

# Mental Health and Psychosocial Support Rapid Situational Analysis Report

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Izium District, Kharkiv Oblast, Ukraine

October 2022



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## List of Acronyms

<b>HF</b>	Health facility	<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>IASC</b>	Inter-Agency Standing Committee	<b>PFA</b>	Psychological first aid
<b>IDP</b>	Internally displaced persons	<b>SH+</b>	Self-Help Plus
<b>KII</b>	Key informant interviews	<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>mhGAP</b>	Mental Health Gap Action Program	<b>USAID</b>	United States Agency for International Development
<b>mhGAP-HIG</b>	mhGAP-Humanitarian Intervention Guide	<b>WASH</b>	Water, sanitation and hygiene
<b>MHPSS</b>	Mental health and psychosocial support	<b>WFP</b>	World Food Programme
<b>MNS</b>	Mental, neurological and substance use	<b>WHO</b>	World Health Organization
<b>MoH</b>	Ministry of Health		
<b>NFI</b>	Non-food item		

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## Section 1: Introduction

International Medical Corps conducted this assessment between October 4–10 in limited conditions due to security restrictions and an escalation of attacks across the country. This affected our team's work and restricted access to the affected territories,<sup>1</sup> including Kharkiv oblast. The analysis is intended to provide International Medical Corps with a rapid overview of the situation, to enable immediate implementation of lifesaving services and essential humanitarian aid.

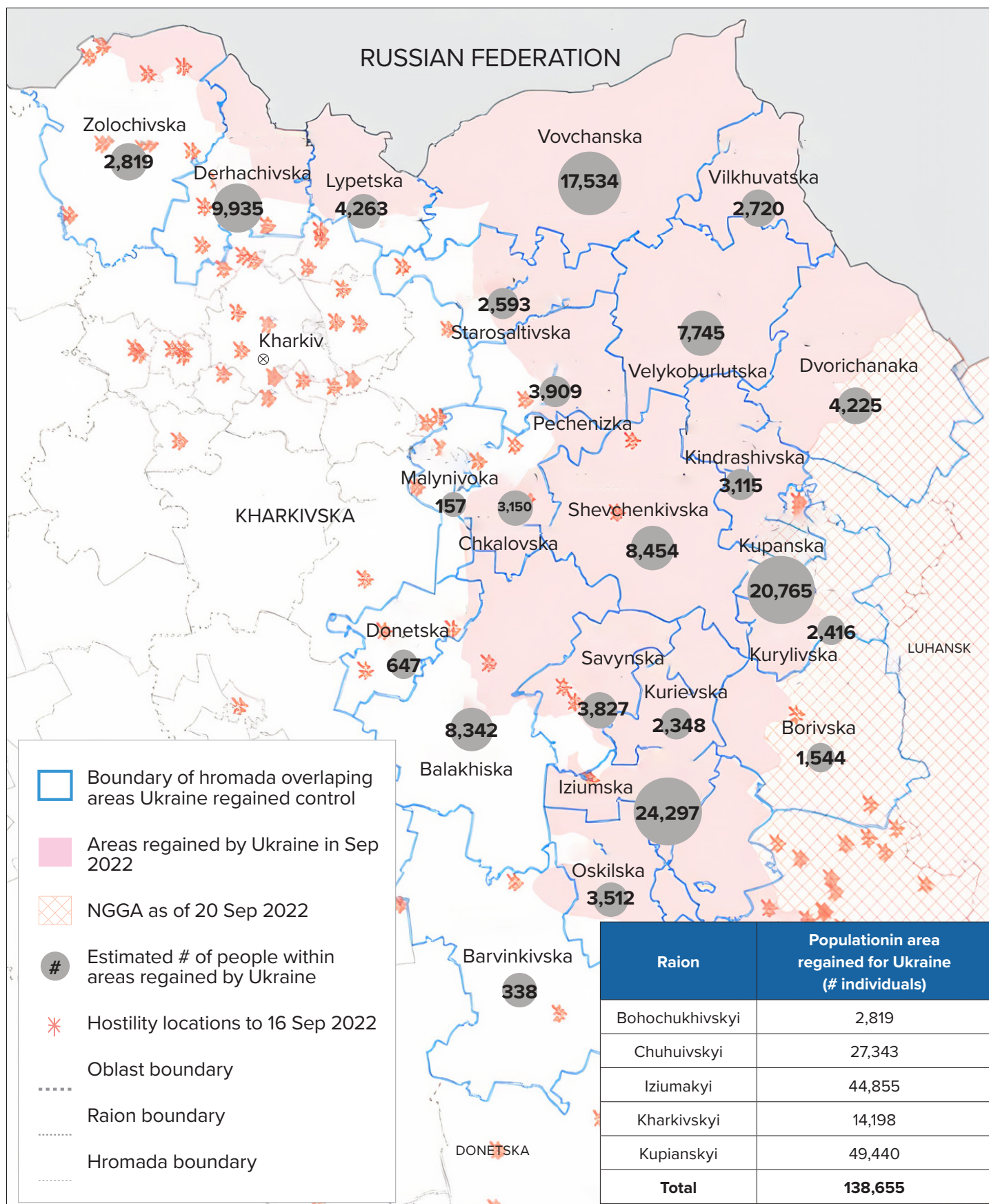
Further information must be gathered to comprehensively understand the needs, resources and gaps in service delivery, in addition to exploring the most common ways of expressing psychological distress culturally and understanding how this distress is addressed.

Due to high risks to the population at the time of the assessment, focus group discussions were not held, considering the prioritization of accessing the humanitarian aid being distributed at the time of field visits.

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<sup>1</sup> [OCHA \(2022\), Ukraine: ESCALATION OF ATTACKS ACROSS THE COUNTRY, October 2022](#)



Overview of Regained Areas<sup>1</sup>

Source: UNOCHA, Ukraine, Flash Update No. 1

<sup>1</sup> <https://reliefweb.int/report/ukraine/ukraine-humanitarian-situation-kharkivska-oblast-flash-update-no-1-last-updated-6-oct-2022-enuk>



## Section 2: Objectives

The primary objectives of this assessment are:

1. to identify key needs for mental health and psychosocial support (MHPSS) services and barriers to accessing support services;
2. to determine existing MHPSS actors and services, and to identify gaps in service delivery; and
3. to share recommendations for an MHPSS emergency response.





## Section 3: Methodology

The methodology for this assessment included a desk review, site visits and key informant interviews (KIs) in select locations in Kharkiv oblast.

A **desk review** included relevant documents from OCHA,<sup>1</sup> ACAPS,<sup>2</sup> UNHCR,<sup>3</sup> WHO,<sup>4</sup> WFP,<sup>5</sup> International Medical Corps (“Formal Security Trip Report to Kharkiv Oblast on September 29” and “Ukraine MHPSS Rapid Situational Analysis, April 2022”)<sup>6</sup>, Telegram channel ІЗІОМ | Голос народу, and the official website [Oskil hromada](#).

**Site visits** were conducted across select areas of Izium district:

1. Izium city: the Regional Izium Hospital, the Izium Territorial Center (nursing home) and two ambulatory clinics;
2. Balakiiia hromada: the City Council of Balakiiia; and
3. Oskil hromada: three ambulatory clinics in Kapytolivka, Oskil and Studenok villages.

**KIs** were held with 21 key informants, including healthcare providers, social service and humanitarian workers, volunteers, local authorities and community members from four cities.

<sup>1</sup> <https://reliefweb.int/report/ukraine/ukraine-humanitarian-situation-kharkivska-oblast-flash-update-no-1-last-updated-6-oct-2022-enuk>

<sup>2</sup> <https://www.acaps.org/special-report/ukraine-humanitarian-situation-newly-accessible-areas-kharkiv-oblast>

<sup>3</sup> <https://reliefweb.int/report/ukraine/ukraine-situation-flash-update-32-7-october-2022>

<sup>4</sup> <https://apps.who.int/iris/handle/10665/363389>

<sup>5</sup> <https://reliefweb.int/report/ukraine/wfp-limited-emergency-operation-ukraine-external-situation-report-28-7-october-2022>

<sup>6</sup> <https://reliefweb.int/report/ukraine/mental-health-psychosocial-support-rapid-situational-analysis-ukraine-kyiv-odessa-lviv-april-2022>



# Section 4: Background and Context

## 4.1 Humanitarian Context

By the end of September, Ukrainian forces regained control of at least 420 settlements in Kharkiv oblast, spread across towns, villages and raions, including Bohodukhiv, Chuhuiv, Izium, Kharkiv and Kupiansk raions. Approximately 140,000 people are estimated to have remained until September in the regained territories that were under Russian control for five to six months. A large number of people who continued to live in the occupied districts in Izium and Kupiansk raions had to endure precarious living conditions while being deprived of services and being exposed to violence.

The fighting has resulted in extensive damage and destruction of all types of civilian infrastructure, including residential and administrative buildings, schools, grain storage facilities, railway tracks and dams. As a result, people lack, or have limited access to, essential supplies and services, such as food, water, gas, electricity, medicines and medical services.

Table 1: Estimated population living in regained territories in Kharkiv

RAIONS	NUMBER OF INDIVIDUALS WHO REMAINED IN THE OCCUPIED TERRITORIES UNTIL SEPTEMBER <sup>1</sup>	IDPS <sup>2</sup> HOSTED PER RAION IN KHARKIV OBLAST
Bohodukhiv	2,819	90,200
Chuhuiv	27,343	40,500
Izium	44,855	25,300
Kharkiv	14,198	164,000
Kupiansk	49,440	3,100
	<b>138,655</b>	<b>323,100</b>

1 <https://reliefweb.int/report/ukraine/ukraine-humanitarian-situation-kharkivska-oblast-flash-update-no-1-last-updated-6-oct-2022-enuk>. The data refer to people who remained in the occupied territories (not the population in the whole territory); only a portion of Kharkiv district remained under occupation until September 2022.

2 [https://www.acaps.org/sites/acaps/files/products/files/20221006\\_acaps\\_ukraine\\_analysis\\_hub\\_thematic\\_report\\_humanitarian\\_situation\\_in\\_newly\\_accessible\\_areas\\_of\\_kharkiv\\_oblast.pdf](https://www.acaps.org/sites/acaps/files/products/files/20221006_acaps_ukraine_analysis_hub_thematic_report_humanitarian_situation_in_newly_accessible_areas_of_kharkiv_oblast.pdf)



### 4.1.1 Izium Raion

This raion comprises eight hromadas spread across 1,553 square kilometers, with a population of 175,986<sup>1</sup> in 2021. To date, it is estimated that 25% of the population remains in the regained territories, while an additional 14% have moved out to safer territories within Kharkiv oblast, although they are likely to return gradually. Assessments by humanitarian organizations established Izium and Balakliia hromadas as the most affected in the raion. According to United Nations reports, 80% of critical infrastructure in Izium city is destroyed. In addition, health services are severely affected, with the destruction of health facilities (HFs) and the loss of staff who have left for safer areas.

Most social services have been operating at lower capacity due to insufficient resources, lack of staff and active combat. Payments for governmental staff and pensioners were interrupted at the start of the war. A sustained interruption in the local supply chain has led to food insecurity. The lack of gas, electricity and running water is worsening living conditions, with people resorting to cooking on open fires. This type of cooking requires wood, and gathering wood risks exposure to mines, which are heavily present in wooded areas. Volunteers also have been requesting for candles and lanterns.

Buildings and houses have also been damaged by the fighting, meaning urgent rehabilitation is needed, given that occupants are facing winter. The number of people in need of shelter and assistance is increasing. Older people and people with disabilities, who were left alone during the time of occupation, remain unsupported and vulnerable.

Official reports indicate the presence of mass graves, with hundreds of bodies showing signs of torture. Social cohesion in the community has become fragile due to the political implication of the conflict, with expressions of mistrust and suspicion common. The Ukrainian Ministry of Reintegration of Temporarily Occupied Territories started a process to assess and authorize humanitarian aid, with the director of the Department of Civil Protection of the Population of the Kharkiv region saying in a public statement, "A large number of processes need to be established in the newly liberated territories. Unfortunately, we are faced with cases where collaborationism flourished there. There are still people in those territories who committed crimes against the state. It is necessary to carry out filtering measures... We need to understand who is going and for what purpose. We need to analyze the flow of humanitarian aid." Some health workers are being investigated and cannot provide services until cleared, increasing staffing shortages.

Accommodation is a major concern for people returning to Izium, and for humanitarian actors who hope to visit to provide aid. An intensive humanitarian response started shortly after the government announced that Ukrainian forces had started regaining territories. Humanitarian actors and local organizations, including volunteers, are providing lifesaving services, in communities that are easy to access. However, support is still scarce for those villages that are distant from the center of the hromada.

**Table 2: Hromadas in Izium raion**

HROMADAS	TYPE	INDIVIDUALS REMAINED UNDER OCCUPATION <sup>3</sup>
Balakliia	Urban	8,342
Barvinkove	Urban	338
Borova	Settlement	1,544
Donets	Settlement	647
Izium	Urban	24,297
Kunie	Rural	2,348
Oskil	Rural	3,512
Savyntsi	Settlement	3,827
<b>TOTAL:</b>		<b>44,885</b>

### 4.1.2 Oskil Hromada

Oskil is located to the south of Izium, in the western part of Donetsk oblast. During the first six months of the occupation, at least 38% of the population remained in the 27 villages and settlements that make up the hromada. Since the beginning of the conflict, gas pipelines have been compromised, interrupting such essential services as electricity and running water. In addition, the outpatient clinic in Oskil

1 [https://ukrstat.gov.ua/druk/publicat/kat\\_u/2021/zb/05/zb\\_chuselnist\\_2021.pdf](https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/05/zb_chuselnist_2021.pdf)

2 [https://ukrstat.gov.ua/druk/publicat/kat\\_u/2021/zb/05/zb\\_chuselnist%202021.pdf](https://ukrstat.gov.ua/druk/publicat/kat_u/2021/zb/05/zb_chuselnist%202021.pdf)

3 <https://reliefweb.int/report/ukraine/ukraine-humanitarian-situation-kharkivska-oblast-flash-update-no-1-last-updated-6-oct-2022-enuk>



was destroyed, and limited staff continued to provide medical care in the premises of the territorial center in Oskil village. This village, along with Kapitolivka and Studenok villages, have the highest populations in the hromada. Most children were taken to safer places by their caregivers, along with pregnant and lactating women.

These villages also have a significant elderly population who have been exposed to multiple losses and active combat, and are highly dependent on food distribution. The health staff has been reduced by half, and family doctors are restricted in their home visits. The HFs have been destroyed or face significant damage. One remains standing in Studenok but lacks supplies or equipment. The distance between the villages is far, and the paths are littered with mines, abandoned artillery and destroyed houses, as well as a strong military presence. Communication lines were interrupted since the fighting started, isolating people and fueling fear and rumors. There are only a few humanitarian actors providing support in Oskil village through cash assistance, food, medications and hygiene products.

## 4.2 Mental Health and Psychosocial Support Services

### 4.2.1 Specialized services

Earlier, a psychiatrist, a narcologist and a neurologist provided outpatient and emergency services to people with mental, neurological and substance-use (MNS) conditions at the Izium Regional Hospital. None of the professionals remained in Izium once the fighting started. As a result, people with pre-existing MNS conditions have been without sustained treatment or care for more than six months.

Currently, the hospital provides emergency care when possible, and makes referrals to the Kharkiv Regional Clinical Psychiatric Hospital. At the time of the field visit, the HF reported referring two people with symptoms of psychosis in the week before. However, both persons refused the referral and ultimately were left without any care. Key health informants mentioned the high stigma that people have regarding seeking and receiving mental health care—many perceived mental health care as a tool for seclusion used by the Soviet Union against detractors.

In Oskil, the inpatient psychiatric hospital that cared for 400 people with MNS was destroyed in the early days of the fighting. People with MNS conditions living in the facility were relocated to the Kharkiv Regional Psychiatric Hospital, and some were relocated to a facility in Lviv oblast. More information needs to be gathered about the status of the relocated people in Lviv.

### 4.2.2 Non-specialized Services at the Community and Primary Healthcare Level

Before occupation of the territories by Russian forces, psychologists were available at ambulatory clinics and nursing homes; however, they left Izium for safer places. Psychotropic medication is available at the HFs the team visited during the assessment, but the health staff reported limited knowledge of their use. In Oskil hromada, the health staff reported receiving more than 100 people in the week before with somatic symptoms unrelated to a health condition. They received medicines that were already prescribed to them. In another ambulatory clinic, the head nurse requested support with medication to “calm” people because of the large number of patients with somatic complaints. Community members in the village commonly use valerian<sup>1</sup> to help with sleeping problems and psychological distress.

### 4.2.3 Community Psychosocial Support Services

Social services come under the jurisdiction of the local Social Protection department of the Ministry of Social Policy. A cadre of social workers conduct home visits when needed.<sup>2</sup> With the war putting additional pressure on the public budget, the City Council stopped payments to social workers. They have been providing care since February without receiving any salary. The remaining social workers continue to provide care for people with disabilities or limited mobility, operating out of their homes with scarce resources and no means of transportation.

The primary protective system reported by respondents is to rely on their community. When asked about available resources, the respondents said that almost no resources came from outside of the community or from a national or international organization. The village heads are considered the focal point for accessing and organizing support.

<sup>1</sup> Extracts of the roots of the valerian plant (*Valeriana officinalis*) are widely used for inducing sleep and improving sleep quality.

<sup>2</sup> Thirty-eight social workers were reported to be providing support on the date of the interview (October 7, 2022).



## Section 5: Findings

### 5.1 Stressors

The population that stayed behind in the territories at the time of the occupation was affected in varying degrees.

- **Difficult living conditions:**
  - limited or complete lack of access to such essential services as safe water, electricity and domestic gas;
  - food insecurity related to the disruption in the supply chain of markets and a shortage of products;
  - local markets are not operational in rural areas and villages.
    - *"We have to go to Izium city to find products, which is one hour away by car. Most of the people in the community don't have a car anymore."* (a concern expressed by the head of the Oskil hromada)
    - *"An organization is offering to give us 1,200 hryvnias, but what can we buy? There is almost nothing here."* (a comment made by a community member in Oskil city)
  - the functionality of the heating system depends on electricity or the availability of gas, which poses a significant concern, given the drop in temperatures and the winter season ahead; and
  - a large number of houses have broken windows or shattered walls in need of repair to protect people from the cold.
- **Financial difficulties:**
  - loss of livelihoods;
  - irregular payment of salaries and pensions;
  - stopping of funds to the communal council for the payment of salaries;
  - increased prices of essential goods and services; and
  - lack of cash, as most banks are not fully operational, and people are unable to withdraw money.
- **Health complaints:**
  - limited access to health services and medicines for acute and chronic diseases.
- **Homelessness:**
  - deterioration or total loss of housing.



- **Prolonged exposure to difficult living conditions under occupation and active combat:**
  - people have lived under active combat and are going to cramped shelters without electricity, food and hygiene products.
    - *"If they shot me now, I would say thank you,"* mentioned one key informant when talking about the adversity faced by the community.
- **Isolation and deprivation of information:**
  - those living in the occupied territories did not have access to information about the fighting going on in the capital, which made them believe that the entire country was under occupation. This lack of communication added to the distress and hopelessness of the people; and
  - communities still do not have access to communication, such as phone or internet services, given the continued blackouts. As a result, they are unable to communicate with those who have fled to the surrounding areas.
- **Landmines:**
  - frequent injuries of civilians due to landmines;
  - in rural areas, people cannot grow their crops for fear of landmines;
  - the need to harvest wood for cooking and heating purposes leads to further risk of injuries due to landmines.
- **Loss and grief:**
  - missing or deceased family members, or other emotional, relational and material losses.
- **Distrust and anger against people believed to support the Russian forces:**
  - active "filtering" processes to identify supporters of the Russians are putting community members on alert and making them suspicious.
- **School closures:**
  - children are out of the protective space that schools provide;
  - children lack safe spaces for playing and interacting with peers; and
  - parents and caregivers lack safe spaces to leave their children, if needed.

## 5.2 Prevalent Psychological Distress and MNS Conditions

The below symptoms and conditions were reported (through KIIs) and observed during field visits. No formal psychiatric assessment tool could be used, so the list below is indicative rather than diagnostic:

- irritability;
- withdrawal, aggression and interpersonal difficulties;
- grief and loss;
- nightmares and sleeping problems;
- deterioration in people with pre-existing MNS conditions due to the lack of available follow-up care and treatment;
- acute stress disorder;
- symptoms of depression (low mood, despair and loss of appetite);
- symptoms of post-traumatic stress disorder (flashbacks, hyper-alertness and overreaction to stimuli);
- symptoms of anxiety;
- acute psychotic episodes; and
- manic episodes.

## 5.3 Coping Mechanisms

### 5.3.1 Positive mechanisms

- Solidarity, getting involved in support activities and volunteering to support others within the community to rebuild and cope. *"I spend my days here, helping the grandpas and grandmas; they need to be heard. I am not professional, but at least I help them smile and remember the good left in the world". "Before the war, I was an entrepreneur, but now everything is closed, so I put all of my energy into helping others to get food."* (comments from interviewed community members volunteering in Izium hromada)
- Seeking and accepting support from relatives and friends.
- Turning to faith and religion.
- Actively supporting community members and neighbors.
- Repairing damaged homes and public facilities.

### 5.3.2 Negative mechanisms

- Increased alcohol consumption, regardless of the local ban on alcohol use. The ban is leading to increased risky behaviors to access alcohol, like homemade liquor.
- Fixating on finding “enemies,” and dedicating time and resources to achieve this while increasing distrust and social tension within the community.
- Avoidance by working more than necessary.
- Aggressive and disruptive behaviors, like looting.

### 5.3.3 At-risks groups

- Older people and those living with disabilities are in need of major support for mobility and functioning.
- People living in isolated and distant rural areas.
- People suspected to be “traitors” by the community, as they are being harassed and isolated.
- People living with pre-existing MNS conditions.
- Homeless people and those living in shelters.
- Survivors and witnesses of torture at the hands of Russian forces.
- People with relatives living in Russia or who support Russia.
- People with serious injuries or those with amputations.
- Children who, in addition to experiencing the horrors of the war, do not have support networks due to school closures and lack of access to safe spaces;
- Family of military persons in active combat.
- Service providers working in highly stressful environments—workplaces that are understaffed and have limited resources.

### 5.3.4 MHPSS Service Delivery Needs

- Specialized mental health service delivery at the Regional Izium Hospital.
- Availability to receive referrals from the district to the Regional Psychiatric Hospital in Kharkiv.
- MHPSS services for people living with alcohol and substance-use disorders, considering the high risk of dangerous substitutes due to the ban on ethanol.<sup>1</sup>
- MHPSS interventions to promote and strengthen positive coping mechanisms among community members.
- Focused care at the Izium Territorial Center for older adults with MNS disorders and older people with psychological distress and cumulative risk factors due to being separated from their family. The center has a waiting list of 40 elderly people living alone in the city.
- MHPSS services in the hubs that distribute humanitarian aid (non-food items, food and cash assistance). These hubs could be considered potential entry points for people in need of focused services.
- Accessible MHPSS services for rural community members who otherwise cannot access available emergency services due to security risks, lack of transportation and active shelling.
- MHPSS interventions for service providers focused on preventing and recovering from burnout.
- MHPSS interventions in villages and settlements to reduce social tensions.
- Long-term mental health services for those with MNS conditions.

<sup>1</sup> During the time of the assessment, one person reportedly died after consuming a hand sanitizer





Photographer: Omar Havana

## Section 6: Recommendations

Based on the IASC’s 2007 guidelines for MHPSS in emergencies, we make the following recommendations, framed in a multilayered response. The pyramid below shows the distinctions between interventions that benefit the general population and those that require specialized expertise (and are generally required by fewer persons).

Figure 4: The IASC MHPSS Intervention Pyramid



Source: International Medical Corps

## Layer 1: Social Considerations in Basic Services and Security

### Disseminating Information

- **Increase access to information** on the current situation, relief efforts and available services to address basic needs in general through printed materials, community meetings, radio broadcasting and other means used by community members, especially those in hard-to-reach communities left without access to external information.
- **Strengthen the mainstreaming of MHPSS services** into humanitarian aid and WASH interventions, including within the distribution hubs identified as potential entry points.
- **Provide basic information** on mental health and psychosocial well-being to frontline responders and those active in humanitarian hubs and distribution sites, to facilitate its mainstreaming within humanitarian aid.

## Layer 2: Community and Family Support

### Community-Based Approach and Strengthening Positive Coping Mechanisms

- **Planned psychosocial support activities** must be organized with a community-based approach to address mental health needs while ensuring sustainability with the community resources available. This should include:
  - **identifying existing local support structures**, commonly led by the village head or community leaders in local volunteering bodies
  - **assessing their perceived needs** and capacities, and developing capacity-building plans to enable them to identify and participate in supporting their community's networks;
  - **supporting and supervising** trained people in implementing psychosocial support activities with an in-depth understanding of the culture, traditions and language of the communities; and
  - **implementing activities** alongside trained community members and providing them with on-the-job support and supervision. The aim should be to implement activities that promote positive coping strategies, improve well-being, build trust and strengthen social cohesion in communities. Activities could include child-friendly spaces, recreation, art-based and sports-based activities and skill-learning activities based on the perceived needs of the community.

For further interventions, there is a need for a more nuanced exploration of social cohesion and associated strategic activities to regain and foster a sense of trust once safety is established.

### Supporting Caregivers' Mental Health and Well-being

- **Support groups** should be considered to care for caregivers, which could also result in better relationships with their children. Caregivers should be trained in stress management, childhood development and positive parenting in times of crisis.
- MHPSS staff can implement activities that offer **parallel support to both caregivers and their children**.
- Staff should promote the **use of the WHO SH+ five-session stress management course** to reduce psychological distress and prevent the onset of mental health conditions. Staff also can distribute a copy of WHO's illustrated guide "Doing What Matters in Times of Stress," and prepare group sessions to support the use of stress management techniques with audio files. Staff should train non-specialized workers and volunteers in the SH+ course to support its implementation, and promote the use of pre-recorded audio files through radio broadcast where available.

## Layer 3: Focused Non-Specialized Support

- Ensure that the **principles of Psychological First Aid (PFA)** are adhered to when interacting with persons in emotional distress. These principles will help them reduce stress symptoms and promote a healthy recovery while providing necessary information and practical assistance in linking with social support and other available services.
- Conduct **awareness-raising activities**, including reducing the stigma surrounding mental health services. Community awareness should include a focus on self-harm and substance misuse, as this was identified as a strong need at the community level.
- When possible, offer **basic individual and group emotional support** to people in need of structured activities in line with the mental health case management approach. Aim to provide everyone with the most appropriate services available.
- **Offer group support** to families or groups of individuals sharing the same challenges, such as the relatives of military soldiers or those experiencing grief/loss.
- **Train service providers** in basic psychosocial skills and PFA.



## Integration of Mental Health Care at the Primary Healthcare Level

- When possible, help family doctors and nurses in rural areas **access prioritized modules of the WHO mhGAP-HIG**. Provide training and supervision to enable them to become competent in assessing and managing common mental health conditions (modules that could be prioritized include those on depression, acute stress, post-traumatic stress and grief). Training should not overwhelm the scarce health staff, and should be accompanied by frequent visits from mental health professionals to ensure follow-up services and implementation of the mhGAP-HIG recommendations. This can especially help address the prevalence of self-harm and substance misuse tendencies.

## Care for Service Providers

- Provide emotional support and stress management training to caregivers experiencing exhaustion, including health staff, social workers, volunteers and social protection agents.

## Layer 4: Specialized Services

- **Reduce the six-month gap** in the availability of specialized mental health care for people with MNS conditions. This could be done by supporting access to specialized services and strengthening capacity where feasible and necessary.
- **Support the Ministry of Health** in providing psychiatric care at the Regional Izium hospital, and expand the capacity for follow-ups with specialized mobile services. This could be achieved by providing mental health care with roving external professionals until permanent positions are re-established or are in place. Available accommodation in Izium is scarce; therefore, professionals could visit the hospital periodically. Additionally, mobile services could be offered as part of the services provided by medical units working in communities; however, continuity of service should be a core consideration, and essential, if such modes of intervention are pursued.
- **Support psychotropic access** in targeted HFs where health staff would receive mhGAP training, and in HFs assisted by mobile units with mental health professionals.
- **Support coordination** among humanitarian actors and service providers to continually update and communicate about the available services for referrals within Kharkiv oblast.

