

HUMANITARIAN SITUATION MONITORING CALIBRATION ASSESSMENT 2024

May 2024
Ukraine

KEY MESSAGES

- Compared to 2023 Multi-Sectoral Needs Assessment (MSNA), **2024 Calibration findings indicate a worsening of humanitarian needs, with an increase in the proportion of households found to have extreme or higher levels of unmet needs in at least one sector (48% in Calibration compared to 39% in MSNA).** This suggests a deterioration of humanitarian situation, although seasonal factors likely also play a role: data collection for Calibration took place in winter.
- In particular, the **East macro-region stands out with the highest proportions of HHs experiencing extreme and extreme+ levels of needs (64%).** Needs in Khersonska Oblast in the South also remain widespread among households, primarily driven by Protection concerns related to conflict incidents.
- Key drivers of humanitarian needs included protection, health, and livelihoods sectors,** with a notable portion of households experiencing extreme/extreme+ levels of need in these areas (28%, 16%, 14%, respectively).
- Livelihoods challenges and financial barriers appeared to have a growing impact on people's access to essential services such as healthcare.** Compared to the 2023 MSNA data, the 2024 Calibration shows **an increase in the use of crisis or emergency coping strategies (37% in Calibration vs 26% in MSNA),** suggesting an ongoing depletion of coping capacities.

CONTEXT & RATIONALE

The prolonged hostilities and widescale destruction of civilian infrastructure in Ukraine since February 2022 has led to severe deterioration of people's access to essential services, leaving 14.6 million people in need of humanitarian assistance as of December 2023.¹ The renewal of attacks targeting Ukraine's energy infrastructure further worsened the crisis with the onset of winter, particularly in areas near the front line.

The ongoing monitoring of needs is needed to ensure humanitarian response plans remain aligned with the situation on the ground.

ASSESSMENT OVERVIEW

In line with HSM's primary objective of **providing up-to-date multi-sectoral data on the evolution of humanitarian needs** in Ukraine to enable monitoring of change in needs and targeting of response plans, the **Calibration Assessment also intends to compare the findings with the MSNA (June to August 2023)² and identify how humanitarian needs have changed since then.**

METHODOLOGY:

The data was collected at HH level through randomised CATI³ surveys from 17 January to 18 February 2024. A representative HH-level sample was drawn at the oblast level.

Overall, through its data collection partner KIIS⁴, REACH collected 4,930 HH-level interviews in 23 oblasts and Kyiv city, yielding findings that are generalisable with a **95% level of confidence and 7% margin of error.** The sample size does not enable representative findings disaggregated for specific population groups e.g., returnees,⁵ displaced,⁶ and non-displaced⁷ populations, and should be regarded as indicative for such groups.

ASSESSMENT COVERAGE

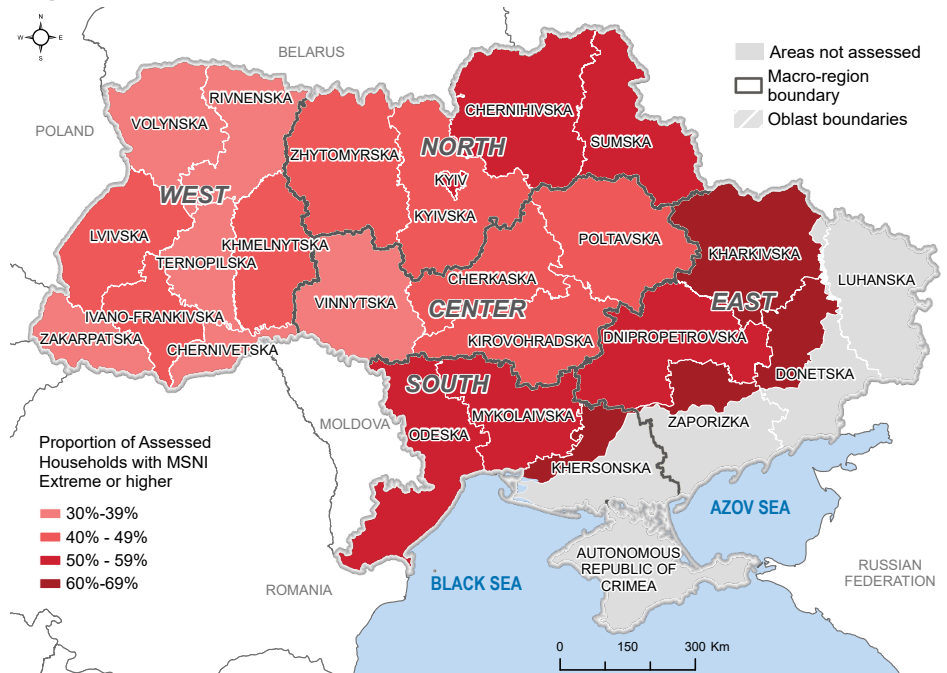


Multi-Sector Needs Index (MSNI): Crisis-level severity

About MSNI

The MSNI is a composite indicator, designed by REACH to measure the overall severity of humanitarian needs experienced by a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. These sector-specific composite scores are referred to as Living Standard Gaps, or LSGs. The MSNI considers every household in need in at least one sector (severity score of 3 or more). The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found [here](#).

Map 1: % of HHs found to have extreme or extreme+ levels of unmet needs



Overall, in comparison to 2023 MSNA, some exacerbation of needs was observed based on 2024 Calibration findings. Data suggests a rise in the proportion of HHs facing extreme or extreme+ levels of needs (48% in Calibration compared to 39% in MSNA). At the macro-region level, the East stands out with the highest proportions of HHs with extreme or extreme+ levels of needs (64%). While most macro-regions show little change compared to the MSNA, notable shifts are evident in the South (55% in Calibration compared to 39% in MSNA) and the West (37% in Calibration compared to 28% in MSNA).

When examining the severity of needs by oblast, Khersonska stands out with the highest levels of needs, with 93% of HHs in extreme/extreme+ severity phases, followed by Kharkivska (72%) and Donetsk (71%) Oblasts. Of particular concern is the substantial rise in the proportion of HHs with extreme/extreme+ levels of needs in these areas compared to 2023 MSNA, with Khersonska seeing an increase from 77% in MSNA to 93% in Calibration⁸ and Kharkivska from 68% to 72%. Conversely, there's a noteworthy decrease in the share of HHs with extreme/extreme+ levels of needs in Donetsk Oblast from 85% in MSNA to an observed 71% in the Calibration. With protection and livelihoods appearing to be the main areas where the magnitude of needs decreased, this may be connected with the number of safety and security incidents reported in the covered areas,⁹ as well as, from the livelihoods perspective, likely driven by a surge in humanitarian assistance (including multi-purpose cash¹⁰) leading to decreased reliance on livelihoods coping strategies¹¹.

Table 1: MSNI Severity Phase By Population Group¹²

	1	2	3	4	4+
HHs with at least one member with a disability (n=1,847)	0%	4%	35%	55%	6%
Returnee HHs (n=926)	0%	14%	31%	47%	9%
Displaced HHs (n=694)	0%	6%	30%	56%	8%
Urban HHs (n=2,867)	0%	15%	36%	44%	6%
Rural HHs (n=2,063)	0%	14%	41%	42%	3%
HHs with 3 or more children (n=327)	0%	11%	40%	49%	0%
HH living in raions along the Russian border/frontline (n=947)	0%	7%	28%	42%	23%
Female-headed HHs (n=3,050)	0%	12%	38%	45%	5%
Overall (n=4,930)	0%	14%	38%	43%	5%

In terms of specific population groups, there's a noticeable increase in the severity of needs among urban HHs, with extreme/extreme+ needs rising from 43% in MSNA to 50% in Calibration. Additionally, displaced HHs faced slightly heightened challenges, with the proportion of HHs having unmet extreme/extreme+ needs increasing from 56% in MSNA to 64% in Calibration.

At the macro-region level, particularly high percentages of displaced and returnee HHs with extreme or extreme+ needs (73%) were identified in the East. In Donetsk Oblast, 77% and 76% of displaced and returnee HHs were found to have an extreme/extreme+ level of unmet needs compared to 63% of non-displaced HHs. In Khersonska oblast, every urban HH in Kherson city or Beryslav reported extreme or extreme+ levels of unmet needs, mainly driven by Protection due to the prevalence of shelling in the cities.

At the national level, the primary drivers of needs appeared to be LSGs in Protection, Health, and Livelihoods with a notable portion of households having extreme/extreme+ levels of needs in these areas (28% in Protection, 16% in Health sector, and 14% in Livelihoods).

33%
11%

of assessed households across Ukraine were found to have extreme or extreme+ levels of needs in a single sector.

of assessed households across Ukraine were found to have extreme or extreme+ levels of co-occurring needs across 2 or more sectors.

PROTECTION

Nationally, **47% of surveyed HHs were found to have Severe or higher (3+) LSGs in Protection**, indicating an increase from 2023 MSNA (**39%**). At the macro-region level, **the East stood out with 70% of HHs having unmet protection needs**, with **22%** classified as having extreme+ protection needs. The primary driver of the unmet Protection needs was related to the safety and security incidents experienced by HHs. Based on this indicator, 21% of HHs obtained an Extreme or Extreme+ (4/4+) score. This is likely associated with the intensification of hostilities since December 2023,¹³ with a further increase in airstrikes reported during January-February 2024.¹⁴ This also further highlights the need to ensure the centrality of protection in the humanitarian response in accordance with the Ukraine Humanitarian Needs and Response Plan (HNRP) 2024.¹⁵

When considering displacement status, **a considerably higher proportion of displaced HHs and returnee HHs exhibited unmet protection needs (68% and 60%, respectively)** in comparison with non-displaced HHs (**37%**). Findings below show once again that HHs are returning to areas still affected by armed violence / shelling. Similarly, **urban HHs were notably more likely (55%) than rural HHs (35%) to have unmet protection needs**. The disparity based on displacement status was particularly stark in the South with **75% of displaced HHs and 76% of returnee HHs having unmet needs compared to 44% of non-displaced HHs**.

Safety and security incidents

Overall, **25% of HHs reported safety and security incidents in the areas where they were living during the three months prior to data collection in 2024 Calibration**. The situation was concerning in the East, where **44% of HHs reported safety and security incidents in the three months prior to data collection, consistent with MSNA**.

Armed violence / shelling was the most frequently mentioned safety and security incident. It was predominantly reported in the East. In addition, returnee HHs (**35%**) were more likely to report it than displaced HHs (**30%**) and non-displaced (**14%**) HHs, and urban HHs (**26%**) were more likely to report this incident than rural HHs (**10%**).

Concerns related to property or land

Across the country, **10% of the surveyed HHs reported concerns in relation to property and land in the three months prior to data collection, suggesting a slight increase in comparison with MSNA, in which the percentage stood at 5% of HHs**.

The highest percentage of HHs reporting concerns in relation to land and property were found in the East, reaching 19%. At the oblast level, HHs in Khersonska (**26%**), Zaporizka (**21%**), Donetsk (**20%**), Kharkivska (**19%**), and Dnipropetrovska (**18%**) Oblasts were more likely to report such concerns.

The most commonly cited concerns included damaged housing (3%), lack of access to property/land due to the military restrictions, active hostilities, location in areas beyond the control of the Government of Ukraine (2%), and lack of documents proving ownership of housing (2%). Concerns relating to damaged housing were particularly prominent in Khersonska Oblast with **15% of HHs indicating it**.

Separated children

Overall, a small proportion of HHs reported having **at least one child (<18) not residing in the HH (5%)**. Whilst there is no significant difference between the macro-regions, in some oblasts HHs were more likely to report having children not residing in the HH, specifically **8% in Zakarpatska, 8% in Vinnytska, and 6% in Khersonska, Mykolaivska, and Rivnenska Oblasts**. Among the HHs that reported at least one child not residing in the HH (n=218), the most common reasons for separation were the child leaving the house to study (**28%**), being with foster or kinship family or friends (**26%**), and leaving the house to seek safety and security / protection (**22%**).

Table 2: % of HHs by most reported concerns for women, by displacement status

	Being injured/ killed by an explosive hazard (including mine / UXO)	Suffering from physical harassment or violence (not sexual)	Being killed	Being injured
Displaced HHs	8%	1%	2%	3%
Returnee HHs	8%	3%	3%	4%
Non-displaced HHs	2%	1%	1%	1%

Overall, **12% of HHs reported one or more concerns for women**. The most commonly reported ones included being injured/killed by an explosive hazard (including mine/UXO), suffering from physical harassment or violence (not sexual), being injured, and being killed. In terms of sexual harassment or violence, this concern was reported by **1% of HHs**.

Access to social/governmental services

Similar to MSNA, **in Calibration 14% of HHs reported a need to access social/administrative services (such as home-based care support and support for families with many children)** provided by the Government in the three months prior to data collection. The highest proportion of HHs reporting a need to access social services were found in the North (**16%**), particularly in Kyivska Oblast (**21%**).

Displaced HHs were more likely to report the need to access social/administrative services (20%) than returnee (16%) or non-displaced HHs (13%). No major disparities were observed between other demographic groups assessed.

In terms of the barriers to accessing social/administrative services, among the **14% of HHs being in need of those services**, most often **no information on availability of the services** was reported as a barrier (**7%**).

HEALTH

Seasonality (winter conditions during Calibration) seems to exacerbate access to healthcare, since notably **more HHs were found to have unmet Health needs** compared to MSNA findings (**47%** in 2024 Calibration vs **35%** in 2023 MSNA). This may also be related to the intensified attacks over the winter and resulting damage to healthcare facilities and supply chain disruptions, primarily in frontline areas.¹⁶ It is noteworthy that **Khersonska (60%), Chernihivska (58%), and Kharkivska (54%)** Oblasts had the largest proportion of HHs with severe or above needs in Health.

Age and disability status remained the most notable demographic drivers of unmet health needs. HHs headed by someone over the age of 60 were found to have Health LSGs more often (**56%**) than other demographic groups.

Access to healthcare services

Overall, **48%** of all individuals (n=13,886) in the assessed HHs reportedly had a medical problem that made them consider seeking healthcare services in the 3 months prior to data collection, which is a notable increase compared to 2023 MSNA (**37%**). Perhaps, not surprisingly, people with disabilities (**66%**), those who were older than 65 (**60%**), and younger than 6 years old (**55%**) reportedly considered seeking such services disproportionately more often than individuals in other demographic groups, echoing 2023 MSNA results. Of those individuals that had a medical problem that made them consider seeking health care (n=6,745), **one out of ten (12%) reportedly did not seek services they desired.** It is worth noting that individuals in **Khersonska (21%)** and **Chernihivska (19%)** Oblasts reportedly did not seek healthcare services almost twice as often as the general population.

Table 3: % of individuals in Khersonska, Donetsk, and Mykolaivska Oblasts that reported facing barriers while attempting to access healthcare services, by barriers

	No functional health facility nearby	Could not afford cost of service	Insecurity at health facility	Insecurity while traveling to health facility	Not enough / no appropriately trained staff	At least one barrier
Khersonska (n=208)	8%	8%	5%	6%	6%	31%
Donetsk (n=176)	8%	9%	2%	4%	6%	28%
Mykolaivska (n=221)	7%	9%	0%	0%	5%	26%
National overall (n=5,861)	3%	7%	0%	1%	3%	20%

Issues with accessibility of healthcare services remained prevalent for people with disabilities at the time of data collection. **People with disabilities reported not being able to access the desired services twice as often (8%) as people without disabilities (4%).**

Eight out of ten individuals (**83%**) reportedly sought these services in public healthcare facilities. People aged over 65 (**91%**), people with disabilities (**89%**), and those from rural settlements (**88%**) reportedly relied on public healthcare facilities more often than their counterparts.

Additionally, 41% of individuals reported paying out-of-pocket for the services they sought, with people with disabilities (38%) reporting this less often than those without (44%). However, this doesn't necessarily mean that people with disabilities have lower health needs that require paid assistance. Given that people with disabilities reported reducing essential health expenditures disproportionately more often, these findings most likely indicate that people with disabilities cannot afford the desired medical services.

Of those who attempted to obtain a healthcare service, one in five (**20%**) reported facing at least one barrier while attempting to access these services, with the **inability to afford the consultation or the services (7%)** and **long waiting hours (6%)** being reported most often.

Individuals in Khersonska, Donetsk, and Mykolaivska Oblasts reportedly faced at least one obstacle in accessing healthcare services notably more often than the general population. (See Table 3)

Additionally, **people with disabilities reported facing at least one barrier disproportionately more often (28%)** than individuals without disabilities (**18%**).

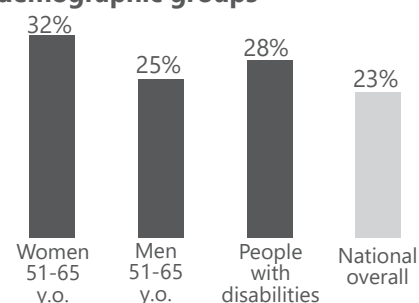
Access to medication

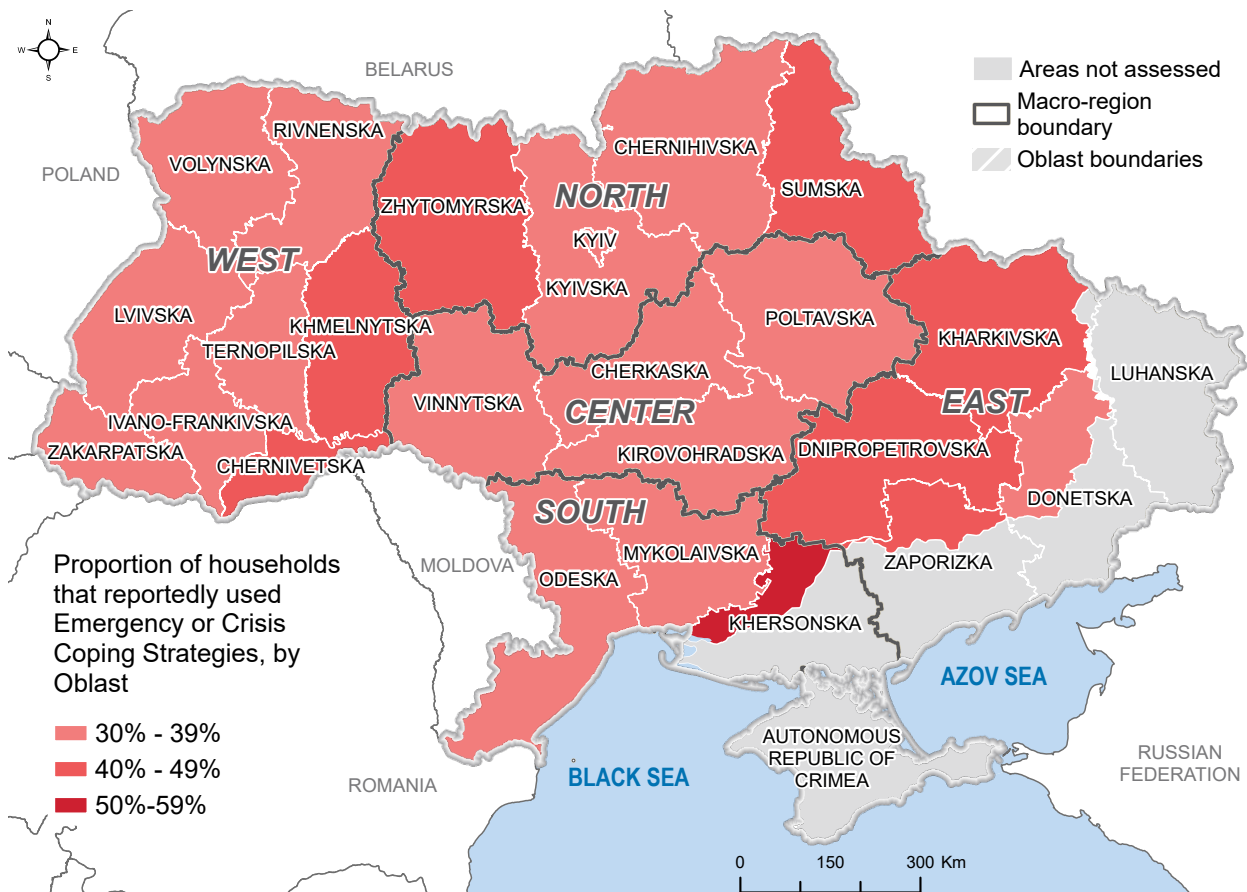
Overall, more than half of all individuals (**58%**) in assessed households reportedly sought medicines in the 3 months prior to data collection, which is slightly higher than the percentage reported in the MSNA (**53%**). People with disabilities (**76%**) and people older than 65 (**77%**) reportedly sought medicines more often than other demographic groups.

Of those who sought medicines, almost every fourth person (23%) reportedly faced at least one barrier while seeking medicines, with inability to afford medication being reported most often (**19%**). People from oblasts close to the front line, particularly those in Khersonska (**38%**), reportedly faced at least one obstacle notably more often.

Certain demographic groups faced barriers disproportionately more often than others. For example, **29%** of people older than 50, and **28%** of people with disabilities reportedly faced at least one barrier more often than other people. **Gender-based discrepancies were also observed – older women reportedly faced at least one obstacle more often than older men.**

Figure 1 : % of individuals that reportedly faced at least one barrier while seeking medicines, by demographic groups



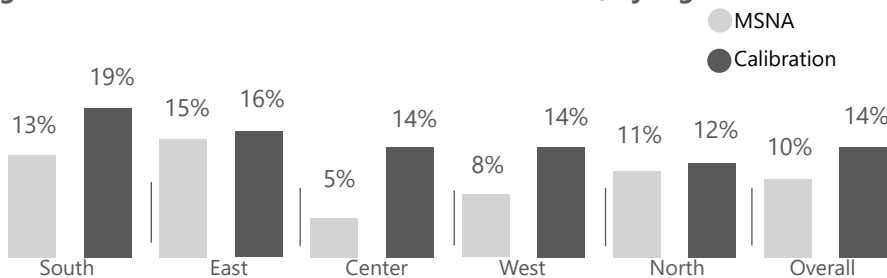
Map 2: % of HHs found to face at least one barrier to accessing medicines, by oblast**Map 3: % of HHs using emergency/crisis livelihood coping strategies, by oblast**

LIVELIHOODS

According to 2023 MSNA findings, Livelihoods was the sector with the highest proportion of HHs with severe or above (3+) LSGs (56%).¹⁷ Findings of 2024 Calibration demonstrate that there might be a connection between seasonality and Livelihoods needs, as even **more HHs were found to have a severe or above LSGs (65%)**. The share of HHs with an extreme level of unmet needs in Livelihoods was **14%**, primarily driven by the South macro-region.

The heightened living costs during the winter, attributed to expenses such as heating, fuel, and warm clothing, coupled with overall increased expenditures and limited access to livelihoods, appear to have further strained the coping capacity of households. In rural settlements, inability to conduct agricultural activities might particularly affect the ability of HHs to meet their needs, forcing them to adopt additional coping strategies. This situation likely leaves **more people in need of immediate humanitarian assistance**.

Figure 2: % of HHs with extreme Livelihoods LSGs, by region and assessment



Income and Expenditures

Echoing the 2023 MSNA findings, 2024 Calibration found that regular employment (50%), pensions (43%) and government social benefits (30%) were the most reported income sources. In Calibration, government social benefits were reported notably more often compared to 2023 MSNA data (30% vs 20%). This was especially driven by the HHs in the East (38%) and in the South (36%), where every third HH reportedly relied on government social benefits.

Interestingly, total monthly median income per capita from all reported sources slightly decreased compared to 2023 MSNA. Mean monthly income per capita, on the other hand, increased, **indicating a more unequal distribution of wealth** within the assessed population.

	Median income per capita	Mean income per capita
2023 MSNA	UAH 5,000	UAH 7,050
2024 Calibration	UAH 4,800	UAH 7,600

Perhaps, not surprisingly, total median **monthly expenditure** (per household) **notably increased** (UAH 8,667), when compared to the 2023 MSNA findings (UAH 5,433). Given that the Calibration Assessment took place during winter, this was especially driven by expenditures on **power utilities (electricity, gas connections, heating, etc.) and fuel (including fuel for heating)**. The median food expenditures also increased from UAH 4,600 in MSNA to UAH 5,000 in Calibration.¹⁸

* Heating was incorporated in the specifications for the options both for power utilities and fuel in Calibration, but was not included in the options in MSNA.

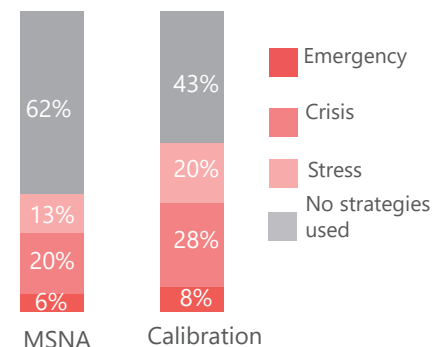
HH size, proximity to the frontline, disability, and settlement type were the main demographic drivers in defining median monthly income per capita. In addition, the dominance of remote education in certain macroregions (see *Education* section) might limit employment options for working parents and further impact household income levels. HH with 5 members or more, those that are located close to the frontline, HH with a member with a disability, and rural HH had **notably lower median incomes per capita than their counterparts**.

	Median expenditure on power utilities (per HH)*	Median expenditure on fuel (per HH)*
2023 MSNA	UAH 800	UAH 0
2024 Calibration	UAH 2,100	UAH 1,000

Livelihood Coping Strategies

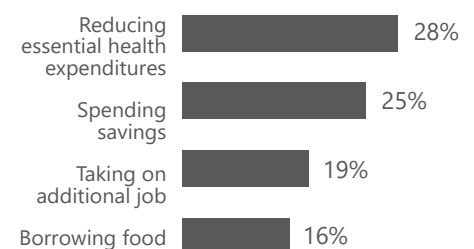
HHs reported using at least one livelihood coping strategy due to a lack of resources to cover basic needs notably more often compared to 2023 MSNA. **Additionally, more HHs reported using crisis and emergency coping strategies suggesting that HHs potentially exhausted stress coping strategies and used more severe ones during winter.**

Figure 3: % of HHs reporting using livelihood coping strategies, by category of used strategies



Spending savings, reducing essential health expenditures, taking on an additional job, and borrowing food were the most reported livelihood coping strategies.

Figure 4: % of HHs reporting using livelihood coping strategies, by most reported strategies



Findings demonstrate the existence of localised vulnerabilities, especially for HHs in the East and South. **Notably, half of HHs in Khersonska Oblast reported using crisis or emergency coping strategies.** Additionally, **HHs with a member with a disability were found to be the most vulnerable demographic group** with **64%** of HHs in this group reportedly using coping strategies.

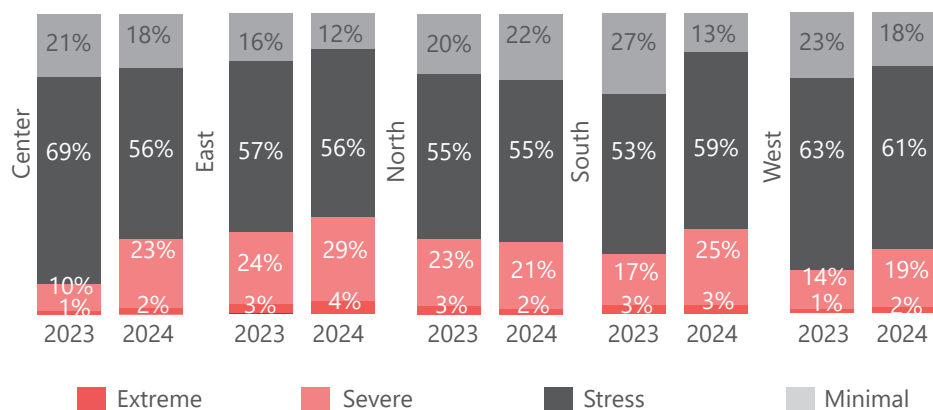
Accessing food was reportedly the main reason why HHs had to use coping strategies (57%), followed by accessing healthcare (50%) and shelter (36%). Notably, food and medicines (both 19%) were also identified as top priority needs.

FOOD SECURITY

Overall, the severity of unmet needs in relation to food security remained relatively unchanged in 2024

Calibration compared to 2023 MSNA (**25%** and **20%** of HHs with severe or above (3+) LSG, respectively). **A slight increase was observed in the proportion of HHs with severe needs in Calibration, primarily driven by the Center and South at the macro-region level.** Similar to MSNA, no major variation was observed based on the urbanity of the settlements where assessed HHs resided. At the same time, the main demographic driver for severe or higher unmet needs in Food security was the disability status of the HH members.

Figure 5: Food Security LSGs in 2023 (MSNA) and 2024 (Calibration), by macro-region



Food Consumption Score¹⁹

Overall, the Food Consumption Score (FCS) results do not point to significant concerns in relation to immediate food consumption. Similar to 2023 MSNA findings,²⁰ **the East macro-region has a larger share of HHs with Poor and Borderline food consumption (19% compared to 13% nationally).** The major change observed since MSNA is the **increased share of HHs in the Center macro-region found to have a Poor and Borderline FCS (4% in 2023 MSNA vs 13% in 2024 Calibration).**

The highest share of HHs with Poor and Borderline FCS was found in **Donetska oblast (27%)**. A comparatively high share of HHs in **Donetska (6%)** and **Dnipropetrovska (6%)** Oblasts were found to have Poor FCS. **A relative decline in FCS was observed in Kirovohradska, Ternopils'ka, Cherkaska, Volynska, Poltavaska, and Zhytomyrska Oblasts** with a 9-14% pp increase in the share of HHs with Poor and Borderline FCS. Meanwhile, some improvement was observed in Kyiv and Lvivska Oblast, with a 10-12% pp increase in the share

of HHs with Acceptable FCS. The FCS tends to be better among returnee HHs (compared to displaced HHs), in HHs without a member with a disability, and HHs with children.

Overall, no major disparity was observed between rural and urban HHs, except in the East. A particularly high share of rural HHs were found to have Borderline food consumption in the East (**16%**) and South (**15%**), while the highest share of HHs with Poor FCS was among the urban HHs in the East (**6%**).

Reduced Coping Strategies Index²¹

While the overall proportions of HHs remained the same in terms of Reduced Coping Strategies Index (rCSI) categories, there has been a relative **increase in the share of HHs with high** (from **1%** in 2023 MSNA to **6%** in 2024 Calibration) **or medium** (from **25%** in 2023 MSNA to **31%** in 2024 Calibration) **level of consumption coping strategies in the Center macro-region.** This may be an indication of the deterioration of the overall food security and livelihoods situation.

The share of HHs in the 'medium' group also notably increased in the East from **28%** in 2023 MSNA to **40%** in 2024 Calibration, likely indicating persisting challenges for the HHs in this region as well as increased depletion of coping strategies.

Similar to 2023 MSNA, the most used strategy related to people cutting down on food expenses - **eating cheaper foods** in order to cope with a shortage of food or the means to buy food. While no major disparity was observed in the overall share of HHs applying consumption coping strategies, the **HHs in the Center, and to a lesser extent, in the East were more likely to apply the coping strategies in 2024 Calibration compared to 2023 MSNA.** This may also be driven by seasonal factors, such as increased overall expenditures and reduced reliance on home-grown food and own produce in the winter.

Table 4: Use of consumption coping strategies in the 7 days prior to data collection by strategy, macro-region, and year (2023 MSNA / 2024 Calibration)

Consumption coping strategy	Eat cheaper food		Limit portion		Borrow food		Reduce number of meals		Restrict consumption by adults	
Macro-region	2023	2024	2023	2024	2023	2024	2023	2024	2023	2024
Center	38%	51%	4%	16%	5%	13%	4%	12%	2%	6%
East	44%	57%	14%	21%	13%	16%	10%	17%	5%	7%
North	55%	47%	15%	15%	12%	12%	12%	11%	5%	6%
South	53%	49%	17%	19%	13%	15%	13%	15%	6%	6%
West	54%	43%	11%	12%	9%	10%	6%	8%	2%	6%
Overall	50%	48%	12%	16%	10%	13%	9%	11%	4%	6%

WATER, SANITATION, AND HYGIENE

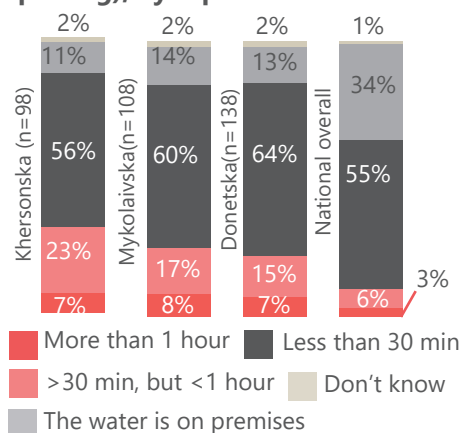
Overall, **15%** of surveyed HHs had unmet needs in the WASH sector in 2024 Calibration, a slight increase from **8%** in 2023 MSNA. The unmet WASH needs were primarily driven by the lack of access to safe drinking water and use of water treatment.

Water supply

Overall, **97%** of assessed HHs reported accessing only improved drinking water sources,²² as their main water sources (identical to 2023 MSNA), and **3%** reported accessing only unimproved drinking water sources.²³ Additionally, **HHs in rural areas reported accessing only unimproved drinking water sources notably more often (6%) than those in urban areas (1%).** Piped water in the household (**45%**), personal protected borehole (**27%**) and bottled water (**22%**) were the most often reported main drinking water sources.

Notably, MSNA data was collected shortly after the destruction of the Nova Kakhovka dam, which had a significant impact on water sources primarily for people in Khersonska Oblast.²⁴ In 2023 MSNA more than half (**57%**) of HHs in Khersonska reported bottled water as their main source of drinking water. 2024 Calibration data suggest that the water supply in Khersonska may have partially recovered, since only **31%** of HHs relied on bottled water, meaning that people might have other alternatives. Nevertheless, as the following findings indicate, access to drinking water is likely still an issue for people in Khersonska Oblast, especially for persons with mobility issues.

Figure 6: % of HHs by time taken to go to main water source, fetch water and return (including queuing), by top 3 oblasts



Map 4: % of HHs reporting water from their main water source as not safe to drink without treatment, by oblast



Of those HHs that reported at least one drinking water source other than a piped water in the HH (n=2,657), **every tenth HH (10%) reportedly spent more than 30 minutes to fetch water from their source.** This was especially driven by those in the South (**21%**) and East (**18%**). Notably, HHs in **Khersonska, Mykolaivska, and Donetsk** most often reported fetching water for **longer than 30 minutes (See Figure 6).**

Two out of three (**67%**) HHs reported water from their main source as safe to drink without treatment, which is a slight decrease since 2023 MSNA (**73%**). This was least reported by those in **Zaporizka (50%), Dnipropetrovka (55%), Mykolaivska (56%), Odeska (57%), and Kyiv (57%).** Meanwhile, **23%** of HHs reported that their water was not safe to drink without treatment, and **8%** stated that their water was safe to drink, but not always (bad quality after storms, etc.). For those reporting a need to treat the water before drinking (n=1,614), boiling water (**52%**) remained the most reported water treatment modality, followed by filter at the tap (**26%**), and filter HHs filled (**13%**).

Overall, **8%** of HHs reported having experienced insufficient amounts of drinking water at least once in the month prior to data collection, compared to **5%** in 2023 MSNA. Consistent with the pattern identified in 2023 MSNA, **HHs in the East and South reported this more often (14% and 10%, respectively).** This was especially driven by larger shares of HHs in **Khersonska (18%), Donetsk (17%), and Dnipropetrovka (15%) Oblasts reporting at least some interruptions.**

Sanitation and hygiene

Nearly all surveyed HHs (**97%**) in 2024 Calibration reported accessing only improved sanitation facilities²⁵ (identical to 2023 MSNA) **with no notable regional or demographic differences.** Flush to piped sewer system (**53%**), pit latrine with slab (**27%**), flush to pit latrine (**19%**) were reportedly the most used types of sanitation facilities. Perhaps, not surprisingly, flush to piped sewer system was reported significantly more often in urban settlements (**71%**) than in rural ones (**20%**). A very small proportion of HHs (**3%**) reported sharing their sanitation facility with other HHs with no regional or demographic discrepancies.

Also, the vast majority of HHs (96%) reported having access to a functioning handwashing facility with water and soap. Notably, HHs in **Donetsk Oblast** reported this slightly less often (**91%**) than the national overall.

🏠 SHELTER AND NON-FOOD ITEMS (NFI)s

Overall, **25% of the surveyed HHs had unmet needs in the Shelter/NFI sector in 2024 Calibration**, similar to 2023 MSNA (**27%**). While some deterioration was observed in reported living conditions issues, the slight improvement in access to NFIs has mitigated their impact on the sectoral score, possibly indicating a positive influence of the winterisation response. Nevertheless, access to NFIs still remains the main driver of unmet needs in Shelter/NFI sector.

At the macro-region level, the highest proportion of HHs with LSGs in the sector was found in the East (**39%**), closely followed by the South (**33%**). At the oblast level, the highest proportion of HHs with LSGs in Shelter/NFI was found in Khersonska Oblast (**79%**), followed by Donetsk (**54%**). The population's needs were likely impacted by the continuing attacks, particularly in the East and the South. The latter experienced significant attacks affecting water and electricity supply, exacerbating the challenges faced by the affected communities.²⁶

Overall, findings suggest that certain demographic characteristics, such as **urbanity, disability status, and HH size were correlated with Severe or higher unmet Shelter/NFI needs in 2024 Calibration**, which is consistent with 2023 MSNA. Rural HHs were more likely to have severe+ Shelter/NFI needs (**31%**) in comparison with urban HHs (**22%**). Concurrently, displaced HHs were more likely to have unmet needs in the sector (**41%**) than non-displaced (**22%**) and returnee HHs (**24%**). Similarly, HHs with 3+ children were more likely to have unmet shelter/NFI needs (**36%**) than HHs with less than 3 children (**25%**), as well as HHs with a member with disability (**31%**) compared to HHs without one (**20%**).

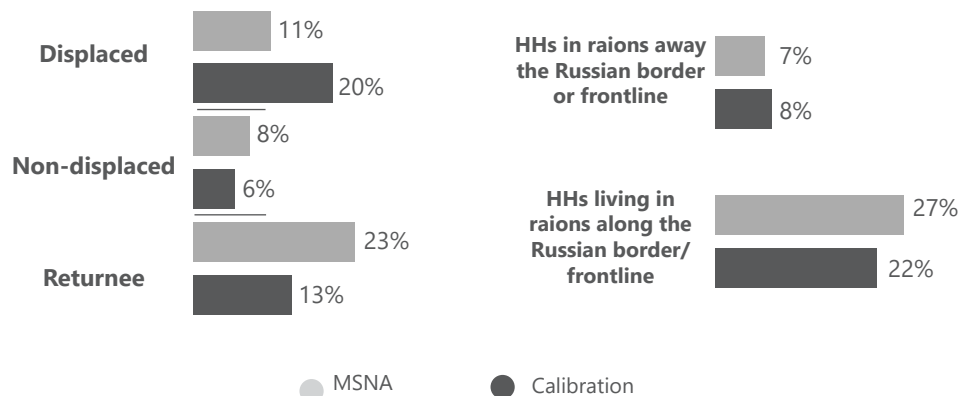
! Conflict-related damage

59% of assessed HHs in Khersonska Oblast reported **conflict-related damage or defects** to their accommodation.

Overall, **10% of HHs reported conflict-related damages/defects to their accommodation, echoing 2023 MSNA findings**. At the macro-region level, the highest proportions of HHs with such reports were found in the East (**21%**) and in the South (**15%**). Khersonska Oblast particularly stood out with more than a half of the HHs reporting conflict-related damage or defects to their accommodation (**59%**), followed by Donetsk (**35%**).

Among the **10%** of HHs with reported damage/defects to their accommodation, **the most commonly reported types of damage were damage to windows and/or doors (missing, broken, unable to shut properly), damage to walls, minor damage to roof (cracks, openings), and leaks during rain**.

Figure 7: % of HHs reporting conflict-related damages or defects, by displacement status and by proximity to the front line/Russian border



🏠 Living conditions issues

Overall, **14% of the surveyed HHs reported living condition issues**, which is slightly higher than the percentage reported in the MSNA (**8%**). At the macro-region level, the highest share found in the East (**20%**), and the South (**18%**). Notably, displaced HHs were more likely to report living condition issues (**24%**) than non-displaced (**12%**), or returnee (**14%**) HHs. At the oblast level, the highest proportion of HHs reporting these issues was observed in Donetsk (**38%**) and

Mykolaivska (**25%**) Oblasts. In terms of the most commonly indicated living conditions issues, **HHs predominantly indicated being unable to adequately wash** (lack of bathing facilities, bathing facilities unsafe), and **being unable to keep warm or cool** (no or dysfunctional temperature regulating devices, insufficient winter clothes). In Donetsk Oblast, the two issues were reported by **15%** and **14%** of HHs, respectively.

🔥 Heating sources

Overall, the most commonly reported heating sources used by the surveyed HHs were central heating (**30%**), wood (**25%**), and centralised gas (**24%**).

Notably, most used heating sources varied across macro-regions. HHs in the East and in the North were more likely to utilise central heating, and HHs in the Center more often reported preference for wood as a heating source.

NFI Missing NFIs

Nationally, **30%** of households reported missing some NFIs, which is slightly lower than the percentage reported in MSNA (**35%**). At the macro-region, the highest share of HHs with reported missing NFIs was observed in the East (**41%**) and the South (**39%**). While the situation improved in the latter compared to the MSNA (**49%**), it remained concerning in the East (**40%**).

Displaced HHs were considerably more likely to report missing NFIs (**56%**) compared to non-displaced (**26%**) or returnee HHs (**23%**). Additionally, HHs with a member with disabilities were more likely to report missing NFIs (**38%**) than HHs without such members (**25%**).

Most commonly indicated missing NFIs included **fuel for heating (11%)**, **winter boots (7%)**, **bedsheets (7%)**, **power-bank lamps (7%)**, **winter clothes (6%)**, and **blankets (6%)**.

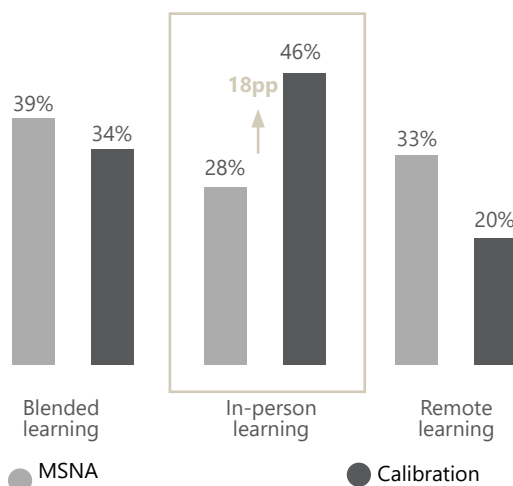
EDUCATION

School enrolment / attendance

Overall, **3%** of HHs had unmet needs in the Education sector, which is consistent with the findings from the 2023 MSNA (**4%**). However, looking specifically at HHs with school-aged children, **14%** of HHs had LSGs in the Education sector, with **11%** found to have extreme needs. The 2024 Calibration data indicates that **2% of school-aged children in surveyed households were not enrolled in formal education institution for the 2023-2024 school year**, marking a decrease from **12%** for the 2022-2023 school year reported in 2023 MSNA. This is in line with the prioritisation²⁷ of and expected ability of schools to host in-person or hybrid modalities of learning (availability of shelters, evacuation plans, etc.) announced by the Government of Ukraine before the start of the school year.²⁸ The highest percentage of unenrolled children was observed in the East, standing at **4%** (compared to **10%** in MSNA), likely driven by high proportion of school-aged children not enrolled in a formal education institution in Kharkivska Oblast (**9%**, also representing the highest share across all oblasts). Regarding specific groups more susceptible to non-enrollment or irregular attendance, children with disabilities stood out as considerably more likely to be not enrolled or not regularly attending school, both in the 2022-2023 and 2023-2024 school years.

Education modalities

Figure 8: % of school-aged children by learning modality in 2023 MSNA (n=4864) and 2024 Calibration (n=2743)



It is noteworthy that blended and in-person modalities were more prevalent in rural households, whereas in urban households, the discrepancy between in-person, blended, and remote modalities was less pronounced. The most substantial difference was observed in remote learning, with **27%** in urban HHs reporting it compared to **11%** in rural HHs.

Regarding the reasons for children to not access formal education institutions, the most commonly reported included protection-related risks, special education needs, and disability. Additionally, issues related to remote learning were highlighted, particularly in the East, where remote learning remained the primary mode of learning. In the East, among the school-aged children not enrolled in formal education institutions or enrolled but not attending regularly (n=44), **the main reported barriers for children to access formal education were the absence of necessary equipment for remote learning, connectivity to the internet, and regular electricity cuts.**

Overall, among the children enrolled in formal educational institutions, the predominant education modality reported was in-person learning, utilised by **46%** of school-aged children, closely followed by blended learning, a combination of remote and in-person (**34%**). A comparison with MSNA data covering the 2022-2023 school year reveals a **notable increase in reports of in-person learning modality**, with only **28%** of school-aged children using this modality in 2023 MSNA. While only slight shifts were observed in the reported use of blended learning modality (**39%** in MSNA vs **34%** in Calibration), the share of school-aged children attending remote learning decreased from **33%** in MSNA to **20%** in Calibration.

However, **in the Eastern region of the country, where hostilities and damage to educational infrastructure may hinder accessibility to in-person modalities²⁹, remote learning remains prevalent**, albeit with a decrease from MSNA, dropping from **88%** to **70%**.

It is also noteworthy that non-displaced and returnee children were more likely to attend in-person learning compared to displaced children (see Table 5), possibly connected to a preference for displaced children to remain enrolled in their original schools, leading to a reliance on remote learning.

Table 5: % of school-aged children by learning modality, displacement status, and macro-region (n=2,743)

Macro-Region	Displacement Status	Education Modality		
		In person	Blended	Remotely
West	Non-displaced	62%	37%	2%
	Returnee	73%	24%	4%
	Displaced	51%	19%	29%
North	Non-displaced	44%	47%	9%
	Returnee	52%	39%	9%
	Displaced	36%	19%	45%
Center	Non-displaced	39%	58%	2%
	Returnee	34%	56%	10%
	Displaced	44%	25%	30%
South	Non-displaced	38%	39%	23%
	Returnee	37%	23%	38%
	Displaced	15%	21%	64%
East	Non-displaced	12%	26%	62%
	Returnee	4%	19%	77%
	Displaced	11%	9%	79%

ACCOUNTABILITY TO AFFECTED POPULATIONS

Humanitarian assistance

The perceived need for humanitarian assistance remained high, with **76% of HHs expressing a desire to receive at least one type of aid in the future**. This is consistent with the findings from MSNA, where **73%** of households similarly expressed a desire for aid. **Every fifth (18%) HH had reportedly received humanitarian aid in the three months prior to data collection*** (both according to 2023 MSNA and Calibration Assessment). Nevertheless, in 2024 Calibration notably less HHs that lived close to the frontline or Russian border reported receiving aid (**44%**), than in 2023 MSNA (**59%**).

In Calibration, **11%** of HHs that had at least one LSG reported receiving humanitarian assistance in the three months before data collection, mirroring the MSNA findings.

Additionally, **less HHs reported facing barriers in accessing humanitarian assistance** in Calibration, compared to MSNA (**27%** vs **39%**). Lack of information on how to register for aid (**10%**), or where aid was provided (**9%**) were the most reported barriers. Notably, in MSNA these barriers were reported by **21%** and **20%** of HHs, respectively, which might indicate an improvement in the humanitarian actors' communication with communities..

Top 3 types of assistance received (among those, who reported receiving aid (n=1,126))

86% 24% 19%
Food assistance WASH assistance Cash assistance

Among those that reported receiving aid in three months prior to data collection* (n=1126), **Food assistance (86%), WASH assistance (24%) and Cash assistance (19%) were the most reported types of aid received**, repeating the patterns found in 2023 MSNA.

4%

Only **4%** of surveyed HHs that reportedly received food assistance (n=992) reported being dissatisfied with it.

Preferred assistance modalities

57% 24% 24%
Cash In-kind Services

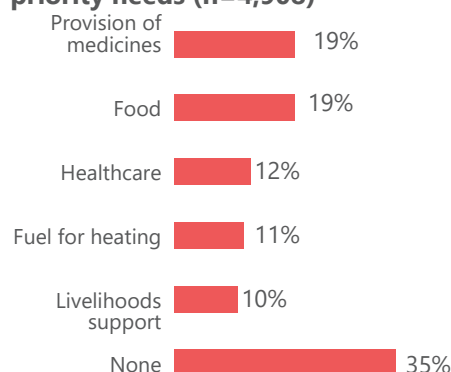
Cash (for essential needs) was most often reported as the preferred type of assistance, in both Calibration (**57%**) and MSNA (**62%**).

Priority needs

Almost two-thirds of HHs (**60%**) reported at least some needs. Among these, **the most frequently reported were provision of medicines, food, healthcare, fuel for heating, and livelihoods support**, resonating with 2023 MSNA findings. Every third HH (**35%**) reported having no needs.

HHs in the East and South were most likely to report specific needs: **71%** and **69%** respectively, indicating persisting challenges for people in these regions to meet their needs.

Figure 9: Top 5 self-reported priority needs (n=4,908)

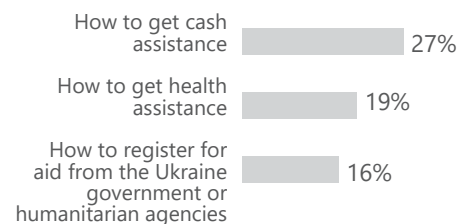


HHs with a member with a disability reported provision of medicines as a priority need two times as often as those without (28% vs 14%).

Rural HHs, on the other hand, reported **fuel for heating almost four times as often** as urban HHs (**21% vs 6%**).

Information needs

Figure 10: Top-3 self-reported information needs (n=4,922)

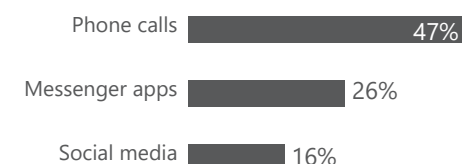


A third of HHs (**34%**) reported not wanting to receive any type of information.

How to get various kinds of humanitarian assistance was the most reported type of information HHs would like to receive from humanitarian assistance providers.

HHs reportedly preferred phone calls, messenger apps, social media, and SMS to communicate with humanitarian assistance providers more often than other means of communication.

Figure 11: Top 3 self-reported preferred means of communication (n=4,922)



*approximately since October/November 2023

RATIONALE AND METHODOLOGY

Purpose of the assessment: In line with HSM's primary objective of **providing up-to-date multi-sectoral data on the evolution of humanitarian needs** in Ukraine to enable monitoring of change in needs and targeting of response plans, the **Calibration Assessment intends to provide mid-term updates on crucial MSNA baseline data** from June to August 2023.

Unlike the first round of Calibration Assessment conducted in April-May 2023, the 2024 Calibration also entailed calculation of household LSG and MSNI scores to compare the trends with the MSNA findings. The comparison with the 2023 MSNA baseline data was also done through individual indicators. While there is difference in sampling from the 2023 MSNA (the MSNA sampling approach had various stratification levels), both 2023 MSNA and the Calibration Assessment yielded findings representative at oblast level enabling comparison of the findings between the two in the attempt to identify needs and drivers of humanitarian needs that have changed since June-August 2023. The comparative findings presented in this output mostly focused on major disparities observed between the two assessments.

Coverage: A 95% Level of Confidence and 7%+- Margin of Error sampling frame was applied to all assessed oblasts and Kyiv city. Overall, through its data collection partner KIIs, REACH collected 4,930 interviews

The sample entailed a quota for rural population with implementation of a minimum of 50 HH-level interviews representing rural population per oblast.

People residing outside the territory of Ukraine at the time of data collection were not interviewed, as well as the people who self-identified to be residing in the areas beyond/not under the control of the Government of Ukraine.

Modality: The data was collected at household (HH) level through randomised computer-assisted telephone interviews (CATI) from 17 January to 18 February 2024.

Questionnaire: To be able to compare findings to the baseline 2023 MSNA data, the critical indicators from each sector used in the latter were included in the Calibration Assessment tool.

Weighting: Population estimates from 2023³⁰ were used to weigh responses at the oblast, macro-region,³¹ and national level. This methodology aligns with the 2023 MSNA methodology to allow for full comparison of the findings.

LIMITATIONS

Remote data collection:

The expected poor connectivity and the lack of personal interaction during a phone-based interview led to limiting the length of the questionnaire compared to 2023 MSNA to prevent losing the respondent's attention. Due to the phone-based interviews and limited control to ensure privacy during the interview, sensitive topics were excluded from the questionnaire as much as possible to avoid creating risks for the respondents.

Disaggregations:

Findings were disaggregated to analyse the variations in terms of administrative-geographic specifications (urban/rural) of households and demographic criteria (such as age, gender, vulnerabilities). Nevertheless, given the small sample size and no stratification done by either of these groups, the analysis based on these disaggregations is only indicative.

Underrepresentation of protection concerns:

While the multi-sectoral questionnaire included a section dedicated to protection, including safety and security concerns, phone interviews are not equipped to fully

capture all protection concerns, which are therefore likely to be under-reported.

Reporting bias:

Certain indicators may be under- or over-reported due to the subjectivity and perceptions of respondents. For instance, indicators with an extended recall period of six months (such as questions related to expenditures) may be liable to a certain degree of inaccuracy, as they are dependent on respondent's ability to remember events in the past.

Subset indicators:

Findings related to a subset of the overall population may have a wider margin of error, yielding results with lower precision. Any findings related to subsets are indicated as such throughout the output.

Seasonality:

Given the 2023 MSNA was conducted in the summer and 2024 Calibration Assessment in the winter, seasonal factors may affect the comparison of the findings, and therefore should be accounted for when interpreting the shifts in the reported needs and drivers.

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).

ENDNOTES

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¹ OCHA, [Ukraine Humanitarian Needs and Response Plan 2024](#), December 2023.

² REACH, [2023 MSNA Bulletin, Ukraine](#), November 2023.

³ CATI stands for Computer Assisted Telephone Interviews.

⁴ KIIS stands for [Kyiv International Institute of Sociology](#).

⁵ In the frames of the Calibration assessment, '**Returnee HHs**' were defined as HHs that were living at their habitual place of residence (prior to 24 February 2022) at the time of data collection, but had left their habitual place of residence for longer than 14 days due to the war.

⁶ The [IOM Glossary on Migration](#) defines IDPs as 'Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.' In the frames of the Calibration assessment, '**Displaced HHs**' were defined as HHs that left their habitual place of residence (prior to 24 February 2022) due to the escalation of the war.

⁷ In the frames of the Calibration assessment, '**Non-displaced HHs**' were defined as HHs that were living in their habitual place of residence (prior to 24 February 2022) at the time of data collection, and had not left their habitual place of residence for longer than 14 days due to the war.

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⁸ Please note that the coverage of the MSNA 2023 only includes Beryslavskyi raion and not Khersonskyi raion. This discrepancy in coverage may impact the comparability of results between the two assessments.

⁹ The proportion of surveyed HHs in Donetska Oblast reporting safety and security incidents in the 3 months prior to data collection decreased from **69%** in 2023 MSNA to **53%** in 2024 Calibration. Additionally, based on the ACLED (Armed Conflict Location and Event Data Project) dataset, a comparatively lower number of conflict incidents were reported in the main covered areas of Donetska Oblast (Pokrovskyi and Kramatorskyi raions). The time-period considered for this comparison is three-month period prior to data collection: March - August 2023 for MSNA (data collection: June-August 2023) and October 2023 - February 2024 for Calibration (data collection: January - February 2024).

¹⁰ Based on [Ukraine 2024 Multi-Purpose Achievements Overview](#), implementing actors reached 8.5% of the population in Donetska Oblast, which is the second highest reach reported following Khersonska Oblast.

¹¹ The proportion of HHs reportedly applying livelihood coping strategies in Donetska Oblast decreased from **66%** in 2023 MSNA to **58%** in 2024 Calibration. Furthermore, the share of HHs using Emergency coping strategies also decreased from **11%** in MSNA to **5%** in Calibration.

¹² Please note that in some instances, rounded figures are utilized in the analysis. Consequently, the sum may not precisely arrive at 100%. This discrepancy arises due to the rounding process and should be considered when interpreting the data.

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¹³ UN News, [Ukraine: Civilian casualties spike following wave of Russian attacks](#), January 2024.

¹⁴ ACLED, [Russia Ramps Up Airstrikes on Ukraine](#), 26 April 2024.

¹⁵ OCHA, [Ukraine Humanitarian Needs and Response Plan 2024](#), December 2023.

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¹⁶ Health Cluster Ukraine, [Health Cluster Bulletin #1](#), January 2024.

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¹⁷ The primary driver of the unmet Livelihoods needs was identified as the type of HH's income sources. Based on this indicator, 30% of HHs obtained the score of 3 or higher.

¹⁸ In MSNA, the monthly food expenditures were calculated based on the expenditures for individual types of food items reported by the HHs, while in Calibration only one total sum was reported by HHs as a food expenditure.

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¹⁹ The **Food Consumption Score** is a consumption indicator and is used to measure the Current Status domain of the CARI. The FCS is a composite score based on HH's dietary diversity, food frequency, and relative nutritional importance of different food groups. HHs were asked to report how often they consumed different food groups in the week prior to data collection. This score is used to classify HHs into poor, borderline, and acceptable food consumption. The detailed

methodology and questionnaire modules for FCS can be obtained from [WFP's VAM Resource Centre](#).

²⁰ REACH, WFP, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Food Security Findings](#), March 2023.

²¹ **Reduced Coping Strategies Index** (rCSI) is another index used in measuring the CARI Current Status domain. rCSI is an index representing how people have coped with food shortages in the seven days prior to data collection. It measures the frequency and severity of food consumption behaviours, adopted by HHs in situations of limited food resources. The higher the index, the more frequently people used these strategies to cope with food shortages. The rCSI is sometimes referred to as 'consumption-based coping'. More methodological information about this indicator can be found at [WFP's VAM Resource Centre](#).

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²² Improved drinking water sources include tap drinking water, public tap, personal protected borehole or well, public well or boreholes, trucked in water by municipality; trucked in water private service, water kiosk, bottled water.

²³ Unimproved drinking water sources include open/uncovered well; rainwater collection; river, pond or lake water.

²⁴ REACH Ukraine, [Emergency WASH Assessment: Impact of the Kakhovka Reservoir Depletion](#), June 2023.

²⁵ Improved sanitation facilities include flush to piped sewer system, flush to septic tank, flush to pit latrine, pit latrine with slab, composting toilet.

Unimproved sanitation facilities include flush to open drain, flush to elsewhere, pit latrine without slab / open pit, plastic bag, bucket, hanging toilet, no facility, etc.

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²⁶ Shelter Cluster Ukraine, [Response Update - February 2024](#), April 2024.

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²⁷ [In Ukrainian] Espresso TV, [2023/2024 academic season: what's changing and what to expect](#), August 2023.

²⁸ RBC Ukraine, [How school year will start in Ukraine with three formats of studying](#), 30 August 2023.

²⁹ The Kyiv Independent, [Russian invasion damages 1 in 7 Ukrainian schools](#), February 2024.

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³⁰ United Nations Population Fund. (2023). Common Operational Dataset on Population Statistics, Ukraine 2023. Restricted circulation.

³¹ The macro-regions group the oblasts based on geographical criteria in the following way:

West: Volynska, Zakarpatska, Ivano-Frankivska, Lvivska, Rivnenska, Ternopils'ka, Khmelnytska, Chernivetska Center:

Vinnytska, Kirovohradska, Poltavska, Cherkaska; North: Zhytomyrska, Kyivska, Sumska, Chernihivska, Kyiv city;

East: Donetska, Dnipropetrovska, Zaporizka, Kharkivska; South: Khersonska, Mykolaivska, Odeska.