SITUATION OVERVIEW

Multi-Sectoral Needs Assessment (MSNA): Gender, Age and Disability Situation Overview

January 2024 | Ukraine

CONTEXT & RATIONALE

More than 20 months since the escalation of the conflict in Ukraine, the population of the country has experienced rising humanitarian needs[1] and an exacerbation of preexisting gender- and disability-based vulnerabilities. In this context, REACH partnered with World Food Programme (WFP) to launch a Multi-Sector Needs Assessment (MSNA). The objective of the MSNA was to understand and analyze the demographics, multi-sectoral humanitarian needs, service access, and displacement dynamics of populations living in Ukraine; so as to inform the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2024 and contribute to a more targeted and evidence-based humanitarian response. To further assess how the current situation differs for women, men, people with or without disabilities and with the technical input of the Gender in Humanitarian Action Working Group, REACH conducted a targeted analysis of needs along gender and inclusion lines. Given the MSNA's household-level unit of analysis for most indicators, REACH primarily explored differences between female and male-headed households (HHs), HHs with or without a member with a disability with additional investigation into HHs with intersecting vulnerabilities, in order to understand whether these groups experience more severe needs or increased barriers to assistance.[3,4]

EXECUTIVE SUMMARY

Assessed FHHs often reported similar types of needs compared to MHHs, but with higher levels of intersectoral needs; FHHs were slightly more likely to report Extreme or Extreme+ needs across sectors (41%), compared to MHHs (37%). HHs with a member with a disability, however, had a significantly higher level of Extreme or Extreme+ needs (58%) than HHs without a member with a disability (31%).

- Findings suggest that gender disparities exist in employment, with women, especially those aged 18-25 and 26-50, more likely than men (in the same age groups) to engage in unpaid labor like housework due to apparent increased caregiving responsibilities[5].
- Unemployment status notably varied by displacement and gender, with displaced women and men reporting higher rates of unemployment. Displaced women also disproportionately more often engage in unpaid housework.
- HHs with members with disability report higher healthcare needs and more barriers while accessing healthcare services.
- Among females aged 12-49 years old who sought sexual and reproductive health (SRH) services (n=298), 6% could not access these healthcare services.
- Respondents' perception of the safety and security situation for women in their area seemed to vary by displacement, age, and gender with younger female respondents, displaced respondents reporting safety and security concerns for women more often than their counterparts.
- Children with disabilities face higher rates of non-enrollment and non-attendance of schools than non-disabled children.
- Remote learning may disproportionately burden caregivers, especially mothers, jeopardizing their economic opportunities and adding to their unpaid labor load.
- There is a notable gap between perceived need for humanitarian assistance and the assistance received, particularly among older individuals.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

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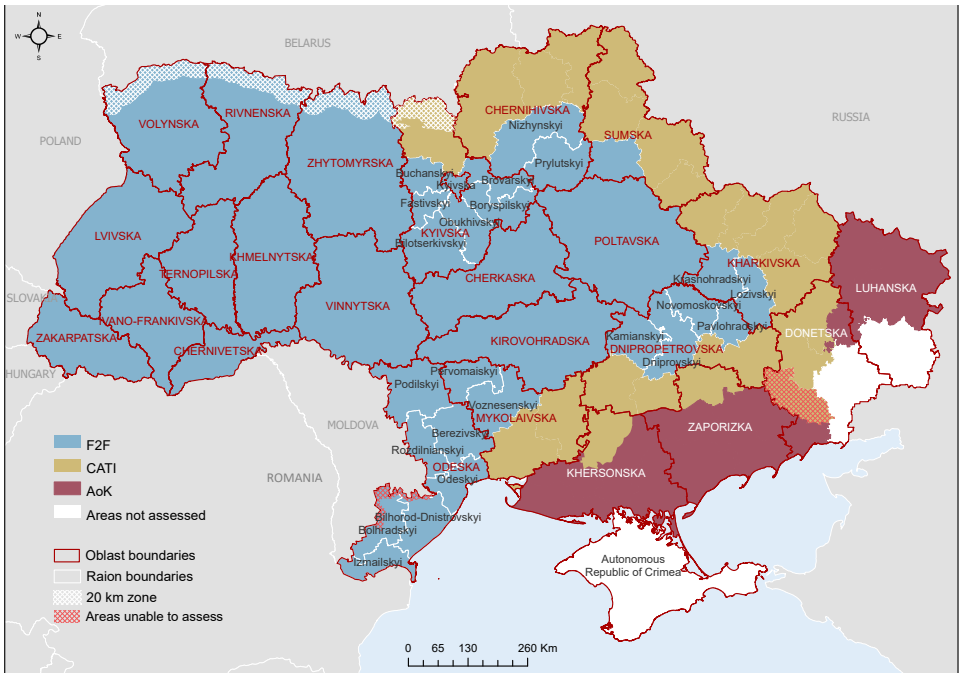
ASSESSMENT SCOPE AND COVERAGE

Map 1: MSNA geographic coverage by by population group and data collection (DC) modality

Number of inteviews collected per macro-region

Total	13,322
Center	1,937
East	2,081
North	3,145
South	2,305
West	3,855

Dates of data collection:
21 June - 1 August



METHODOLOGY OVERVIEW*

Overall, the MSNA collected **13,322 household-level interviews across 24 oblasts and 105 raions.** This assessment employed a quantitative data collection methodology, including 11,427 face-to-face (F2F) and 1,895 computer-assisted telephone interview (CATI) surveys conducted at the household level in inaccessible, as well as 'area of knowledge' (AoK) data collection at the settlement-level in selected areas of the country, however AoK data was not used in this analysis.

F2F HH surveys were conducted in secure areas which were directly accessed by enumerators, while CATI was used in inaccessible areas where F2F data collection was not feasible but where phone networks were still functioning (see Map 1). The AoK approach was then applied in areas which were not under the control of the Government of Ukraine (GoU) during data collection, and therefore inaccessible using either F2F or CATI methodologies.

The sampling approach was comprised of three, complimentary sampling methods, with a **precision of 95% confidence level and 7% margin of error** across all stratum.

This brief also uses scores drawn from REACH's Multi-sector Needs Index (MSNI) analysis, which relies on two core components: the living standard gap (LSG) and the multi-sector needs index (MSNI), which categorise sectoral and overall severity using a scale ranging from 1 ('None/Minimal') to 2 ('Stress'), 3 ('Severe') and 4/4+ ('Extreme and Extreme+'). 'LSG' signifies an unmet need in a given **sector** where the LSG severity score is 3 ('Severe') or higher, based on the LSG Indicators Framework. This framework was developed by REACH in consultation with Ukraine's Humanitarian Clusters and Sub-Cluster Coordinators, WFP and various Working Groups operating in the country, who helped set the thresholds and composite indicators of sectoral severity of need. The MSNI is then a measure of the respondent household's **overall** severity of **intersectoral** humanitarian needs (expressed on a scale of 1-4+), based on the highest severity of any of the sectoral LSG severity scores identified in each household. The full methodology behind the calculation of the MSNI and individual sectoral composites can be found in the MSNA Methodology Overview.

Limitations

- Because the MSNA is a broader assessment aimed at assessing overall needs at the household level, it may **not have captured intra-household dynamics**, such as those that may exist between men, women, boys, and girls within a single HH.
- Women were well-represented in the enumeration teams. However, given that the MSNA methodology used random sampling that did not target respondents by gender, and primarily used in-person data collection, it was **not logistically feasible** to ensure that enumerators were always the **same sex as the respondent**, which may have influenced responses for certain topics.
- Since MSNA sample was not stratified or weighted by demographics, the distribution of the sampled respondents and HH members by age, sex, or other demographic properties does not represent the population distribution. Consequently, findings expressed in this output should be treated as indicative.

** Please see the Ukraine MSNA 2023 Terms of Reference for more details on methodology and sampling.*

LIVELIHOODS

Livelihoods was the sector with the highest proportion of HHs with severe or higher LSGs (56%). Findings demonstrated that 58% of assessed female-headed households (FHHs) and 54% of male-headed households (MHHs) had Livelihoods LSG. Additionally, HHs with certain demographic features were found to have a higher likelihood of severe or higher livelihoods needs, including disability (50% of HHs without a person with a disability (PwD) vs 70% of HHs with PwD) and head of household (HoHH) age (48% of HHs headed by someone aged 18-59 y.o. vs 70% of HHs headed my someone over 60 y.o.).

Employment Situation* of HH members

Disability

People with a disability aged 18-60 years old were significantly less likely (41%) to report doing any kind of paid work[6] in the seven days prior to DC than individuals without a disability (72%). The percentage of unemployed[7] individuals was slightly higher among people with disabilities (13%) than non-disabled (9%) individuals.

Gender and Age

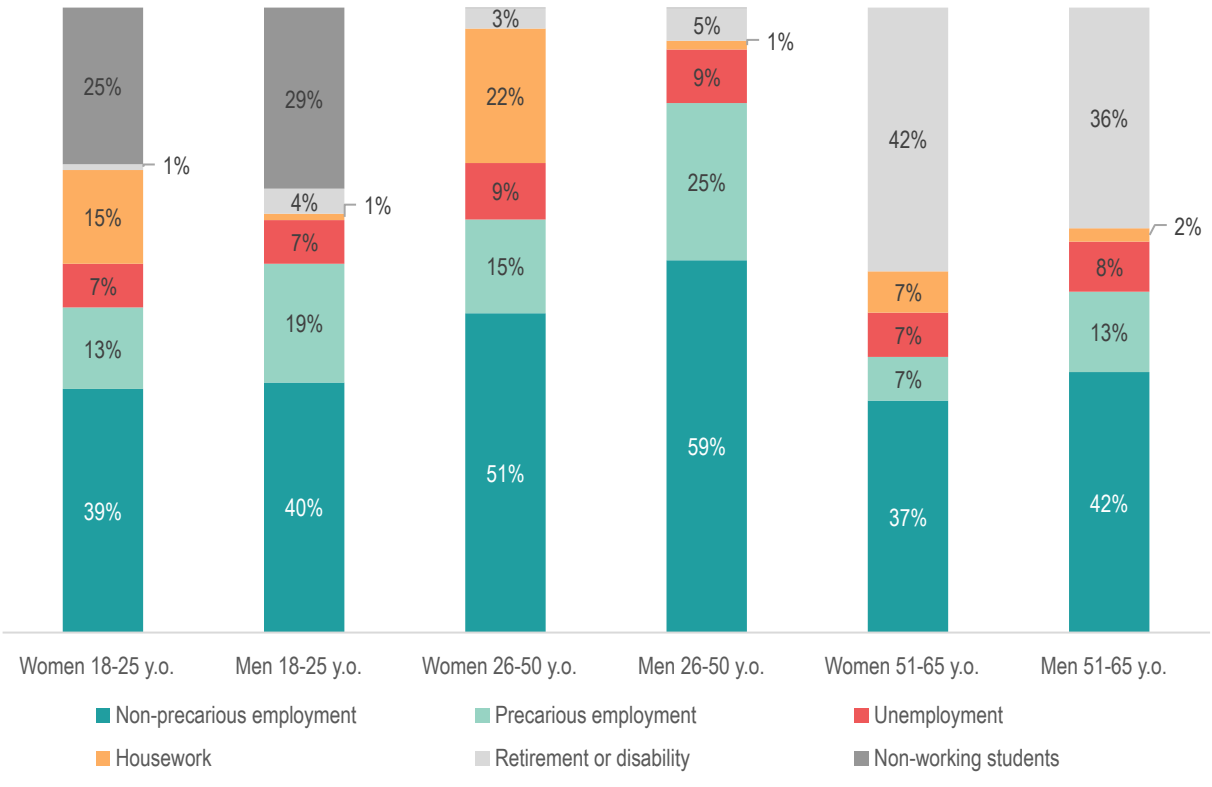
Women aged 18-25 (15%) and women aged 26-50 (22%) were significantly more likely to report doing only unpaid labor (housework, looking after children or other persons), compared to men in both age groups (1%), which demonstrates the already existing gender disparities and biases regarding employment and housework.[8]

These findings may be explained by the apparent inflexibility of the labor market, as well as increased unpaid responsibilities, highlighted by various sources.[9] Women with children, for example, reportedly struggle to find a job more than other workers as the labor market is not inclusive for women who are compelled to combine paid work with reproductive labor.[10] Lack of part-time job opportunities, for instance, often prevents women from accessing the workforce.[11]

Men aged 18-59 reported doing precarious labor[12] more often (23%) than women (14%) in the same age group. The age and gender combinations with the largest proportions reporting precarious employment were men aged 26-50 (25%), followed by men aged 18-25 (19%). Regionally, this was especially driven by men in the South, where a third (32%) of men aged 26-50 were reportedly engaged in precarious types of employment. This might be due to concerns men of this age range have because of military drafting and martial law restrictions.[13]

There were no significant age or gender related discrepancies regarding unemployment rates. Both men and women aged 18-59 reportedly wanted or were looking for a job in similar proportions (9% cumulatively). However, a larger proportion of men aged 18-59 (78%) were engaged in the workforce, when compared to women (63%) in the same age group.

Employment status by age and gender

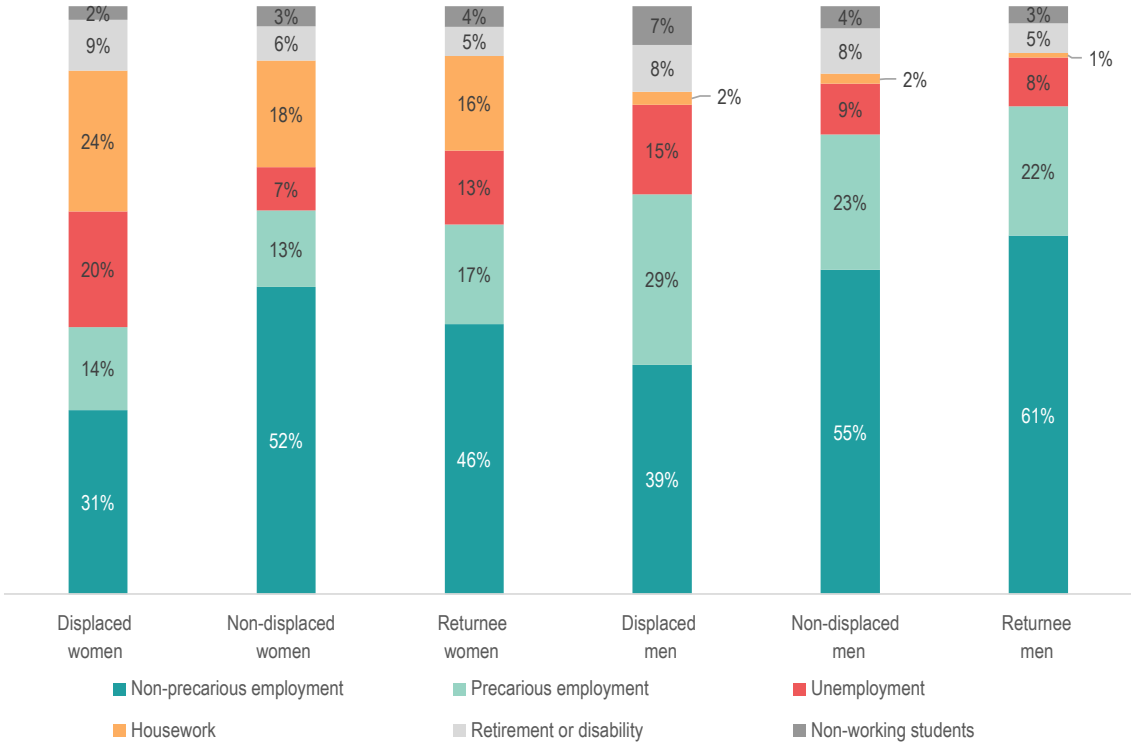


** Respondents were able to choose only one employment option.*

Gender and Displacement

Perhaps not surprisingly, there seem to be a connection between unemployment status of assessed individuals aged 18-59 and displacement and gender. For example, displaced women (20%) and men (15%), as well as returnee women (13%) reported being unemployed most often. Additionally, displaced women (24%) reported unpaid housework and care work as their work situation disproportionally more often than non-displaced (18%) and returnee (16%) women.

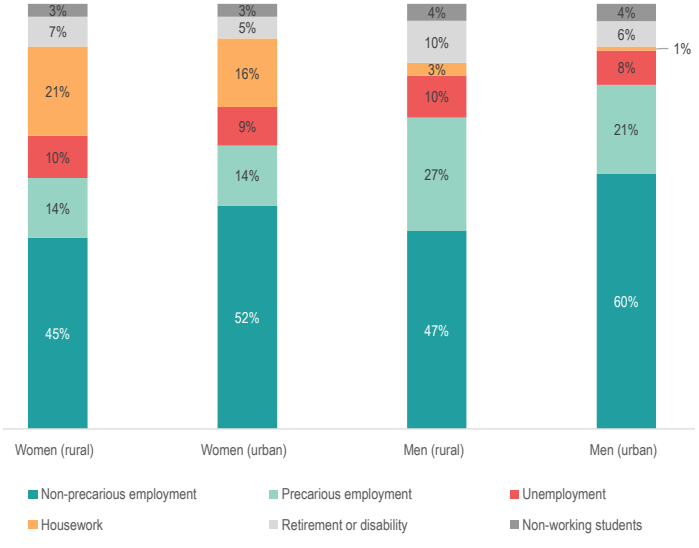
Employment status of individuals aged 18 -59, by displacement and gender



Gender and Settlement type

When disaggregated by settlement types, findings demonstrated that women (18-59 y.o) in rural areas were least likely to report doing any type of paid work than other considered group. Additionally, women in rural areas reported doing housework notably more often than women in urban areas.

Employment status of individuals aged 18 -59, by settlement type and gender



Income sources, income, expenditures

FHHs were more likely to report potentially less stable income sources like remittances (9%) and government social benefits (21%) as one of their income sources than MHHs (4% and 17% respectively). Meanwhile, the proportion of FHHs that reported regular employment as one of their primary income sources (49%) had increased, when compared to MSNA findings in 2022 (42%)[14], eliminating the gap between MHHs and FHHs who reported regular employment (both 49% in 2023).

Since a lot of men have been drafted into military service or are concerned about martial law restrictions[15], there are existing instances[16] of increased demand for women's employment in some sectors.

HHs with a member with a disability were more likely to report pensions for all reasons[17] (73%) and government social benefits (28%) as one of their primary income sources than HHs without a member with a disability (38% and 16% respectively). Perhaps, concerningly, on January 1, 2023, Law 2620-IX[18] entered into force, which deprived persons with disabilities, injured at work, of cash payments for all types of care, which potentially might add even more hardship to an already vulnerable demographic group.

Median monthly income, expenditures and discretionary income per capita, by demographic

	Median monthly income per capita	Median monthly expenditures per capita	Median monthly discretionary* income per capita
HHs with Male members only	UAH 7,700	UAH 6,545	UAH 723
Urban MHHs	UAH 7,000	UAH 5,689	UAH 1,117
HH without a member with a disability	UAH 6,000	UAH 5,125	UAH 616
18-59 y.o. HoHH	UAH 6,000	UAH 5,408	UAH 443
Urban FHHs	UAH 5,440	UAH 4,772	UAH 567
HHs with Male and Female members	UAH 5,000	UAH 4,544	UAH 477
Overall	**UAH 5,000**	**UAH 4,652**	**UAH 460**
HHs with Female members only	UAH 5,000	UAH 4,670	UAH 380
Rural MHHs	UAH 4,800	UAH 4,560	UAH 263
60+ y.o. HoHH	UAH 4,200	UAH 3,833	UAH 485
Single MHHs with a member with a disability	UAH 4,150	UAH 3,900	UAH 373
HHs with only one member with a disability	UAH 4,000	UAH 3,853	UAH 283
Rural FHHs	UAH 4,000	UAH 4,072	UAH 117
Single FHHs with a member with a disability	UAH 3,900	UAH 3,483	UAH 287
HHs with at least two members with a disability	UAH 3,600	UAH 3,624	UAH 6
Single FHHs with at least one child	UAH 3,500	UAH 3,750	**-UAH 168**

Median monthly income, expenditures and discretionary income* per capita

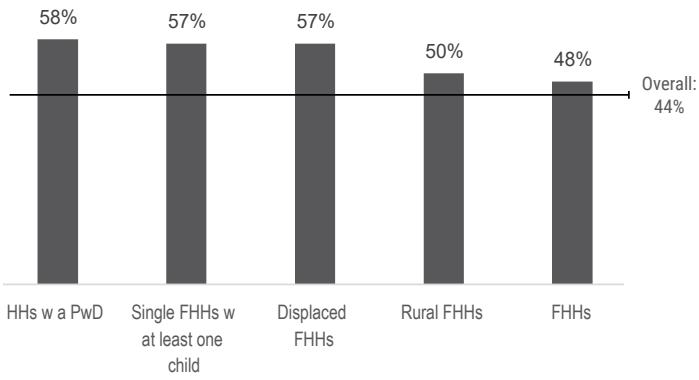
Overall, HHs' total median income per capita (from all reported income sources) differed greatly by age, gender and disability. The lowest median income per capita was found among single FHHs with at lease one child, while the highest income was found among HHs with male members only. Single FHHs with at least one child was the only considered demographic group with negative discretionary income.

Perhaps unsurprisingly, age and disability status were the two greatest demographic drivers of healthcare expenditure. HHs with a member with a disability (13%) and HHs with 60+ y.o members only (13%) that had healthcare-related expenditures reportedly spent two times a larger share of their total expenditure in the last 30 days prior to data collection on healthcare than HHs without a member with a disability (7%) and HH that are not composed of 60+ y.o members only (8%).

Challenges Obtaining Money and Livelihood Coping Strategies

FHHs more often reported facing challenges to obtain money to meet needs in the 30 days prior to DC (48%) than MHHs (37%). However, HHs with a member with a disability, displaced FHHs, and rural FHHs were found to be the most vulnerable groups.

Proportion of HHs that have challenges to obtain money, by demographic



Notably, HHs with challenges obtaining money reported livelihood support and employment as one of their top five priority needs three times as often as HHs without challenges (21% vs 7%).

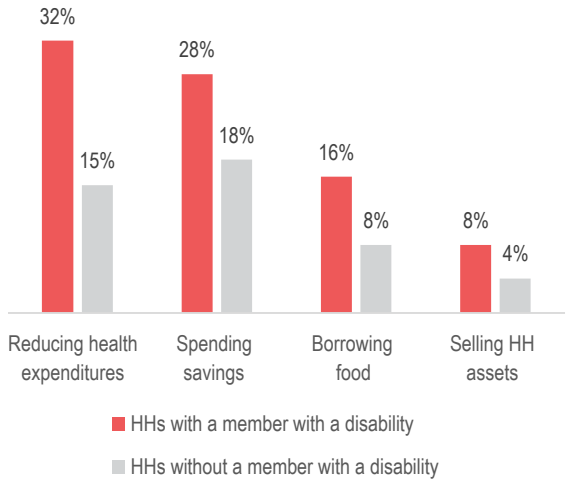
Even though people with a disability and people that are aged over 60 years old have more health-related needs, HHs with a member with a disability and HHs with a HoHH age over 60 y.o reported reducing essential health expenditures due to a lack of resources more often than other HHs (32% vs 15% for disability and 23% vs 18% for HoHH age >60 y.o respectively). Additionally, the intersection of HoHH gender and settlement type also played a role in the use of reductions to essential health expenditures as a livelihood coping strategy. Urban FHHs (25%) were found to be the most vulnerable group in this regard (compared to 13% of Rural MHHs).

** median discretionary income per capita was calculated as a median of the difference between monthly income and expenditure (per capita) for every given HH.*

HHs with a member with a disability significantly more often reported using livelihood coping strategies in the 30 days prior to DC (52%) than HHs without a member with a disability (32%).

Accessing healthcare was the most reported reason why HHs with a member with a disability (65%) and HHs composed entirely of people 60+ y.o (66%) had to use coping strategies.

Proportion of HHs by most reported livelihood coping strategies and disability*



Additionally, HHs with a member with a disability (13%) and HHs with 60+ y.o people only (13%) were more than two times as likely to report existing barriers to accessing marketplaces than HHs without a member with a disability (6%) or HHs not composed entirely of 60+ y.o members (6%). The most reported barriers were a lack of markets nearby/lack of means of transport (10% for both options).

PROTECTION AND GBV

Protection concerns for both FHHs and MHHs were mostly centered on conflict-related issues, with a low proportion of HHs (14%) reporting protection concerns specific to women, though this may be due to underreporting and general unawareness of these risks. Given that instances of gender-based violence and sexual violence against women, girls, boys and men are well-documented by other sources[19,20], even before the full-scale invasion[21], low awareness and availability of GBV response services across all assessed areas is concerning.

Awareness and Availability of GBV Services

Awareness of the availability of GBV response services notably increased compared to last year's findings, with the proportion of HHs reporting no knowledge of these services' availability in their area dropping from 63% in 2022 to 56% in 2023. However, the proportion of HHs that reported the unavailability of these services also slightly increased (19% in 2023 vs 17% in 2022).

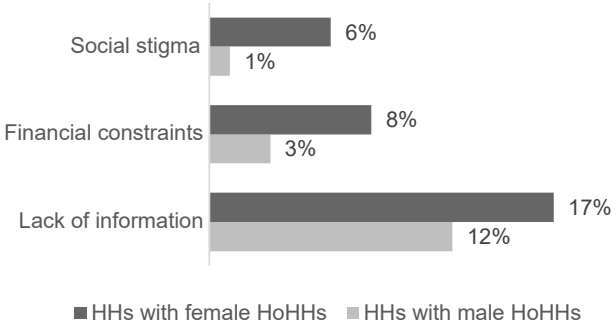
HHs headed by someone over 60 y.o., were least aware about GBV services, while rural HHs reported about lack of such services more often than other HHs. Violence against women hotlines (15%), legal services (13%), and psychosocial support for women and girls (13%) were the most frequently reported as services available.

Top answers for services related to support for survivors of GBV available in the community, by demographic

	None available	Don't know
Overall	19%	56%
Rural FHHs	**32%**	53%
Rural MHHs	**28%**	60%
Urban FHHs	10%	56%
Urban MHHs	10%	63%
18-59 y.o. HoHH	17%	51%
60+ y.o. HoHH	21%	**65%**
ND HHs	20%	56%
Displaced HHs	9%	57%
Returnee HHs	13%	58%
HHs with Female members only	20%	60%
HHs with Male members only	16%	**69%**
HHs with Male and Female members	19%	53%

Among those who mentioned at least one available GBV response service, the most reported barriers to accessing these services in the community were lack of information on access (16%), financial constraints (7%) and social stigma (5%). Notably, FHHs reported social stigma and financial constraints as barriers significantly more often than MHHs.

% of HHs reporting barriers to accessing GBV response services available in their community, by HoHH sex (n=2,753)



** these proportions also include people that had already exhausted these coping strategies before and could not use them again.*

Protection and Safety Concerns for Women

More than two thirds of all assessed HHs (71%) reported no specific safety and security concerns for women in their area, while 15% reported not knowing and 14% reported about at least one. It is important to note that such low proportions of HHs that reported any safety concerns for women may be explained by unawareness and disregard of these issues, since people tend to pay more attention to conflict-related problems. This means that the real situation with safety for women is probably notably worse than reported. Additionally, war conflict exacerbated violence based on sexual orientation and gender identity.[22] Notably, 60 out of 74 of such documented human rights violations (in February-October 2022) were in one or another way connected to hostilities.[23]

Largely, the likelihood of HHs reporting at least one concern varied more by displacement status, respondents' age and gender, and geographic location than by HoHH gender and disability.

Proportions of respondents reporting safety and security concerns for women in their area by age, sex and selected types of concerns

	Being robbed	Suffering from physical harassment	Suffering from sexual harassment	Suffering from verbal harassment	Don't know
Female respondents (18-25 y.o)	9%	**11%**	**11%**	6%	14%
Overall	4%	3%	2%	2%	15%

Young female respondents (18-25 y.o) reported at least one concern for women in their area most often (24%) than any other considered group, this was especially driven by young female respondents in the South (n=71) (32%) and in the North (n=97) (25%).

The highest proportion of HHs reporting at least one protection concern for women in their area was found in oblasts in proximity to the frontline: Donetska (28%), Khersonska (24%), Zaporizka (22%), Mykolaivska (21%) and Odeska (20%) oblasts.

Returnee (22%) and displaced HHs (17%) were more likely to report at least one protection concern for women in their area than non-displaced HHs (13%).

Displaced (6%) and returnee (7%) HHs were at least three times more likely to report being injured/killed by explosive ordnance as protection concerns for women in their area.

Proportions of HHs reporting safety and security concerns for women in their area by selected oblasts and types of concerns

	Being sent abroad to find work	Being sent abroad for protection	Being injured/ killed by an explosive hazard	Being injured	Don't know
Donetska	1%	1%	**21%**	**9%**	12%
Zaporizka	1%	2%	12%	6%	18%
Mykolaivska	6%	5%	9%	2%	21%
Odeska	5%	4%	0%	1%	14%
Khersonska	1%	1%	**20%**	4%	19%
Overall	2%	3%	3%	1%	15%

Child Protection

Overall, 69% of assessed HHs reported no specific safety and security concerns for children in their area, while 16% of HHs reported not knowing. Findings, however, demonstrated that HHs with a child with a disability (n=113) reported at least one concern for children in their area almost twice as frequently as HHs with able-bodied children only. (33% vs 17%).

Proportions of HHs reporting safety and security concerns for children in their area by disability and selected types of concerns

	Being sent abroad to find work	Being injured/ killed by an explosive hazard	Being killed	Other	Don't know
HHs with a child w disability (n=113)	3%	**11%**	3%	6%	4%
HHs with non-disabled children only	0%	7%	1%	1%	11%

Geographical location and displacement status were the main drivers that played role HHs' responses. HHs living along the frontline (27% vs 13% of HHs living away the frontline), returnee HHs (26%) and displaced HHs (22% vs 13% of non-displaced HHs) were more likely to report at least one concern for children. This was mostly influenced by the reported threat of being injured or killed by an explosive hazard, since HHs living along the frontline (21%), returnee HHs (10%) and displaced (10%) HHs reported this as one of the protection concerns for children much more often than HHs living away the frontline (2%) or non-displaced HHs (4%).

HEALTH

Since the escalation of the conflict in February 2022, the World Health Organization has documented more than 1,000 attacks on healthcare facilities in Ukraine as of May 2023.[24] This surpasses any previous record in the history of humanitarian emergencies.[25] These attacks create new challenges and barriers to accessing healthcare, heightening the health risks for tens of thousands of people, especially for already vulnerable demographics – such as people with disabilities, and people over 60 y.o. According to the 2023 MSNA findings, every third (35%) assessed HHs had severe or above needs in Health sector. Additionally, higher proportions of HHs headed by someone aged over 60 years old (46%) and FHHs (38%) had LSGs in health sector, compared to HHs headed by someone aged 18-59 years (29%) old or MHHs (31%).[26]

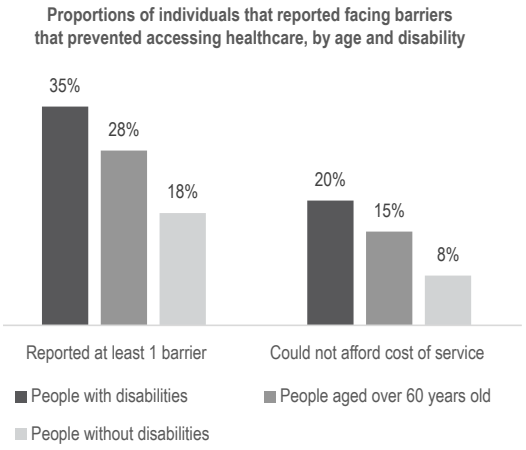
Healthcare, Disability and Age

HHs with a member with a disability and HHs with 60+ y.o members only reported provision of medicines and healthcare as one of their top five priority needs disproportionally more often than HHs without a member with a disability and HHs that are not composed by 60+ y.o members only.

Proportions of HHs reporting provision of medicines and healthcare as their top priority needs by age and disability

	Provision of medicines	Healthcare
HHs with a member with a disability	54%	34%
HHs without a member without a disability	28%	22%
HHs with 60+ y.o members only	57%	37%
HHs that are not composed of 60+ y.o members only	28%	22%

Notably, individuals with a disability and people over 60 years old reported facing barriers to accessing healthcare disproportionally more often than people without a disability and people under 60 years old. These people also reported the unaffordability of the cost of healthcare services disproportionally more often than individuals without a disability, or under 60 years old.



Sexual and Reproductive Health Services

Among females aged 12-49 years old who sought SRH services (n=298), 6% could not access these healthcare services. The highest proportions of females aged 12-49 y.o who could not access these services were found in the East (n=38) (14%) and the North (n=71) (11%).

Mental Health

For individuals who indicated desiring a specific healthcare service, mental health services were reported as the least accessible among all listed services. Only 76% of individuals who desired medical help with mental health (n=249) reported accessing the desired service. Of those people who desired medical help with mental health 14% had not sought these services, and 10% couldn't access them. Given that 90% of Ukrainians are reportedly displaying at least one symptom of an anxiety disorder, and 57% are at risk of developing mental disorders[27], the small proportion of people who reported desiring mental health services (2%) potentially indicates problems with awareness, access, and availability of these services.

Healthcare and Gender

Only 2% of individuals reported seeking medicines for mental health conditions and 8% medicines for anxiety. Age and gender seem to play an important role in whether individuals desired such medicines. Young men (including both the 12-17 and 18-25 y.o. age ranges) reportedly desired medicines for mental health conditions more often (both 5%) than other demographics (2% for all assessed individuals). Women, on the other hand, were twice as likely to report desiring medicines for anxiety (8%) as men (4%). This was especially driven by women aged 18-26 y.o. (9%) and 26-50 y.o. (12%).

Men were almost twice as likely to report needing trauma care (11%) and rehabilitation (7%) than women (6% and 4% respectively). This was specifically driven by men aged 26-50 y.o. (17% and 10% respectively).

EDUCATION

Since the beginning of full-scale invasion in 2022, more than 3,500 schools and education facilities have been destroyed[28] or damaged in government-held areas of Ukraine, burdening learners, their parents and caregivers.

Findings demonstrated that school-aged children (6-17 y.o) with disabilities were reportedly twice as likely not to be enrolled in formal school (22%) when compared to children without disabilities (11%). Additionally, children with a disability that were enrolled in formal school (n=164) were more than three times as likely (17%) not to attend school by any modality (remotely, hybrid, in-person) than children without a disability (5%).

Of the school-aged children who were reportedly enrolled in formal school during the 2022-2023 school year, 39% of children were attending blended (remote and in-person), 33% remotely and 28% children attended school in-person. Notably, 88% of children in the East were attending school remotely.

Remote and blended modalities of teaching may create an additional burden for parents and caregivers, specifically for mothers. Mothers are potentially compelled to stay at home to look after their children and to facilitate educational processes, therefore jeopardizing their economic opportunities.[29]

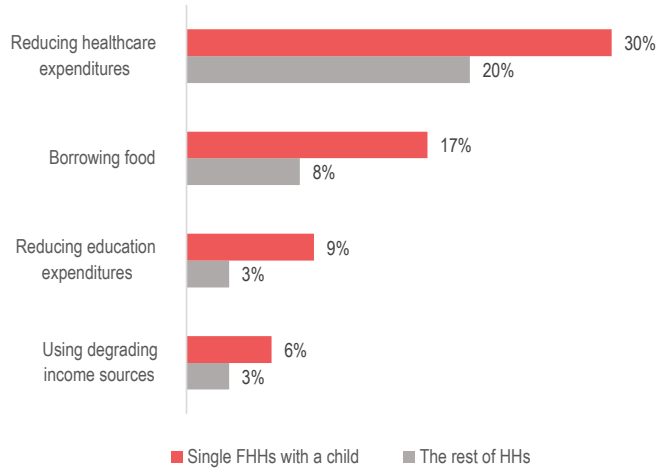
SINGLE FEMALE-HEADED HOUSEHOLDS WITH AT LEAST ONE CHILD

Findings demonstrated that HoHH sex turned out to be not the most notable demographic driver for humanitarian needs and living standard gaps. However, the intersection of marital status, HoHH sex and presence of children significantly increases these needs, making single FHHs with a child a very vulnerable demographic group* (n=920).

Single FHHs with a child were more likely to report less secure income sources, including government social benefits or assistance (35%), remittances (13%), loans, debts (6%) as their primary source of income than the rest of HHs (18%, 7%, 3% respectively).

Moreover, such HHs disproportionally more often reported taking on additional debt to cover basic needs than the rest of the HHs. (28% vs 17%)

Proportions of HHs by most reported livelihood coping strategies



Single FHHs with at least one child reported adopting livelihood coping strategies disproportionally more often, specifically reducing healthcare expenditures, borrowing food, reducing education expenditures, using socially degrading income sources, illegal work, or high risk-jobs.

Concerningly, single FHHs with a child in the East (n=168) (11%) and South (n=176) (10%) reported using socially degrading income sources, illegal work, or high-risk jobs even more frequently.

Single FHHs with at least one child reported safety and security concerns for women (17%) and children (21%) in their area slightly more often than other HHs (14% and 14% in the rest of HHs respectively). Responses of single FHHs with a child in the South (n=176) pointed to particular, localized safety and security concerns for women (25%, vs 19% of the rest of HHs in the South).

Proportions of respondents reporting safety and security concerns for women in their area, by single FHHs in the South, and the rest of the HHs

	Being sent abroad to find work	Being sent abroad for protection	Suffering from verbal harassment	Suffering from economic violence	Being exploited (i.e. in harmful forms of labor)	Don't know
Single FHHs with a child in the South (n=176)	7%	7%	**10%**	8%	7%	16%
The rest of HHs in the South	5%	4%	3%	2%	1%	16%
The rest of HHs overall	2%	2%	2%	1%	0%	14%

Single FHHs with a child reported at least one non-food item (NFI) as missing disproportionally more often (48%), when compared to other HHs (34%). Geographical location exacerbated these needs even more, with such HHs in the East (n=168) and South (n=176) reporting this more frequently (58% and 56% respectively).

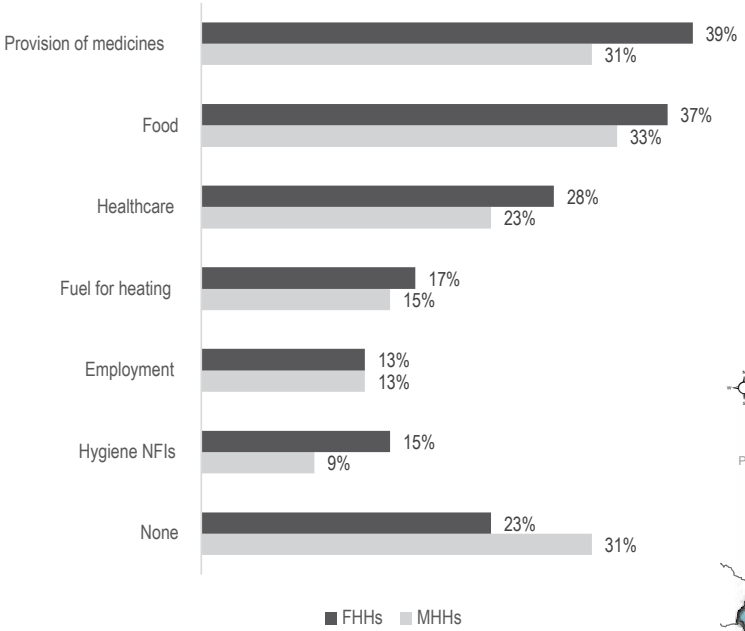
Additionally, single FHHs with a child were more likely (34%) to report needing but not being able to afford at least one water, sanitation and hygiene (WASH) NFI than other HHs (21%), with this being especially driven by such HHs in the East (n=168) (59%).

**all findings that include single FHHs with at least one child (n=920) were compared to the rest of the HHs (n=12,289), not to the general overall, unless mentioned otherwise.*

PRIORITY NEEDS AND HUMANITARIAN ASSISTANCE

When asked about their top five priority needs, FHHs' answers were largely in line with those of MHHs, with both reporting food, provision of medicine, and healthcare as their top priorities. However, while the type of priority needs was similar for both, the proportion of FHHs that reported these top priority needs was higher than that of MHHs for nearly all sectors.

6 most reported priority needs, by HoHH sex



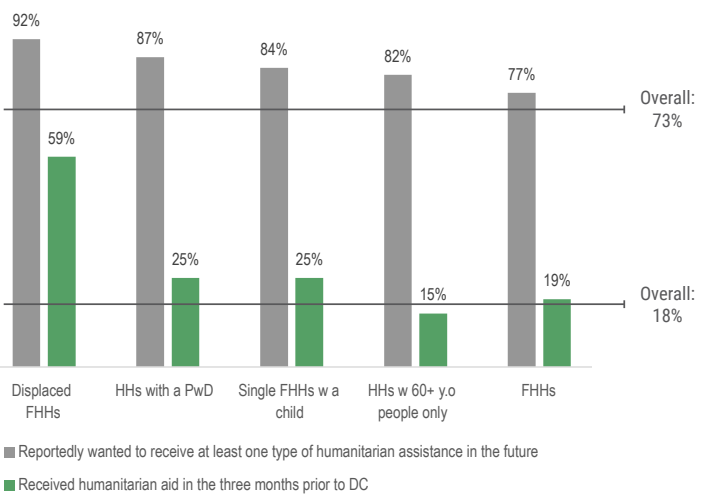
Humanitarian Assistance, Preferences, and Barriers

Across all macro-regions, HHs with certain demographic characteristics reported wanting at least one type of humanitarian assistance in the future disproportionally more often, including: HHs with a member with a disability and with 60+ y.o people only, single FHHs with at least one child, FHHs. Intersection of displacement and HoHH sex seem to increase need for humanitarian assistance (Displaced FHHs being the most in need (92%) and non-displaced MHHs being the least (67%)).

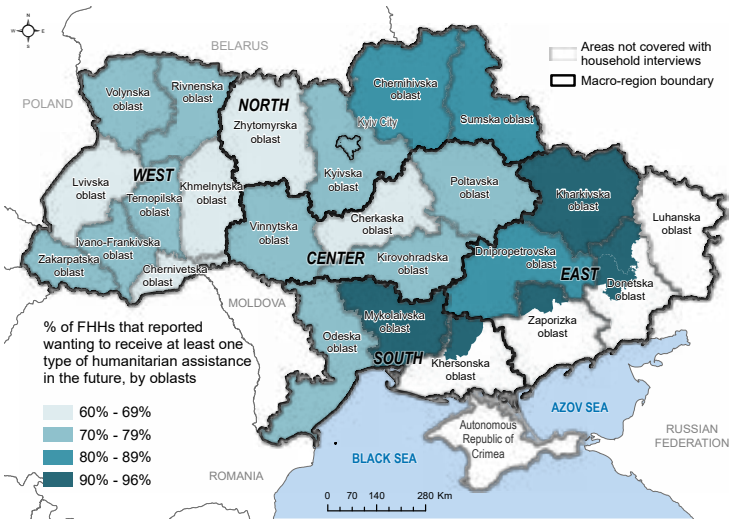
Cash assistance for basic needs was the most reported modality of assistance that HHs would prefer in the future across all indicated demographic groups. This was especially reported by single FHHs with a PwD (80%), displaced FHHs (79%), HHs with a member with a disability (74%) and single FHHs with at least one child (73%).

Findings also demonstrated gaps between perceived need for humanitarian assistance (73%) and assistance received (18%) in the three months prior to DC. However, HHs with considered vulnerabilities reported receiving assistance more often than their non-vulnerable counterparts, with the exception of HHs with 60+ y.o people only. This might indicate that humanitarian assistance is less accessible to older people.

Self-reported need vs. assistance received



Findings suggest that FHHs in the areas close to the frontline reported wanting to receive at least one type of humanitarian assistance in the future more often than other regions.



Information Needs

HHs with a member with a disability and HHs with 60+ y.o members only were notably more likely to report not having enough information on how to register for assistance (28% for both groups) and not having enough information on where humanitarian assistance is provided (28% and 26% respectively) as barriers in accessing humanitarian assistance than those without a member with a disability (19% and 17% respectively), or not composed of 60+ y.o members only (19% and 18% respectively).

Compared to other assessed groups, HHs with a member with a disability, and HHs with 60+ y.o members only indicated a greater preference for receiving information on obtaining various types of humanitarian assistance from providers.

Proportions of HHs per top four most reported information types

	How to get cash assistance	How to register for aid from the Ukraine government or humanitarian agencies	How to get health assistance (cash for healthcare, medicine)	How to get food assistance
HHs with a member with a disability	**30%**	**28%**	26%	17%
HHs without a member with a disability	21%	20%	13%	11%
HHs with 60+ y.o members only	26%	26%	25%	17%
HHs that are not composed by 60+ y.o members only	23%	21%	14%	12%

When asked about preferred sources to receive information, HHs with either of these two vulnerabilities were more likely to prefer face-to-face communication (at home) than HHs without them.

HHs with a member with a disability and HHs with 60+ y.o members only reported messenger apps and social media significantly less often than HHs without a member with a disability and HHs that are not composed by 60+ y.o members only.

Proportions of HHs per top four most reported information sources

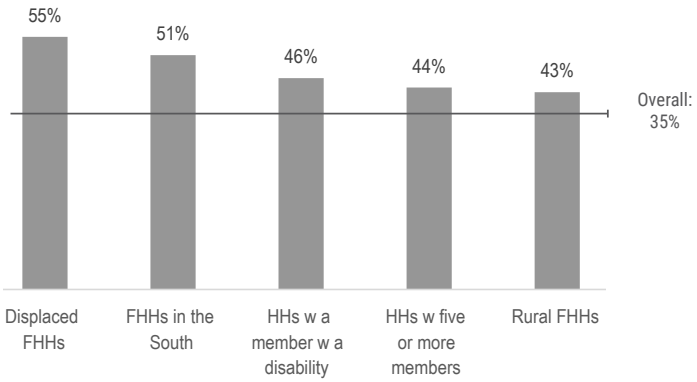
	Phone call	Face to face (at home) with aid worker	Messenger apps	Face to face with member of the community
HHs with a member with a disability	**44%**	32%	15%	15%
HHs without a member with a disability	32%	24%	21%	10%
HHs with 60+ y.o members only	32%	**40%**	5%	16%
HHs that are not composed by 60+ y.o members only	**37%**	22%	25%	10%

Other Needs

Displacement turned out to be a significant driver of HHs reporting issues regarding living conditions inside their shelter, with displaced FHHs being the most vulnerable demographic group in this regard. 19% of such HHs reported at least one issue (vs 8% of other* HHs).

Disability, displacement, and HH size created additional NFI needs. HHs with a PwD, displaced FHHs, rural FHHs, HHs with five or more members reported missing at least one NFI disproportionally more often than other HHs.

% of HHs reporting at least 1 NFI as missing



CONCLUSION

This assessment highlights the multifaceted challenges faced by various demographic groups in Ukraine, particularly in the context of the full-scale invasion. The livelihoods sector exhibited the highest proportion of HHs with severe or higher needs. The employment situation reveals gender disparities, as women - especially those with children - face with increased unpaid responsibilities. Men, particularly in the South, engage more often in precarious employment, potentially influenced by concerns related to military drafting and martial law restrictions.

There seemed to be a connection between unemployment status and displacement and gender, with displaced women and men, as well as returnee women, experiencing higher rates of unemployment. Income sources and expenditures vary between FHHs and MHHs, with FHHs more likely to rely on potentially less stable income sources like remittances and government social benefits.

The health sector faces challenges due to attacks on healthcare facilities. Age and disability seem to affect HHs' health needs, HHs with 60+ y.o and HHs with a member with a disability reporting higher share health-related expenditures. Protection concerns focus on conflict-related issues, with low awareness and availability of GBV response services. Though awareness of these services increased, a substantial proportion of HHs reported unavailability. Safety concerns vary by region, displacement status, age, and sex, emphasizing the need for targeted interventions addressing the diverse and intersecting challenges faced by different demographic groups in Ukraine.

** here 'other' means cumulative proportion of returnee, non-displaced female- and male-headed HHs.*

DEMOGRAPHICS

Within the sample of HHs assessed in the MSNA:*

- 64% of HHs reported themselves as **female-headed**[30] households (FHHs) while 31% reported themselves as **male-headed** households (MHHs)**.
- 69% of respondents self-reported as female while 31% self-reported as male. Respondents who said that they could respond on behalf of the HH could complete an interview even without being the self-identified head of household (HoHH).
- Among **displaced** HHs, 68% were female-headed, vs. 26% who were male-headed; among **returnee** HHs, 73% were female-headed vs. 22% who were male-headed; among **non-displaced** HHs 62% were female-headed, vs. 33% who were male-headed.
- Among assessed individuals (n=31,471), 15% of **individuals had a disability** (Washington Group Short Set-level 3 or 4)[31].
- Of those HHs that have a member with a disability (n=3,811), 66% were female-headed, while 29% were male-headed; 17% had **at least two members with a disability**; 83% had **only one member with a disability.**
- One out of 10 assessed HHs were single FHHs with at least one member with a disability (n=1,317); 3% of all assessed HHs were single MHHs with at least one member with a disability (n=398)
- Of those **HHs that have a child** (under 18 years old) (n=4,239), 70% were female-headed, while 23% were male-headed.
- 37% of HHs were headed by someone over the age **60 years old**. Among such HHs, 67% were FHHs and 31% were MHHs.
- Among assessed individuals (n=33,190), the **average age** of women was **44** and the average age of men was **40.**

** The high proportion of women, and especially of older women in Ukraine, is likely to have impacted many demographic indicators. On top of this, MSNA sampling may have over-sampled older women in particular even above the proportions naturally present in the Ukrainian population, based on a methodology which favored individuals who were at home during working hours.*

*** The proportions might not add up to 100%, because around 5% of respondents could not identify a head of household.*

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Ukraine Assessment & Analysis Working Group (AAWG)

ENDNOTES

PAGE 1
[1] OCHA, HNO Ukraine 2023, December 2022.
[2] UN Women, CARE, Rapid Gender Analysis of Ukraine, October 2023.
[3] "Gender" and "sex" are used interchangeably in this report, as are "woman"/"female" and "man"/"male," though not with any intention to take a stance on whether or not there are differences between these terms. Rather, this use of terminology is intended to reflect the fact that although MSNA tools included language asking for individual and head of household "sex," ultimately the analysis rests on respondents' own interpretation and self-report of their and other household members' sex, which includes the possibility of a self-reported gender/gender identity. No particular explanation of any possible difference between "sex" and "gender (identity)" was included in the survey script.
[4] **"Vulnerability"** is used throughout the report to mean any characteristic that causes a person or household to be more at risk of or less able to cope with current and/or future shocks, or to meet their basic needs, fairly similar to the Disaster Risk Reduction concept of vulnerability and also used in other humanitarian assessments. Under this model, "vulnerabilities" can include factors that reduce coping capacity purely as a result of legal and/or social marginalisation or externally-imposed environment (gender, disability, ethnicity, etc.), factors such as past experiences of shocks which can decrease future resilience (displacement, prior experience of violence, etc.), and many others. While noting that other equally valid definitions exist, this concept of "vulnerability" is of particular relevance to humanitarian work, which has a vested interest in responding to any group or person whose lowered resilience/higher risk may drive higher needs. Additionally, this report focuses on vulnerability factors of gender, age, disability, and displacement status, but many other vulnerabilities may exist in Ukraine under this definition; this report does not presume to comprehensively capture all vulnerabilities which may be worth exploring.

PAGE 2
[5] Odesa Oblast Rapid Economic Assessment, June 2023

PAGE 3
[6] **Any type of paid labor:** Permanent job with annual/monthly/weekly wage, temporary, daily labor, self-employed, student and in paid work, unofficially employed, retired (but still working), military service.
[7] **Unemployment:** Unemployed and actively looking for a job in the last month; unemployed, wanting a job but not actively looking for it.
[8] UN Women, Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine, May 2020
[9] Odesa Oblast Rapid Economic Assessment, June 2023
[10] Mykolaiv Oblast Rapid Economic Assessment, June 2023
[11] Every day is a rainy day: what impoverished motherhood in Ukraine is like
[12] **Precarious labor**: Daily labor, temporary job, unofficially employed, self-employment.
Non-precarious labor: Permanent job with annual/monthly/weekly wage, retired (but still working), military service, student and in paid work. Non-precarious labor included those types of paid work that were **not explicitly identified by respondents as precarious** according to the ILO's definition of precarious work. So, it is important to acknowledge that, for example, students or retired people might be potentially be engaged in precarious labor as well.
[13] UN Women, CARE, Rapid Gender Analysis of Ukraine, October 2023.

PAGE 4
[14] UN Women, CARE, Rapid Gender Analysis of Ukraine, October 2023.
[15] Source
[16] MSNA Gender brief, March 2023
[17] age, military, except of disability allowance.
[18] Source;

PAGE 6
[19] Russia's energy grid attacks, torture in Ukraine, could be crimes against humanity: UN rights probe
[20] Source
[21] Sexual harassment in the military sphere in Ukraine

PAGE 7
[22] UN Women, CARE, Rapid Gender Analysis of Ukraine, October 2023;
[23] A report on the specific problems of the Ukrainian LGBTQ community since the beginning of the Russian full-scal invasion. Kyiv, 2022

PAGE 8
[24] WHO records more than 1000 attacks on health care in Ukraine over the past 15 months of full-scale war
[25] ibid;
[26] Health LSGs cannot be determined for disability, since having a member with a disability automatically puts a HHs into health needs severe and above, therefore, no meaningful analysis can be conducted;
[27] As part of Olena Zelenska's initiative, Ukrainians will be told about the importance of taking care of mental health;
[28] Source

PAGE 9
[29] Odesa Oblast Rapid Economic Assessment, June 2023

PAGE 10
[30] **"Head of household"** was ultimately a designation based on respondent understanding, based on the question "do you consider yourself the head of the household, a person who takes an active part in decision-making for the household?". Since respondents could complete the survey even without identifying themselves as HoHH, more sensitive indicators (like safety and security concerns in the area) were disaggregated by respondents' gender (not HoHH gender), because this analysis specifically tried capturing how safety situation is perceived by men and women.
[31] Disability findings throughout the report were drawn from MSNA analysis based on the Washington Group Short Set (WGSS); in this analysis a household member "with a disability" refers to any individual household member who was reported as being "unable to do" or experiencing a "lot of difficulty" doing any of the tasks in the WGSS (seeing, hearing, walking/climbing stairs, remembering or concentrating, communicating, and/or self-care such as washing or dressing).