**Ukraine Crisis**

Humanity & Inclusion (HI) deployed assessment teams on 1 March to assess the context and needs, both inside Ukraine and in neighbourhood countries (Moldova and Romania). Initial findings confirm the need for a large-scale inclusive, immediate and multi-sectoral humanitarian response to address the most acute needs of vulnerable conflict-affected populations in Ukraine and in Moldova.

In addition, the team concluded rapidly that HI needed to work on opening a Programme whilst continuing to assess rising needs and adapt its response accordingly. Due to the extreme difficulty to access areas under siege in Ukraine, HI is not only exploring options for direct implementation at the moment, but also via partnerships with Civil Society Organisations, Disabled Persons Organisations and local health centres present in the said areas to ensure that populations located in hard-to-reach areas (including institutions), have access to emergency assistance. Meanwhile, HI will also work on a contingency plan to be able to ramp up its response and services when direct access is secured in besieged areas.

On 8 March, HI deployed another team composed of a Physical Rehabilitation Technical Manager and a Logistics Manager in Bucharest to launch the supply of Non-Food Items, rehabilitation equipment and mobility aids before reinforcing the teams in Ukraine.

As of today, 13 expatriates with different expertise are deployed in Ukraine and Moldova in order to finalize sectoral need assessments and to start activities.

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**Ukraine**

An assessment team has been in Chernivtsi (Chernivtsi Oblast) since the 4th March, in order to assess the security and operational context, as well as the humanitarian needs in the area of Chernivsti, Vinnytsia and Dnipro.

In Dnipro, HI was able to visit the hospital that HI supported when intervening in Ukraine between 2015 and 2016. This hospital, which operates at capacity, receives and treats the most urgent cases (adults); noting that a further significant increase in the number of patients is expected in case of major Russian advances in the south of the country. The main gaps identified are technical aids for patients, mental health and psychosocial support, specific capacity building of physiotherapists on early rehabilitation for injured people, as well as contingency planning. HI is actively participating in the different health cluster/working
groups in link with rehabilitation and trauma care, and in link with several organisations of physiotherapists to study possible partnerships for intervention. In Chernivtsi, HI teams visited collective centres for displaced persons as well as a retirement institution, with significant needs identified in terms of assistive devices and accessibility, but also in the areas of WaSH, shelter/NFI and psychosocial support.

In addition to Humanitarian Experts, the HI team is composed of a Logistics H2H Specialist; the early stages of the assessment showing needs and gaps in last-kilometres transportation.

HI is very concerned about the situation of persons with disabilities in Ukraine, considering the increased risks of abandonment, violence, injury and death. Massive use of explosive weapons in populated areas have extensive harms on civilians and may cause permanent disabilities. When used in populated places, 90% of victims are civilians. And injuries caused by explosive weapons are complex, difficult to cure and may cause suffering for life, in addition to psychological trauma.

Additionally, persons with disabilities lack access to evacuation support and in the context of the current emergency have been left behind, unable to access information and seek safety from the military offensive. Many are not able to move / bed-ridden and restriction of movement impeding their ability to flee, seek safety, obtain food and protect themselves. Medicines such as insulin for instance is lacking in besieged areas, which indicates that the condition of people suffering from a chronic disease will worsen if medical supplies cannot enter these areas and/or if evacuation of civilians is not possible. Considering the main risks and barriers identified, HI is launching a specific assessment focusing on areas of risks pertaining to these vulnerable populations, i.e. specialized clinics (psychiatric institutions); orphanages, psychiatric facilities, residential boarding schools, and other institutions.

So far, needs in Ukraine can be distinguished between two tendencies:

- The population that were/are able to flee and that are now displaced within the country (mostly from the east to the west), noting that their needs vary based on their ability to be sheltered with relatives and their previous incomes. Collective centres are being established at regional level and up to now, assistance relies mainly on the Ukrainian civil society and on the local authorities in each region. The number of IDPs varies from one day to the next and remains unclear due to the fact that people are still on the move.

- The population who did not move and stayed in besieged areas / areas of intense conflict, where needs are more acute. In areas under siege, the longer the siege, the more the situation will be catastrophic.

This is in addition to the population in Donetsk and Luhansk Oblasts, where needs have been increasingly high and services disturbed since 2014. Despite the international community, including journalists, having only limited access to the East, a bleak and worsening picture is emerging nonetheless.

Based on this, HI’s intervention will need to be adapted to the capacity humanitarian actors will have to access people in need, as the crisis consolidates. HI’s response will thus need to be agile and reactive to be able to provide a timely response → contingency planning is therefore necessary. This is why, at this stage of the assessment, HI is looking at a flexible set up, with:

- A base in Vinnitsya, being at the centre of the country and allowing access to many different areas,

- A base in Chernivtsi to allow safe re-localisation or temporary evacuation in case of degradation of the security environment,

- Storage facilities (that could be shared with other NGOs).

People attempting to reach safety. Source: HI
Other places are also being considered such as Lviv and Dnipro, noting that having such a flexible set up requires a considerable security and logistics investment.

As humanitarian needs and protection risks worsen, HI will continue to try and scale-up response activities, adapting its response strategy to fit the new operational reality – in line with local authorities, local NGOs and CSOs, UN agencies and other humanitarian partners. Several Clusters, sub-clusters and working groups have been activated to support this scale-up, including the Trauma Working Group, which HI has joined in addition to the Age and Disability Working Group and the Cash Working Group.

Finally, a team composed of 2 Humanitarian Experts left for Lviv on 13 March in order to deepen the assessment around Lviv and along the borders with Romania, Slovakia and Hungary inside Ukraine.

**Moldova**

An estimated 306,786 refugees have crossed the border from Ukraine to Moldova, with 100,785 of these planning to remain in the country.

As much of the border with Ukraine is part of Transnistria, most refugees are entering through the southern tip of Moldova close to the Ukrainian port city of Odessa, nearby the city of Tudora (Palanca entry point). Border crossings in the North (Otaci entry point) are also seeing a high level of arrivals in need of humanitarian assistance. Overall, the situation is volatile and is changing rapidly, and despite the remarkable support provided by Moldovan volunteers and the government, in-country capacities are being stretched.

Moldova is one of the poorest countries in Europe with a population of only 2.6 million, making it the country with the most refugees per-capita. In this context, ensuring that adequate assistance is provided to all Ukrainian refugees arriving in the country is vital, including those at greater risk such as older people and those with disabilities. Any intervention in country should therefore consider their needs.

With arrivals increasing rapidly, authorities are stretched to the limit both at crossing points and in the collective centres hosting refugees (more than 90 centres spread across the country). Having assessed several crossing points in the south and in the north of the country, along with several collective centres, **HI has deployed a team of 4 Humanitarian Experts and Specialists** (Area Manager, Emergency Manager, Rehabilitation Manager and MHPSS & Protection Manager) to launch initial response. **Aiming to start in the South (Palanca), HI will soon commence activities at border crossing points**, including: provision of information and orientation, provision of MHPSS services (especially PFA) and provision of assistive devices to persons with functional limitations, while ensuring disability-inclusive services provided at these crossing points. Simultaneously, **HI will select some collective centres** in order to start Protection and Health activities, but also **Basic Needs interventions pending further assessments in each targeted centre**, with a specific attention to risks and barriers for persons with disabilities. **HI has launched its registration process** and is strongly coordinating with relevant stakeholders providing assistance, to improve access to quality health and protection services, as well as disability inclusion.

Furthermore, HI will invest in key partnerships with national and international organisations to maximise the impact of offered solutions. At the same time, HI will participate in coordination forums to ensure maximum coverage by relief actors both in terms of needs and locations, in such a volatile environment.