

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Impact and main needs

- The escalation of hostilities impacts the entire school-aged population – 5.7 million between 3 and 17 years old – due to the nation-wide closure of schools and education facilities.

- Increased vulnerability and loss of learning outcomes must be expected, especially in the wake of the impact of the recent Covid-19 educational restrictions.

- Children have not only lost their rights-based access to education but are also in grave danger of physical harm, displacement and severe emotional distress.[9]

- Attacks on education facilities continue in full violation of International Humanitarian Law further eroding the right to education.

- The ability to learn is severely affected by acute and on-going exposure to conflict-related trauma and psychological stress leading to risk of school dropout and negative coping mechanisms.

- The recent conflict escalation coupled with the still more widespread proliferation of small arms and light weapons has severely increased the risk of recruitment of school-age adolescents into armed groups.

- School-aged children (regardless if they are residents, hosts or IDPs) are in urgent need of age- and gender-appropriate psychological first aid as well as a return to learning.

- Displaced and non-displaced school-aged children are both in need of resumption of education, whereas displaced might have a bigger need for substitution of scholastic materials lost during displacement.

- Teachers' ability to teach is equally impacted by the erosion of safety and loss of normalcy and they are as both affected and as educators in need of coping strategies and tools.

Priority activities

- Provide psychological first aid and psycho-social support to school aged children affected by escalation in collaboration with Child Protection AoR's partners.

- Provide teachers in conflict-affected and host areas orientation in psychological first aid and psycho-social support integrated with learning in collaboration with Child Protection AoR's partners for a fast resumption of protective teaching-learning·

- Provision of education and early childhood development kits and learning materials for conflict-affected children, including equipment and materials required to support distance learning, a modality greatly expanded during Covid-19 school restrictions.

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[9] A 17-year-old boy was killed in an attack on the village of Semikhatky in the southern Kherson region, and two other children were killed in shelling in eastern Ukraine, one in Chuhuiv, Kharkiv Region, and the other in Mariupol, Donetsk region. Two teachers were also reported killed when a missile struck a school in Gorlovka in eastern Ukraine as Russia military operations escalated, with explosions reported across major cities (Source: Save the Children, press release, 25 February 2022).

- Provision of Cash and Voucher Assistance (CVA) to support affected households in meeting education related costs.

- Distribution of equipment to education facilities hosting IDP children including equipment to support distance learning.

- Provision of Education in Emergencies response activities, such as accelerated learning for displaced and children with no access to education, if formal schools remain closed.

- Provide Explosive Ordnance Risk Education (EORE) activities to newly displaced school-aged children in coordination with Mine Action AoR's partners.

Response strategy

- The Education Cluster is presently reaching out to previous as well as potential partners with the aim to strengthen localized humanitarian response with strong Child Safeguarding mechanisms.

- The humanitarian education support will have integrated Accountability to Affected Persons through Child Safeguarding and Child Participation in each stage.

- Continuous close collaboration and coordination with Protection Cluster, Child Protection AoR on psychological first aid (PFA) and Psycho-social Support (PSS) for school-aged children and education personnel, and with Mine Action AoR on Explosive Ordnance Risk Education (EORE), as well as with WASH Cluster for areas where WASH facilities in schools have been affected and/or where temporary learning spaces are set up.

- The emphasis on Inter-Cluster linkages happens in recognition of the conducive role education can play in protection and as a community entry-point for other sectors; for instance in dissemination of life-saving messages.

- The Education Cluster to resume its documentation of individual cases of attack against education for continued advocacy.

Annex: Sector plans

Food Security and Livelihoods (FSLC)

PEOPLE TARGETED

1.5 M

REQUIREMENTS (US$)

$183.5 M

Contact information

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Impact and main needs

The Food and Agriculture Organization (FAO) and World Food Programme (WFP) will target 1.5 million people in Ukraine for agriculture livelihood support interventions and food assistance (over 692 percent increase since the crisis escalated of hostilities on 24 February 2022), and this number is expected to rise as the conflict further escalates. Some 1.3 million will receive in-kind food assistance through the FSLC, whilst some 1.3 million people will receive cash assistance through the multipurpose cash approach (see chapter above). In addition, 100,000 households (300,000 people) will receive emergency agricultural support (some of these households receive food assistance or multi-purpose cash assistance as well).

In addition to the continued hostilities in Donetska and Luhanska oblasts, the drastic deterioration of the security situation in all oblasts of Ukraine will exponentially increase the number of food insecure households, as farming households and small businesses flee conflict-affected areas. Farmers are likely to miss the May planting season. Before the current escalation of the conflict, the economic situation in the east was already worse, compared to the rest of Ukraine. For example, the average unemployment rate for Ukraine from 2013 to 2021 increased by 2.8 percentage points, reaching 10 per cent in September 2021, while in Donetska and Luhanska oblasts, the unemployment rate doubled, reaching 15.6 per cent in Donetska oblast and 16.5 per cent in Luhanska oblast. The situation is expected

to worsen significantly, increasing household food insecurity and hindering access to income generation opportunities across Ukraine. In the medium term, this is likely to have a negative impact on food security and lead to increased reliance on food aid and livelihood support. The Flash Appeal incorporates the needs of the 2022 HRP, which indicated 1.1 million people are in need of food and livelihood security with about 202,000 people targeted for both immediate access to food and agricultural and non-agricultural livelihoods. 100,000 households (300,000 people) will receive emergency agricultural support at a value of US$ 150 per household during the first 90 days.

Cash transfers and in-kind programs are the preferred response modalities of the Food Security and Livelihoods Cluster. Half of those targeted for FSLC support will received assistance through an MPC approach, thus only beneficiaries who will receive in-kind assistance appear under this FSLC chapter. A rapid assessment of food security is being planned, as well as a scaling-up of the response. The planned 2022 FSLC response outlined in the HRP that was ongoing prior to the current escalation of the protracted crisis has been continued by partners in the east.

Priority activities

1. Conduct a rapid food security assessment.
2. Mobilize and distribute food security assistance to the people in urgent needsneed across areas affected in the country.
3. Provide hot meals in collective centers.
4. Distribute emergency food kits distribution, mainly for those recently displaced.

5. Distribute the regular recommended food basket distribution for those displaced and host communities who have access to appropriate food utilization.

6. Distribute agricultural inputs to ensure farmers continue to produce, such as vegetable/home gardening seeds, tools and support to farm animals for smallholder farmers to increase household production and nutrition.

Response strategy

The FSLC humanitarian response will meet livelihood and food needs of 1.5 million vulnerable individuals in the first three months following the conflict escalation. An additional 1.3 million people will be targeted with MPC, which also includes cash to cover food and other needs. There are 1,300,000 people targeted through the FSL Cluster who are planned to be assisted with in-kind food distribution. The tentative value of the in-kind package provided per person is estimated to be US$ 40. In addition, 100,000 households (300,000 people) will receive emergency agricultural support at a value of US$ 150 per household during the first 90 days. Some

of these households will also receive food assistance or multi-purpose cash assistance. FSLC focuses on providing lifesaving assistance: immediate access to livelihood support and food during the first three months of the response. The cluster response modalities will be mostly cash-based in GCA, including multipurpose cash and vouchers (in GCA and NGCA), and will be addressed under the MPC sector. The budget for livelihood support and food needs varies between GCA and NGCA. However, as a sector, when using a cash and voucher approach, the cash required to cover one person per month of food needs is estimated at UAH 1,155 or $40.5 for a partial ration of 1,575 kcal. For a full ration, the cost is UAH 1,540 UAH or $57. With in-kind programming, through bulk purchases, $40 could provide an in-kind food basket of 2,100 kcal. The estimated cost of the food basket is based on the FSLC food basket in Ukraine calculated based on prices provided by the State Statistics Service. The preferred mode of distribution will be identified depending on availability of markets and thus could be cash (through MPC) and in-kind (including warm food, which may be appropriate for displaced people at the collective or transit centres).

RESPONSE TIME FRAME AFTER THE PLAN IS TRIGGERED	DETAILS OF ACTIVITIES/STATE OF THE RESPONSE	TARGETED POPULATION	LOCATION TARGETED
1−3 days	• Distribute rapid/immediate food packages (dry ration) to 300,000 IDPs on the move including warm food at collective/transit centres. • Conduct rapid food security assessment to identify the most vulnerable households and groups. • Coordinate with local authorities on registration of IDPs.	IDPs and host communities	Affected and accessible locations
1−4 weeks	• Assess the food security conditions of the affected population placed in temporary shelters. • Distribute food security assistance to 1.3 million people. • Distribute agricultural support to farming families • Assess the functionality of the market. • Conduct dedicated food security assessment to inform	IDPs and host communities	Entire conflict-affected area (based on needs identified)
2−3 months	• Continue food security and livelihoods assistance. • Distribute food security assistance including livelihood support to 1.4 million people. • Distribute agricultural support to farming families. • Assess the food security and livelihoods assessment to inform the humanitarian needs. • Provide emergency agricultural support.	IDPs and host communities	All conflict-affected areas
3−6 months	• Revise the 2022 HRP based on the new caseload. • Continue to support immediate lifesaving needs, including emergency agriculture and non-agriculture livelihoods.	IDPs and host communities	–

Annex: Sector plans
Health and Nutrition

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PEOPLE TARGETED

6 M

REQUIREMENTS (US$)

$89 M

Contact information

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Impact and main needs

- Casualties have been reported across the country, with higher numbers in the eastern oblasts; the situation is evolving very quickly. Emergency Medical Services (EMS), surgical departments and intensive care units (ICUs) are likely to become overwhelmed with trauma patients as the hostilities continue.

- A dramatic rise in COVID-19 cases and deaths is likely with the breakdown of public health and social measures, diagnostic and case management capabilities and surge capacities at health facilities. Such a rise would exacerbate existing vulnerabilities, adding to hospital caseloads and inciting further restrictions at EECPs. The epidemiologic situation is expected to deteriorate and the transmission rate is projected to increase following the large population movements and mass congregations of people in poorly-ventilated underground spaces seeking shelter from shelling.

- The already disrupted essential health services (EHS) are collapsing. These vitally important services include the treatment of chronic/non-communicable diseases (NCDs) (e.g., diabetes, cancer, cardiovascular disease), sexual, reproductive and maternal health care (SRMHC), ante-natal care (ANC)), child health and assistance to people with disabilities. Poor or no access to primary health care institutions due to restricted mobility and

security concerns, especially in areas of intense fighting, disrupts the referral system; thereby making not only primary, but also secondary and tertiary care (hospitals and specialist centres) inaccessible to the population and limits access to state programmes, such as "Affordable drugs" and free insulin for diabetic patients. Damage to health care infrastructure, curtailed access to referral hospitals and pharmacies, and personnel fleeing from conflict-affected areas are compounding to paralyze the health system.

- Lack of access to health care, insecurity and low income particularly affect vulnerable persons, with huge consequences for the health of people with disabilities and older persons (more than 60 years old) who are prone to both NCDs and infectious diseases. There are over 10 million older persons in Ukraine, many of whom have not been able to flee the hostilities due to reduced mobility and financial means.

- Public health programmes, particularly those for TB and HIV, were negatively-affected by the COVID-19 pandemic and now face further threat. The hostilities prevent TB programmes from performing active case finding or systematic screening, thereby reducing case detection. The conflict also disrupts the distribution of medicines and delays the procurement of diagnostic materials and treatments. Consequences for HIV programmes, include limited access to HIV prevention services, including those for the prevention of mother-to-child transmission of HIV and the downscaling of harm-reduction services. For both HIV and TB programmes, there are delays in the procurement

and distribution of diagnostic materials and treatments, limiting multi-month scripting; the lack of medical equipment, shortages of medicines and medical supplies in primary health care centres only exacerbate the issues further.

- Programme disruptions coupled with conflict conditions increase the affected population's vulnerability to communicable diseases, such as COVID-19, polio and measles. Poor vaccination coverage increases the risk for outbreaks of preventable communicable diseases, particularly among children. Confinement conditions in shelters, population displacement and infrastructure damage, make hygiene difficult to maintain, increasing the risk of respiratory and diarrheal diseases, which could rapidly have a large impact on the health of the population.

- The pre-existing mental health and psychosocial support (MPHSS) needs of the population have intensified. Health-care workers face overloading, understaffing and are at increased risk of psychological distress and mental health disorders as a result of witnessing traumatic events. They also risk contracting infectious diseases due to inadequate or outdated medical supplies and equipment - particularly concerning given the COVID-19 situation.

- Conflict can increase the risk for gender-based violence (GBV), in particular sexual violence including rape and intimate partner violence, making access to health services providing clinical management of rape and intimate partner violence an important need in a country in which three-quarters of women had already experienced some form of violence since age 15, and one in three had experienced physical or sexual violence.

- The quick evolution of the situation makes the number of IDPs and refugees difficult to estimate. Thousands of refugees have been reported in five neighboring countries (i.e. Poland, Slovakia, Hungary, and Romania and Moldova). Even though these countries have been preparing themselves for an influx of refugees, the health needs of the displaced populations are likely to stress the health systems of their host countries. There are also enormous

public health risks associated with temporary population relocations. Large movements of people promote increases in disease incidence and outbreaks of vaccine-preventable diseases, such as measles or polio, particularly among children.

- Child health risks being severely impacted by the conflict. Disruptions to immunization programmes due to the COVID-19 pandemic will only worsen with the escalation of the conflict, increasing the risk of outbreaks of vaccine preventable diseases, such as measles and polio. Children with chronic diseases may find it difficult to access their medicines (insulin, bronchodilators, ARTs, etc). The intensification of the conflict disrupts food systems and economies as well, thus increasing the vulnerability of the affected population, especially children, to food shortages and malnutrition. The psychological impact of the conflict on Ukraine's children cannot be underestimated, increasing the need for MPHSS services.

Priority activities

- Guarantee the treatment of the wounded/trauma-affected and others in need of health care, including the management of those with severe and mild COVID-19 and NCDs; while prioritising vulnerable groups, such as people with disabilities, older persons and children, by activating EMS services, including Emergency Medical Teams and other primary health care support.

- Provision of lifesaving sexual and reproductive health (including antenatal care (ANC)) care with a focus of the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in crises; including ensuring skilled birth attendants and emergency obstetric and newborn care, health care for survivors of sexual violence, STI and HIV management, family planning services and safe abortion care to the full extent of the law.

- Contain the COVID-19 pandemic by supporting detection and testing, vaccination, distribution of medical supplies, including oxygen and personal protective equipment (PPE); and reinforce capacity and standardized public health protocols.

- Sustain routine immunization activities during the crisis and put in place targeted efforts to contain

TRIOKHIZBENKA, LUHANSKA OBLAST
A woman with her daughter. She lost her leg and hearing during shelling in 2014. *OCHA/Yevhen Maloletka*

the ongoing polio outbreak and to prevent likely measles outbreaks. This will include risk communication and community engagement, with use of mobile activities to reach the most deprived groups, vulnerable people and people on the move.

- Ensure access to health care facilities and humanitarian health care by the establishment of mobile clinics and ambulance service/humanitarian corridors for health evacuation. About 30 per cent of the affected population may need continued health care attention for chronic diseases, in addition to the population affected by COVID-19, according to the number of cases).

- Intensify support to immunization programmes to help prevent outbreaks of vaccine-related preventable diseases.

- Intensify MHPSS to conflict-affected populations, including health workers. Psychological first aid workshops will be held for humanitarian partners.

- Facilitate the shipment and delivery of health kits (IEHK, TESK, NCDK), and blood and blood products.

- Strengthen health information and surveillance, and implement information management strategies, including Public Health Information Systems (PHIS)

- Support the procurement and delivery of medicines, medical supplies and equipment, particularly to primary health care centres.

- Develop supply chain pipelines to facilitate the undisrupted provision of medicines and medical supplies/kits;

- Ensure functioning of health infrastructure (water tanks, generators, tents, etc).

- Ensure family friendly services that cater especially for mothers and children, who constitute a big proportion of people on the move and are amongst the most vulnerable.

Response strategy

- The response modalities will be structured around the Incident Management System (IMST). Cluster partners will work to increase surveillance capacity and the use of rapid-response teams (RRT) to inform and support activities.

- Partners will deliver medical supplies, medicines, equipment, and direct life-saving and primary health care services (through fixed and mobile modalities), supporting emergency care, HIV, TB, NCDs, SRMHC, child and adolescent health, and MPHSS programmes. This includes the provision of financial and in-kind support to vulnerable populations (e.g., older persons, people with disabilities, mothers with young children) through cash and vouchers for health care expenses, and the shipment and delivery of health kits (IEHK, TESK, NCDK), and the sourcing of blood and blood products. Cluster partners will develop supply chain pipelines to facilitate the undisrupted provision of medicines and medical supplies/kits. Partners will also ensure the adequate functioning of humanitarian relief items (water tanks, generators, tents, etc).

- Based on the identified sexual and reproductive needs and priorities, the response strategy will focus on the Minimum Initial Service Package (MISP) for SRH in crisis. Ensuring access to continued SRH care services, including family planning, HIV/STI management (including continued access to anti-retroviral medication for people living with HIV), skilled birth attendants and emergency obstetric and newborn health care for pregnant women and girls, referrals and emergency care for survivors of gender-based violence (including emergency contraception and PEP to prevent transmission of HIV), will be prioritised throughout the response. The objective, to prevent SRH-related morbidity and mortality, will be supported through mobile clinics; support for referrals and strengthening local capacity on the clinical management of rape and intimate partner violence, support for referrals to emergency obstetric and newborn care, providing updated information about available services for the affected population and ensuring that medicines and equipment are available to continue provision of lifesaving SRH services.

- Priority interventions for vulnerable children and families affected by the conflict, especially IDPs, will include the distribution of essential services and supplies to families and children, psycho-social support, multiple micronutrients and nutrition counselling, emergency and essential health. Services will be delivered through frontline public health and social workers, community-based organizations and ad-hoc mobile units to reach remote communities and to people in transit.

- The coordination of responses to ad hoc assistance requests for medical and laboratory supplies (e.g., PPE, testing materials) will be facilitated through the Health Cluster Referrals Tracking Tool. The WHO "Surveillance System for Attacks Against Health Care" will also help inform urgent support needs and rehabilitation. Further assessments and monitoring of facilities will be conducted to appraise their functionality and to better target support.

- The Cluster and its partners will, above all, coordinate closely with government counterparts at the Ministry of Health, National Health Service, and individual health facilities and involve civil society organizations to better reach communities, while liaising with all other clusters to ensure complementarity of responses.

Annex: Sector plans

Protection

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PEOPLE TARGETED

2.8 M

REQUIREMENTS (US$)

$218 M

Contact information

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Impact and main needs

- The increase of hostilities results in loss of lives and injuries to civilians, increased vulnerabilities (older persons, persons with disabilities, female-headed households, children, minorities), with associated risks such as human trafficking, sexual exploitation and other forms of GBV, as well as abuse of and violence against children, psychosocial stress and trauma, and the risk of family separation. Women and girls face higher risks of human rights violations such as sexual exploitation and abuse, including human trafficking for sex and forced prostitution.

- The escalation of hostilities results in forced displacement and multiple risks associated with and increased by displacement. As male citizens aged between 18 to 60 cannot leave the country, women and children are likely to make up the majority of people on the move. According to UNFPA (2019), among IDPs, the number of women and girls surveyed who reported having experienced GBV was three times higher than local women who were not displaced.

- In NGCA, IDPs with limited alternatives for crossings to GCA via EECPs will increasingly rely on routes through Russian Federation to cross via Milove checkpoint, posing additional burden on local authorities' reception capacities on GCA side. Scarce or limited resources available in host communities may result in tensions with new arrivals or discrimination towards IDPs.

- Local authorities are overstretched, resulting in disruption of essential services, and impacting access to social services, accommodation and livelihoods. In NGCA, disruption or complete interruption of basic services is even more acute, with increasing needs for basic relief items (WASH items, food and emergency relief kits).

- Deterioration of the freedom of movement, impacting particularly population living in NGCA, and their ability to access social assistance, including pensions, for which they need to cross to GCA.

- Due to the extensive land contamination by mines/ERW, the risk of mine-related incidents is significantly increased during displacement.

- Increasing risks and incidents related to housing, land and property, including damages, destruction, looting, evictions and occupation of private properties.

- Local authorities and State Emergency Services face urgent needs for crisis coordination and emergency management of response services.

- Conflict has given rise to significant environmental challenges to public health, including explosive ordnance contamination, increased radiation levels from Chernobyl and the burning oil storage depot at Vasylkyv.

Priority activities

- Scale-up protection monitoring and reporting, as well as mapping of services, capacities, and referrals. NGCA residents will increasingly try to use the route through the Russian Federation to cross via Milove checkpoint, resulting in a need to ensure protection monitoring, provision of individual counselling and assistance in crossing points and improving sanitary – including COVID-19 preventive measures – and security conditions at crossing points.

- Support authorities to maintain and establish transit and reception centres, including with technical support for IDP registration and screening.

- Scale up mine action to protect civilians and humanitarian workers from explosive ordnance.

- Individual emergency assistance, support to evacuations of vulnerable persons from isolated settlement and areas of heightened insecurity, facilitation of coordination mechanisms between volunteer groups/NGOs organizing evacuation and the state service providers.

- Identification of persons with specific needs and referrals to State services and humanitarian assistance, including PSS, individual protection counselling, legal aid, social accompaniment, family tracing, case management, explosive ordnance victim assistance, provision of specialized protection services to GBV survivors, children and their families. Specific attention will be paid to the protection of persons with disability and older persons.

- Promote information campaigns on the availability of emergency assistance and protection services provided by authorities and humanitarian actors. Advertise available services and where and how to access them through hotlines, local authorities and active community members.

- Provision of lifesaving, specialized and survivor-centred GBV services in line with the Inter-Agency GBViE Minimum Standards, focusing on medical care (including Clinical Management of Rape (CMR), in-person and remote psychosocial support (PSS) services; and the establishment of safe spaces for women and girls in communities affected, collective centres and other places of reception of IDPs.

- Support to State Emergency Services (SES) and local authorities for crisis coordination and management of emergency services, public information management, procurement of essential equipment and supplies for emergency services.

- Scale up mine action to protect civilians and humanitarian workers from explosive ordnance.

- Rapid appraisal and response to critical environmental impact endangering public health.

- Support to the civil society and youth networks for improved social cohesion, community services and contribution to humanitarian and recovery efforts, including volunteer programmes for debris removal and clean-up and for community care of the vulnerable.

- Human rights monitoring and extension of existing free legal aid provision to increased number of displaced and conflict-affected persons.

Response strategy

For protection monitoring, protection partners ensure that, with the support of community volunteers previously identified, the security situation and protection context and specific Explosive Ordnance and GBV risks are closely monitored in settlements still accessible and in areas of displacement. The border crossing points with the Russian Federation are also monitored. Early warning mechanisms on forced displacement, protection risks and emergency needs are in place.

In close coordination with authorities (Oblasts, Military-Civil Administrations, Territorial Communities, State Emergency Services, Departments of Social Protection, Department of Migration Services, etc.), protection partners support the establishment of Transit Centres that work as "one-stop points" where registration (by State authorities), identification of specific protection needs, provision of protection services, immediate humanitarian assistance, as well as referrals to collective centres and other services are provided.

MARINKA, DONETSKA OBLAST
A young boy standing next to a fence pockmarked by shrapnel. *OCHA/Yevhen Maloletka*

The Protection Cluster reinforces communication with communities, IDP groups and affected population to increase partners' outreach to raise awareness and multiply information on the existing transit centres and where to find protection services, including targeted support services for GBV survivors, and humanitarian assistance; as well as so communities are able to identify and refer vulnerable people to protection partners. The GBV Sub-Cluster ensures that referral pathways for GBV survivors are developed, regularly updated and well known amongst service providers and community members. Protection partners also prioritize provision of EORE in places of arrival of IDPs, as well as in transit and collective centres.

The Protection Cluster liaises with other clusters to ensure complementarity of responses, particularly Shelter/NFI, WASH and Health. The same response strategy will be pursued with entities in control in NGCA, with the primary purpose of ensuring the physical security and protection of NGCA residents affected by the hostilities.

The GBV Sub-Cluster under the umbrella of the Protection Cluster will continue to advocate for and support other clusters to fulfil their responsibility to identify and work towards mitigating and addressing GBV risks in their own humanitarian response in line with the 2015 IASC GBV Guidelines, keeping with the Centrality of Protection and principle of Do No Harm.[10]

Based on the identification of specific needs, multipurpose cash assistance will be provided for prioritized vulnerable profiles, upon arrival in transit/reception centres or following identification in host communities, as an emergency grant, in close coordination with the Shelter/NFI Cluster to avoid duplication with possible cash alternatives for accommodation.

For evacuations, state authorities are organizing humanitarian evacuations of the most vulnerable population from affected communities to safe havens. Protection partners are supporting authorities by sharing early warning based on the protection monitoring, as well as with transportation and reception capacities if needed.

Annex: Sector plans

Shelter & Non-Food Items (NFI)

PEOPLE TARGETED	REQUIREMENTS (US$)
2.8 M	**$242.3 M**

Contact information

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Impact and main needs

- The geographical area directly affected by military operations has increased dramatically. Affected areas are not limited as before to a strip along the contact line (which continues to exist) but are scattered across the country.

- Many territories outside the eastern conflict area are directly affected for the first time (including urban centres). Damage to public infrastructure – such as gas, central heating systems and electricity – is also affected, with an even higher impact on the population due to the cold season and to the impossibility to access markets for solid fuel and state winterization subsidies.

- People are fleeing the affected areas, at greater scale compared to the displacement patterns at the beginning of the conflict in 2014/15.

Priority activities

- The cluster uses MPC assistance as a single multi-sectoral emergency cash programming for interventions other than rental support. If the MPC approach is not possible/viable, in-kind support will be provided.

- Shelter Cluster partners are engaging in the following activities: distribution of shelter acute emergency kits; provision of emergency NFI support (MPC and in-kind); provision of Transition Centres (TC) / Reception Centres (RC) / Collective Centres (CC) NFI kits; winterization activities (MPC and in-kind); rental support (including cash-for-rent grants for 3 months); basic refurbishment of TC/RC/CC (including technical support).

- Shelter/NFI partners support two population groups, the non-displaced (who presented in previous HRPs the large majority of the shelter/NFI response target) and IDPs.

- Ongoing interventions – mainly house repairs, which represent the largest share of shelter response in the HRPs – are suspended, due to the change in the security situation. The budget currently allocated to these activities (almost exclusively in NGCA) and the coming additional financial resources will be used for the implementation of the above-listed activities, with the highest priority for the procurement and distribution of emergency kits (all types described above).

- Non-displaced people need support in terms of temporary repairs of their houses, replacement of basic domestic items (bedding, hygiene, and kitchen NFIs) which is damaged or lost, and coal and stoves. This applies to both sides of the "contact line", as many areas that were previously under the state emergency service's coverage are no longer be accessible.

- Newly displaced people will need basic domestic items as well.

- Support to Transit/Reception centres and collective centres (CCs), which are under the central or local government's authority (GCA). In NGCA, support may instead be requested to shelter agencies.

Cluster will rely as much as possible on cash for rent so people have the means to find their private accommodation. The establishment of CCs is considered as a last resort option.

- Rent of new premises represents a major burden on many of the newly displaced families. The financial support (in terms of dedicated cash-for-rent grants) will be extended to the most vulnerable of the newly displaced families, consistently with what was done in previous responses.

- Similar considerations apply to the winterization needs, and for both TCs/RCs and CCs on one side and individual families on the other.

- Support to State Emergency Services and local authorities for appraisal and repair of critical energy, communications and other infrastructure necessary for public safety and the restoration and smooth functioning of public services.

- Support to local authorities for rapid socio economic impact assessments to guide response and lay the basis for early recovery efforts.

Response strategy

The distribution of shelter acute emergency kits to non-displaced persons, and emergency NFI kits to IDPs and non-displaced persons, constitute the highest priority, as those activities are of life-saving nature and need to be implemented first. The network of partners and other actors with distribution capacity needs to be assessed and expanded in areas previously not affected by the conflict. Cluster partners will have to establish a presence in the newly affected areas. Whenever feasible, partners will also utilize governmental agencies' capacity to deliver items to hard-to-reach locations. Furthermore, civil society groups (such as community-based organizations, church and religious charities, etc) will be engaged by partners as they have local networks and capacities that can be supported for an efficient and targeted response.

In general, the principle of complementarity between Shelter Cluster partners' response and the role and responsibility of governmental agencies remains, although governmental agencies' capacity may is currently low due to the escalation of hostilities. Existing strong connections with approaches of other clusters, primarily Protection, will help inform the targeting of interventions to the most vulnerable segments of the population.

Where collective accommodation options are the only feasible response, the re-purposing and/or refurbishment of public buildings may be required (upon indication by the local authorities) as Transit or Reception Centres. This is the second activity in order of urgency, with provision of NFI such as bedding required to make spaces habitable.

The main aim is to support households as soon as possible with individual shelter response for which cash-for-rent is considered the primary modality whenever possible. Collective centres are considered only as the last resort shelter option for displaced populations.

TYPE OF ACTIVITY	GCA NON-DISPLACED	GCA NEWLY DISPLACED	NGCA NON-DISPLACED	NGCA NEWLY DISPLACED
Distribution of shelter acute emergency kits	●		●	
Distribution of emergency NFI kits (if the MPC approach is not possible/viable)	●	●	●	●
Provision of TC/RC/CC NFI kits	●	●	●	●
Rental support (including cash-for-rent grants)		●		●
Winterization activities (MPC and in-kind, if the MPC approach is not possible/viable)	●		●	
Basic refurbishment of TC/RC/CC (including technical support)		●		●

Annex: Sector plans

Water, Sanitation and Hygiene (WASH)

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PEOPLE TARGETED

6 M

REQUIREMENTS (US$)

$83 M

Contact information

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Impact and main needs

- A major escalation of violence affects the WASH infrastructure, including the main water provider Voda Donbasa, and other centralized and decentralized systems in the country. Systems become dysfunctional, due to a combination of damages by the escalation of hostilities, power supply blackout, long-term unsolved repair issues and back-up water reservoirs running out of water. This results in a significant number of people cut off from water supply and heating, with the number steadily increasing relative to the duration of the failure. Provision of materials for repairs, as well as machinery for maintenance of the systems, becomes essential. Provision of water treatment chemicals for large scale distribution systems is also prioritized. In areas where systems cannot be quickly repaired, water trucking and or bottled water distribution is needed.

- Households are displaced, including to collective centres, resulting in new WASH needs. Support in Hygiene Promotion and Emergency Sanitation services in these centres becomes essential, as well as small scale and targeted water supply repairs. Solid waste management is also needed.

Priority activities

- Water trucking
- Distribution of drinking bottled water
- Water systems repairs in institutions
- Emergency repairs of water supply system (repairs of pipes) - centralised systems
- Repair of water system in support to water utilities - decentralized
- Provision of chemicals for water treatment in support to water utilities
- Distribution of hygiene kits/hygiene items at household level
- Hygiene kits distribution for institutions
- Support to Infection Prevention and Control (IPC)
- IEC materials distribution regarding appropriate water use in emergencies including hygiene practices
- Emergency sanitation intervention in institutions and collective centres
- Solid Waste management in critical areas
- Waste Water Treatment Plants support (repairs)
- Contingency (Fuel, transformers, gensets, WASH NFI and others)

Response strategy

This initial response is planned for three months. The WASH Cluster liaises with all clusters to ensure complementarity of responses. This is particularly relevant for the current COVID-19 operating environment, and to prevent outbreaks of water-related diseases, where coordination with the Health Cluster and health authorities is crucial.

The response is similarly coordinated with relevant authorities and private companies, such as vodakanals and SESU (wherever possible), which often act as first responders, as well as with partners inside and outside the HRP operational area. It is assumed that cooperation with the Government of Ukraine and/or de-facto authorities remain and are good, and the collaboration with entities in control is also possible.

Water delivery companies are sometimes not in a position to deliver to areas near the "contact line", due to security risks. And although water trucking is a useful response, it will not be possible for humanitarian agencies to fully address the water needs of many thousands of people through trucking water. Water trucking will be used in the first stage in priority locations, as immediate relief to those areas losing water supply.

Since most people remain dependent on larger water systems, repairs will be prioritized (in coordination with, and to support water suppliers) as soon as access is granted and will be prioritized, together with supply of water chemicals, as a way to provide safe water to the highest possible number of people in need.

Provision of WASH services for displaced population in collective centres will be central to this response. Support to the sheltering institutions (schools, churches, stations, transit centres) will consist in repair/reestablishment of water supply and sanitation systems if existing, and provision of emergency services if non-existent, as well as focus on Hygiene Promotion (especially significative in the light of the current Covid-19 pandemic). Hygiene Promotion at household level will be provided following to the extent possible -this will be revised as the situation evolves.

Annex: Sector plans
Logistics

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PEOPLE TARGETED	REQUIREMENTS (US$)
N/A	$**6.8M**

Contact information

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Impact and main needs

The main logistics gaps and needs have been identified to be as follows:

Gap: Limited or no access to affected populations, damaged infrastructure, ongoing conflict and a volatile security situation has restricted humanitarian staff movement and transport of cargo.

Need: Transporting lifesaving cargo to affected populations.

Gap: Lack of coordinated logistics response.

Need: Provision of a logistics coordination platform and an information management (IM) system through the deployment of a Logistics Cluster Coordinator and support staff.

Gap: Changing regulations and access to relevant logistics information.

Need: There is a need for stronger coordination, compiling and information sharing between the various actors in order to raise issues of common concern hampering the response; mitigate any duplication of efforts; and maximize the use of available logistics assets.

Gap: Many organizations lack the capacity or expertise to manage the required paperwork for permission and transport to cross the 'contact line' between government and non-government controlled areas.

Need: There is a need to provide support for paperwork processing, and provide transport services, including necessary warehousing for organizations to transport cargo across the 'contact line'.

The Logistics Cluster plans to provide coordination and logistics services for an estimated 50 partner organizations operating in and around Ukraine in direct response to the crisis.

The humanitarian logistics operation faces a number of challenges, including severe logistics related gaps that continue to impede the timely deliveries of life saving relief items.

Coordination

- The Logistics Cluster Coordination Cell will be activated in Kyiv with a dedicated Logistics Cluster Coordinator who will ensure coordination of the logistics response in support of the humanitarian community, through regular meetings and mailing lists.

- The Logistics Cluster will, in close cooperation with OCHA, advocate on behalf of all humanitarian organizations for simplification and streamlining official requirements for humanitarian cargo transport.

- Coordination of upstream pipeline cargo in neighboring countries to minimize duplication of efforts, as well as close coordination with humanitarian actors responding to the refugee influx.

Information Management

- Provision of updated operational information, such as road conditions, warehouses and customs procedures as well as the publication of SitReps, bulletins, snapshots, flash news and briefings.

- Development of GIS/Mapping tools and products, inclusive of specific maps related to logistics infrastructure, in response to expressed needs of partners.

- Monitoring of the situation on ground and provision of updates on Logistics Capacity Assessments.

Logistics Services

Transport and warehousing will be limited to facilitating access to NGCA, and is not intended to support logistics operations in GCA. Access permitting, the below services are to be provided. Requests will be prioritized based on humanitarian priority needs set by the Humanitarian Country Team (HCT).

Inside Ukraine:

- Temporary storage services across the country include handling and consolidation. Planned locations include: Lviv, Kyiv, and Odessa.

- Transport will be provided from the point of entry into Ukraine to Logistics Cluster facilitated storage locations. Transport from main Logistics Cluster facilitated hubs will be provided to strategic locations, while pickup and delivery from/to other locations will be considered on a case-by-case basis.

Outside Ukraine:

- Cargo will be consolidated and stored at pre-defined staging areas in Rzeszow, Poland for limited periods of time. Common transport services will be provided on behalf of the humanitarian community between storage hubs and locations inside of Ukraine. The provision of storage service will only be available in case of limited availability.

- The movements of convoys traveling from Poland to Ukraine, and onward movement of cargo to storage hubs in Ukraine will be facilitated, including cross border shipping and transshipping as required.

- Potential cargo transport into Ukraine using existing railway infrastructure.

- The possibility of consolidation and onward transportation of humanitarian cargo from other countries will be continually assessed based on identified gaps and partner's needs.

Annex: Sector plans

Emergency Telecommunications

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PEOPLE TARGETED	REQUIREMENTS (US$)
N/A	$**1.6M**

Contact information

Pending cluster activation

Impact and main needs

- The escalation of hostilities is expected to impact the telecommunication infrastructure, leaving affected populations, emergency services and the humanitarian community without any means of communication. Humanitarian responders require reliable data connectivity services and a communications network to operate safely and to effectively undertake life-saving activities.

- In affected areas with a functioning telecommunication infrastructure, a significant proportion of the affected population are poor and do not have the means to purchase data connectivity services to connect with authorities, aid providers and family and friends. A lack of affordable connectivity hinders access to information and services in an already highly volatile context.

- Lack of connectivity hinders communication with communities and impedes two-way feedback with aid providers (Accountability to Affected Populations, AAP). This undermines the humanitarian response as well as efforts undertaken in Ukraine over the past years to strengthen consultations on humanitarian needs and aid received, and act upon the feedback of affected population. The lack of connectivity also impedes complaints, including on PSEA.

- Lack of connectivity also impedes referral to services, some of which may be life-saving (evacuation, medical), hinders access to services provided by the Government, which in the past considerably expanded digital services that can be accessed remotely, including from NGCA, as well as access to education, impacting distance learning and adding to the vulnerabilities the conflict-affected population.

Priority activities

- Cluster Coordination and information management for inter-agency ICT activities in response to the humanitarian crisis in Ukraine (including engagement with the national ICT working group and all humanitarian actors deploying to the operational theatre).

- Establishment and provision of communications services to humanitarians (in close collaboration with UNDSS and TESS): design and deploy a radio-based communications system covering at least 3 main common operations areas; upgrade the SOC (Security Operations Centre) in Kramatorsk and ensure its operational 24/7; set up two additional SOCs to be operational 24/7; hire national radio operators to guarantee all SOCs operational 24/7; conduct weekly training sessions to humanitarian staff on radio handsets and procedures with SOC.

- Establishment and provision of data connectivity services in three common operational locations for three months: internet access for a total of 2000 users in three locations with possible extension to additional five sites in the parameters of the common hubs.

- Provision on mobile satellite communications to humanitarian teams conducting assessments and / or day-trip missions / distribution for affected populations (sat phones, BGANs).

Annex: Sector plans
Coordination Services

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PEOPLE TARGETED

N/A

REQUIREMENTS (US$)

$2M

Contact information

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The purpose is to coordinate effective, timely and principled humanitarian action through enhanced situation analysis, empowered leadership, and increased public information and advocacy for humanitarian financing and protection of civilians.

Impact and main needs

Please refer to Part 1 on Crisis Overview and Part 2 on Main Humanitarian Needs.

Priority activities

- Conduct regular monitoring and analysis of events impacting the humanitarian response, including reporting, advocacy, needs/gaps and response analysis, to better support the Crisis Coordinator, Humanitarian Coordinator (HC), Deputy Humanitarian Coordinator (DHC) and Humanitarian Country Team (HCT) in its traditional role as secretariat.

- Coordinate and lead joint assessment processes, including missions. Ensure regular reporting on results to better inform decision making processes.

- Develop and maintain information products, ensuring the sex and age disaggregated data is collected and used to enhance gender sensitive analysis and action.

- Lead and provide coordination platforms for efficient multi-cluster coordination, including assessments, response and monitoring.

- Ensure regular monitoring on funding, including identifying and reporting on funding gaps.

- Support the timely allocation and disbursement of donor resources to the most critical humanitarian needs.

- Strengthen donor engagement through regular meetings, as well as briefings and visits.

- Increase awareness and support for the humanitarian community to increase operational capacity and guarantee unimpeded humanitarian access.

- Support capacity of agencies to effectively mainstream gender into needs assessments and overall project activities in order to ensure positive gender equality outcome.

- Conduct and put in place emergency preparedness measures in support of humanitarian operations.

- Sharing and circulating of timely analytical and situational reports to increase awareness and identify pitfalls for humanitarian operations.

- Perform humanitarian civil-military coordination, including facilitation of humanitarian notification system for a safe and sustained humanitarian access.

- Work hand in hand with development actors to better align recovery/development and humanitarian activities, through the humanitarian and development nexus (HDN) approach.

- Increase awareness of the crisis through regular public information and communication engagement (campaigns, audio-visual products, media and social media) through the existing Humanitarian Communication Sub-Group (HCSG).

- Support the Crisis Coordinator, HC, DHC and the HCT to advocate for the decisions and a change that revert the protection risks affecting millions of people through relevant private and public advocacy.

PIVDENNE, DONETSKA OBLAST
An elder woman standing in her yard, where she stores rainwater for household purposes. *OCHA/Volodymyr Shuvayev*

Annex
How to support the Flash Appeal

By making a financial contribution towards the Flash Appeal

Financial contributions to reputable aid agencies are one of the most valuable and effective forms of response in humanitarian emergencies. This page indicates several ways to contribute towards the response to Ukraine. Public and private sector donors are invited to contribute cash directly through the Flash Appeal. To do so, please refer to cluster and organizational contact details provided.

By supporting the Ukraine Humanitarian Fund

The Ukraine Humanitarian Fund is a Country-based Pooled Fund (CBFP). CBPFs are multi-donor humanitarian financing instruments that receive unearmarked funds for allocation in response to humanitarian needs prioritized in the field through joint planning and an inclusive decision-making process. The UHF promotes coordinated humanitarian response and supports the implementation of the Ukraine Humanitarian Response Plan.

For more information on CBPFs please visit:
www.unocha.org/our-work/humanitarian-financing/country-based-pooled-funds-cbpfs and follow **@CBPFs** on Twitter. You can also donate to the Ukraine Humanitarian Pooled Fund via **crisisrelief.un.org/ukraine-crisis**

By becoming a donor to the Central Emergency Response Fund

The Central Emergency Response Fund (CERF) is a fast and effective way to support rapid humanitarian response. The Secretary-General has called for total annual CERF contributions of one billion dollars – a goal that the UN General Assembly endorsed. CERF provides immediate funding for life-saving humanitarian action at the onset of emergencies and for crises that have not attracted sufficient funding. Contributions are welcome year-round, whether from governments or private sector donors.

The CERF needs regular replenishment. Please see this link on how to become a CERF donor: **www.unocha.org/cerf/donate**

By engaging in public support, joint advocacy and innovative solutions

Support employees, families and communities affected by disasters and conflict. Partner with the United Nations to undertake joint advocacy and work alongside humanitarian responders to identify and share innovative solutions. Prepare for and respond to disasters and conflict.

By reporting your contributions to OCHA's Financial Tracking Service (FTS)

Reporting contributions through FTS enhances transparency and accountability and gives us the opportunity to recognize generous contributions. It helps us to identify crucial funding gaps. Please report contributions to **fts@un.org** or by completing the online form at **fts.unocha.org**.

When recording in-kind contributions on FTS, please provide a brief description of the goods or services and the estimated value in US$ or the original currency if possible.

Annex

List of Acronyms

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AAP	Accountability to affected populations or people
ACTED	Agency for Technical Cooperation and Development
AFU	Armed Forces of Ukraine
AMRF	Access Monitoring and Reporting Framework
ATC	Amalgamated Territorial Community
CERF	Central Emergency Response Fund
CIMIC	Civil-Military Cooperation Directorate of the Armed Forces of Ukraine
CMA	Civil-Military Administration
CMCoord	Civil-Military Coordination
CoM	Cabinet of Ministers of Ukraine
COVID-19	2019 novel coronavirus disease (also 2019-nCoV)
CSO	Civil society organization
CVA	Cash and voucher assistance
CWG	Cash working group
DDG	Danish Demining Group
DPA	United Nations Department of Political Affairs
DRC	Danish Refugee Council
DTP	Diphtheria, Tetanus, and Pertussis
DV	Domestic violence
ECD	Early Childhood Development
EECP	Entry-Exit Crossing Point
EORE	Explosive Ordnance Risk Education
ERW	Explosive Remnants of War
ETC	Emergency Telecommunications
FSLC	Food Security and Livelihoods Cluster
FTS	Financial Tracking Service
GBV	Gender-Based Violence
GCA	Government Controlled Area
GDP	Gross Domestic Product
GoU	Government of Ukraine
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HH	Household
HLP	Housing, land and property

HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRMMU	United Nations Human Rights Monitoring Mission in Ukraine
HRP	Humanitarian Response Plan
HSM	Humanitarian Situation Monitor
IBCP	International Border Crossing Points
ICCG	Inter-Cluster Coordination Group
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Persons
IED	Improvised Explosive Device
IHL	International Humanitarian Law
IHRL	International Human Rights Law
IMD	Institute for Management Development
INFORM	Index for Risk Management
INGO	International Non-Governmental Organization
INSO	International Safety Organization
IPC	Infection prevention and control
IOM	International Organization for Migration
JFO	Joint Forces Operation
JIAF	Joint Inter-Sectoral Analysis Framework
MEB	Minimum Expenditure Basket
MH	Mental Health
MHPSS	Mental Health and Psychosocial Support
MoES	Ministry of Education and Sciences
MoSP	Ministry of Social Policy
MPC	Multipurpose cash
MSNA	Multi-Sectoral Needs Assessment
MRToT	Ministry of Reintegration of Temporarily Occupied Territories
NFI	Non-food item
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organization
NMAA	National Mine Action Authority
NMS	National Monitoring System
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
PSS	Psychosocial support
PTSD	Post-traumatic stress disorder
PUI	Premiere Urgence Internationale
RPM	Response planning and monitoring
SCORE	Social Cohesion and Reconciliation
SESU	State Emergency Service of Ukraine
TB	Tuberculosis
TCG	Trilateral Contact Group
UAH	Ukrainian Hryvnia (national currency of Ukraine)
UHF	Ukraine Humanitarian Fund
UNSDCF	UN Sustainable Development Cooperation Framework
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UXO	Unexploded ordnance
WASH	Water, sanitation and hygiene
WHO	World Health Organization
WoS	Windows of Silence

FLASH APPEAL
UKRAINE