

Project Proposal: ENHANCING RESILIENCE AND RECOVERY THROUGH AREA-BASED SUPPORT IN UKRAINE

| Project type: | Durable Solutions (DS) | |
|---------------------------|---|--|
| Secondary project type: | Migration Health Assistance for Crisis Affected Populations (MP) | |
| Geographical Coverage: | Ukraine | |
| Executing agency: | International Organization for Migration (IOM) | |
| Beneficiaries: | Vulnerable conflict-affected populations, including IDPs, returnees and communities | |
| Partner(s): | Central, Oblast and Municipal authorities, UN and local partners organizations, local health and educational stakeholders | |
| Management site: | L3-Response-Ukraine-CH1J | |
| Duration: | 24 Months | |
| Budget: | EUR 10,000,000.00 | |

Summary

On 24 February 2022, the Russian Federation launched a broad military offensive against Ukraine and the humanitarian situation in the country quickly deteriorated. Almost half of the Ukrainian population needs humanitarian assistance as winter is setting in. This is compounded by an ongoing campaign of missile attacks on critical infrastructure, including on power generation facilities, which is exacerbating the crisis. While active hostilities continue in large parts of the country and the humanitarian needs are immense, a parallel recovery process has started and communities that have experienced major displacement and return processes continue to require substantial assistance. Through this project, IOM aims to advance the recovery process and progress toward durable solutions through the rehabilitation of social infrastructure in communities which have suffered extensive damage to public and private buildings as well as to critical community infrastructure.

IOM will adopt an area-based approach to increase the overall resilience of displacement-affected communities. This will be achieved via a three-pronged multi-sectoral approach in which IOM gathers evidence on the vulnerabilities associated with displacement and recovery needs; rehabilitates and supports the operation of critical social institutions such as educational and health facilities; and contributes to the rehabilitation, operation and maintenance of water, sanitation and municipal heating facilities, infrastructure and services in the targeted communities. Through this project, the communities that benefit will have increased access to quality healthcare and to reliable water,

sanitation and heating. It will also increase the safety of school children, educators and the wider community, while capacity building support, the provision of equipment, and other targeted support will contribute to the long-term effect of the intervention. Thus, this project will reduce the vulnerabilities associated with displacement through addressing several of the criteria of the IASC Durable Solutions Framework, with the focus on securing an adequate standard of living and reducing dependency on humanitarian assistance.

1. Rationale

The ongoing war in Ukraine continues to cause unprecedented levels of displacement, destruction, and human suffering. According to the United Nation's (UN) 2023 Ukraine Humanitarian Needs Overview (HNO), an estimated 17.6 million people need humanitarian assistance - almost half of the entire country's population. Based on the results of IOM's General Population Survey¹, this includes over 6.5 million internally displaced persons (IDPs) – around 15 per cent of the country's population – and an estimated 6 million who have spontaneously returned to their homes following a period of displacement.

Communities that have witnessed major displacement and return processes remain in dire need of assistance. Those living in areas that have largely been affected by ground operations are particularly vulnerable due to the large-scale damage to critical public infrastructure – including hospitals, educational facilities, water, sanitation and heating systems – as well as private houses. According to the Government of Ukraine, over 800,000 houses have been damaged or destroyed since the escalation of the war, resulting in thousands of people living in collective centers or buildings that, due to structural damages, cannot provide adequate shelter against harsh weather conditions. This level of destruction calls for rapid support to rehabilitation, especially of social infrastructure, needed to improve access to essential services.

The prolonged active warfare in targeted communities has affected the capacities of the Government of Ukraine and local administrations to provide essential services, largely due to the impact of heavy artillery on social infrastructure but also, more recently, due to the frequent targeting of power generation infrastructure, leading to prolonged discontinuation of electricity supply. Despite reporting substantial structural damages — such as damaged roofs and walls and broken windows — increasing exposure to the winter harshness, as well as malfunctioning of essential equipment, many social institutions continue to operate in the attempt to limit the disruption of most critical services. A key priority for intervention remains health and educational facilities, as they cater to large numbers of vulnerable community members.

The war has also had a severe impact on the communities themselves, whose members are not only at risk of physical harm but often also subject to mounting stressors and a feeling of uncertainty as individuals and families face the disruption of critical services, including through the ongoing missile strikes on critical civilian infrastructure such as heating and power generation facilities, or the loss of employment and livelihoods opportunities.

The support provided through this project will increase the access of these communities to quality services including for education and healthcare, and increase the safety school children, service providers and the wider community. In the interest of contributing to a lasting effect of the project, IOM will support with necessary equipment, capacity building as well as locally-tailored support targeted towards increasing resilience. Following the overarching do no harm principle, IOM will take

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¹ General Population Survey, Round 10 (27 October 2022)

precautions to avoid exacerbating possible pre-existing tensions, including those relating to access to services.

In line with the priorities outlined in the Government of Ukraine's recovery plan, IOM is supporting the country's recovery process by restoring social infrastructure damaged by the war through an areabased approach aiming to increase the overall resilience of affected communities. The activities proposed through this project are in line with the Flash Appeals developed during 2022 by the humanitarian community and with the draft Ukraine Humanitarian Response Plan for 2023, including through supporting durable solutions and laying the foundation for longer-term recovery, development and reconstruction in general.

2. Project Description

IOM's approach will integrate three operational streams in the same targeted locations: 1) Assessment of recovery needs, access to services and conditions of return; 2) Rehabilitation and enhancement of key medical and educational facilities; 3) Repair of critical water, sanitation and municipal heating facilities, infrastructure and services.

Objective: Contribute to enhancing resilience and recovery of displacement-affected communities through improving the standards of living

Target locations: IOM's key focus will be on major areas of return in communities in Kyiv, Kharkiv and Sumy oblasts that have witnessed major displacement and return flows. These three oblasts account for nearly 30 per cent of all estimated returns (IOM Displacement Tracking Matrix (DTM), 27 October 2022). Besides having sustained large-scale destruction, Kharkiv oblast also hosts a significant number of IDPs from areas close to the line of conflict (estimated at nearly 500,000 based on IOM data). Despite the strain on local resources and infrastructure, both IDPs and returnees continue to flow towards these vulnerable regions, seeking safety in these communities or returning from displacement themselves, often after depleting savings. These areas have suffered extensive damage to public and private buildings as well as to critical community infrastructure, because of exposure to heavy warfare.

Target populations: the project will target areas heavily affected by displacement, voluntary returns, and warfare with the aim of supporting resilience, recovery and laying early foundations for durable solutions within displacementaffected communities, including for internally displaced persons (IDPs) from other areas of the country, and local people who have fled the areas during the war and have since returned. IOM estimates that the proposed activities will provide essential support to approximately



33,000 individuals across the three identified oblasts. The overall figure might be subject to variations, depending on the final locations that will be selected and the facilities which IOM will identify for rehabilitation and enhancement. IOM anticipates supporting rural and semi-urban areas and will select facilities in close coordination with national and local authorities, as well as the other

stakeholders including the international community. The selection process will be supported by the data gathered through this project.

Outcome 1: Displacement and war-affected communities in Ukraine have improved access to social services and infrastructure

In the targeted communities, IOM will gather evidence on vulnerabilities associated with displacement, along with early recovery needs. Using an area-based approach, IOM will support with the rehabilitation of critical social institutions such as health infrastructure, educational facilities and water and sanitation systems, enhancing sustainability, where possible.

Output 1.1: Evidence is gathered, utilized and disseminated to inform project activities and policy

The DTM implemented by IOM Ukraine supports humanitarian response, recovery and durable solutions initiatives through the collection and dissemination of data to inform operations. This project will contribute to IOM's DTM portfolio and activities to track displaced population and locations of high displacement and needs, which in turn will directly link to the targeted and sustainable operational activities as described in the Outputs 2 and 3. IOM will utilize DTM tools to assess recovery needs, vulnerabilities associated with displacement, and access to services and conditions for return in targeted communities. IOM will perform location assessments as well as representative surveys to highlight gaps in access to essential services, obtain a more in depth reading of socio-economic aspects of target communities and identify and prioritize medical and educational facilities as well as water, sanitation and hygiene (WASH) infrastructure to be rehabilitated. The collected data will also contribute to products such as the IOM's Return Index, and the quarterly General Population Survey and deliver highly reliable data on needs, displacement and socioeconomic trends in locations with IDPs, returnees and other vulnerable conflict-affected communities.

IOM will make data, thematic reports and assessments available across multiple platforms for a diverse range of stakeholders. This includes through supporting an accessible website and disseminating reports on a regular basis through different networks. This project will furthermore enable IOM to hold data co-ordination events with relevant stakeholders. In this way, surveys and other interventions developed through this project will inform the work of the Government of Ukraine, as well as humanitarian and development community, academics and other stakeholders and support evidence-based approaches to governance and policymaking.

Output 1.2: Medical and educational facilities in displacement and war-affected communities are rehabilitated and equipped

This intervention will target social institutions (focusing on educational and medical facilities) that require immediate repairs, including for winterization, as well as heavily damaged buildings that need more extensive, potentially structural rehabilitations. In doing so, the project will enhance the standard of living in the short term, while tackling longer-term reconstruction and durable solutions efforts.

IOM will perform technical assessments, alongside government or any other actors, to analyse needs. The technical assessments in medical facilities will be performed together with the health facilities' management and include an analysis of gaps and needs for medical equipment. IOM will then support necessary rehabilitation works such as, inter alia, structural and roofing repairs, insulation of walls, replacement of windows, connection to the electricity supply and emergency electricity supply, repairs to heating systems and the restoration of the water supply and sanitation system of the institutions, if needed. In educational facilities, IOM may rehabilitate or improve underground shelters to increase the security of students, educators and other community members, and allow for the resumption of classes.

IOM will complement the rehabilitation component with the provision of essential equipment to improve the current capacities to provide essential services and/or to replace obsolescent or damaged

equipment. The provision of medical equipment will be couples with capacity building for local personnel, for example medical/health professionals, to ensure that staff can operate and use equipment correctly. In educational facilities, the provided equipment would include equipment to support students, teachers to continue learning while they are sheltering in bomb shelters for prolonged periods of time.

To bolster the sustainability of the project's interventions and to foster smooth co-ownership by the administrations, the facilities and the communities, a small pool of funds will be available for each target community for social cohesion, mental health and psychosocial support (MHPSS) and protection initiatives. The type of assistance will be determined through consultations with the authorities and the administration of the educational and medical facilities. IOM will use participatory approaches that create channels for citizens to offer inputs, including for example focus group discussions, considering the views of diverse groups that may be using the spaces (including women, men, boys and girls), with inputs contributing to the design of the interventions. IOM envisions 20 initiatives; however, the type, nature and scale will depend on the consultations, needs and types of support needed per community to ensure it is localised and context specific.

IOM will prioritize health and educational facilities in coordination with key government counterparts (Ministry for Reintegration of Temporary Occupied Territories, Ministry of Health, Ministry of Education) and the Health and WASH clusters. The selection process will be supported by the data gathered as part of the assessments conducted under Output 1, and through monitoring evolving needs. IOM foresees that the support provided will target mostly facilities located in rural or semi-urban areas, such as Hromada-level hospitals.

Output 1.3: Damaged water, sanitation and municipal heating facilities, infrastructure and services in targeted communities are rehabilitated

To support the growing needs of people returning to previously conflict-affected areas, IOM will work in close coordination with the local water service utilities (*Vodokanals*), local authorities, and relevant ministries, to identify and select key water, sanitation and municipal heating infrastructure, facilities and services in need of repairs/rehabilitation works, and restore their operation.

Interventions under this project may include structural repairs, procurement and installation of critical machinery and generators, as well as the replacement of heating equipment, among other activities.

Municipal infrastructure administrators will be also provided with a supply of necessary consumables – i.e., chemicals and reagents used for regular water supply and wastewater treatment – to facilitate routine activities so that they can be safely performed and the risk for water-borne disease outbreaks is mitigated. Where required, IOM will support with the necessary operation and maintenance needed to facilitate the correct functioning of the rehabilitated systems.

Overall, IOM will seek to prioritize addressing water and sanitation damages that directly affects supply to health or educational facilities targeted through activities under Output 2.

3. Partnerships and Coordination

Established in 1996, IOM Ukraine has a consolidated footprint across the country and over twenty-five years of experience in implementing humanitarian, recovery and development programs in the country. Since February 2022, IOM has further expanded its presence and operations. It is among the largest humanitarian and recovery actors operating in Ukraine and, with its expanding team of 675 staff, currently represents around one third of the total United Nations personnel in country.

The availability of in-house technical staff and expertise allows IOM to ensure the highest standards in the reconstruction and rehabilitation of buildings and utility supply systems, including complex ones such as hospitals and district water networks. This technical capacity in IOM's team includes architects,

civil, electrical and mechanical engineers, site planners, doctors and legal advisors, in addition to a large pool of seasoned thematic experts managing sectorial programs. Active rehabilitation portfolios in Ukraine already include light, medium and heavy repairs of shelter facilities and social infrastructure, the rehabilitation and maintenance of large water supply and wastewater networks, the repair of heating systems and setting up of emergency heating backup systems, as well as capacity building efforts for practitioners and partners. IOM's DTM, a system to gather and analyse data to disseminate critical multi-layered information on the mobility, vulnerabilities, and needs of displaced and mobile populations, enables decision makers and responders to provide these populations with better context specific assistance. In its data gathering efforts, IOM cooperates closely with Ukrainian authorities and implementing partners. DTM in Ukraine currently represents the key source of data for the entire humanitarian and development community and is one of the analytical backbones of the Flash Appeals, the Humanitarian Needs Overview and Humanitarian Response Plan.

As an active member of the UN Country Team and the UN Humanitarian Country Team, IOM Ukraine coordinates closely with the relevant clusters including the Shelter/NFI, Camp Coordination and Camp Management (CCCM), WASH, Protection, Logistics, Health, Food Security and Livelihoods clusters, in addition to the Cash Working Group and a number of other specific working groups and task forces across the various thematic areas. Very frequently, IOM is a member of the Strategic Advisory Groups within various clusters and leads or co-leads technical working groups. Among these, relevant to this proposal, IOM chairs the Health and Displacement Technical Working Group and co-chairs the Assessments and Analytics Working Group (AAWG) at national level as well as the area-AAWG in the East of the country, in additional to being member of the Steering Committee on Durable Solutions.

IOM coordinates closely with the central and local government so that humanitarian and recovery assistance reaches the most vulnerable. At the central level, IOM has developed strategic partnerships with numerous ministries, and signed specific Memoranda of Understanding with the Ministry for Reintegration of Temporarily Occupied Territories (MTOT), the Ministry of Social Policy (MOSP), the Ministry of Health (MoH), the Ministry of Veterans' Affairs (MinVet), the Vodokanals and the State Statistics Services of Ukraine.

At the local level, IOM continuously works and closely collaborates with oblast and municipal authorities, while relying on partnerships with over 50 non-governmental or civil-society organizations, the vast majority of which are local. In its efforts to support localization, IOM prioritizes collaboration with national and local NGOs to leverage their understanding of the local context and relations already established with the authorities, especially in hard-to-reach areas.

4. Monitoring

The project will engage a combination of monitoring techniques and methods to track results of qualitative and quantitative nature. At the output level, the implementation of project activities will be monitored by the project and Monitoring, Evaluation, Accountability and Learning (MEAL) staff through site visits, face-to-face interviews, rapid survey with help of online tools, etc., as permitted by access and security situation. IOM may engage online or phone surveys to reach areas that may no longer or temporarily be inaccessible by project staff.

Project results and activities will be closely monitored to contribute to the project implementation being on track and that support reaches the intended beneficiaries in a timely and efficient manner. In addition, IOM will monitor risks, using the Risk Assessment Plan, and hold regular review meetings to monitor that the project is within scope. To enable better accountability to affected populations, IOM Ukraine has a dedicated complaints and feedback (CFM) mechanism through a Call Centre modality. Information on IOM's feedback mechanisms is disseminated through posters and leaflets, posts on social media, direct information during distributions, follow-up calls, and other means in

Ukrainian/Russian languages to ensure messages reach target communities and vulnerable beneficiaries. Complaints and feedback are lodged and responded to by technical leads through Call Centre operators, with data analysed for trends to see whether programming needs to be adjusted.

The project applies the standard operating procedures (SOPs) for information sharing and processing of allegation of Sexual Exploitation and Abuse (SEA) and complaints as part of the Community Based Complaint Mechanism (CBCM) initiative in Ukraine established by the UN PSEA Task Force, of which IOM is an active participant. IOM is committed to the prevention of sexual exploitation and abuse (PSEA), which is mainstreamed throughout all programming. For example, IOM trains all project staff along with any distribution volunteers/clerks and implementing partners on PSEA and kit distribution guidelines and makes specific efforts to implement the project by a gender-balanced team.

All information on infrastructure and beneficiaries will be kept in secure locations accessible only to IOM-contracted service providers and relevant IOM staff. All monitoring activities will be in line with the UN Principles on Personal Data Protection and Privacy and abide by the monitoring regulations outlined in IOM's Data Protection Manual (2010).

Building on its monitoring activities, IOM will keep the donor informed of the progress and possible challenges throughout project implementation. This will be achieved through annual reporting in which IOM will inform on the achievements and the progress during the reporting period as well as on details of the implementation, challenges observed, and lessons learned; along with regular updates and informal reporting according to timelines discussed between the Government of Belgium and IOM Ukraine. Financial reports will give an update on the spending level in comparison to the foreseen expenditure rate. In the interest of successful project implementation and an open exchange between IOM and the donor, significant challenges as well as the need for possible adaptations will furthermore be communicated and discussed as soon as they arise throughout the project lifetime.

IOM Ukraine will support context-specific, targeted and people-centered communication based on donor and IOM requirements to effectively and strategically inform the people targeted by this action and its intended impact. The target audience may include the general public, authorities, civil society, media and humanitarian partners. Narrative pictorial evidence and updates will be published on social media and across IOM Ukraine and IOM Global websites and include project updates as well as logos in the regular external Situation Report, as well as ad hoc or thematic papers. IOM DTM products supported by this project will include the Government of Belgium logo.

The visibility will also be supported through branding for supported facilities (sign boards/stickers for rehabilitated medical/educational sites etc.), and high-level events (opening of rehabilitated facilities) can be organized with the participation of the donor representatives.

Human interest stories will be published to showcase IOM and the donor assistance in targeted communities. Communication opportunities for such content include World Water Day (2 March), World Health Day (7 April), World Humanitarian Day (19 August), International Day to Protect Education from Attack (9 September), or World Habitat Day (4 October). IOM will use its key communication channels, including its Facebook, Instagram, Twitter and LinkedIn pages, with currently close to 70,000 followers, and make use of press releases, the IOM Ukraine website, the website and social media of the United Nations in Ukraine, and the IOM Ukraine Newsletter.

5. Evaluation

IOM may hold a final internal evaluation for the project using its institutional pool of evaluators. The evaluation will assess the effectiveness and cohesion of the intervention. The Terms of Reference for the evaluation will be developed by IOM Ukraine's independent MEAL team. The methodology may include various data gathering and analysis methods which will be defined by the identified evaluator

| and depending on access and efficiency. The results of the evaluation will be shared with the donor as part of the established reporting cycle. |
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6. Results Matrix

| | Indicators | Data Source and Collection Method | Baseline | Target | Assumptions |
|-------------------------------|--|-----------------------------------|----------|-------------------|--------------------------|
| Objective: Contribute to | % of beneficiaries who report | Endline survey | 0 | 60% | |
| enhancing resilience and | enhanced resilience of their | | | | |
| recovery of | communities | | | | |
| displacement-affected | 0/ of honoficiaries who were ut | Endline survey | 0 | C00/ | |
| communities through | % of beneficiaries who report increased access to services | Litaline survey | 0 | 60% | |
| improving the standards | increased access to services | | | | |
| of living | | | | | |
| Outcome 1: | # of beneficiaries with access to | Project records, | 0 | 33,000 (including | The environment and |
| Displacement and war- | improved medical and educational | reports of facilities in | | estimated 14,850 | security in the area of |
| affected communities in | facilities and critical infrastructure | which the project | | women, 12,210 | implementation are |
| Ukraine have improved | | works | | men, 2,790 girls | conducive to enable the |
| access to social services | | | | and 2,790 boys) | implementation of the |
| and infrastructure | O/ of staffing account of institutions | Mary information | 0 | 000/ | project in the target |
| | % of staff in supported institutions who report improved capacities to | Key informant interviews | 0 | 80% | areas. |
| | deliver services | interviews | | | |
| Output 1.1: Evidence is | # of assessments conducted | Document review, | 0 | 10 | Stakeholders participate |
| gathered, utilized and | | publications | | | in satisfaction surveys |
| disseminated to inform | | | | | The environment and |
| project activities and policy | % of stakeholders* reporting they | Partner satisfaction | 0 | 70% | security in the area of |
| | used data produced to facilitate | survey | | | implementation are |
| | evidence-based programming | | | | conducive to enable the |
| | | Event attendance lists, | | | implementation of the |
| | # of data coordination events held | project records | 0 | 5 | |

| | | | | | project in the target areas. |
|--|--|--|---|----|---|
| conditions for return in targe Activity 1.1.2: Hold data coord Activity 1.1.3: Collect feedbac | ments on recovery needs, vulnerabilities a | · | | | Stakeholders and key informants are willing to engage in project activities |
| Output 1.2: Educational and medical facilities in displacement and waraffected communities are rehabilitated and equipped | # of social institutions supported with immediate and structural repairs (disaggregated by type of institution) | Infrastructure repair progress reports, project completion reports, direct observation during field visits | 0 | 10 | The environment and security in the area of implementation are conducive to enable the implementation of the project in the target areas. |
| | # of social institutions supported with essential equipment, capacity building and/or other targeted support (disaggregated by type of institution, equipment provided, number of trainings, and type of initiatives provided etc) | Deeds of donation, training records, direct observations, attendance lists/event reports | 0 | 10 | |
| Activities that lead to Output 1.2: Activity 1.2.1: Identify facilities in need of light to structural rehabilitation in cooperation with project partners Activity 1.2.2: Carry out joint-technical assessments including on needs/gaps, or analyse existing assessments Activity 1.2.3: Carry out immediate and structural rehabilitation works Activity 1.2.4: Provide rehabilitated facilities with essential equipment according to the needs Activity 1.2.5: Hold capacity building trainings for institution staff Activity 1.2.6: Hold consultations and carry-out sustainability and cohesion initiatives | | | | | Availability of construction materials and equipment on local and/or international markets Facilities' staff are willing to cooperate |

| Output 1.3: Damaged | # of critical infrastructure rehabilitated | Direct observation | 0 | 5 | Local authorities and |
|---|--|----------------------|---|----------------------|-----------------------------|
| water, sanitation and | to support reliable water, wastewater | during field visits; | | | water service utilities are |
| municipal heating facilities, | and heating systems | project completion | | | supportive and willing to |
| infrastructure and services | | reports; BoQs | | | cooperate |
| in targeted communities is | | | | | |
| rehabilitated | | | | | |
| Activities that lead to Output 1.3: | | | | | Availability of |
| Activity 1.3.1: Identify water, sanitation and municipal heating facilities and services, in coordination with relevant stakeholders, in need | | | | | construction materials |
| of repairs/rehabilitation works | | | | | and equipment on local |
| Activity 1.3.2: Procurement of equipment and supplies in coordination with the identified facilities | | | | and/or international | |
| Activity 1.3.3: Repairs and rehabilitation activities, installation of critical equipment and support for operation and maintenance | | | | markets | |

7. Work Plan

A workplan for this project is included as Annex 1.

8. Budget

The project budget is detailed in Annex 2.

Appendix 1. Risk Assessment Plan

| Risk Factor | Likelihood | Impact | Risk Treatment Plan |
|---|------------|--------|---|
| Political and institutional instability | High | High | IOM continuously monitors the political situation. Potential political violence is of particular concern. Institutional instability, or possible change in official counterparts, is another risk to be monitored throughout implementation. The development of criminal networks is a possibility but may be peripheral to IOM's direct assistance and distribution work envisioned under this project. The risk factor could have an impact on the counterparts in this project. IOM will work closely with local authorities, communities, and stakeholders to support timely transmission of information on the stability of the situation and any potential risks, and ensure frequent liaison and communication with government counterparts. |
| Deterioration of the security situation | High | High | SSAFE training will be conducted with all IOM staff members deployed to the area of operation. As a UN Agency, IOM follows United Nations Department of Safety and Security (UNDSS) security guidance to manage and monitor the safety of IOM and partner staff members deployed to at-risk areas. IOM will systematically monitor the security situation and share any security notifications or alerts received with any implementing partners to allow the organizations to recalibrate accordingly. However, a serious security deterioration in project locations would require additional assessments of the security situation, and potential amendments to the workplan, or reconfiguring staff modalities. |

| Accidents in repaired facilities | Low | Medium | A technical expert engaged in the project activities will be assigned for close monitoring of the reconstruction and construction process and quality of works during the project duration. Structural assessments will be performed where/when relevant and advised. |
|---|--------|--------|--|
| Sexual exploitation and abuse | Low | Medium | IOM is committed to ensure that Protection from Sexual Exploitation and Abuse (PSEA) is an integral component of its programs and mainstreamed throughout its projects. IOM has an Institutional Framework for Addressing Gender-Based Violence in Crises and PSEA focal points who are trained on GBV Guiding Principles. The project will apply the standard operating procedures (SOPs) for information sharing and processing of allegation and complaints as part of the Community Based Complaint Mechanism initiative in Ukraine established by the UN PSEA Task Force. IOM also has an internal online reporting platform. Project staff along with any implementing partners will be trained on PSEA and efforts will be made to implement the project by a gender balanced team. |
| Potential lack of workforce to conduct rehabilitations | Medium | High | IOM, along with other UN Agencies, are experiencing delays and challenges in hiring due to the displacement, mobilization of men into the army, and crisis situation, along with an extremely competitive job market. IOM human resources Department is looking into more innovative ways to advertise and bring on board staff, and utilizing stand-by-partners, UN Volunteers as well as intensive capacity development. |
| Limited access to needed materials | Medium | High | For labor and technical supervision as well as local materials, IOM is sourcing locally, where possible, through diversification of different mobile teams and procurement pathways. For specific shelter materials IOM is sourcing them from outside of the country. IOM has global logistics and supply hubs in Gaziantep, Turkey, and is therefore able to obtain goods from suppliers in Greece, Pakistan, Turkey, the Philippines and elsewhere via the hub's global connections. |