



**QUARANTINE-RELATED ISSUES FOR IDPS
AND CONFLICT-AFFECTED POPULATION**
PHONE SURVEY RESULTS

INTRODUCTION

COVID-19 pandemic caused implementation – from 12 March – and further escalation of the quarantine measures in Ukraine. Restricted or cancelled public transportation, temporarily blocked crossing of the contact line, temporary closure or reduced operation of entities, enterprises, and stores, switching to remote learning and work, additional sanitary and epidemiological demands – this all has brought essential changes and limitations into the people’s lives, including the conflict-affected population in Donetsk and Luhanska oblasts and internally displaced people (IDPs).

For better understanding of the range of complications, changes and needs that have aroused due to the imposed quarantine, The Charitable Fund “Right to Protection” (R2P) has conducted a phone survey of the beneficiaries – IDPs and conflict-affected population who addressed the fund in year 2019. The sampling aimed at covering adult men and women of all age groups and various places of residence in order to receive the fullest possible information. In addition, all beneficiaries were offered consultations and provided with them when needed.



Crossing the contact line was temporarily blocked by the Headquarters of the Joint Forces Operation from 22 March, except for the special cases approved by the Headquarters.

RESPONDENTS' DEMOGRAPHY

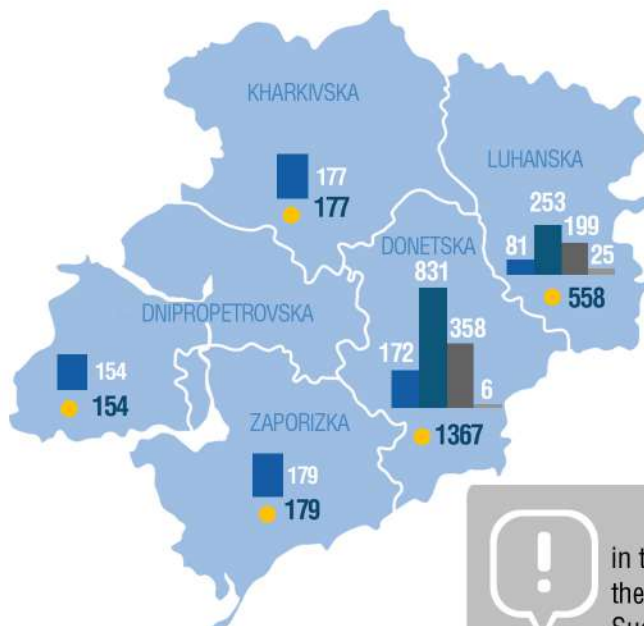
Out of **2781** beneficiaries contacted by R2P representatives, **2435** individuals completed the survey while **346** refused. All the further information given will comprise only those who agreed to be surveyed.

AGE AND GENDER DISAGGREGATION



CURRENT PLACE OF RESIDENCE

The survey aimed at reaching IDPs and conflict-affected population residing in the following areas:



- 3** Settlements outside 20 km from the contact line in the GCA
- 1a** Settlements within 20 km from the contact line in the government controlled area (GCA)
- 1b** Settlements within 20 km from the contact line in the non-government controlled area (NGCA)
- 2** Settlements outside 20 km from the contact line in the NGCA
- TOTAL**



Residents of settlements outside 20 km from the contact line in the NGCA were not primarily included into the sampling but during the survey, some respondents informed they were temporarily in zone 2. Such cases were related to the imposed quarantine and inability to cross the contact line to return to the actual place of residence.

QUARANTINE LIMITATIONS

Restrictions imposed within the quarantine measures have influenced the lives and activities of the respondents of all age groups even though the survey started before the escalation of the measures. Almost equal shares of men and women confirmed impact of the quarantine on their lives. Meanwhile, younger respondents talked about the quarantine impact more frequently (81% of respondents aged 18-23 and 71% of respondents aged 24-34). Share of respondents in other age groups influenced by the quarantine fluctuated between 62% and 66%. No difference was observed regarding the zone of current residence.

Freedom of movement was mentioned essentially more frequently than any other limitations (68% of the respondents influenced by the quarantine). It is related to the cancelled public transportation between settlements, regions, and countries, limited public transport within settlements, and temporary suspension of crossing the contact line. This basic sphere affected the access to many other spheres. No difference due to gender was observed while age disaggregation revealed some tendencies.



36%

Respondents aged 18-23 pointed out the hindered access to education more than other age groups.



34 and 29% respectively

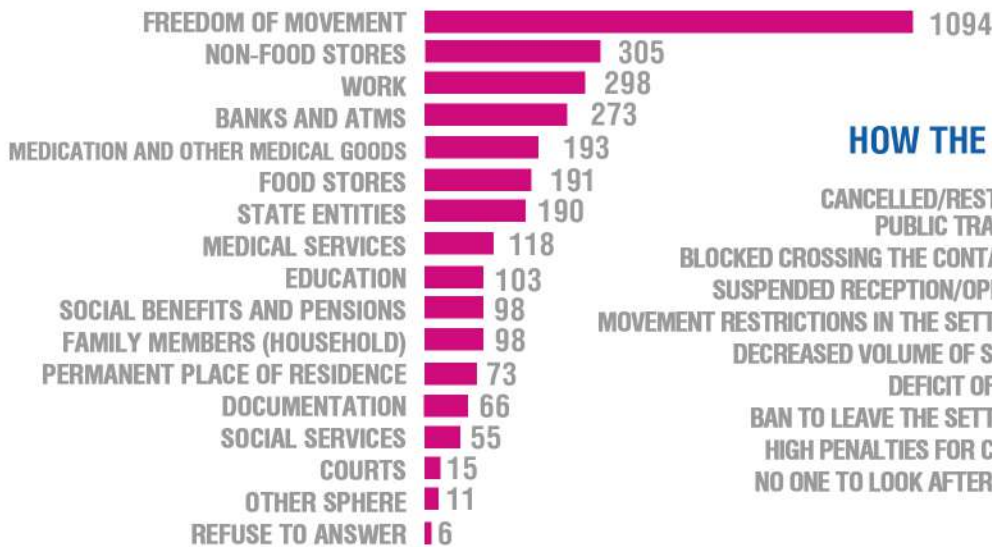
Respondents aged 24-35 and 35-49 mentioned access to work more frequently than others.



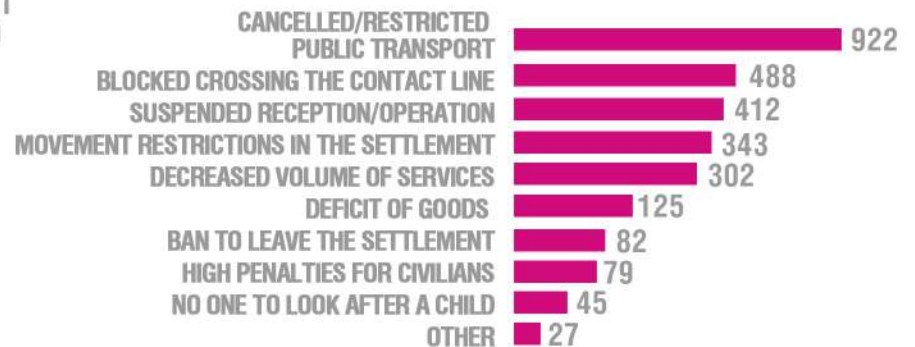
30%-33%

Respondents aged 60 and over complained more about the hindered access to banks and ATMs.

HINDERED ACCESS



HOW THE ACCESS IS HINDERED



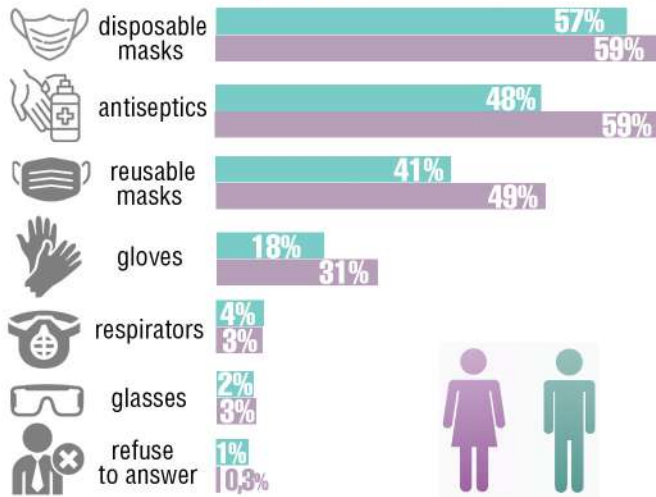
When asked to clarify the reasons of the hindered access, **GCA residents often mentioned limited inner settlement transportation while NGCA residents tended to point at the impossibility to cross the contact line.** Respondents often complained about the suspension or reduced operation of entities and shortened range of available services. In addition, some respondents complained about long queues to stores and agencies. No tangible difference was observed regarding gender.



| | 18-23 | 24-34 | 35-49 | 50-59 | 60-69 | 70-74 | 75+ |
|------------------------------------|-------|-------|-------|-------|-------|-------|-----|
| freedom of movement | 79% | 70% | 65% | 70% | 64% | 69% | 62% |
| education | 36% | | | | | | |
| work | 27% | 34% | 29% | 15% | | | |
| non-food stores | | 22% | 22% | 17% | 19% | 18% | |
| medication and other medical goods | | | | | | 18% | 23% |
| banks and ATMs | | | | | 30% | 33% | 33% |

HEALTH AND ACCESS TO MEDICINE

USING PPE

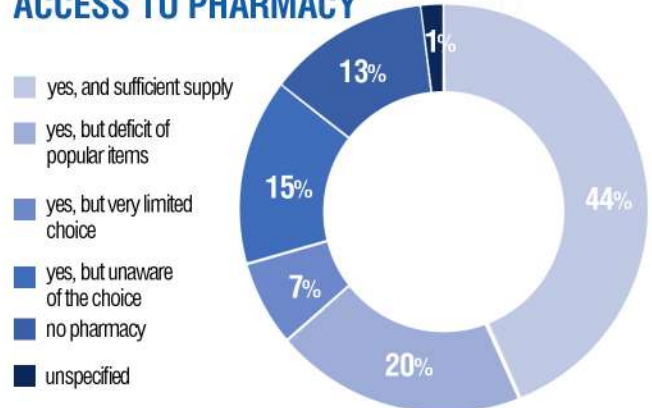


The majority of respondents (**2257 – 93%**) stated they knew about COVID-19 preventive measures and the actions to take in case of suspicion of the disease. Only **12 persons (0.5%)** considered it unnecessary to know this information. No peculiarities were observed regarding age and gender (fluctuations within 5 percent points from the average). The absolute majority of respondents, regardless of gender, used personal protective equipment (PPE) – **2313** individuals.

At the same time, respondents over 69 years old reported not using PPE more frequently than the others did, as they are often at self-isolation due to the health condition and legislative restrictions.

As for availability of pharmacies and their supply in the localities of the current residence, **13%** of respondents (**131** individuals) stated the absence of pharmacies in their settlement. Other **27% (653** individuals) reported insufficient supplies and deficit of certain items. Residents of small and remote settlements face the biggest issue with access to medication. Such villages often lack pharmacies while intercity public transport was cancelled almost everywhere. In some cases, medication issue could be solved thanks to the assistance of the local medical staff who brought medicines from other localities on request.

ACCESS TO PHARMACY



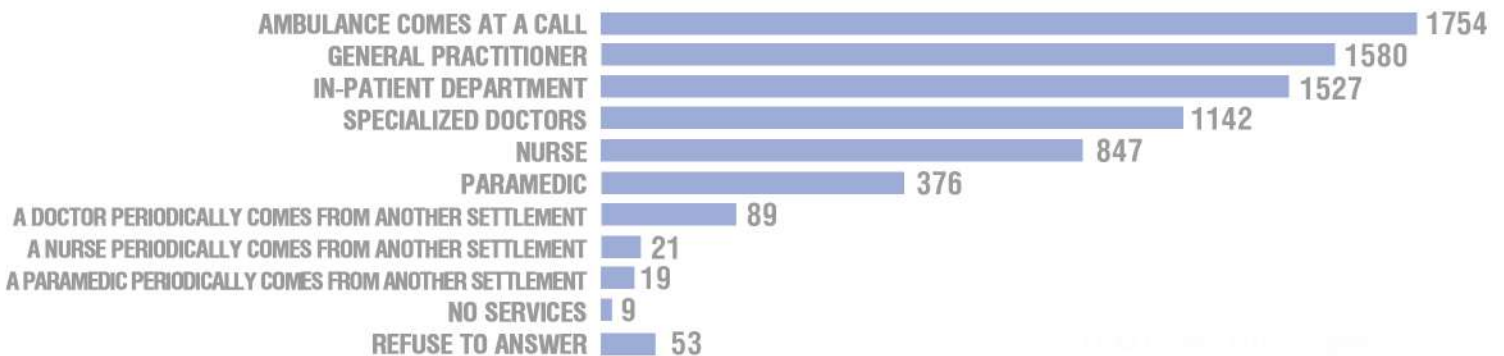
Similar situation occurred with access to medical aid. While cities and urban villages can provide in-patient facilities, specialized doctors, and general practitioners, residents of small remote localities can get aid on the ground only from a paramedic or a nurse who sometimes are not working there constantly but come from other localities from time to time. Such situation is typical for villages along the contact line.



Thus, according to the survey, **a nurse comes from other localities in 13 settlements, a paramedic – in 15, a doctor – in 42 settlements.** Two settlements are not reached even by an ambulance due to the direct proximity of the contact line.

In particular, residents of Staromarivka, Donetsk Oblast, have to carry a person in an improvised stretcher to a dispensary in Hranitne.

AVAILABLE MEDICAL SERVICES IN SETTLEMENTS



Access to medical services and goods is additionally complicated in settlements along the contact line due to disruptions in the cellular connection (according to the previously obtained information, it concerns about **90 settlements along the contact line in Donetsk and Luhansk oblasts**).

NEEDS

All respondents were questioned about having acute humanitarian needs. **873 respondents (36%)** mentioned one or more needs. While there was no tangible difference related to gender, respondents over **59 years** old articulated the need of medication much more frequently, which correlates with the deteriorating health condition and limited mobility. Besides the types depicted below some respondents mentioned clothing, coal and firewood, covering communal or medical services.

ACUTE NEEDS



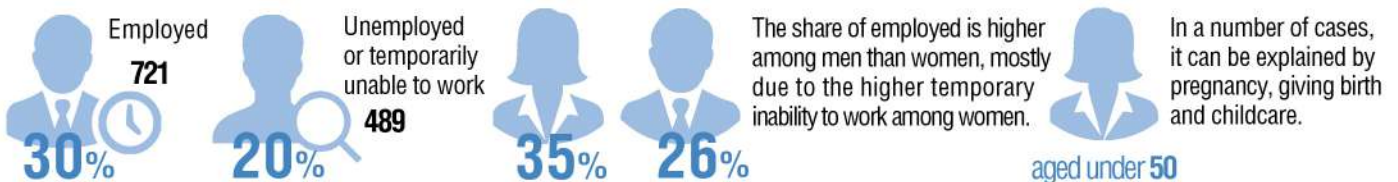
If having information on available aid in the actual place of residence of respondents, R2P provided it. When possible, R2P also referred needy respondents to the organisations that could assist.

All respondents were asked if they were aware of any aid in their settlement related to the pandemic. There were **399 (16%)** positive answers. The most common aid was food. Medication, hygiene items, and cash were much rarer. The absolute majority of respondents (**91%**) stated they had not received any aid after the imposed quarantine. Those who had, mainly mentioned food, sometimes medication and other medical goods, hygiene items, and cash.

AWARENESS ABOUT LOCAL ASSISTANCE PROGRAMMES

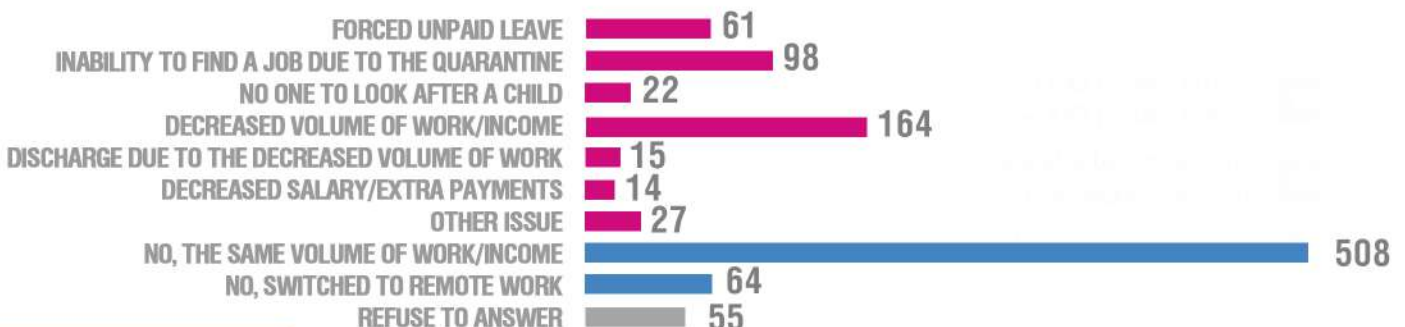


EMPLOYMENT



Both employed and unemployed respondents were questioned about work difficulties. Out of these **1028** respondents, **401 (39%)** faced difficulties with employment because of the quarantine. The share was lower among the respondents in the NGCA 20-km zone, which may be related to later introduction of the quarantine. Respondents aged **18-49** faced employment issues more often (**41-46%** compared to **28-33%** among respondents aged **50-69**). The data did not show essential differences of employment issues during the quarantine between men and women (the difference did not exceed 4 pp).

MAIN DIFFICULTY WITH EMPLOYMENT



SOCIAL PROTECTION



**EVERY THIRD
(792 RESPONDENTS)**
RECEIVES NO PAYMENTS



**ALMOST HALF
(1136 RESPONDENTS)**
RECEIVES PENSIONS



**EVERY FIFTH
(522 RESPONDENTS)**
TARGETED IDP ASSISTANCE

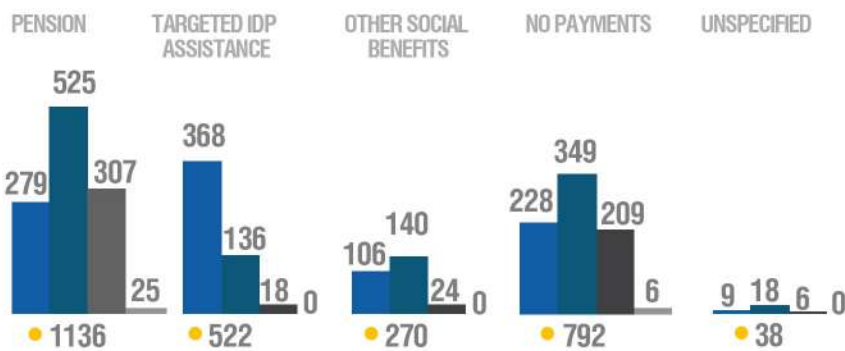
AMONG MEN
5%



AMONG WOMEN
15%

Proportional difference for men and women is observed only in other social payments: 15% among women and 5% among men. It is mainly due to women receiving assistance for their children.

TYPES OF RECEIVED PAYMENTS



- 3** Settlements outside 20 km from the contact line in the GCA
- 1a** Settlements within 20 km from the contact line in the government controlled area (GCA)
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- TOTAL**

Most respondents receive social benefits and pensions via Oschadbank regardless of the place of residence while residents of GCA settlements in zone 1a also use other banks and Ukrposhta. This is so because the legislation obliges IDPs to receive payments via Oschadbank and only specific conditions enable them to use Ukrposhta service (disability, limited mobility, etc.) while non-displaced residents (conflict-affected population) have more freedom to choose the means of receiving their payments.

It should be noted that the survey comprised people who received R2P assistance that is they are either IDPs or conflict-affected. The latter usually reside in the 20-km zone from the contact line in the GCA.



It should be taken into account that there are no ATMs in small settlements, in particular along the contact line, which hinders access to withdraw cash. The situation has somewhat improved after Ukrposhta started enhancing functionality and equipping offices with hard- and software to dispense cash to cardholders.

In general, the majority of respondents stated they did not face suspension of pension or social payments. Nonetheless, **32** respondents (out of 1605 payment-recipients) reported suspension of social benefits and **9** – pensions. In **9** cases, payments were resumed later. In **20** cases, suspension reason is either unknown or not related to the quarantine. Besides, **5** respondents reported that Ukrposhta delivery of their payments was suspended due to the quarantine.

A number of respondents receiving payments via Oschadbank got text messages from the bank about postponed physical identification, prolonged card validity or unblocked cards (**206** out of **1300** respondents). Presumably, more respondents could receive such messages but they could keep that information to themselves for security reasons (fear of fraud) or forget about it.

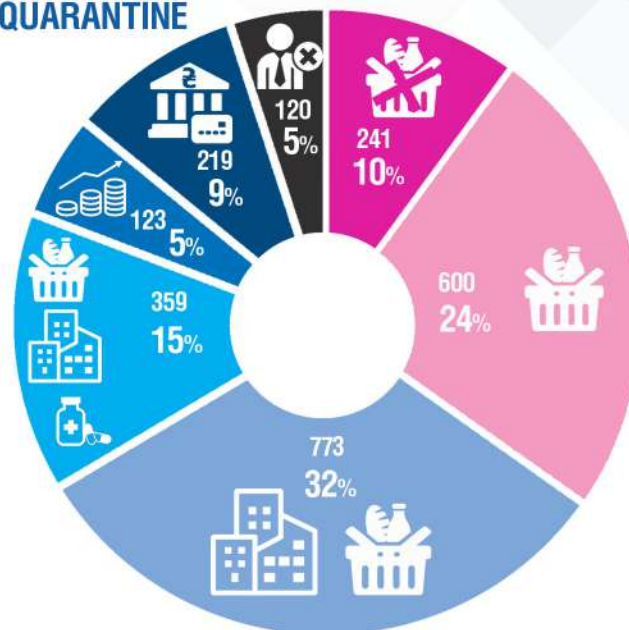
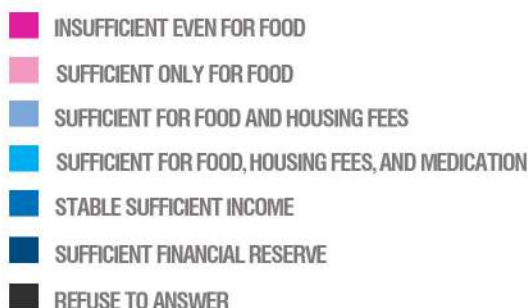


273 respondents mentioned banks and ATMs and 98 respondents – social benefits and pensions among the services they had hindered access to due to the quarantine (see Quarantine limitations section). The most common issue in those cases was cancellation/restriction of public transport and blocked crossing the contact line.

FINANCIAL RESERVES

Under the conditions of essential limitation of the freedom of movement and access to state entities, and banks as well as complicated employment and acquisition of income, stable sources of income or financial reserves become of crucial importance. Of all respondents, only a small share has a stable sufficient income (123 respondents, 5%) or sufficient financial reserves for the quarantine period (219 respondents, 9%). Other 773 respondents (32%) stated they had enough means for basic needs (food, housing, and medication). The rest of respondents (except for those 120 who refused to answer) do not have enough means for their basic needs. No tangible difference was observed related to gender, age or place of residence. Meanwhile, it should be taken into account that older people often have more expenditures for medication and medical goods (see Needs section).

FINANCIAL CONDITION DURING THE QUARANTINE

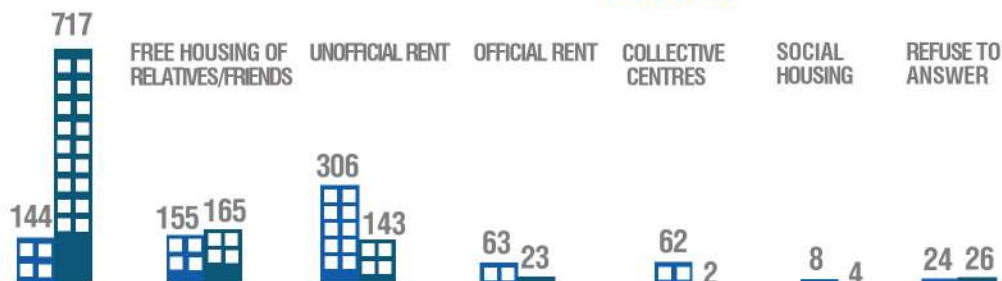


Among unemployed and temporarily unable to work, **51%** (248 respondents) do not receive any payments. Only **15** of them have sufficient reserves or other income (from other members of their households) for the quarantine period. Other **53** respondents do not have enough means even for food provision, and **90** respondents can afford only food.

HOUSING

Respondents residing in the GCA (zones 1a and 3) during the survey answered a set of questions about housing. Private housing is common for respondents from zone 1a as most of them are non-displaced. Official and unofficial rent prevails in zone 3 as respondents there were displaced from their permanent place of residence.

OWN HOUSING



HOUSING

- ③ Settlements outside 20 km from the contact line in the GCA
- ①a Settlements within 20 km from the contact line in the government controlled area (GCA)

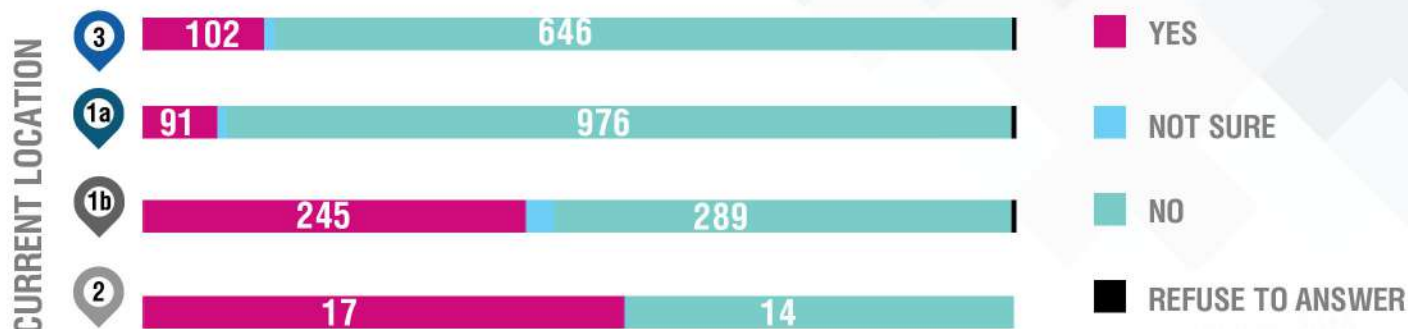
Out of **931** respondents who do not reside in own housing, **122** individuals reported eviction risks. In **90** cases, the risk is caused by difficulty to pay rent (**77** cases) and/or utility fees (**46** cases). In **32** cases, the risks are not related to the quarantine. It is important that difficulty to pay rent dominates and is often more serious than utility fees: the latter is allowed to be postponed during the quarantine while rent terms are regulated by landlords. Under these conditions, unofficial tenants may face additional eviction risks due to the absence of any guarantees from landlords' side. Of all the respondents who articulated eviction risks, **89** rent housing unofficially.



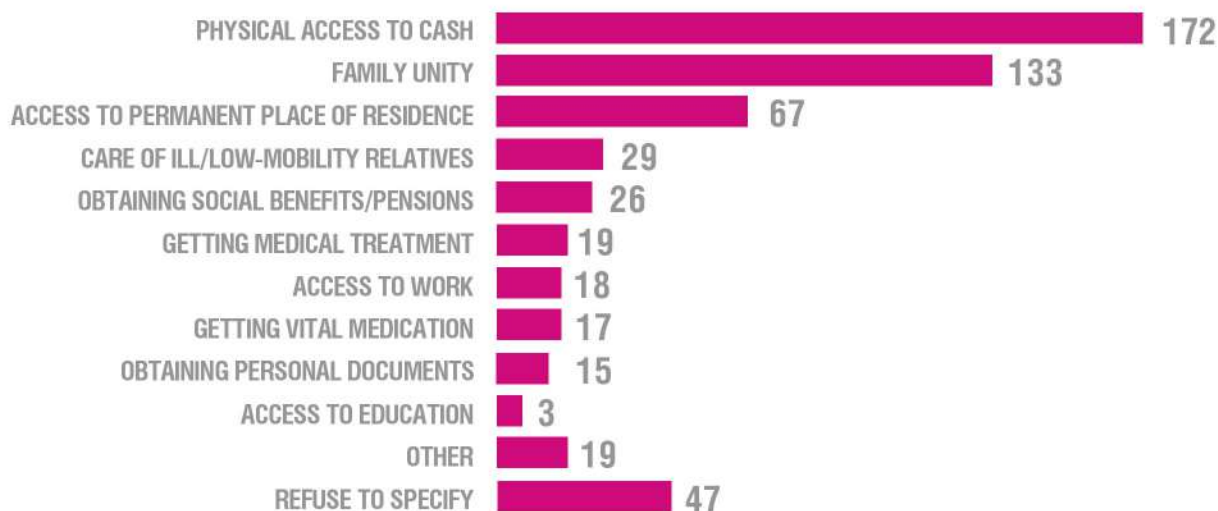
CROSSING THE CONTACT LINE

Out of all respondents, **455 (19%)** stated an acute need to cross the contact line. The need prevailed among the respondents who are currently in the NGCA. It is mostly related to receiving social benefits and pensions, family unity and access to the permanent place of residence.

ACUTE NEED TO CROSS THE CONTACT LINE



REASONS FOR CROSSING

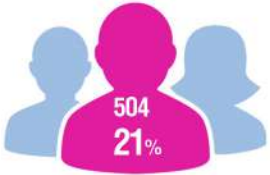


It is important to understand that some people were cut off their families and homes, as they could not return from a trip due to the rapidly imposed suspension of crossing the contact line. Blocked crossing was the most common factor mentioned by the respondents who reported hindered access to housing and/or families.



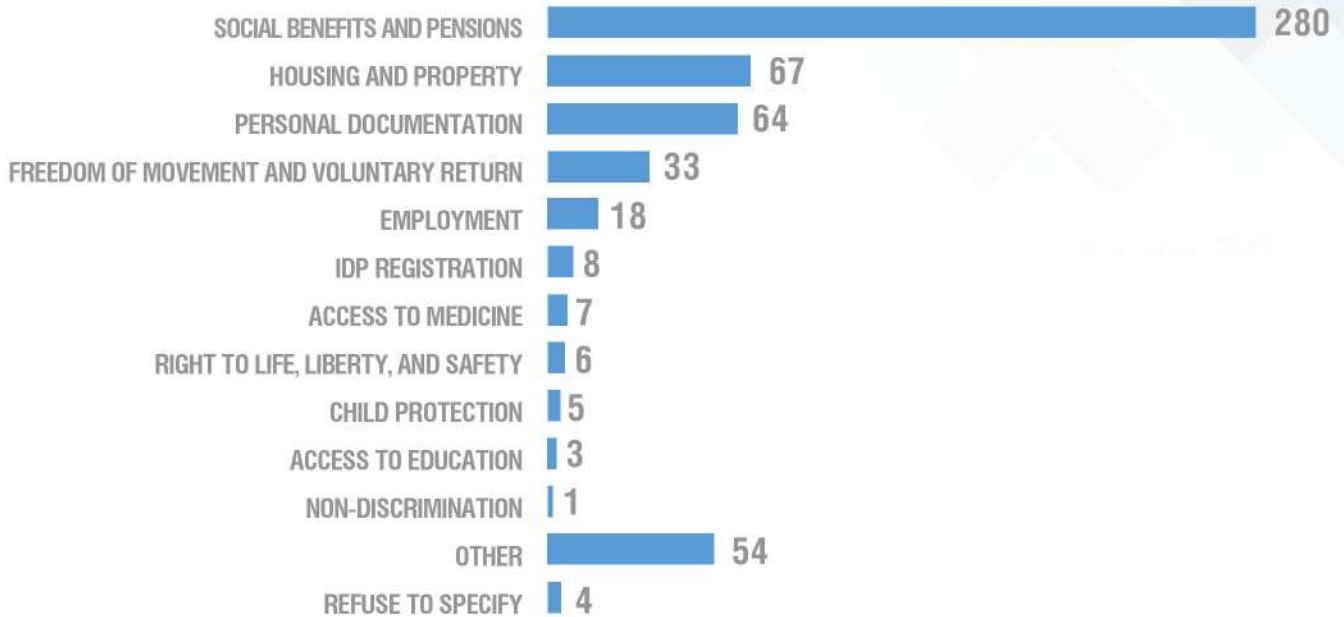
Although an inessential number of respondents mentioned the need to cross the contact line for educational reasons, this need is likely to increase due to the start of the university admission period (necessity to take the External Independent Testing and entrance examinations, obtaining education certificates for further application to educational establishments). Moreover, even if the establishments are operating and public transport is resumed, people staying currently in the NGCA will still have no access to higher and vocational education unless they are given a possibility to cross the contact line in time to obtain and submit documentation and to take examinations.

LEGAL ISSUES



504 respondents (21%) confirmed having one or more legal issues.

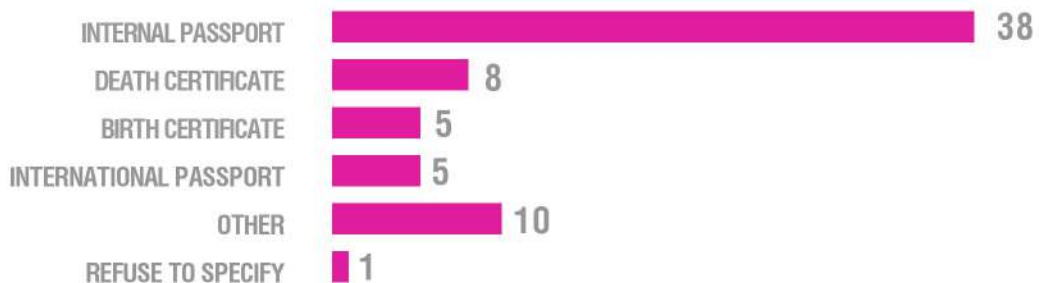
TYPES OF LEGAL ISSUES



Among the respondents who need to obtain personal documentation, **38** individuals need to obtain an internal Ukrainian passport.

Ukrainian passport is the main identify document. Inability to obtain it creates additional risks and hindered access to services. In particular, lack of a passport may lead to difficulty in movement even without crossing the contact line (the quarantine measures demand civilians to have their identity documents with them), receiving bank services, obtaining benefits and pensions, etc.

TYPES OF DOCUMENTS TO OBTAIN



A delayed application to obtain a passport may result in more time-consuming and costly identification procedure (it will be necessary to provide presence of witnesses and additional documents).

CONSULTING

When contacting all beneficiaries, regardless of their consent to be surveyed, R2P staff asked about the need of consulting. The majority of the contacted individuals were consulted. Most consultations were related to COVID-19 and the imposed quarantine. Only **179** respondents needed also consultations on other issues.

CONSULTATIONS DURING THE CONTACT



SUBJECT MATTERS OF CONSULTATIONS



CONCLUSION

The quarantine measures influence IDPs and conflict-affected population in various spheres of life: social protection, medical services, work, education, family relationships, daily routine, etc. Restriction or cancellation of public transport and crossing the contact line have led to an essential limitation of the freedom of movement that consequently affects the access to all kinds of services and resources. Families without their own vehicles have found themselves in a worse position. Prioritization of needs among different age groups is also worth attention as it depends on the main activities and source of income: education for students, employment for the population of working age, access to pensions for retirees. Access to education will grow into a cutting issue when the admission process starts.

The imposed quarantine has more considerable impact on the lives of the population in small remote settlements that lack their own infrastructure and most of services, amenities and employment depend on public transport links with bigger localities. In particular, this tendency is easy to observe when looking into the access to medical aid and goods. The situation may be aggravated by lack of cellular connection and places to withdraw cash from a bankcard. Temporary inability to cross the contact line have literally cut off access to the essentials for a part of the population. NGCA residents who receive payments in the GCA were left without access to their own funds. Besides, some people who were visiting the other side of the contact line could not return home.

Rapid development of restrictions and decreased or fully lost income have worsened people's financial condition. This creates additional risks of eviction from rented housing, accumulating debt for public utilities, health deterioration. It can also lead to a higher flow of people abroad for seasonal labour, which increases risks of human trafficking. The aftermath of the quarantine will also be revealing after its termination. It demands material aid as well as professional support of small and medium entrepreneurs and people who have lost their jobs during the quarantine. Information dissemination is also important – accessible, consistent, holistic, and performed via various communication channels.