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# The Children of the Contact Line in East Ukraine:

An Assessment of the Situation of Children and Their Families  
Living in Government-Controlled Areas along the Contact Line  
in the East Ukraine Conflict Zone.



## EASTERN CONFLICT AREA

Location of UNICEF Field Offices/Presence

### LEGEND

- Contact Line (~472km)
- 'Buffer Zone' (5km Zone)
- 'Buffer Zone' (15km Zone)

- Territory of Ukraine
- Non-Government Controlled Area (NGCA)

- Settlement
- 📍 Unicef Field Office/Presence

# INTRODUCTION

The conflict in Eastern Ukraine continues to threaten the well-being of children throughout the region. Some of the most vulnerable of these children are those living in proximity to the contact line: the demarcation point distinguishing government-controlled areas (GCA) from non-government-controlled areas (NGCA). On the government-controlled side alone, there are over 54,000 children living within 15km of the contact line. With hundreds of ceasefire violations recorded daily along the contact line by the OSCE Special Monitoring Mission and the presence of mines and unexploded ordnance, these children are exposed to the danger of armed conflict in ways that children living beyond this zone do not face. But it is not only direct exposure to violence that distinguishes this area from territory further from the contact line. The creation of a de facto barrier to movement between GCA and NGCA, damage to transportation infrastructure and the collapse of public transportation in many locations has greatly isolated settlements. This isolation combined with continued violent conflict, infrastructure damage, and mined farmland has dramatically increased unemployment among parents, with many settlements having practically no work outside of government institutions such as schools and medical facilities. This high unemployment, coupled with a greatly depreciated Ukrainian currency, has deepened monetary poverty. The conditions of, and access to, key infrastructure such as health, education, and water has been negatively affected as well. The situation is, overall, one of greatly heightened vulnerability of those living along the contact line.

This assessment focuses on the conditions of children and their families living in government-controlled territory within 15km of the contact line: a zone defined in the Minsk Agreements as a heavy weapons exclusion zone. In addition to distinguishing between areas within the 15km contact line and those beyond, this assessment makes a further distinction between the conditions of settlements within 5km of the contact line and those 5-15km away. There are certain factors unique to the 5km zone that heighten the vulnerability of children living there; chiefly the range of small arms and light

weapons, the higher prevalence of mines and other explosive remnants of war, and the greater presence of checkpoints and restricted movement areas (i.e. the contact line itself). As one respondent in East Marinka put it:

*“Yes, it is terrible to have to listen to the shelling from Kurakhove [about 17km from the contact line], but what they are listening to is us being shelled. And we understand that they have less work due to the conflict, but we have no work... If they get sick they can get to the hospital. If we get hurt during shelling, we have to wait until the shelling ends or hope soldiers evacuate us... My child can't go to kindergarten because our kindergartens were destroyed. Their children are safe in school. Yes, they lose power sometimes, but I've had to sit in cold basement almost every evening with my husband and children for the last two months just waiting... and the suspense is heavy. The war is here.”<sup>2</sup>*

Though the respondent's neighborhood in East Marinka is a particularly dangerous location, her point is nonetheless valid: areas where shells fall, even if only rarely, suffer from different challenges than areas out of range of these weapons.<sup>3</sup> The effects of this are palpable in settlements along the contact line. To paraphrase a psychologist working for a UNICEF-sponsored mobile team, “Around 15km from the front conditions get really bad and around 5km from the front they go off a cliff.”

With these distinctions made, it also must be stressed that the situation along the contact line is highly variable from settlement to settlement within the 5km zone or even in different districts of the same settlement and there are exceptions to almost every generalization. Regarding security for example, ceasefire violations are not evenly spread along the contact line. Some 5km settlements are shelled daily, while others have only been hit a few times in the last two years. In fact, for the last three months of 2016, the vast majority of ceasefire violations concentrated near smaller settlements around the city of Donetsk and the area around Mariupol. Economic security provides another example of such variance. Most locations have high employment, but in a small number of settlements factories or mines still operate and unemployment remains low and spares the population from the degree of monetary poverty faced in most settlements. The interactions of these widely varying factors have a major impact on the lives of children along the contact line and are reflected in this report.

<sup>1</sup> For the purpose of this assessment, territory and settlements are described as either government-controlled areas (GCA) or non-government-controlled areas (NGCA). GCA refers to territory controlled by the Government of Ukraine and NGCA refers to territory controlled by supporters of the so-called Donetsk and Luhansk People's Republics. This assessment is focused on children living in GCA settlements, so unless specifically marked with the label “NGCA,” all locations mentioned in this assessment will be government controlled areas. For example, the government controlled city of Mariupol will simply be written “Mariupol,” while the non-government controlled city of Horlivka will be written “Horlivka (NGCA).” The exceptions to this are the terms Donetsk Oblast and Luhansk Oblasts. If these regions are mentioned without “GCA” or “NGCA,” then the entire region is being discussed; otherwise “GCA” or “NGCA” will be attached.

<sup>2</sup> Interview in East Marinka, November 4th, 2016.

<sup>3</sup> Commonly used 82mm and 120mm mortars have ranges between 0.5-7km. They are usually fired some distance back from the contact line itself, so it is very rare for mortar shells to land further than 5km away from the contact line.



## METHODOLOGY

The first stage of this assessment involved a desk review of available information collected by UNICEF Ukraine, its partners, academic institutions and the Government of Ukraine. This was combined with consultations with UNICEF section chiefs, heads of field offices, and field office monitors to identify gaps in information.

In the second stage, pilot interviews and focus groups were designed and conducted at the same time as data requests were made to raion<sup>4</sup> and oblast-level education and health facilities for compiling student numbers and geocoding contact line facilities. Eleven pilot interviews were conducted with school and kindergarten teachers in the 5km zone, staff of UNICEF-supported community protection centers (CPCs), as well as village and city council members who worked in education and social services. Two pilot focus groups were conducted: one with seven members of CPC mobile teams and one with 9th-11th class students at a 5km zone school. Concurrently, requests were sent to each raion education department with territory within 15km of the contact line for complete lists of schools and kindergartens as well as current enrollment numbers. Similar requests were sent to oblast-level health departments for boarding schools. Field offices already possessed complete lists and contact information for vocational facilities in Donetsk Oblast and these facilities were called directly to self-report enrollment. Data on Luhansk Oblast vocational facilities were obtained slightly later with the assistance of raion-level educational departments. All this data was then mapped to determine facilities in the 5km and 15km zones.

The third stage involved semi-structured in-person interviews at 92 of the total 106 separate schools,<sup>5</sup> kindergartens, boarding schools, and vocational schools in the 5km zone (87% of facilities). During this phase, every settlement with an educational facility in the 5km zone was visited and interviews conducted, but not all facilities in each settlement were visited.<sup>6</sup> In addition, a small number of interviews (12) were conducted at schools and kindergartens in the 5-15km zone (7% of educational facilities in this zone) to

compare conditions within the 5km and 5-15km zones. Interviews averaged 55 minutes (90% fell between 40-80 minutes) and were conducted in Russian language by two UNICEF consultants, one male social-science researcher and one female clinical psychologist as per design to create a gender balance in the interview dynamic. Respondents were 85% female due to the strong demographic gender imbalance in education fields. Interviews covered a wide range of topics including (but not limited to), conditions in schools, current security situation in settlements, employment for parents (both now and before the conflict), child protection issues, behavior changes among students and psycho-social support, current and pre-conflict enrollment figures (used to verify and update numbers shared by raions), IDP students, externat<sup>7</sup> enrollment, students coming from neighboring villages including children crossing the contact line and access to health care for children. Interviews opened with a short, highly structured section of questions relating to UNICEF activities and distributions at the selected facility as well as current school conditions. Questions were selected to progressively become more and more open-ended before inviting the respondents to share anything they felt relevant that we had not asked about or that they thought would be helpful to us.

Also during this phase, several supplementary interviews were conducted. These included visits to makeshift bomb shelters, city and village councils, CPCs and health care facilities. Some of this was designed for verification of data collected during educational facility interviews and some was for verification of data received from partners and government; especially population numbers and health care data. It quickly became apparent that much of the most commonly cited government statistical data was inconsistent with the situation on the ground as reported by local schools, healthcare facilities, city and town governments and even other government ministries. This was most problematic in regards to settlement population, IDPs and health care data – specifically HIV/AIDS testing

<sup>4</sup> Ukraine has 27 primary regional units: 24 oblasts, one autonomous republic (Crimea) and two cities of special status (Kiev and Sevastopol). These units are further subdivided into 490 raions and 176 cities of oblast significance. The terms “oblast” and “raion” will remain untranslated, as common translations such as “region,” “district,” and “province” can be applied to either and may lead to confusion.

<sup>5</sup> There are five registered schools in Krasnohorivka bringing the total to 110, but they are currently all located in one facility and operating like a single school.

<sup>6</sup> For instance, Stanytsia Luhanska has three schools and three kindergartens. We conducted interviews with directors at two schools and two kindergartens. The third school was in the middle of a holiday concert during our visit so we only talked briefly with one staff member, who confirmed the information we had heard at the other two schools and we did not visit the third kindergarten due to time restrictions.

<sup>7</sup> “Externat” is a form of distance education through schools.

and outdated/incomplete lists of health care facilities. To address this, raion-level health departments were contacted to create a complete index of health infrastructure along the contact line, facilities were visited and called anonymously to see if certain medical access or testing was available and a separate set of health-related interviews were arranged and conducted both in-person and over the phone with health facilities to understand the current health care situation with a focus on HIV/AIDS, maternity issues and pediatrics.

The final stage consisted of transcription, coding and analysis of qualitative data as well as analysis, evaluation and verification of quantitative data. Quantitative student enrollment data obtained from raions was checked against self-reported enrollment numbers obtained during interviews. Aside from a few minor cases of what appeared to be accounting errors, raion-reported data was consistent with interview numbers, with the latter reporting approximately 2% higher numbers reflecting a small number of returnees who have enrolled in facilities since raion-level data was collected in Oct 2016. Data on IDP children as reported by the widely-cited Ministry of Social Policy reports, however, was largely inconsistent with data obtained from educational facilities, village and city councils, and regional education departments. For example, for the city of Mariupol, the Ministry of Social Policy reported around 15,000 IDP children, while the department of education reports only 2,428 in school and kindergartens (suggesting around 3,000 total IDP children in Mariupol) and members of the city government confirm that roughly 3,000 IDP children live in Mariupol suggesting that the numbers of IDPs reported by the Ministry of Social Policy data is around 500% above actual numbers of IDP children in the city. Using Ministry of Social Policy data for all settlements along the contact line, over 28% of children living along the contact line would be IDPs while all other data sources including this assessment put the percentages of IDP children well under 10% of total. Similar discrepancies were found between State Statistical Services population reports and local government and NGO reporting. In Avdiivka for example, State Statistical Services report that the city had 35,128 in 2013 on the eve of the conflict and now has 34,238 in 2016, (which would mean that one of the largest and most heavily damaged GCA cities on the contact line had almost no population change). In contrast the military administration governing the city puts the current number of inhabitants at between 23,000 and 24,000 making the

State Statistics services about 50% too large. Due to these large discrepancies, this report is very cautious in reporting general population and IDP numbers, preferring to use local government reported numbers (and reports that use these numbers) for the former and local education department numbers for the latter when it proves necessary to involve this population data. For estimating total number of children, data was used from a different State Statistical Services report<sup>8</sup> on population by age for Donetsk and Luhansk Oblasts in 2016. This data set was compared with complete grade differentiated datasets from the Donetsk Oblasts Ministry of Education (November 2016) and the complete child population lists we obtained from town councils for 17 settlements and no significant discrepancies were found with the State Statistical Services percentages. Since, with few exceptions, all school aged children (7-17) are legally required to be enrolled in school we used our school enrollment data to calculate total child population based on the State Statistical Services report by using the known quantity of 7 to 17-year-old children to estimate the remaining number of children aged 0-6.

These primary stages of the assessment began in October 2016 and concluded in January 2017. General situation monitoring followed from February and March 2017. In April and May 2017, follow up field visits with semi-structured interviews of previous informants were conducted in ten particularly vulnerable contact line settlements. Situation changes were noted and updated for this report. In addition, new education enrollment data was collected to compare with the enrollment numbers from earlier in the school year and to provide this report with the most recent figures for the end of the school year.

<sup>8</sup> State Statistical Services of Ukraine, "Resident Population Distribution of Ukraine by Gender and Age," January 1st, 2016

# CHILD PROTECTION

The conflict continues to endanger the physical and psychological wellbeing of children, especially those living within 15km of the contact line. On-going fighting and economic vulnerability exposes children to new hazards, exacerbates existing problems and erodes pre-conflict protection systems. Major issues regarding child protection along the contact line include children living in consistently shelled areas, families forced to spend considerable time in makeshift bomb shelters, children making dangerous crossings of the contact line to get to school, mines and explosive remnants of war, psychological distress, military presence in schools, gender-based violence, sexual exploitation and neglect.

## Children Living in Frequently Shelled Areas



*Nina and her granddaughters Diana, 14, and Sasha, 6, stand in the dim cellar of her house, a place where the family has to hide during shellings. Their house often trembles from the shock waves as it is only 15km from the contact line in Toretsk, Donetsk Region, Ukraine.*

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In most GCA settlements within 5km of the contact line, children are at risk of shelling.<sup>9</sup> Access to underground shelters during shelling varies greatly from location to location, and while most educational facilities in the 5km zone have basements for children and staff to take shelter; over 20 percent do not have such protection.<sup>10</sup>

<sup>9</sup> This is largely because most 82mm and 120mm mortars have a range between 0.5-7km and, in the context of this conflict, it is rare for shells to fall more than 5km from the contact line.

<sup>10</sup> A poignant example is the kindergarten in Verkhnotoretske, which was damaged by shelling in separate incidents in 2014, 2015 and 2016. The facility has sandbagged the only window of a storage room and is prepared for children to take shelter there in the event of shelling.

Most children living within 5km of the contact line hear shelling on a weekly or daily basis. Although shells or stray bullets frequently land in inhabited areas in less than half of all 5km settlements, these targeted locations tend to be larger settlements with a disproportionately large percentage of the population. Over 12,000 of the more than 19,000 children in the 5km zone live in settlements that were hit by shelling in the last three months of 2016 and over 4,700 live in settlements that were shelled at least twice a week during that time. There are some locations along the contact line where shelling is so close and so frequent that children spend time every week in basements and other improvised bomb shelters. This assessment estimates

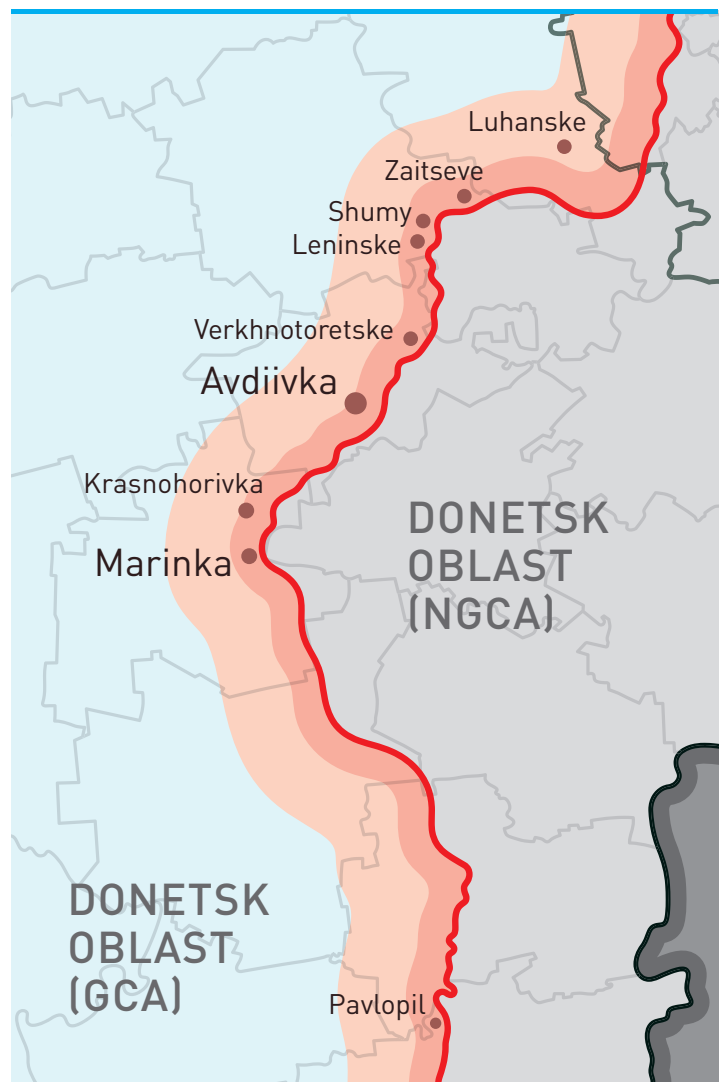


### Numbers of Children at Risk of Shelling (GCA)

Children Living Within 5km of Contact Line	<b>Over 19,000 Children</b>
In Settlements Experiencing Direct or Nearby Shelling at Least Once a Month	<b>Over 12,000 Children</b>
In Settlements Directly Shelled at Least Twice a Week	<b>Over 4,700 Children</b>
In Districts of Settlements that Get Shelled Multiple Times a Week and Children Forced to Spend Substantial Time in Makeshift Bomb Shelters	<b>Over 200 Children</b>

that at least 200 children spend significant periods of time (more than 5 hours a week) in shelters in eastern Marinka, eastern Krasnohorivka, southern and eastern sections of Avdiivka, Verkhnotoretske, Lenins'ke and Shumy (southeastern Toretsk region), Maiorsk/Zaitseve, Lugans'ke (Bakhmutskyi Raion) and Pavlopil. There are several reasons this number is relatively low, including the terrible conditions and lack of heating in most shelters (especially during the cold of winter), the fact that consistent shelling is usually confined to specific districts of settlements (shells can fall anywhere, but they hit other districts so infrequently and unpredictably that people do not take cover) and how "normalized" the dangers of the conflict have become, with many people citing that they have "gotten used to shelling" and are much less likely to seek shelter.

### Locations Where Children Spend Considerable Time Weekly in Improvised Bomb Shelters



The bomb shelter at the school in the village of Hranitne.

## Mines and Other Explosive Remnants of War

Landmines, unexploded ordnance and other projectiles continue to place children living along the contact line at risk. Dangers of anti-personnel mines appear to be greatest in rural areas within three kilometres of the contact line. In these settlements, the assessment team received several reports of children killed or maimed by mines (all of these stories were from 2014 and 2015).

In rural communities along the contact line, mines and other explosive remnants of war have devastated local economies that are based largely on agriculture, significantly increasing the prevalence and severity of monetary poverty for families and making these communities even more vulnerable. Mines and other explosives also pose serious dangers for children, preventing boys and girls from playing in forests, fields and waterways outside of town. This is especially problematic in small, impoverished farming towns that lack child friendly spaces outside of school and home. There are a wide variety of explosive remnants of war and children are sometimes tempted to examine or play with them. Residents in some communities reported that during the first year of the conflict it was common for children to collect conflict debris including unexploded ordnance.<sup>11</sup> In some locations, especially abandoned or partly abandoned industrial zones, large unexploded bombs and missiles remain.<sup>12</sup> In addition, some heavily conflict-affected regions still have booby-trapped buildings that have not been cleared. These include locations such as Skyrokyne, Staromarivka, Marinka and Pisky.<sup>13</sup>

Extensive mine risk education has been conducted in schools along the entire contact line. One school director reported seven visits from different mine risk education groups to teach schoolchildren about the dangers of landmines. These groups also trained several teachers on conducting mine risk education classes for their students.<sup>14</sup> Over 80 percent of schools visited in the 5km zone had highly visible mine risk education posters near the entrances or in the hallway leading to the director's

<sup>11</sup> In Chermalyk for example, the assessment team was shown photos taken in 2015 of children's collections of mortar fins.

<sup>12</sup> For example, about 30km from the contact line in Bilohorivka, we observed a large missile protruding from the hillside about 15 meters from the central building of the Popasna Vodokanal water treatment facility.

<sup>13</sup> Booby-trapped buildings in Shyrokyne and Pisky were reported by OSCE, traps in Staromarivka were reported by the director and teachers across the river in Hranitne and in Marinka marked buildings were observed by our assessment and a school director confirmed that these buildings were believed to be booby-trapped.

<sup>14</sup> November 2016 interview in Volnovakha Raion.

office.<sup>15</sup> The topic of mine risk education was addressed in 19 interviews with school directors and all said they had sufficient mine risk education in their schools. It appears that the greatest mine risk education concern is for the small number of children who have returned to settlements along the contact line since the end of summer. While it appears that in most facilities teachers now have the capacity to conduct mine risk education for returning students, more research is recommended to verify this.

## Psychosocial Issues

Over three-quarters of school directors and teachers interviewed in the 15km zone and nearly all in the 5km zone noted striking behavioral changes in students from before the conflict. In heavily shelled districts in particular, numerous children show symptoms consistent with post-traumatic stress disorder according to the trained psychologist who assisted in these interviews. Interviews with school psychologists and psychologists from UNICEF community protection mobile teams also support the presence of these symptoms.<sup>16</sup>



*Children participate in a drawing session at a youth club in Mariupol.*

<sup>15</sup> It is likely that most of the remaining facilities also had such posters, but we did not walk all the halls and were not specifically looking for them.

<sup>16</sup> Due to the nature of psychosocial issues, the fact that those who have provided psychosocial support have different levels and sources of training resulting in different conceptions of what constitutes severe cases of psychosocial disturbance, the fact that many symptoms might not be evident to local actors and the design of this assessment, it is impossible for us to provide an accurate estimate of the number of severe cases along the contact line.



The prevalence and severity of psychosocial distress is directly linked with the severity, duration and persistence of conflict. This puts areas such as the section of the contact line from Marinka to Verkhnotoretske among the regions with the highest frequencies of severe cases. Frequently mentioned sources of extreme trauma as related by psychologists who worked with children on the contact line in 2015 and 2016 include being in or near explosive blasts, being wounded, seeing dead or badly injured bodies (including those of acquaintances or family) and family separations during evacuations. Commonly reported symptoms by directors, teachers, psychologists



*Art therapy drawing by an eight-year old girl living on the 'contact line':  
dismembered human torso at a checkpoint.*

and parents include anxiety, night terrors, bed wetting, increases in risk taking behavior, aggression, hyperactivity, social withdrawal, depression and panic triggered by being startled by loud noises or unexpected touching (such as a tap on the shoulder).

Availability of psychosocial support is very uneven along the line. Where support does exist, most psychologists are not trained to deal with this kind of extreme trauma. Psychosocial support mobile teams from numerous organizations have visited most schools in the 15km zone, but interviewees questioned their effectiveness. They cited the lack of long-term consistent support (which nearly all studies agree is key to progress), the lack of individualized support, and the fact that these often disrupt the education programs of the schools.

## Military Visits to Schools, Military Sponsored Camps and Children Visiting Military Installations

School directors consistently reported<sup>17</sup> that military groups visit schools in the 15km zone to provide "patriotic lessons," and often recommended that children apply for military academies in other cities.<sup>18</sup> Some of these visits were combined with mine risk education, but most were not. The frequency of military visits reportedly decreased in the last six months of 2016. Before this most schools reported visits every 3-4 months. Many children on the contact line have gone to free summer camps (usually in central or western Ukraine) and some of these camps are sponsored by the military.<sup>19</sup> Socialization with soldiers also occurs on some national holidays.<sup>20</sup>

Relations between civilians and military personnel vary and is often tied to the conduct of whatever contingent of soldiers is stationed near a given settlement at a given time, which according to respondents, has ranged from soldiers providing food, repairing buildings and helping the elderly to looting, sexual assault, and verbal and physical abuse. When relations are good, children, especially teenage boys, occasionally visit military posts out of curiosity.<sup>21</sup> Excluding the approximately 25 percent of respondents that said military installations were too far away for children to easily visit, just over three-fifths of the remaining respondents<sup>22</sup> indicated that they have heard at least some of their students had visited military posts.

The presence of military installations near some schools is a concern. In several settlements, children are in danger while attending school because the military installations are potential targets. For example, in one settlement in Luhansk Oblast, there is a building housing a kindergarten as well as the younger classes from one of the schools directly beside a military base in a heavily shelled neighborhood. In another settlement in Donetsk Oblast, one military base is in a former agricultural warehouse, slightly up the hill from a school, which places the school in a direct line of fire.

<sup>17</sup> After the pilot phase of interviewing, this question was asked at the first sixteen schools. As all unanimously stated that these visits were occurring, this question was dropped from subsequent interviews.

<sup>18</sup> Kharkiv was the most commonly advertised location.

<sup>19</sup> For example, one school director in Volnovakha Raion went with his pupils to one of these camps for over a week and showed us photos and a pamphlet featuring him and his students at the camp with soldiers in uniform.

<sup>20</sup> On Armed Forces Day (Dec 6th) schools at our interview location of Stanytsia Luhanska held concerts for the military forces stationed nearby and armed soldiers were witnessed approaching the concert hall with children.

<sup>21</sup> For issues of girls and young women visiting military installations see the following section "Gender-Based Violence and Sexual Abuse"

<sup>22</sup> It is likely that the actual prevalence of such interactions is much higher since school directors and teacher are not aware of all the activities of their pupils outside class and the problem that some school staff are hesitant to discuss this even if they are aware it is occurring.

## Gender-Based Violence and Sexual Abuse

Due to the limits of the methodology and research design used, a very limited amount of information was gathered on gender-based violence. This report cannot provide conclusions as to the prevalence, frequency or exact nature of these issues and their effect on people living on the contact line, though it does confirm that these problems do exist. Further examination of these issues is strongly recommended and the following is intended to provide direction for much needed research and an increased awareness of these issues.

Gender-based violence, most commonly attempted sexual assault by soldiers, was mentioned by five interviewees. This was not part of the interview question design and was freely volunteered information by participants when asking about the current security situation. Two women reported personally fighting off intoxicated soldiers and explained that sexual harassment and assault had been widespread in their highly vulnerable neighborhood as control of the territory passed between combatants.<sup>23</sup> They specifically mentioned that older school girls had faced abuse. Risk factors to explore include proximity and size of military installations and degree of community control by local law enforcement as opposed to soldiers.

High unemployment and extreme monetary poverty<sup>24</sup> has resulted in people living in communities along the contact line becoming very vulnerable. For some, this vulnerability has resulted in highly damaging coping mechanisms including reduction in calorie intake, begging, taking a child out of kindergarten and engagement in sex work. Sex work is widespread and cases involving the sexual abuse of schoolgirls under age 18 and even under 16 (the legal age of consent in Ukraine) has been reported by school employees at several schools close to the contact line. It is difficult to discuss this issue with school employees and was only approached in interviews where a degree of openness had been reached to carefully and appropriately raise the issue. Of 17 interviews at different schools where this question was raised, eight responded that some of their female students were engaged in such activities. Five other schools said that sex trade

involving the sexual abuse of school girls does not occur but that a few of their older students do have intercourse with soldiers, some having since gotten married and others becoming pregnant and being abandoned.<sup>25</sup> The most commonly reported locations for such encounters (whether money was involved or not) were near checkpoints and other military installations as well as local saunas. The largest factors in predicting prevalence appear to be the degree of economic problems in a given location and the proximity and quantity of military installations. Given the high prevalence of HIV/AIDS in Donetsk Oblast (especially among sex workers<sup>26</sup>) and the lack of sexual health education in the region,<sup>27</sup> these women and girls are particularly vulnerable and require specialized protection.

## Abuse and Neglect at Home

Abuse at home is another difficult issue to gauge, given the limits of the assessment. Information on physical abuse is difficult to obtain from school and kindergarten staff because admission of such issues places an obligation on the teacher or administrator to seek legal intervention. During interviews, several respondents claimed that “of course, it happens and has always happened”, but these same respondents explained that physical abuse has increased because parents are under emotional and psychological stress as a result of the conflict and worsened monetary poverty. When discussing the wellbeing of children, nearly a sixth of school and kindergarten interviewees mentioned without direct prompting that many parents have paid much less attention to their children as a result of the stress of living in conflict and poverty. In some heavily conflict-affected communities where kindergartens have seen a dramatic rise in children with speech problems, kindergarten teachers commonly theorize that it is at least partially due to the combination of trauma and reduced communication between parents

<sup>23</sup> See the OHCHR report “Conflict-Related Sexual Violence in Ukraine” from 10 February 2017 for more information.

<sup>24</sup> The conflict has created extreme monetary poverty along much of the contact line. Commute routes for workers have been severed, many factories are damaged or unable to get crucial inputs, some mines have closed, many agriculture companies have pulled out, and the UAH depreciated fourfold, greatly affecting prices and hurting existing savings.

<sup>25</sup> It is likely that the actual prevalence of such interactions is much higher since school directors and teacher are not aware of all the activities of their pupils outside class and the problem that some school staff are hesitant to discuss this even if they are aware it is occurring.

<sup>26</sup> “HIV Infection in Ukraine” 2016, State Institution Ukrainian Center for Socially Dangerous Disease Control of the Ministry of Health and L. V. Gramshevsky Institute of Epidemiology and Infectious Diseases of the Academy of Medical Sciences of Ukraine

<sup>27</sup> See the chapter “Education”

and their children. Directors, teachers and psychologists across all communities close to the contact line report seeing a dramatic rise in unemployment and that many parents, especially fathers, have left to work in Belarus, Russia or in other parts of Ukraine. This has increased the already large number of single parent households and in some cases, results in children having less attention from

the remaining parent due to the additional burdens placed on them. More dramatic cases of neglect come in the form of parents abandoning their children, often to be cared for by grandparents.<sup>28</sup> While this is not unheard of in the rest of Ukraine, along the contact line the phenomenon of parents leaving children with grandparents has increased due to conflict and poverty.

## Recommendations

- **Child Friendly Spaces:** Settlements within the 5km zone, especially ones that suffer continued threat of conflict and economic devastation need safe places for children to spend time. Teens are particularly vulnerable in these situations as they are more likely to be interacting with the military (as explored above), visiting dangerous areas (an increase in risk-taking behavior among teens has been noted by psychologists in all heavily conflict affected areas), and resulting to substance abuse, among many other things. In most locations within the 5km they have no safe place to be outside of home and school.
- **Psychosocial Support:** Large numbers of children suffer from psychosocial problems across the length of the contact line. This is particularly acute in place that have had major shelling damage and continue to live day to day with sounds of conflict. Most directors and teachers we talked had received no training on how to identify psychosocial problems in children and how to accommodate them or refer them for more help.
- **Speech Therapy:** Generally, it appears that speech impediment rates in this region were high before the conflict and in heavily conflict-affected areas there has been an even greater increase. Many of the kindergartens on the contact line had previously had access to speech therapists. In larger settlements, there was sometimes a therapist on site, and in smaller locations there were weekly visits. In many locations, this support has completely disappeared. This is mostly due to the conflict, but had already occurred in a few locations due to economic decline and the flight of educated workers. Most rural locations would benefit greatly if a therapist could visit for a few hours, once a week.
- **Monitoring, Referral and Assistance of Children's Rights Violations:** There is currently very little monitoring and assistance provided to children who experience difficult life circumstances along the contact line, especially those who face abuse in the home, neglect, gender-based violence or are forced into prostitution by poverty; all of which are issues that have been compounded by the conflict. Ukrainian state social services, while insufficient for full monitoring and protection elsewhere in Ukraine, is even less functional directly on the contact line. A system of Child Protection monitoring should be put in place in frontline communities as well as effective referral and assistance mechanisms.

<sup>28</sup>In three cases in different raions, we were told that single mothers had left their children with grandparents (in either 2014 or 2015) and never returned to visit or even call their children.



# 'My cat's eyes were very wide'

Diana, 11-years old, lives with her mother in a tiny one room apartment in Avdiivka. The town, on east Ukraine's contact line, bears the brunt of frequent escalations in violence and its children and residents suffer the impact.

"I was with my friend Alina. We were reciting a poem, and then the shelling started," says Diana. "We started to get ready, and they began to shoot even more. My cat's eyes were very wide, as he was also very afraid. I did not take him with us, as he could run away any moment."

The sounds of war are never far away in Avdiivka. For Diana and her peers, finding the safest place to shelter at school, home or when out on the streets can be a matter of life or death.

The everyday fear and stress takes its toll but Diana and her peers are determined to continue their childhoods despite the dangers.

"When there was heavy shelling, I did not used to go to school, as it's very frightening. Then I started to go to school as usual." But not everyone stayed, others fled the town for safer areas. "Before the war, there were 33 or 34 students in our class, now there are 24 of us," Diana adds.

The normality and stability that school offers during these tough times is critical for the psychosocial wellbeing of children like Diana, while being able to continue learning helps keep their dreams alive.

"School is very important for me, as in the future I plan to study and to become a teacher," says Diana. For children in Avdiivka and across the contact line there are also other pressing priorities.

"My biggest dream is that there is peace in our Avdiivka. Those who went away come back. And we will have the same life as when I was in first and second grade."

PHOTO: Diana arrives home after school at her apartment block.





# EDUCATION

More than 42,000 children attend 290 educational facilities within the 15km government-controlled side of the contact line. While schools and kindergartens play an important role in any community, their importance in settlements along the contact line has been greatly elevated due to the conflict. In addition to educating children, schools and kindergartens are the only relatively safe places many children have outside of their homes and are sometimes the only places that have safe drinking water and heating in the winter. The importance of schools extends beyond their direct benefits to children. In many cases, educational facilities are the largest employers left in otherwise economically devastated communities. Of particular importance for providing positive assistance to these institutions, this section details the number of children in educational facilities along the contact line, trends in child returnees, the situation for teachers, children out of school and kindergarten, school days missed as a result of insecurity, school closures, children crossing the contact line daily to attend school and children from NGCA registered in GCA schools.

## Educational Facilities and Enrollment

Before the conflict there were over 310 educational facilities in what is now the 15km government-controlled area of the contact line. Of these, 290 remain open. More than 200 facilities (72%) are in Donetsk and 82 (28%) are in Luhansk Oblasts. 110 facilities (38%) are within 5km of the contact line. 46% of the total number of educational facilities within 15km of the contact line are kindergartens, 48% are standard schools, and 5% are vocational schools. The remaining 1% are four boarding schools, including a school in Shchastia for children with tuberculosis and children from difficult family situations, a school in Hirske for children with intellectual disabilities, and a separate school and kindergarten in eastern Mariupol for children from difficult family situations.<sup>29</sup>

<sup>29</sup>This assessment uses two main categories of educational facilities – kindergartens and schools – with two specialized subdivisions of boarding schools and vocational schools. The term kindergarten has been chosen as a translation of “sadok” although it is more of a combination of the English terms kindergarten, preschool and daycare as the facility covers ages from as young as one-year-old to age 6/7. Schools are educational facilities usually covering classes 1-11 (about ages 6/7 to 17) though some facilities only host limited grades such as 1-9. Vocational schools are facilities that provide job training in specialized technical trades for older teens (15-17). Boarding school is used as translation of “internat.” These facilities have different purposes, but usually host children with medical problems, handicaps, or those who come from difficult live circumstances such as abusive homes and children often live onsite. Unless these facilities are separately mentioned in a given section, the terms schools with be used widely to include the small number of boarding school and vocational schools and the term kindergarten will include the one “boarding” kindergarten in eastern Mariupol.



*Diana (orange jumper) is the ‘captain’ of her class. Continuing education at school number 6 in Avdiivka, eastern Ukraine has been the one constant during the last three years of conflict and resulting instability, stress and fear.*

As of November 2016, there were 42,389 children in educational facilities along the contact line (15km). Nearly 80% of children were in Donetsk Oblast and slightly over 20% in Luhansk Oblast.

Nearly 15,000 children attend facilities with 5km of the contact line and over 4,900 attend facilities in settlements shelled at least twice a week during October and November

2016. Within the 5km zone, the settlements with the most children attending schools are Avdiivka (1,479 children), the Svitlodarsk/Myronivskyyi/Luhanske agglomeration (1,391) and Shchastia (997). In the 5-15km zone, the area with the largest number of children are the eastern districts of Mariupol (10,651), Toretsk (2,808) and Popasna (1,500 and about 271 of these students are in eastern districts within 5km of the contact line).

### Numbers of Operational Educational Facilities Along the Contact Line (GCA)

May 2017

Educational Facility	Total	Donetsk (within 15km)	Donetsk (within 5km)	Luhansk (within 15km)	Luhansk (within 5km)
School	139	93	33	46	25
Kindergarten	134	103	27	31	17
Boarding School	3	1	0	2	1
Vocational School	14	11	4	3	3
<b>Total</b>	<b>290</b>	<b>208</b>	<b>64</b>	<b>82</b>	<b>46</b>

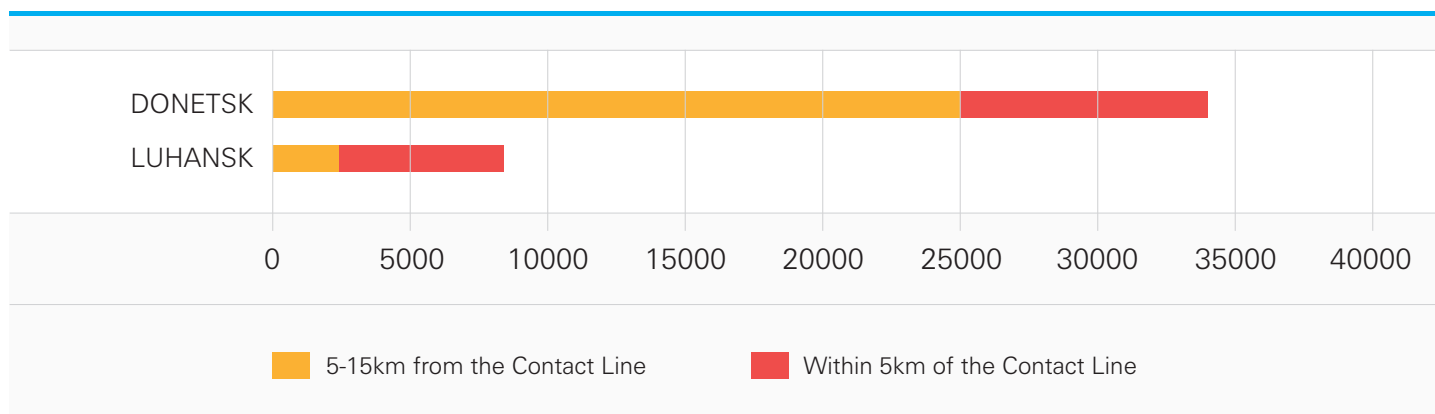
### Numbers of Children Attending Educational Facilities Along the Contact Line (GCA)

May 2017

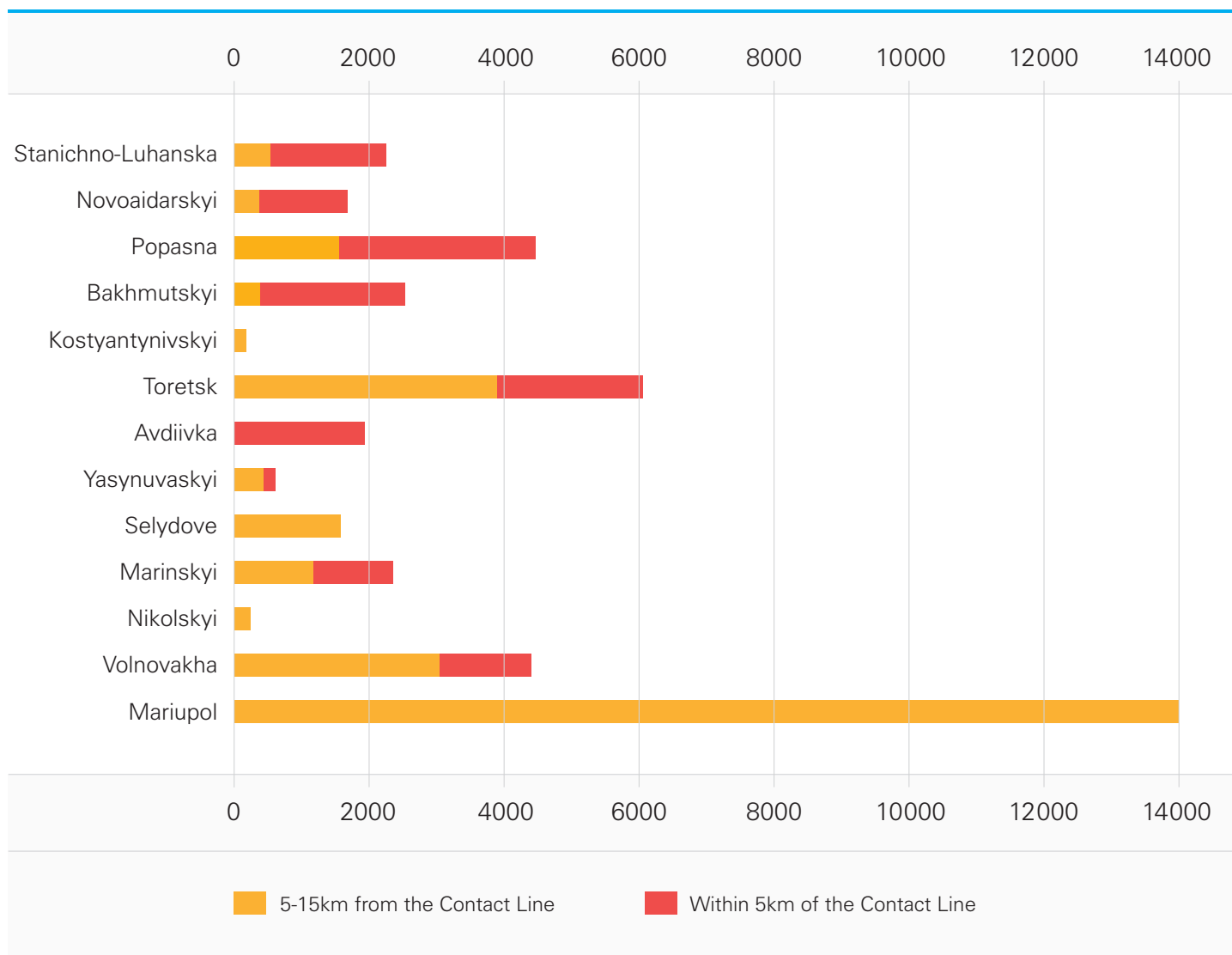
Educational Facility	Total Children	Donetsk (within 15km)	Donetsk (within 5km)	Luhansk (within 15km)	Luhansk (within 5km)
School	28,987	23,112	6,197	5,875	3,972
Kindergarten	9,996	8,402	1,960	1,594	1,168
Boarding School	323	53	0	270	148
Vocational School	3,083	2,344	799	739	739
<b>Total</b>	<b>42,389</b>	<b>33,911</b>	<b>8,956</b>	<b>8,478</b>	<b>6,027</b>



### Children in Educational Facilities on the Contact Line by Oblast



### Children in Educational Facilities on the Contact Line by Raion



**School Children in the 5 km Zone (Government Controlled Areas)**



## Teachers

The conflict has had a significant impact on student-to-teacher ratios and class size in most communities. Generally, rural settlements close to the contact line and heavily damaged cities have seen more students than teachers leave their communities due to the fighting. In fact, it seems that teachers are one of the professions least likely to leave their settlement due to conflict, at least partially, because they are often some of the only people in the community with regular employment. The result has been that areas such as the 15km zone of Marinskyi raion (which contains the devastated cities of Marinka and Krasnohorivka, as well as relatively less damaged rural settlements) has less than six students per staff member, while the largest and least conflict damaged locations such as Mariupol have the highest student to educational staff ratios with nearly 14 students per staff member, partially because they have seen a large influx of IDP children.

While it is possible to view this conflict-induced effect as positive, with more individualized attention per student, there are two major factors that have to be examined. First, the teachers who left were disproportionately young science and language teachers (possibly because it is easier for these teachers to find work in other locations). This often leaves rural areas with no one to teach these subjects, or with situations where a single person teaches chemistry, physics, biology and higher mathematics. The second is that these contact line teachers are more likely to suffer from “burnout” or emotional and psychological strain<sup>30</sup> which negatively affects their ability to teach.



Third grade student Elizaveta, 9, writes in her notebook during a class at school No. 2, Marinka, Donetsk region, Ukraine

<sup>30</sup> The Ya Volnovakha mobile team, post-program psychological written assessment as well as our focus groups with the PSS teams supports this. Our assessment school interviews also identified this as a major problem, but we are unable to determine degree of prevalence.

## Children Out of Kindergarten

In Ukraine, attending kindergarten is not legally required, and while a small number of children would be kept out of kindergarten by their parents regardless of the situation, many other children are not attending kindergarten because of the conflict. Some parents are afraid to let their children attend kindergarten in areas that have been shelled, others would like to send their children to kindergarten but have



Girl forced to leave her neighborhood in Avdiivka during heavy fighting waiting with others to return home

fallen into poverty as a direct result of the conflict and cannot afford fees (often between 100 and 300 UAH per month), while in other locations such as Zolote, Pavlopil, Orlovske, Marinka and Krasnohorivka, kindergartens have been destroyed, damaged or closed due to the conflict. Comparing population statistics by age with kindergarten enrollment numbers, there are at least 4,000 children aged three to six not in kindergarten<sup>31</sup> and it is likely that at the very least 400 children of these children, or 10%, are out of kindergarten due to financial reasons.<sup>32</sup>

<sup>31</sup> Based on population estimate of over 14,100 three to six-year old children in the 15km zone.

<sup>32</sup> Calculating the number of children out of kindergarten due to poverty is very difficult for the following reasons. First, while in very small towns KG directors can sometimes tell you exactly how many children should be coming to KG and why their parents don't enroll them, KG staff in larger locations are much less likely to understand the life circumstances of all people in town and often respond in one of three ways: that poverty is not an issue, that they have no idea if this is an issue, or that they had never thought about it but suppose it could be a problem. Second, some kindergartens have come up with different enrollment plans, especially “half-time” programs where parents can bring their children for two weeks out of the month at half cost. Considering the almost total monetary poverty that has afflicted much of the contact line since the start of the conflict it is likely that a large number of young children are out of kindergarten.



## Children Out of School

Unlike the issue of children out of kindergarten, there is no evidence that there are a significant number of children out of school along the contact line. When asked if there were school-aged children out of school who should be attending, all educational staff respondents<sup>33</sup> replied “no.” They explained special cases, such as children with long-term illnesses and children with disabilities who were registered to do distance education, as well as a few cases of children who often skip school. Two respondents said that it had been an issue before the conflict but was not a problem now. When asked about children out of school, one teacher in a rural settlement in Volnovakha put it this way:

*“Before the conflict they had places to go and things to do outside of school... now they can’t even go to the river or fields [because of mines]... the school is the only place they can go that’s warm and has clean drinking water. It’s the place to see friends and get a hot meal, even if [the meals] aren’t as good as before... you should see the children when they wash their hands; they are sometimes startled and pull their hands back for a second because they forget that the water is actually warm and not freezing like at home.”<sup>34</sup>*



Child receiving a backpack with school supplies

<sup>33</sup> In smaller settlements, it is unlikely that teachers would be unaware of any child out of school (in many of these locations, KG teachers could name the mothers of every child out of KG and teachers could explain their children’s interactions with soldiers). In large settlements, and especially at schools with hundreds of students, it is less likely that teachers can account for all children in their community, and it is also in these locations that children have more options of where to go or what to do outside of school, so it is important to exercise caution in accepting as fact that there are no school age children out of school in urban locations of the contact line.

<sup>34</sup> Assessment interview, Volnovakha Raion, November 23rd, 2016

## Children Missing Large Periods of School and the Impact on University Entrance Exams

Some of the over 300 schools and kindergartens in the 15km zone of the contact line were forced to temporarily close in 2014 and 2015. Closure periods range widely from a single day to well over a year and therefore it is difficult to make any generalizations for the situation across the contact line. Most never closed, but some had many shortened days as a result of nearby conflict. Schools that were closed for a prolonged period of time report that the majority of children either enrolled in distance learning through the school, went to nearby schools or attended other education facilities temporarily as IDPs before returning once the situation stabilized and schools reopened. When asked if this greatly disadvantaged local students compared to other students in Ukraine, especially in reference to the exams for entrance to university, nearly two-fifths of directors and teachers said that children had been slightly disadvantaged by missing school, but nearly all said that for most children it did not greatly affect the outcome of these exams.<sup>35</sup>

In most heavily conflict-affected areas such as Krasnohorivka and Avdiivka, directors mentioned that conflict-induced behavior change such as sleeping problems, fear and anxiety, rather than missing school, had the most significant effect on the performance of students. This was especially common for students who took the exams at schools that remained open but were still caught in shelling. Teachers were also concerned about children missing school due to the difficult transition of leaving their towns as IDPs. During this time, some children who might have otherwise taken such exams never did or were suffering immense emotional and psychological stress that caused them to perform poorly (however, this assessment gathered little evidence of this since this issue mostly occurred beyond the 15km zone of the contact line).

In addition to missing school due to security issues, children have been missing school at a higher rate because of sickness. Due to conflict and poverty, children are consuming fewer calories and less nutritious food. Children are also living without heat, and with increased levels of stress and limited access to medical care and medications. All of these factors have increased the rate of sickness among children in many locations. It is unclear how or if the rise in sick days has greatly affected children’s educational experience with most school staff responding that they were coping well with this issue.

<sup>35</sup> The “practice” for the university entrance exam is available through on-line webinars, but according to teachers, the real preparation is the 11 years of schooling and that the webinars make little overall difference.

## Current School Closures and Children Dislocated Due to Lack of School Access

A significant number of schools remain closed as a result of the conflict.<sup>36</sup> In some cases, a school closure results in children attending another school in the same settlement. However, there are six settlements that had at least one operational school before the conflict, but currently have none. This has forced school-age children to relocate or make very long and often dangerous commutes to go to school. There are two types of communities in these situations. The first type are settlements that had schools before the conflict, but these are now almost completely

Pre-conflict schools that remain closed include Shyrokyne (town largely destroyed and entire population gone), Lebedynske (under frequent bombardment, no child left in town according to city council), Pavlopil (occupied by soldiers as of December 2016), Novotroitske boarding school (at one time occupied by soldiers, now damaged), Marinka boarding school (students moved to Sviatohirsk), multiple schools in Krasnohorivka (all children moved into one facility), Pisky (town depopulated), Opytne (mostly depopulated, facility damaged), multiple schools in Avdiivka (damaged facilities,



First grade students attend a class in Toretsk school No.20. Classes starts on time despite the ongoing armed conflict, which has damaged or destroyed more than 740 schools in eastern Ukraine since early 2014.

depopulated due to the ongoing fighting. In these cases, even if there were functioning schools, there would not be any children to attend (such as in Shyrokyne and Pisky). The second type, and most concerning, is communities that had schools before the conflict, but are now closed even though children live in the community, or would be living there if a school was open.<sup>37</sup>

<sup>36</sup> The exact number of closed schools is difficult to calculate, since some facilities were merged together, or in some cases multiple schools are now forced to use the same building. Depending on how "closed" schools are calculated there are between 15-17.

<sup>37</sup> Pavlopil is a case in point. Though it remains a dangerous location, fifteen children of school age still live there and commute to schools in Talakovka and Sartana. Many more school aged children (about 45) have either gone to live with relatives or family friends in other settlements (most commonly in Mariupol) or their families entirely relocated. During holidays and summer when there is no school, many of these children return to live in Pavlopil. Representatives of the town council have explained that the school is partially damaged and still occupied by soldiers, and while the KG building is in good condition and could possibly be opened as a joint KG/School, the heating does not work and is therefore too cold for children in winter.

children attend other operational schools) and Orekhove (not enough children left in town for school to operate; remaining children go to Novotoshivka or Zolote). All these facilities except Orekhove are in Donetsk Oblast. Many more kindergartens remain closed including at least three locations in Luhansk oblast (Zolote, Orekhove and Shchastia). In addition, in Krasnohorivka, children continue to experience reduced school hours due to a lack of capacity for all the city's school-aged children at the one school that remains open.<sup>38</sup>

<sup>38</sup> Three of the five pre-conflict schools are completely inoperable and one of the remaining does not have heating and cannot be used in winter. While many children have left Krasnohorivka since the beginning of the conflict, there is still not enough room for the over 400 schoolchildren remaining in town to fit in one facility, so the classes have to be divided and now younger students attend school reduced hours in the morning and older students are taught for reduced hours in the afternoon.



## Returnees



*An old lady walks past a heavily damaged apartment block in Avdiivka, in Donetsk region in eastern Ukraine.*

Children have been returning to settlements along the contact but numbers vary greatly. Excluding largely destroyed settlements like Skyrokyne and Pisky, there are three main patterns of movement of children. The first and most common pattern seen in over 80% of 5km settlements and about half of 5-15km settlements is that the majority of children left at some point during between 2014 and early 2015 and a considerable number then returned for the school year starting in the fall of 2015. After that, small numbers slowly returned over the 2015-2016 school year and beginning in the fall 2016 school year. Directors generally reported that most of these children who will return already have, and unless the conflict ends and jobs are created, they cannot expect more than a few additional returnees. Most of these schools have between 40-75% of their pre-conflict student enrollment.

The second pattern is seen in settlements that experienced heavy fighting later than most other settlements (from summer 2015 forward). This is especially true of Marinka and Krasnohorivka, where large numbers of children left in 2014 and instead of returning in the fall of 2015 like in other settlements, more children left due to intensified fighting. A small number of children returned over the course of the 2015-2016 school year and a larger number returned in the fall of 2016 for the start of the new school year, although these are still just a small fraction of the pre-conflict numbers.

The third pattern is seen in larger settlements with consistently high employment and relatively little or no destruction due to conflict. In these locations, the numbers of children enrolled in schools has largely stayed constant due to a lack of emigration or that IDP children have replaced the number of children that left. This includes locations such as Novhorodske and Mariupol.



## Children Enrolled from NGCA: Crossing the Line and “Externat”

There are two ways in which children from NGCA can be registered at GCA schools. In the first case, children physically cross the contact line daily to attend schools. This assessment identified six different locations where 55 children cross the contact line to attend school via unofficial crossing points. The majority of these cases are children crossing from NGCA to GCA, but the opposite also occurs.<sup>39</sup> Most of these routes put children at risk of explosive

remnants of war because they pass through the line-of-fire between combatants in areas that see frequent shooting and shelling. The second way that children from NGCA attain GCA school diplomas is to register “externat”: a kind of distance enrollment. Through “externat”, children are registered with a GCA school and cross the line to take final exams, most notably the university entrance exams.<sup>40</sup>

## Recommendations

- Advocate for access to kindergarten for children who cannot attend kindergarten due to the financial situation of their families
- Support rehabilitation of schools and kindergartens, most crucially in Krasnohorivka, Donetsk Oblast
- Support a gender-sensitive health education with a focus on HIV/AIDS in schools
- Provide short-term support programs for teachers, including counseling and “burnout” training

<sup>39</sup> Seven children (from 1st through 8th grades) and one teacher cross the footbridge from Staromarivka (NGCA) to Hranitne every day for school. The soldiers at the checkpoint overlooking the bridge say that the crossing is very dangerous. The bank along the other side is reportedly heavily mined and several of the houses on the route remain booby trapped. Plus, the bridge is highly exposed to stray gunfire or shrapnel. There are four KG aged children in Staromarivka whose families would like them to attend KG in Hranitne but they are too young to make the crossing. Less than 10km to the north, six children from Novohryhorivka (NGCA) cross nearly a kilometer through forest (reportedly contaminated with mines and UXO) every morning and evening to catch a ride to school in Starohnativka. Other roads to Novohryhorivka are too dangerous or run through NGCA. In Verkhnotoretske five older children (9th through 11th grades) arrive from Yasunyvata (NGCA), though the director in Verkhnotoretske says they are sometimes prevented from crossing by soldiers even though they have special documents allowing them to make the journey. In neighboring towns of Dolomitne and Travneve (both NGCA) eight children (three of which are kindergarteners) cross from to GCA Novoluhanske by vehicle. While Novoluhanske is located between Government of Ukraine and nongovernmental checkpoints (both of which are passport controlled frontier posts) and no soldiers from either side enter the town, it still has many Government of Ukraine facilities operating including a school, kindergarten, ambulatory, and town administration and children cross the NGCA checkpoint to get to this grey, town. In Novoaidarskyi Raion, three

children from Lobacheve (GCA) cross the Donets River in a small boat pulled across on a fixed cable to go to school in Zhovte (NGCA). According to the school director in Troikhizbenka, the government officials from Novoaidar solicited suggestions from nearby GCA schools and many suggested transferring these children to a boarding school (“internat”), maybe in nearby Shchastia. The situation in Maiorsk and two small districts of neighboring Zaitseve is even more complicated than these previous cases, since children from these grey zone settlements cross in both directions to an NGCA school in Horlivka and a GCA school in Opytne near Bakhmut (by bus with Ukrainian military escort).

<sup>40</sup> Not all schools are certified to host externat students. Locations hosting externat and the number of children enrolled through the program vary widely and do not seem to follow a consistent pattern. Some large, easily assessable locations host no students, while a few small, isolated schools such as Hranitne host one NGCA externat student for every ten local students (14 NGCA externat and 145 traditional students). In this case, the director explains that parents, mostly from Donetsk and distant Horlivka, came in contact with the school through friends or relatives. The director continued, stating that many of the children coming for exams are a little afraid due to stories they hear about the Ukrainian held territories on NGCA news stations so the school does everything it can to welcome these kids warmly and put them at ease.

# Healing emotional wounds from conflict in eastern Ukraine

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*After living through three years of conflict near the contact line in eastern Ukraine, many children and teenagers in the city of Mariupol need psychosocial support. Learn how four youth clubs are giving these children the resources they need to begin to heal their emotional wounds.*

The emotional wounds and trauma of living through more than three years of conflict are an everyday reality for hundreds of thousands of children and teenagers in eastern Ukraine.

Mariupol is one city that has seen much of the violence. Located in eastern Ukraine on the Sea of Azov, Mariupol is about 25 kilometres from the contact line, which divides the government and non-government controlled areas where the fighting is most intense.

Life has drastically changed for children and young people in the eastern part of the city.

Anastasiya Kashyra is a child and youth psychologist in one of four UNICEF-supported youth clubs run by the Mariupol Youth Union.

"Here the children see soldiers on the streets, there is a military checkpoint just around the corner behind the local school and of course, the sound of the shelling can be heard almost every night and sometimes also during the day," says Ms. Kashyra.

UNICEF estimates that at least 1 in 4 children – some 200,000 girls and boys – in the two regions most severely affected by conflict in eastern Ukraine, Donetsk and Luhansk oblasts, are in need of urgent and sustained psychosocial support.

## Deadly attack on Mariupol

January 24th, 2015 is a day everyone in Mariupol remembers. Rocket fire killed 30 people and injured approximately 100 more.

"This day left many of the people here with severe trauma. Every time young people hear the sounds of shelling, the memories come back and the teenagers are scared and come ask for help. When the shelling starts, the post-traumatic stress disorder that many of them suffer from emerges," says Anastasiya.

Shelling can be heard from the Youth Club. Sometimes the windows in the building shake when the attacks are nearby.

"It's difficult to heal when the psychological wounds break open over and over again, every shelling is a reminder that the 24th of January can repeat itself at any given time," says Ms. Kashyra. "The children have even become experts on missiles already. They discuss whether the sounds came from a Grad or a 122 mm or a 150 mm. This is sad. Children should not become experts on missiles."





*A boy colours in a mandala at a youth centre in Mariupol. These intricate designs are used in art therapy to calm children and teenagers down, boost their courage and prepare them for counselling sessions.*

## Learning to express difficult emotions

Many of the teenagers who attend the centre struggle with expressing their feelings. The centre organizes discussion groups, personal counselling sessions and art therapy to help young people express the difficult emotions they are living with due to the conflict.

One of these young people is Masha\*, who was displaced from her home due to the ongoing fighting and now lives in Mariupol.

Ms. Kashyra explains that Masha drew Mariupol as a big black cloud despite the fact that she has lived in the city for two years. The girl's father was killed in the conflict and Masha blames herself for his death.

"We wrote a letter to her father together, put all her emotions into it, her fears and her feelings of guilt. Then we set it on fire and agreed that through the smoke the message will reach her father. She felt much better after that, but of course, these things take time," says Ms. Kashyra.

## A second family

The youth centre opens at 11 in the morning and closes at 8 in the evening. When Ms. Kashyra arrives at 10:45 am, there are teenagers waiting for her, and when she closes in the evening, they walk her to the bus station.

"They love us, they have found a second family here at the youth club and that keeps me going despite all the problems. It tells me that the work we do is appreciated and absolutely crucial in these troubled times," she says.

The four UNICEF-supported youth clubs in the city of Mariupol attract about 1,000 young visitors every month and provide up to 150 individual psychological counselling sessions for children and teenagers. All services at the youth clubs are free of charge.

But, the majority of girls and boys who have been severely affected by the conflict are not receiving adequate psychosocial support. Services are stretched and underfunded. Dedicated professionals like Ms. Kashyra are working to address the critical needs of these children, but as the conflict continues, additional resources are urgently required.

\*The names of the affected teenagers have been changed in this article to protect their identities.



# HEALTH, NUTRITION AND HIV/AIDS

Health infrastructure in the government-controlled areas of the contact line remains largely intact. However, the quality of medical care has deteriorated due to the conflict. Problems include the separation of GCA facilities from major NGCA health centers, isolation of communities from emergency medical treatment and limited access to preventative medicine including vaccines for children, a precipitous drop in HIV testing access and lack of key HIV diagnostics capacity in the whole of the GCA Donetsk and Luhansk Oblasts outside of Mariupol, reduction of available care at contact line facilities, a small number of facility closures, lack of access to pharmacies and increased distances and travel times to maternity facilities.

These issues have been compounded by environmental changes that put children and their families at greater risk of health problems ranging from traumatic injuries to infectious diseases such as tuberculosis and influenza. These changes include physical dangers from the ongoing conflict, damaged heating and water systems, reduced calorie intake and a lack of nutritious food, increased monetary poverty, emotional and psychological trauma and stress, increased prostitution and children and families spending more time in cold, damp, poorly ventilated basements during shelling.

## The Health Infrastructure of the Contact Line

Most pre-conflict medical facilities<sup>41</sup> still exist and function, though often with reduced capacity. Several 5km medical points, specifically FAPs/FPs (basic medical points staffed by nurses) and ambulatorias (small clinics with a doctor), are completely destroyed, including those in Shryokyne, Vodiane, Pisky and Opytne. The ambulatorias in Luhanske and Verhnotoretske have also been destroyed, and have had to move to other buildings (the Verhnotoretske ambulatoria is now part of the school). Many other locations were damaged but are still operational. In other locations, the buildings still exist, but services are no longer operational, except when visited by health professionals from other communities or by NGOs.<sup>42</sup>

While most government-run medical facilities still operate along the contact line, pharmacies often do not. The closure of factories, quarries, mines and farming firms in many locations along the contact line (especially the 5km zone) has caused closure of most private services and shops, including pharmacies, that relied on the spending of workers. Now many settlements are far from locations with pharmacies and monetary poverty prevents people from traveling to purchase medicine even if a local medical facility has prescribed treatment.

<sup>41</sup> For identifying government operated medical facilities in this report transliterations of the Ukrainian will be used since perfect English language equivalents do not exist for most medical facilities except for "likarnia" which will be referred to as a hospital. FPs and FAPs are small medical points, usually consisting of only one or two nurses. Locations we visited and interviews at schools identified the staff as exclusively women of pension age. "Ambulatorias" and "polikliniks" along the line are small health clinics. Polikliniks usually offer specialized care and can even be parts of hospitals (in which case they are usually much larger than the few small polikliniks found in small cities along the contact line), but in practice, frontline ambulatorias and polikliniks in

small settlements often serve the same function and have the similar capacities. Ambulatorias are by far the most common of the two and all ambulatorias on the line have at least one doctor (almost always a general family doctor), and sometimes have a second doctor and dentist, while polikliniks encountered had at least two doctors and a dentist. Few of these facilities have children's specialists. Finally, hospitals vary greatly in capacity from location to location, with many in the 5km functioning at reduced capacity and some having entire departments closed (such as maternity or pediatrics).

<sup>42</sup> These include the FPs in Pavlopil and Lobacheve

Health Facilities in Government Controlled Areas of Donetsk and Luhansk Oblasts



LEGEND

- Contact Line
- Hospitals with Maternity Capacities
- Hospitals
- Ambulatories and Poliklinics
- FAPs

## Separation of GCA Facilities from NGCA Health Centers

Before the conflict, all settlements<sup>43</sup> that are now located in the 15km government-controlled section of the contact line were within a two-hour drive of either central Donetsk city or central Luhansk city where high level health care was available. Donetsk city in particular had some of the best medical care in Ukraine before the conflict and many severe or complicated medical cases from all over eastern Ukraine, as well as samples for specialized lab analysis (such as blood for HIV testing) were sent to hospitals and medical centres within the city. The existence of the contact line has severed GCA access to these major facilities. This means that many communities are cut off from the nearest hospital or from important regional specialty clinics.<sup>44</sup>

## Maternity Facilities

In addition to limited access to major birthing facilities in NGCA Donetsk, Horlivka, Stakhanov area and Luhansk, two GCA frontline hospitals – in Stanytsia Luhanska and Svitlodarsk – can no longer deliver babies. This means that women giving birth in the Svitlodarsk pocket (Svitlodarsk, Myronivskiy, Luhanske, Novoluhankse) must travel for over an hour and a half by car or bus to Bakhmut over a difficult road and through tightly controlled checkpoints. In Stanytsia Luhanska, the situation is more challenging. There are limited birthing facilities in Bilovodsk (over an hour and a half away) and Novoaidar (two hours away) and larger facilities in Starobilsk (two and half hours away) and Severodonetsk (three hours away). Numerous checkpoints can significantly extend travel times (there are seven checkpoints between Stanytsia Luhanska and Severodonetsk as of early Dec 2016).

Many GCA maternity facilities have seen an increase in the number of deliveries performed. This is primarily due to two main factors: that some areas are cut off from previously used NGCA facilities that large numbers of women from NGCA come to GCA to give birth so their children can be registered with Ukrainian authorities. For example, in Bakhmut, the hospital delivered 859 babies in the nine months from March – November 2016 and of those at least 209<sup>45</sup> or 24% were women coming from NGCA.<sup>46</sup>

<sup>43</sup> Except for three villages in the area between Svitlodarsk and Bakhmut.

<sup>44</sup> For example, the TB dispensary for Volnovakha Raion is located in Olenivka (now NGCA).

<sup>45</sup> These are women who were registered as living in NGCA. Some live in NGCA but are registered in GCA so the actual number of women coming from NGCA to give birth is likely to be higher.

## Existing HIV/AIDS Lab Infrastructure and Transportation Routes

In Donetsk and Luhansk Oblasts (GCA) there is only one facility that can perform blood tests for HIV. This facility is in eastern Mariupol at Hospital #4, located in the potentially vulnerable zone within 15km of the contact line. This facility is much too distant and isolated for most facilities in the region to transport blood samples for analysis, so they receive samples from only as far as Volnovakha, and very rarely from Marinka and Krasnohorivka.<sup>47</sup> The AIDS Centre in Sloviansk can conduct the necessary lab work, but currently lacks the ability to measure CD4 count and viral reproduction.<sup>48</sup> CD4 tests can be done at a very small number of private clinics but it is not a free service, and nowhere except in Mariupol can viral reproduction tests be performed.

In Luhansk Oblast GCA there are no facilities capable of performing either of the lab tests. Because of this shortage of testing capacity, the majority of regions in Donetsk Oblast (GCA)<sup>49</sup> and all of Luhansk Oblast (GCA) send samples to Kharkiv for analysis. From Stanytsia Luhanska, for example, this is almost 400 km away, with sections of very bad roads and many checkpoints. Places like the AIDS desk in Avdiivka send blood samples once a month by public bus to Kharkiv.



*Lamivudine, an Anti Retroviral Drug for HIV procured by UNICEF.*

<sup>46</sup> Doctors at three GCA hospitals reported that they had not heard of any problems with maternity facilities in NGCA in terms of quality or capacity and that women from NGCA came only to register their children with Ukrainian authorities. This assessment gathered no other evidence to verify this phenomenon as it concerns the condition NGCA facilities.

<sup>47</sup> According to all three HIV specialists we talked to at the Mariupol AIDS hospital.

<sup>48</sup> A CD4 count, i.e., a lab test that measures the number of CD4 T lymphocytes in a blood sample, is critical in determining the health of a patient's immune system and is one of the strongest indicators of HIV progression.

<sup>49</sup> It seems that Marinskyi Raion is the dividing point between blood samples sent to Mariupol or sent to Kharkiv but it is unclear to us now if these sample are sent north or south or both.



## HIV Testing in Donetsk and Luhansk Oblasts (GCA)

HIV/AIDS testing is critical in this region, with Donetsk Oblast having some of the highest infection rates of all regions of Europe and the former USSR. Unfortunately, HIV/AIDS testing and treatment is one of the most difficult issues for the assessment to accurately address due to a large gap between both officially reported infection rates and testing availability, and the situation found during the assessment. The assessment team often received completely contradictory information, sometimes from doctors in the same health facility, with one citing official statistics and another describing the actual operations of the facility. All of the following information gathered was collected in interviews with people working in HIV sections at raion and oblast health facilities, or calling or visiting clinics and hospitals and asking for an HIV test.

It can be very difficult to find a location for HIV/AIDS testing and even more difficult to get to that facility. In theory, any medical point should be able to take blood and send it for analysis, but this rarely happens. When we asked anonymously for HIV testing at several private clinics, public polikliniks and ambulatories, and even several hospitals,<sup>50</sup> most facilities responded with “No,” and did not provide a referral for testing, even if asked.<sup>51</sup> When visiting health facilities as part of UNICEF interviews of administrators and staff,<sup>52</sup> these health professionals usually reported that it was possible to do HIV tests at the raion central hospitals and at most polikliniks and ambulatorias. After explaining to them that when visiting anonymously we had been told testing was unavailable, most facility workers reported that they were not surprised and explained that there are many problems: transportation of samples is difficult and costly for the small health points, rural points are often staffed by much older health professionals educated in the USSR who have not been trained in HIV testing, and that there is often a lack of communication between facilities. In addition, medical facility staff are sometimes unaware if their facility

can do these tests or where to refer patients for testing, even if it is just in another building at the same location.

For those with the initiative to search online for HIV testing information in the region, searches yield very little information online in Russian to help anyone find a testing facility.

Even if someone finds a location for testing, one more barrier is that transportation to a site that will perform an HIV test can be very difficult for people in isolated communities or for people who work during the week since many places that draw blood for testing only operate on weekdays. Overall, access to testing is most difficult in isolated contact line settlements and this problem is made even more critical because here there are large numbers of soldiers and high rates of prostitution increasing transmission rates.<sup>53</sup>

In addition to the difficulties of finding a testing location and getting transport there, hospital staff who work in HIV/AIDS offices consistently identified the lack of testing supplies as one of the biggest problems that result in low testing rates and low officially reported infections rates. In Luhansk Oblast (GCA) specifically, the Oblast HIV chief says that rapid testing did not occur in 2015 outside of maternity hospitals and therefore reported 0% morbidity for 2015. In 2016, rapid tests were supposedly available at every hospital for anyone who asked. Starting in January 2017, Oblast Health authorities report they are limiting this testing to four locations (Severodonetsk, Lysychansk, Rubizhne and Novoaidar), which drastically decreases accessibility. Other locations like Avdiivka (the largest city in the 5km zone GCA) report similar problems. The city AIDS desk says that they have few rapid tests and only give them to pregnant women and victims of sexual abuse and that some residents go to NGCA to get HIV tests.

Finally, several sites mentioned that anonymous testing is also a problem. Even some larger regional hospitals such as Bakhmut do not having a strong system for both administering tests and giving results anonymously. This hospital was acutely aware of the potential stigma that could be attached to those seeking testing and hoped to remodel their HIV cabinet in a way that would allow for private entrance and exit and separation from other patients.

<sup>50</sup> This included anonymous visits to four private clinics in Mariupol and Kramatorsk, visits and calls to six ambulatories in four raions on the contact line, and visits to four hospitals in Mariupol (2), Severodonetsk and Kramatorsk.

<sup>51</sup> Only one location (Kramatorsk) referred us to a place onsite to do the exam, but it was a private diagnostic facility with very inconvenient hours (and not open on weekends when people who work in other towns would have time off and be able to visit) and charged 280 UAH.

<sup>52</sup> This includes in person visits to AIDS desk and hospitals in Stanytsia Luhanska, Severodonetsk, Bakhmut and Mariupol and phone interviews with AIDS desks in Volnovakha, Pokrovsk, Avdiivka and Toretsk.

<sup>53</sup> The majority of our medical facility interviewees on HIV mentioned this, but due to the nature of the issue, their information is kept anonymous.

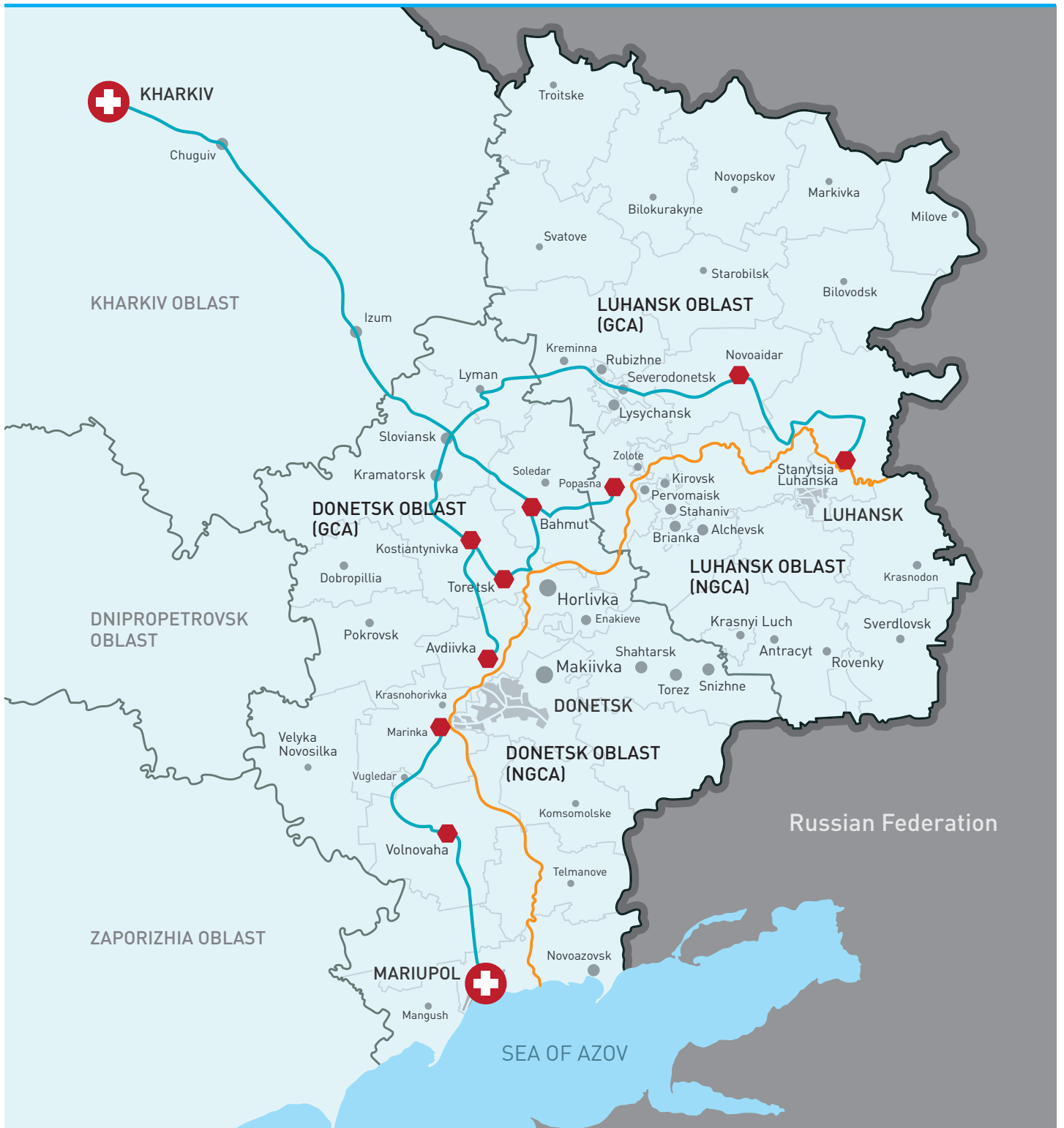
**Transportation Routes from Conflict Line Hospitals  
 to HIV Testing Laboratories before the Conflict**



**LEGEND**

- AIDS Centers
- HIV Cabinet
- Settlements
- Routes
- Contact Line as of June 2016

**Transportation Routes from Conflict Line Hospitals to HIV Testing Laboratories. March 2017**



**LEGEND**

-  AIDS Centers
-  HIV Cabinet
-  Settlements
-  Routes
-  Contact Line as of June 2016



## HIV Testing for Pregnant Women

For Donetsk and Luhansk Oblasts (GCA) no respondents reported a problem with testing pregnant women for HIV and it appears that this is the only segment of the population that receives systematic testing. In emergency or last minute births at hospitals,<sup>54</sup> women are supposed to be rapid tested. It is unclear if this actually occurred last year in Luhansk (GCA) or if it will be possible at all hospitals in Luhansk (GCA) next year. Further research is recommended.



UNICEF staff distributing supplies in Avdiivka after renewed fighting

## Anti-retroviral Treatment

Health workers report that they have enough anti-retroviral drugs (ARVs) for the current distribution period (first half of 2017) and are not concerned about receiving adequate supplies in the future. ARVs are first distributed in one month doses via raion hospital HIV/AIDS desks, but once the patient has successfully completed several courses they are granted a three-month supply and then a six-month supply. Initially this can be a problem for some patients, especially the poor who reside in the frontline zones, as monthly visits to HIV/AIDS centres can be difficult. The assessment gathered no information to indicate that there is a problem with the distribution of free ARVs to patients who arrive at HIV/AIDS centres.

<sup>54</sup> In theory, even a small FAP should be able to handle a birth, as they are supposed to have trained midwives, but we have heard of no cases where this actually happens and doctors report that all births take place in hospitals.

## Increased Risk of Other Communicable Diseases

Although prevalence of HIV is perhaps the most severe source of extreme immunodeficiency in the region, other factors in immune system impairment should not be discounted. High stress situations, such as violent conflict and increasing poverty, often result in varying degrees of immunosuppression<sup>55</sup> (a weakened immune system). These high stress situations, combined with previously mentioned deficiencies in health care, reduced access to medicine, irregular heat in the winter, reduced calorie intake and a decrease in nutritious food results in an increase in disease. Of particular concern are tuberculosis and influenza-triggered viral pneumonia, which are not uncommon along the contact line. According to TB dispensary chiefs, determining accurate information on disease prevalence, especially for TB is nearly impossible along the contact line, due to the lack of TB testing and that some raion level TB dispensaries are located in the NGCA settlements. The regional TB dispensary for Luhansk Oblast, was located in the 5km GCA settlement of Trokhizbenka but has since been closed due to insecurity. Doctors along the contact line also report a rise in the cases of pneumonia since the beginning of the conflict but also state that diagnosis and reporting has been negatively impacted by the conflict and that it is likely that there has been a significant increase. With decreases in vaccinations against influenza since the start of the conflict, viral pneumonia as a complication of the flu is a great concern. According to HIV/AIDS centres at hospitals across the contact line, the rise in TB and pneumonia seen in the general population has been more significant among people living with HIV/AIDS.



Child waiting for hygiene supplies with his mother in Avdiivka

<sup>55</sup> Grahn et al. "On the adaptive significance of stress-induced immunosuppression" (1998) and Sapolsky, R. M. "Neuroendocrinology of the stress response" (1992)

## Nutrition

Nutrition was not a key focus of this assessment. However, data was collected on school nutrition and teacher's perceptions of hunger among their students. Teachers in nearly 8% of schools in the 5km zone reported being unable to provide hot lunches for at least one day a week. This was due to temporary electricity and water problems or facility repairs. Only one school (in Zolote) no longer served hot meals at all due to a lack of cooking supplies.<sup>56</sup> The inability for schools to provide hot food was a larger problem for kindergartens with 11% of facilities unable to provide hot food and a small number of facilities closing at 13:00 because food was unavailable. At school, lunches are usually free for the youngest four classes and for children in vulnerable social service categories. However, school directors report that these categories do not cover all children that need free feeding. Nearly half of school directors thought that some of their students were hungry at school. Two directors mentioned that some children who qualified for free feeding did not participate because they were ashamed and worried that other children would find out about their social category. The vast majority of educational facilities reported that diversity of food had decreased greatly but the degrees to which this happened varied from location to location.<sup>57</sup> Overall, kindergartens were most likely to complain about poor nutrition.

Mild to moderate nutritional anemia among pregnant women is very common along the contact line. While not differentiated between women living along the contact line and those in other parts of GCA Donetsk and Luhansk Oblasts, the anemia surveillance system implemented by UNICEF and the Ukrainian Ministry of Health at major health centers (including those accessed by women living on the contact line) reports that nearly one-third of pregnant women in these areas suffer from anemia. In Donetsk Oblast from January 2016 – November 2016, 23.1% of tested pregnant women had mild anemia and 8.9% had moderate anemia. In Luhansk Oblast these figures are 21.6% and 8.3%. No cases of severe anemia were discovered.

<sup>56</sup> This situation existed before the conflict.

<sup>57</sup> Some sites simply said they had meat and milk products less often, while others said they never had meat or milk product anymore and rarely had fruits or most vegetables, with most meals consisting almost entirely of staple cereals (including pseudo-cereals) or tubers, such as buckwheat and potatoes.

## Recommendations

- Provide rapid HIV testing supplies to cover the most affected raions along the contact line
- Provide support to the Sloviansk AIDS center to upgrade its facilities to conduct CD4 and viral-replication analysis
- Develop/assist the Government in designing a program that will work with health and social services to establish and regularly update a referral system, so that at every medical facility, front desk workers know where to refer to take a HIV test instead of just turning people away
- Advocate for the creation of a website for the AIDS centers in Mariupol and Sloviansk in both Russian and Ukrainian languages for users' convenience
- Advocate for AIDS awareness and HIV-testing. A well designed, gender-sensitive health education could be promoted by Departments of Education with support of UNICEF
- Needs assessment of maternity hospitals within 50km of the contact line
- Provide support to the Government to reopen children's ward and maternity center in the city hospital
- Provide support in vaccination of children along the contact line
- Develop a voucher (or similar) system to allow vulnerable groups along the contact line such as children and pregnant and nursing women to access free of discounted medicines



# Sirens and Bomb Shelters: Going to School in Eastern Ukraine

*PHOTO: Deputy head of a school in Eastern Ukraine showing where children take shelter during shelling*

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The bell rings and the whole class visibly tenses. A moment passes and everyone relaxes, the bell is just marking the end of a lesson. Three rings would have meant time to take cover.

“We do not actually have a bomb shelter, so the children have to hide under their desks or run to the corridor – the only place within the school that has no windows and which would protect them from the constant shelling around us,” says Liudmyla Golub, the deputy head of school number 6 in Avdiivka.

The deputy head of Avdviika school number 6 shows us where the children hide when there is shelling. The school does not have a proper bomb shelter and uses this corridor as a safe space for children. When full, some children hide under the desk.

Largely unreported, the conflict in eastern Ukraine is now in its fourth year and children continue to suffer the consequences.





*A UNICEF staff member unloads backpacks from the car to distribute to students in school number 6 in Avdviika.*

Children in Avdiivka live along the contact line that separates government and non-government controlled areas. At least 54,000 children live on the government-controlled side of this line and their physical safety and psychological well-being is constantly under threat. Daily life is hard, many spend at least five hours a week in bomb shelters.

The fighting damaged electricity and water infrastructure supplying the town. More than 17,000 people – including 2,500 children – were left without any heating, electricity or water.

More than 740 schools – one in five across the conflict affected area – have been damaged or destroyed. Many schools have had to make bomb shelters or, like school number 6, improvise to keep children safe.

“We like coming to school, but the shelling scares us. What we need are blankets so we can cover ourselves when we are hiding from the shelling. And peace – we need peace,” says 15-year-old Iuliia, opening her newly received UNICEF school backpack.

The school principal agrees with Iuliia, saying the only thing that would make a difference to their lives is peace. “It is not easy for the children and we have to be strong for them. We wish there was peace. We wish all this fighting stopped, it is very hard for the children.”

UNICEF is working to protect these children’s access to education, despite the ongoing conflict, by rehabilitating schools and providing education supplies.

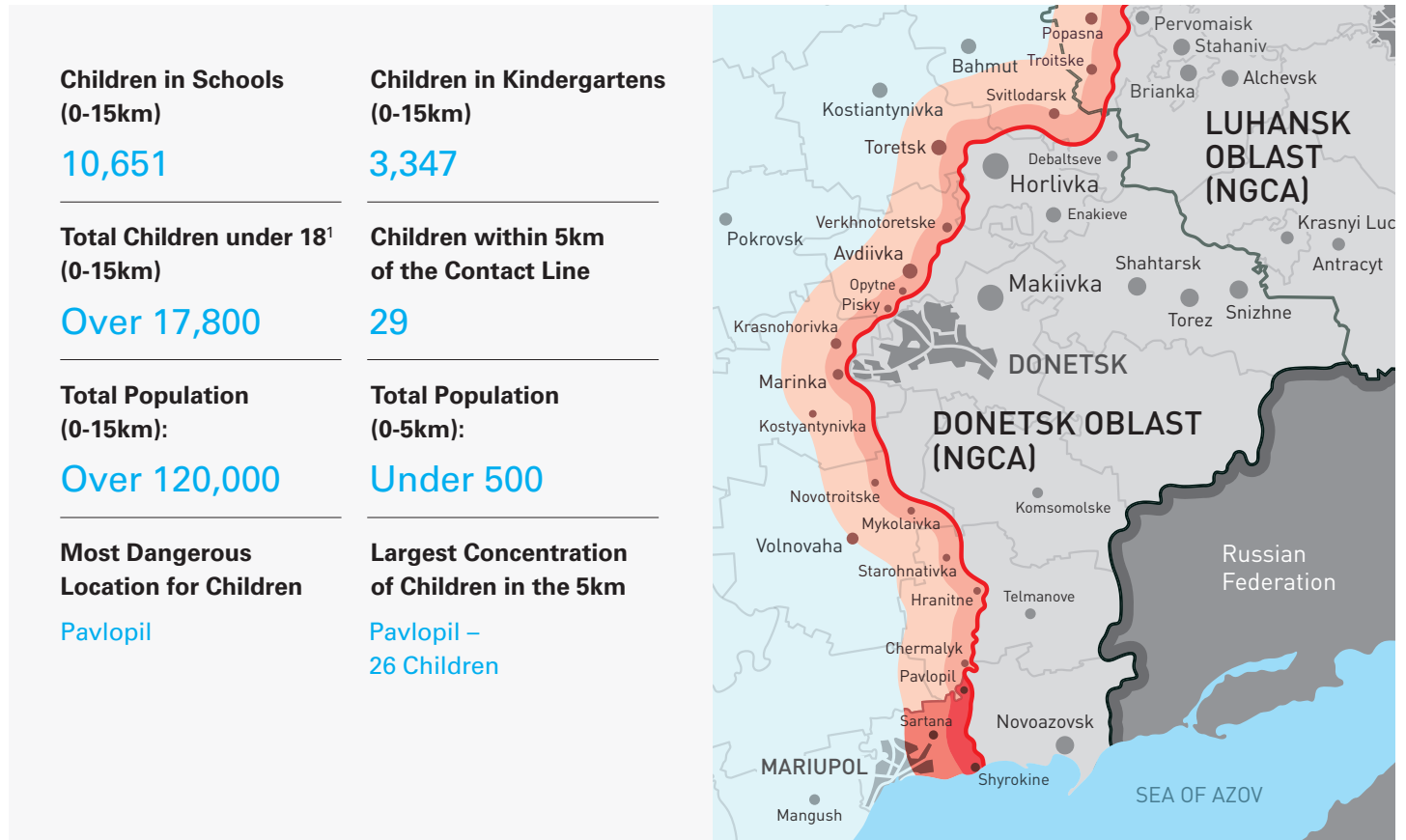


*Iuliia and friend examine contents of new school bag.*

Fifty schools have been rehabilitated so far and 150,000 girls and boys have received education materials.

But the situation remains dire. UNICEF is appealing for US\$30.3 million to provide health and nutrition support, education, clean water, hygiene and sanitation, as well as protection for children and families affected by the conflict.

## Eastern Mariupol and Former Novoazovskyi Raion



### Major Issues

Large numbers of IDPs in Mariupol, extreme conflict violence in the 5km zone, heavily mined fields, interaction between soldiers and children, untreated psychosocial issues, isolation from medical facilities during shelling.

### Most Pressing Needs

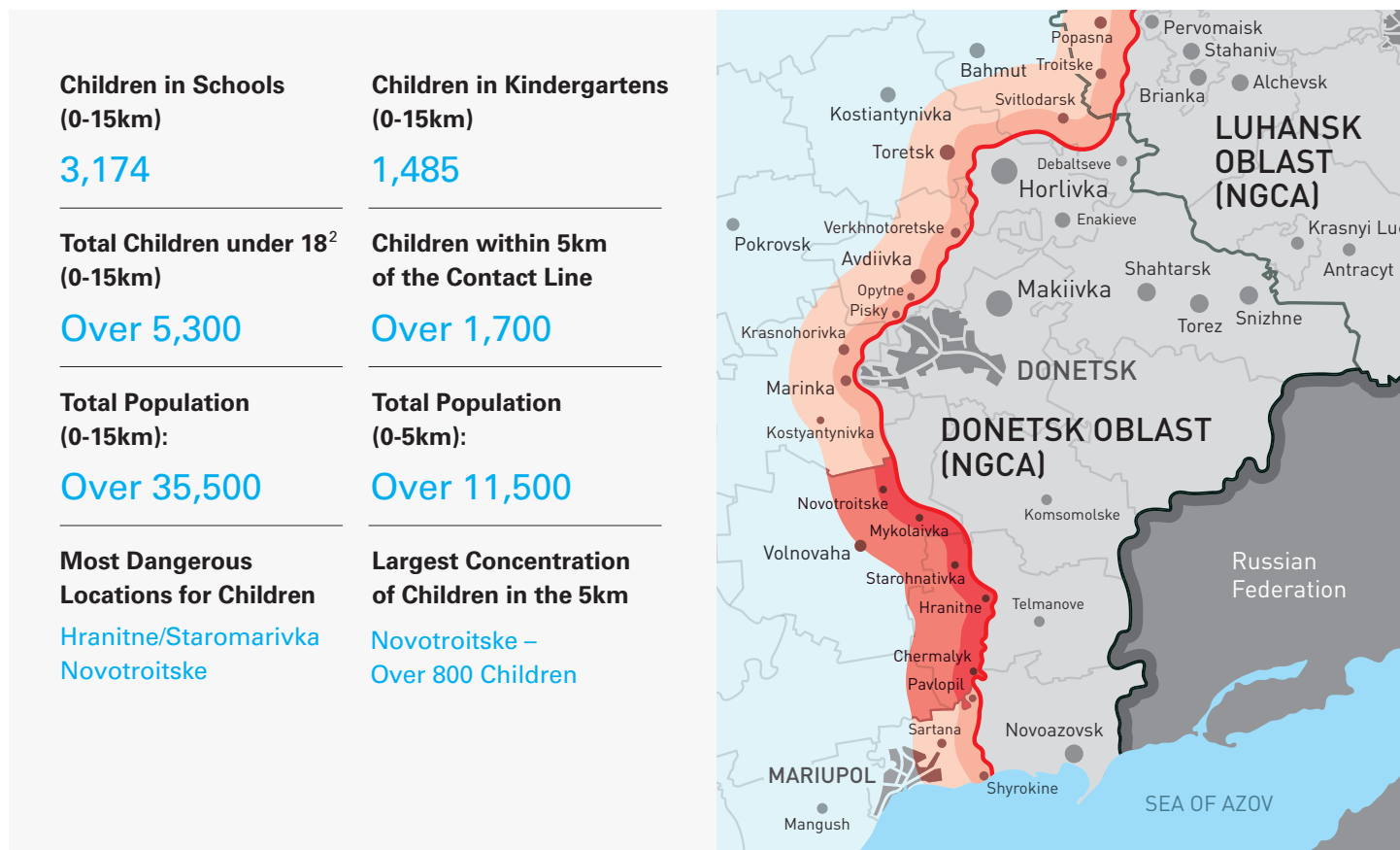
- Psychosocial support
- Safe spaces for children
- Rehabilitation of educational facilities
- Improved healthcare access in the 5km
- Access to safe drinking water

### 5km Settlements in This Section

Shyrokyne  
Berdianske  
Vodiane  
Pavlopil  
Pyshchevyk

<sup>1</sup> Including children out of school.

## Volnovaskyi Raion (Including Parts of Nikolskyi Raion and Former Telmanove Raion)



### Major Issues

Monetary poverty, children crossing the contact line to attend school, localized TB outbreak, families unable to afford kindergarten or school lunches, isolation, lack of access to medicines and heating fuel, heavily mined fields, interaction between soldiers and children, barriers to easy drinking water access, consistent sounds of conflict, untreated psychosocial issues.

### 5km Settlements in This Section<sup>3</sup>

Chermalyk  
Hranitne and Staromarivka  
Starohnativka and Novohryhorivka  
Mykolaivka and Novohnativka  
Novotroitske

### Most Pressing Needs

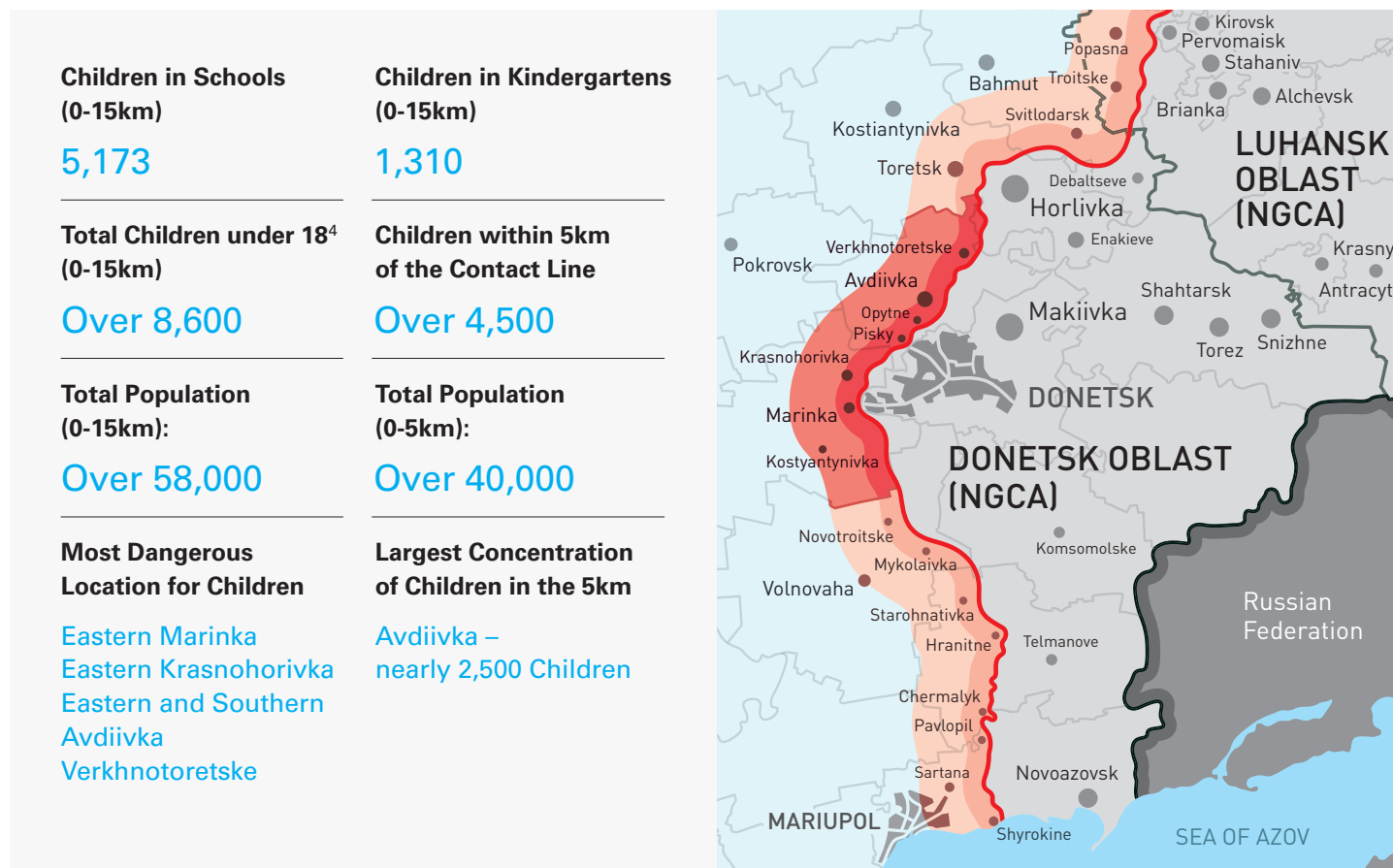
- Psychosocial support
- Safe spaces for children
- Access to kindergarten
- Safe drinking water
- Access to HIV and TB testing

<sup>2</sup> Including children out of school.

<sup>3</sup> Settlements within close proximity of each other are listed together



## Avdiivka, Marinskyi and Yasynuvaskyi Raions (Including Parts of Selydove City District)



### Major Issues

Extreme conflict, economic collapse (outside of Avdiivka), insufficient kindergarten capacity, overcrowded school in Krasnohorivka, extreme psychological trauma, children spending considerable time in bomb shelters, sexual exploitation of schoolgirls for money, no HIV testing access.

### Most Pressing Needs

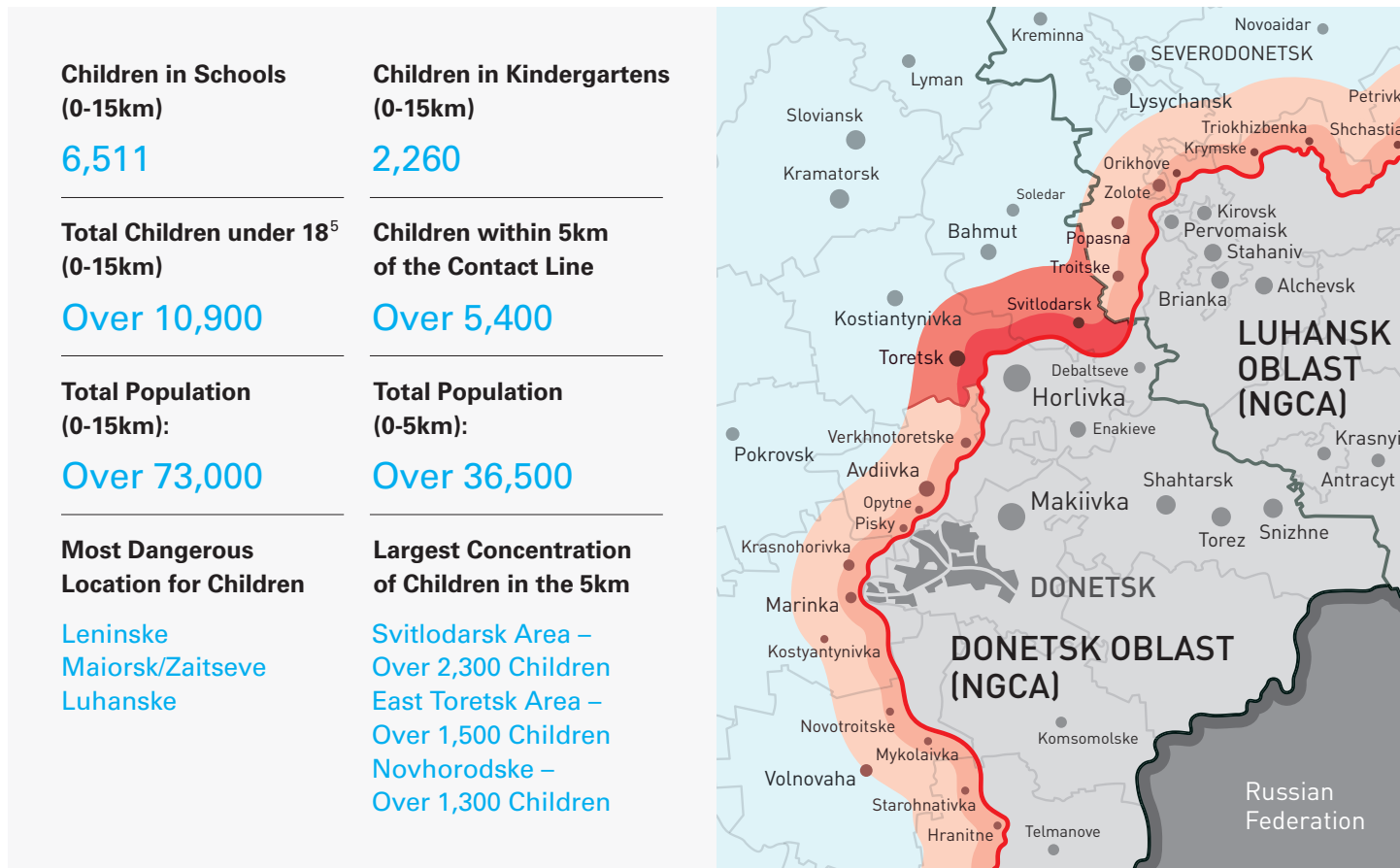
- Rehabilitation of educational facilities
- Access to kindergarten
- Access to trauma psychologists
- Safe spaces for children
- Monitoring and protection mechanisms for rights abuses
- HIV testing

### 5km Settlements in This Section

Berezove, Taramchuk and Slavne  
Marinka  
Krasnohorivka  
Pisky and Opytne  
Avdiivka  
Verkhnotoretske

<sup>4</sup> Including children out of school.

## Toretsk and Bakhmutskyi Raion (Including Part of Kostyantynivskyi Raion)



### Major Issues

Water system extremely vulnerable to conflict violence, children spending considerable time in bomb shelters, sexual exploitation of schoolgirls for money, children crossing the contact line to attend school, several isolated settlements, heavily mined areas, interaction between soldiers and children.

### Most Pressing Needs

- Safe spaces for children
- Monitoring and protection mechanisms for rights abuses
- Access to trauma psychologists
- Speech therapy

### 5km Settlements in This Section

- Novhorodske
- East of Toretsk Region
- Maiorsk/Zaitseve
- Novoluhanske
- Svitlodarsk, Luhanske and Myronivskyi

<sup>5</sup> Including children out of school.

## Luhansk Oblast

### Children in Schools (0-15km)

6,884

### Total Children under 18<sup>6</sup> (0-15km)

Over 11,500

### Total Population (0-15km):

Over 77,000

### Most Dangerous Location for Children

East Popasna  
Zolote-4 and Katerynivka  
Krymske

### Children in Kindergartens (0-15km)

1,594

### Children within 5km of the Contact Line

Over 8,100

### Total Population (0-5km):

Over 54,000

### Largest Concentration of Children in the 5km

Shchastia –  
Over 1,600 Children  
Zolote –  
Over 1,300 Children



## Major Issues

Monetary poverty, many very isolated settlements, poor access to maternity facilities, large numbers of young children not attending kindergarten, heavily mined areas (mostly in the western half of Luhansk Oblast), children crossing the contact line to attend school, families unable to afford kindergarten or school lunches, lack of access to medicines and heating fuel, interaction between soldiers and children, consistent sounds of conflict, untreated psychosocial issues.

## Most Pressing Needs

- Access to kindergarten
- Access to medical care and HIV testing
- Psychosocial support
- Safe spaces for children

## 5km Settlements in This Section

Troitske  
Popasna  
Zolote and Katerynivka  
Orikhove and Novotoshivka  
Krymske  
Triokhizbenka and Kryakivka  
Lopaskyne, Lobacheve and Staryi Aidar  
Shchastia  
Petrivka, Artema and Nyzhnoteple  
Stanytsia Luhanska and Valuiske

<sup>6</sup> Including children out of school.





## ACKNOWLEDGEMENT

UNICEF Ukraine's country programme implementation would not have been possible without the continued and generous support from funding partners. With their generous support, we have been able to support the Government of Ukraine (GoU) to develop health, education, water and sanitation and protection programmes for children.

On behalf of the most vulnerable children and women throughout Ukraine who have been reached with support, UNICEF would like to express its sincere appreciation to its resource partners around the world for their continued and critical support.

## AFFIRMATION

This report was prepared on behalf of UNICEF Ukraine by James Altman. Crucial support came from UNICEF Ukraine staff and consultants. None of this would be possible without the help of respondents willing to openly share and discuss their life experiences and the situations in their communities. It is to them that this report is most indebted.