



UKRAINE

Analysis of Humanitarian Trends

Government Controlled Areas of
Donetsk and Luhansk Oblasts within
20 km of the Line of Contact

July 2019



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Cover photo depicts a destroyed health care facility near Sloviansk, Donetsk Oblast. © REACH 2019

About REACH

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SUMMARY

Context

In early 2020 the east of Ukraine will enter its seventh year of armed conflict. Civilian populations of Donetsk and Luhansk oblasts (collectively referred to as Donbas) continue to experience ongoing and widespread ceasefire violations along the 428 kilometres of the Line of Contact (LoC). The protracted nature of the conflict has led to a significant loss of lives, major concerns over the protection of civilians, and significant damage to critical infrastructure in conflict affected areas.

Indeed, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reports that between April 2014 and May 2019 there were 3,331 civilian deaths due to the conflict and estimates the number of civilians who have been injured by the conflict at between 7,000 and 9,000.¹ Active conflict remains ongoing, with the International NGO Safety Organisation (INSO) reporting 7,554 security incidents occurring in Donetsk and Luhansk oblasts between January and November 2019.² Eastern Ukraine has also become one of the most mine contaminated regions of the world, with the Organisation for Security and Cooperation in Europe's Special Monitoring Mission to Ukraine (OSCE SMM) having observed more than 10,000 land mines on both sides of the LoC since 2018.³

As a primary effect of such ongoing conflict, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 3.5 million people were in need of humanitarian assistance in 2019.⁴ Secondly, within the context of protracted conflict many younger working-age people have left the region, leaving the area within 20 km of the LoC with a higher concentration of people with vulnerabilities than in other parts of the country.

Although 2019 saw the resumption of high-level dialogues through the Normandy Format, conflict remains ongoing and the lack of a political solution in Donbas will likely continue affecting civilians in eastern Ukraine.

Rationale and Methodology

In order to provide an evidence base for the planning of humanitarian assistance as part of the Humanitarian Programme Cycle (HPC) for 2020, REACH conducted an a Humanitarian Trend Analysis, building on assessments conducted in 2016, 2017 and 2018⁵ in collaboration with the Humanitarian Country Team (HCT), the Inter-Cluster Coordination Group (ICCG) and OCHA.

The data was collected between 29 July and 16 August 2019, through a stratified sample of 1,615 households. The sample of households was selected to be statistically representative of populations in each settlement type (rural and urban) and by distance to the LoC (0-5 km and 5-20 km) with a 95% confidence level and 5% margin of error for each stratum and a 2.4% margin of error overall. The assessment also included enumerator observation workshops to qualify some of the household data through enumerators' direct observations.

Data was analysed using an analytical framework proposed by REACH for 2019 multi-sector needs assessments (MSNAs). The framework incorporated some elements of the Joint Inter-sectoral Analysis Framework (JIAF), functioning as an interim solution proposed by REACH for inter-sectoral analysis within the MSNA until the officially endorsed JIAF is available. The REACH analytical framework involved generating a Multi-Sector Needs Index (MSNI) score to estimate the severity of household needs by measuring their overall humanitarian conditions vis-à-vis their living standard gaps (LSGs),⁶ Capacity Gap and an Impact Score. The approach involved categorizing households as either in minimal (1), stress (2), severe (3), or extreme (4) severity of need, with a higher MSNI score indicating more severe needs.

¹ OHCHR, Report on the human rights situation in Ukraine, 2019. Available [online](#)

² INSO 2019. Available [online](#)

³ OSCE, Thematic Report, Jan.-Oct. 2019. Available [online](#)

⁴ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Humanitarian Needs Overview (Ukraine, 2018). Available [online](#).

⁵ Reports from 2018 available [here](#), 2017 available [here](#), and 2016 available [here](#).

⁶ LSGs are gaps a household has in meeting their basic needs in one sector or more, understood by looking at accessibility, availability, quality, use and awareness of essential goods and services. LSG scores go from 1 – 4, with 1 being no/minimal, 2 stress, 3 severe, and 4 extreme

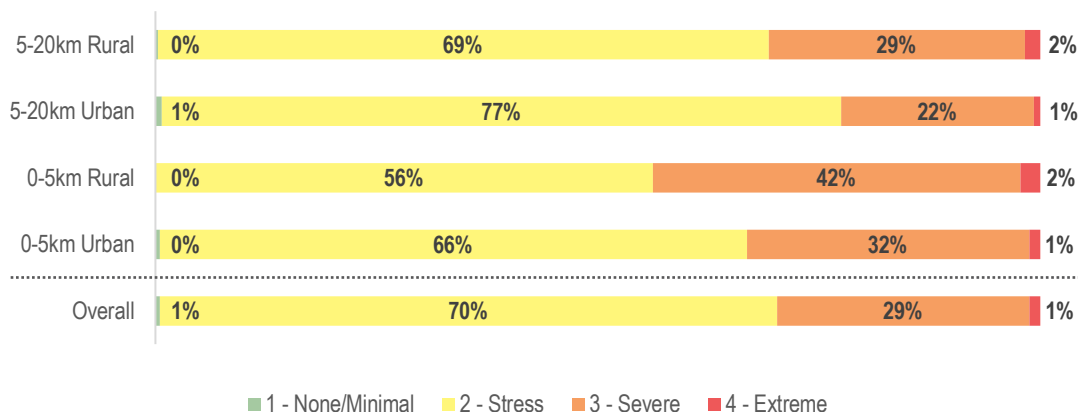
Key Findings

Multi-Sector Needs

Across assessed areas, **30% of households (equalling an estimated 76,605 households) were found to have severe or extreme levels of humanitarian needs** caused by an MSNI score of 3 or 4, (Figure 1) – although, it should be noted, relatively few households (1%) were classified as having extreme needs indicative of a full collapse of living standards. A correspondingly low proportion of households (1%) were found to have minimal levels of severity of needs, indicating that **the population has nearly universally experienced effects of the conflict.**

Households within 5 km of the LoC were found to have been more severely affected, particularly rural households. Rural areas within 5 km of the LoC were the most likely assessed area to contain households experiencing severe or extreme multi-sector needs (44%), followed by urban areas within 5 km of the LoC (33%). **The severity of needs was found to be somewhat lower in areas further from the LoC**, with 32% of rural households and 23% of urban households between 5-20 km from the LoC experiencing severe or extreme levels of severity of need. The lower incidence of severe humanitarian needs amongst urban households potentially relates to the impact of more numerous services and economic opportunities available on household resilience. **Although the severity of need was more likely to be higher nearer to the LoC, the projected population affected is lower** due to the presence of large urban centres in the area between 5-20 km than in areas within 5 km of the LoC.

Figure 1: Proportion of households by MSNI severity score in each assessed area



Overall, **severe and extreme needs were most frequently primarily driven by corresponding severe living standards gaps in Water, Sanitation and Hygiene (WASH), and Food Security and Livelihoods (FSL)** (35% and 20% of households with a MSNI score of 3 or 4, respectively). There was, however, some variation between assessed areas in terms of primary drivers of severe or extreme need. In rural areas, while WASH was still the most common primary driver of high MSNI scores, combinations of severe or extreme LSG scores in health, shelter, and impact score were more likely than FSL to drive severe or extreme need.

Vulnerability and Displacement

The assessed area contains significant proportions of people with vulnerabilities, amongst both heads of household and other household members. **Nearly three-quarters (74%) of heads of households reported being a part of at least one vulnerable group.** Of these, the most commonly reported vulnerabilities were being an older person above the age of 60 (58% of household heads), having a chronic illness that affected their quality of life (37%), and having a disability (14%).⁷

Household members were also likely to experience high rates of vulnerability, with **82% of households within 20 km of the LoC having at least one member with a vulnerability.** Additionally more than one-third (36%) of all

⁷ Household could select multiple options

household members were reported to have two or more overlapping vulnerabilities, most frequently older people experiencing chronic illness (20%) and older people with disabilities (7%).

Only 26% of household members across the assessed area were reportedly engaged in paid work. Similarly, **73% of heads of household reported being economically inactive**. Through the lens of high rates of vulnerability, this suggests a potential additional burden on economically active household members.

Overall, **7% of households reported having at least one resident identifying as an Internally Displaced Person (IDP)**, including 5% of households reporting having official IDP status and 2% reporting unregistered IDP status. The proportion of IDP households was unchanged since the 2018 Trend Analysis. Of IDP households, most (75%) reported being displaced since 2014 and 14% since 2015, indicating that the greatest exodus of people from their areas of origin was at the beginning of the conflict, potentially as the location of the LoC has become more fixed as the conflict became protracted. Indeed, no households reported that they had become IDPs in 2018.

Accountability to Affected Populations (AAP)

Nearly one-third of households (32%) reported having received humanitarian assistance in the 12 months prior to data collection, approximately the same as reported in the 2018 Trend Analysis assessment in which 31% reported the same.

Households within 5 km of the LoC were significantly more likely to report having received assistance (49%) than were households between 5-20 km of the LoC (16%). Similarly, households in rural areas were more likely to report receiving humanitarian assistance (41%) than were households in urban areas (29%). In rural areas within 5 km of the LoC, nearly two-thirds of households (65%) reported receiving humanitarian assistance in the 12 months prior to data collection. Such findings indicate that **humanitarian actors are generally concentrating their efforts in the areas with higher severity of needs according to the MSNI**.

By a large majority, households that received assistance stated that they received food assistance (80%), though **67% of all households reported that they would prefer to receive assistance in the form of cash**.

Households that received humanitarian assistance in the 12 months prior to data collection appear to have been generally satisfied with the aid received, with **77% of such households reporting satisfaction with the quantity and quality of aid received**. However, generally low proportions of households reported having been consulted about their preferences and needs prior to aid delivery (28%), indicating space for the humanitarian sector to improve with regards to consulting communities about their needs, and thereby contribute to meeting Grand Bargain goals and commitments.⁸

Protection & Security Needs

Shelling and small arms fire remained ongoing in the assessed area, particularly within 5 km of the LoC where 94% of armed clashes in the GCA occurred from January to July of 2019.⁹ Although **the majority of households (61%) in the assessed area reported in general experiencing at least one security concern in their settlement**, the proportion has decreased from 71% of households in 2018, likely due both to changes in conflict intensity as well as conflict potentially becoming more normalised within the lives of residents.

The percentage of households perceiving the presence of mines/UXOs in their community increased since 2018, when 11% reported such, compared to 51% in 2019. Households in rural areas within 5 km of the LoC were most likely to report perceiving the presence of mines/UXOs in their community (68%). Notably, while the proportion of households perceiving the presence of mines/UXOs increased since 2018, the proportion of households that reported needing to change their behaviour due to the presence of mines decreased.

⁸ The Grand Bargain is a unique agreement between some of the largest donors and humanitarian organisations who have committed to get more means into the hands of people in need and to improve the effectiveness and efficiency of the humanitarian action. Goal 3: Increase the use and coordination of cash-based programming. Goal 6: A Participation Revolution: include people receiving aid in making the decisions which affect their lives. Available [online](#).

⁹ Data analysed from INSO conflict incidence database, 2019.

With high levels of vulnerability and ongoing risks due to conflict, mental health and post-trauma rehabilitation services are also important considerations for those responding to the crisis. Only **29% of households reported awareness of available mental health care services and 17% reported being aware of post-trauma rehabilitation services**. This is important considering that the United Nations (UN) reports that more than one-in-five people in conflict zones suffer from a mental illness, including depression, anxiety and post-traumatic stress disorder.¹⁰

Food Security Needs

Utilising the World Food Programme's (WFP) Consolidated Approach to Reporting Indicators (CARI¹¹) a slightly lower proportion of households were found to experience food insecurity in the assessed area than in 2018. **Overall, 8% of households were found to be moderately or severely food insecure, down from 13% in 2018.**

Food security levels varied significantly between the assessed areas. **Households residing in rural areas were less likely to be food insecure than their urban counterparts.** In the area between 5-20 km of the LoC, for example, 3% of rural households were found to be moderately or severely food insecure compared to 9% of urban households in the same area. There was less variation between urban and rural populations within 5 km of the LoC, with 8% of rural households and 9% of urban households found to be moderately or severely food insecure. The higher proportion of food secure households in rural areas further from the LoC may potentially relate to improved access to arable land due to reduced conflict incidence further from the LoC.

Food consumption patterns appear to have improved somewhat since 2018, with **10% of households found to have poor or borderline Food Consumption Scores¹²**, a decrease from the 14% found in 2018 in the assessed area.

In total, **nearly two-thirds (63%) of households reported resorting to at least one livelihoods-related coping strategy in the 30 days prior to data collection.** However, it should also be noted that this assessment was conducted in July and August. With financial burdens on households higher in winter periods, it can be forecasted that the use of such coping strategies might reasonably increase in that period. Other notable livelihoods-related coping strategies utilised in the 30 days prior to data collection included having spent savings (31%) and purchasing food on credit or borrowing food (21%).

WASH Needs

In the context of Ukraine, WASH concerns relate closely to public infrastructure and systemic insufficiencies, and therefore remain difficult to fully capture through a household-level survey. As the water system is integrated between GCA and NGCA, **shelling along the LoC creates risks for millions of residents on both sides of the LoC regarding access to water.** Indeed, according to a study by the WASH Cluster, shelling, small arms fire or other conflict-related incidents affecting water infrastructure occur every four days.¹³ This risk is amplified as heating infrastructure in many urban areas relies on piped hot water, meaning that **water cuts in winter periods could leave affected households without sufficient heating** in a region that experiences harsh winter conditions.

On the household level, the proportion of households experiencing daily water shortages has fluctuated significantly since REACH began measuring trends. **Within 5 km of the LoC, 11% of households reported experiencing daily water shortages**, down from 16% in 2018 but slightly higher than when measured in 2017 (10%). Due to integrated infrastructure across the LoC, water shortages will likely remain a concern as long as shelling of critical infrastructure continues.

Regarding water safety, 34% of households reported treating their drinking water, a slight decrease from 38% in 2018. Of households that reported treating their water, **72% reported treating water by boiling, which is insufficient to address potential chemical contamination due to industry and farming.** This is particularly

¹⁰ UN News, One-in-five suffers mental health condition in conflict zones, 2019. Available [online](#)

¹¹ For information on the Consolidated Approach to Reporting Indicators of Food Security (CARI) please see [here](#).

¹² For more information on Food Consumption Scores, please see the World Food Programme's Food Consumption Score Guidelines, available [online](#)

¹³ WASH Cluster Study of Humanitarian Needs in Eastern Ukraine, August 2019

notable as water quality testing by authorities occurs nearly exclusively in centralised areas (or water treatment facilities), meaning there is a significant information gap relating to the quality of water from taps.¹⁴

Shelter Needs

Conflict-related damage to infrastructure, including personal accommodation, continues to be a risk in areas experiencing active conflict. Of the 93% of non-displaced households, **one-quarter (25%) reported that their primary shelter was damaged due to the conflict at some point**. However, the majority of such damage reportedly occurred in 2014 and 2015 (84%). Of those households reporting that their shelter experienced conflict-related damage, **81% reported that the damage had been partially or fully repaired**, and those who reported unrepaired damage most frequently noted that it was due to lack of financial resources to purchase supplies (though due to the small subset, this finding should be considered indicative).

Regarding utilities, **79% of households reported not having access to central heating**, instead using coal or wood. **Nearly half of households (46%) reported having experienced electricity shortages in the 30 days prior to data collection**. The relatively high proportion of households without access to central heating underlines the importance of winterisation aid to be provided to households, especially those within 5 km of the LoC due to the higher costs of coal and other fuels.

Education Needs

More than one-quarter (27%) of households that accessed education facilities reported being unable to buy all supplies needed by children in education. Indeed, a decreasing proportion of households reported that their schools provide free school books in the area within 5 km of the LoC (90% in 2017, 81% in 2018 and 73% in 2019). A reduced proportion of households also reported that their schools provide psychosocial support for children, decreasing to 57% in 2019, from 75% in 2018 and 66% in 2017.

Healthcare Needs

Fifty-four percent (54%) of households reported difficulties accessing healthcare in 2019, nearly unchanged from 2018 (53%). This proportion remained relatively the same across all strata. The stratum with the highest proportion of households reporting difficulty in accessing healthcare in 2019 was rural areas within 5 km of the LoC, where 64% of households reported such. **The cost of medicine was still found to be the most reported barrier to accessing healthcare** (63% in 2019, 60% in 2018 but down from 74% in 2017), with 70% of households in 0-5 km urban areas reporting cost as a barrier.

2019 saw a decrease in the proportion of households who reported reducing spending on essential healthcare in the 30 days prior to data collection to 38% in 2019 (from 43% in 2018).

Overall Conclusions

As the conflict continues into a protracted phase, limited changes were found in the humanitarian landscape in 2019, with improvements in some sectors (eg. food security) and deterioration in other areas (eg. education). Notably, the large majority of households within 20 km of the LoC have experienced the effect of conflict as measured by the REACH MSNI. However, a low proportion were found to be in extreme need and a similarly low proportion were found to be in minimal need. Such findings indicate the need for humanitarian actors to continue to act to mitigate against the long-term and cumulative effects of protracted armed conflict on a population with elevated vulnerabilities. Such action is particularly important to reduce the risk of future deterioration of humanitarian conditions as households exhaust their abilities to cope with ongoing conflict, particularly given the lack of a realistic political solution in the near-term.

¹⁴ WASH Cluster Study of Humanitarian Needs in Eastern Ukraine, August 2019

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List of Acronyms

AoO	Area of Origin
CARI	Consolidated Approach for Reporting Indicators
ECHO	European Civil Protection and Humanitarian Aid Operations
ERW	Explosive Remnant of War
FCS	Food Consumption Score
FGD	Focus Group Discussion
FSA	Food Security Assessment
FSC	Food Security Cluster
GCA	Government Controlled Area
HCT	Humanitarian Country Team
HH	Household
HNO	Humanitarian Needs Overview
HoH	Head of Household
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
HTA	Humanitarian Trends Analysis
IASC	Inter-agency Standing Committee
IAVA	Inter-Agency Vulnerability Assessment
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IOM	International Organization for Migration
LoC	Line of Contact
LSG	Living Standard Gap
MSNA	Multi-Sector Needs Assessment
MSNI	Multi-Sector Needs Index
ND	Non-Displaced
NFI	Non-Food Items
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organization
NMS	National Monitoring System
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODK	Open Data Kit
OHCHR	Office of the United Nations High Commissioner for Human Rights
PLSG	People with Living Standard Gaps
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene

Geographical Classifications

5 km area	An area defined for this assessment which refers to a buffer of 5km applied from the line of contact
5-20 km area	An area defined for this assessment which refers to a buffer of 5-20 km applied from the line of contact
Donbas	An area encompassing the Donetsk and Luhansk Oblasts
Oblast	An oblast is a type of administrative division Ukraine. It is the first level sub regional administrative region. The term is analogous to "state" or "province"
Raion	A raion is a type of administrative division of Ukraine. It is the second level sub regional administrative region. The term is analogous to "district" or "commune"

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INTRODUCTION

As the conflict in East Ukraine is into its sixth year, ongoing and widespread ceasefire violations along the Line of Contact (LoC) and the restrictions on movement of people and goods continue to pose significant risks to civilian populations in Donetsk and Luhansk oblasts. The protracted nature of the conflict has led to a significant loss of lives, major concerns over the protection of civilians and significant damage to infrastructure. Overall, 3.5 million people are in need of humanitarian assistance and protection¹⁵ and the lack of a political solution in the Donbass in the near future will likely continue affecting the civilians in the regions separated by the 428 km LoC.

The eastern oblasts of Donetsk and Luhansk are characterised by three key features: i) active conflict along the 428 km LoC which predominantly affected households within 5km of the LoC, ii) disruption of the socio-economic fabric of the region due to the physical separation between Government Controlled Areas (GCA) and Non-Government Controlled Areas (NGCA) and iii) increasing movement of people from NGCA to GCA to solve administrative, social protection, and cash access challenges.¹⁶ The active conflict presents critical protection risks due to severe mine and Unexploded Ordnance (UXO) contamination, systematic shelling close to civilian property and utility infrastructure, and heavy presence of military in densely populated areas.¹⁷ As highlighted in the 2019 Humanitarian Response Plan (HRP) this requires specific attention from humanitarian actors as the conflict affects the everyday life of civilians including freedom of movement, access to employment and services, and protection from violence.¹⁸ The LoC has physically separated the most densely populated area of Ukraine into two distinct geographies with large urban centres now in NGCA and their urban peripheries remaining in GCA. The disruption in the urban environment of eastern Ukraine has significant implications on the ability of GCA residents in the periphery of NGCA cities to access basic services and markets, affecting predominantly healthcare and employment markets with repercussions on household economic security and their ability to meet basic food, housing, heating and education needs.¹⁹ In addition, the administrative division between both territories has had considerable implications on NGCA residents' ability to receive their Ukrainian pensions, solve documentation issues and access financial services from Ukrainian bank holdings. As a result, up to 800,000 people cross monthly²⁰ from NGCA to GCA to address these issues, putting pressure on administrative, social and financial services²¹ in cities including Stanytsia Luhanska, Bakhmut, Kurakhove, Volnovakha and Mariupol. These three factors make it necessary to continue monitoring the humanitarian consequences of the conflict in eastern Ukraine.

Since 2016, with the support of REACH, yearly Humanitarian Trends Analysis (HTAs) in the GCA of Donetsk and Luhansk have been conducted to inform the Humanitarian Needs Overview (HNO) and HRP. These have been coordinated under the framework of the Inter-Cluster Coordination Group (ICCG), with technical inputs from the Information Management Working Group (IMWG) and Non-Governmental Organisations (NGO) partners. Capitalizing on these assessments, a follow-up data collection exercise was conducted which included comparable indicators, questions and sampling strategy to monitor key changes in humanitarian needs in priority areas of GCA, focusing on areas within 20km of the LoC. In the 2018 trends analysis an extra stratum was added, large urban areas (>100,000). However, the large urban centre of Mariupol was removed from this round's sampling frame, as the detailed report from 2018 showed that this area tends to have lower proportions of people in need of humanitarian assistance and, if included, would dilute the needs and issues experienced in smaller urban areas.

Based on a modified methodology from the 2018 HTA, the assessment also estimated proportions of households in need of humanitarian assistance using indicators and cut off points defined with cluster coordinators from Water, Sanitation and Hygiene (WASH), Education, Shelter, Health, and Food Security. This enabled an analysis of the severity of sectoral Living Standard Gaps (LSGs), capacity gap, and household level impact experienced by the population in the different stratum, which was used to calculate the households' Multi-Sector Needs Index (MSNI) score. Findings of the study aimed to inform the Humanitarian Programme Cycle (HPC), including the 2020 update to the HNO and the 2020 HRP.

¹⁵ OCHA, Humanitarian Needs Overview (Ukraine, 2018). Available [online](#).

¹⁶ REACH, Analysis of Humanitarian Trends (Ukraine, 2018). Available [online](#).

¹⁷ Protection Cluster Ukraine, Mine action in Ukraine, 2019. Available [online](#).

¹⁸ OCHA, Humanitarian Response Plan 2019 (Ukraine, 2018). Available [online](#).

¹⁹ REACH, Capacity and Vulnerability Assessments, 2018. Available [online](#).

²⁰ UNHCR, 2018. Checkpoints: People's Monthly Crossings. Available [online](#).

²¹ UNHCR/R2P, 2018. Eastern Ukraine Checkpoint Monitoring 2018. Available [online](#).

Structure of the report

This humanitarian trend analysis is structured in the following way: first, the report outlines the methodology including the geographical scope, sampling strategy, data collection methods and limitations, followed by the drivers of the crisis and the primary and secondary effects of the crisis in order to understand its scale and the subsequent impacts. The following section will look at multi-sector findings, based on households' MSNI scores. The report then presents sectoral findings including households' LSG scores of 3 or 4 in the following sectors: i) shelter, ii) food security, iii) WASH, iv) healthcare, and v) education.

METHODOLOGY

This assessment assessed GCA within 20 km of the 428 km LoC of Donetsk and Luhansk oblasts. It further differentiated between areas within 5 km of the LoC and between 5 and 20 km of the LoC. Within each of these areas, the assessment further disaggregated by settlement type, including strata for urban areas and rural areas. The area along the contact line has been selected due to the severity of the impact in this region and the findings of previous reviews of humanitarian data in Ukraine regarding the most impacted populations.

The specific objectives of this research were:

1. To measure the changes in vulnerabilities and needs of households residing in government-controlled communities of Donetsk and Luhansk oblasts since 2017.
2. To compare the geographic variation of needs between areas along the LoC and between 5 km to 20 km.
3. To measure changes in households' resilience and usage of coping mechanisms to meet basic needs as per the food security index CARL methodology²² and multisector Coping Strategy Index (mCSI)²³.
4. To provide estimates of households with multisectoral humanitarian needs.

These objectives were met by using the following research questions:

1. What is the demographic breakdown of households and displacement trends in surveyed areas?
2. How have household needs relating to shelter and Non-Food Items (NFIs), utilities, WASH, food security, access to education, access to health, livelihoods, and protection concerns changed since 2016?
3. What is the proportion of households with a LSG within each sector?
4. How do sectoral needs overlap with one another and influence the overall multisectoral humanitarian needs?

What are the geographic differences in the severity of multisectoral humanitarian needs in the assessed areas?

The populations of interest in this study are defined as:

Displaced and non-displaced households resident in settlements smaller than 100,000 people and located within 20 kilometres of the LoC

The study used a mixed-methods approach to understand and analyse changes in the multi-sectoral humanitarian needs of populations living in conflict affected parts of the GCA of Ukraine since 2017. First, the study involved a secondary data review analysing completed and ongoing assessments to take into account information recently collected on Donetsk and Luhansk GCA. This included reports issued in 2017, 2018, and the beginning of 2019 by REACH partners and stakeholders. This secondary data review enabled REACH to identify gaps in the current available data and to make sure that data collected within the 2019 HTA will be comparable to previous HTA assessments and those conducted by partners. A summary of reports reviewed as part of the secondary data review can be found in Table 1. To fill the gaps identified in the secondary data, REACH collected and analysed primary data using both quantitative and qualitative data collection methods.

²² Consolidated Approach to Reporting Indicators of Food Security, WFP, 2015. Available [online](#)

²³ Multi-Sector Coping Strategy Index, 2018. Available [online](#)

Table 1: List of secondary data used in the secondary data review

Year	Organisation	Assessment	Coverage
2019	UNHCR	Registration of internal displacement	Ukraine
2019	OHCHR	Report on the human rights situation in Ukraine	Ukraine
2019	OCHA	Humanitarian Response Plan	Ukraine
2019	UNICEF	Website	Ukraine
2019	United Nations	Inclusion of internally displaced persons	Donetsk and Luhansk Oblasts, GCA and NGCA
2019	WHO	Statistics	Ukraine
2019	IOM	National Monitoring System Report	Ukraine
2019	INSO	INSO monthly updates	Donetsk and Luhansk Oblasts
2019	State Statistic Services of Ukraine	Population data	Ukraine
2019	WASH cluster Ukraine	Study of humanitarian needs in Eastern Ukraine	Donetsk and Luhansk Oblasts, GCA
2019	REACH	Protection Assessment	Donetsk and Luhansk Oblasts, GCA, within 20 km of LoC
2018	REACH	Area based assessments	Donetsk and Luhansk Oblasts, GCA
2018	REACH	Capacity and vulnerability assessments	Donetsk and Luhansk Oblasts, GCA
2018	REACH, HCT, ICCG and OCHA	Humanitarian Trends Analysis	Donetsk and Luhansk Oblasts, GCA
2018	OCHA	Humanitarian Needs Overview	Ukraine
2018	UNHCR/R2P	Eastern Ukraine checkpoint monitoring	Donetsk and Luhansk Oblasts, GCA and NGCA
2017	Security Environment Research Center	Donbas in flames	Donetsk and Luhansk Oblasts, GCA and NGCA
2015	WFP	Consolidated approach to reporting indicators of food security	

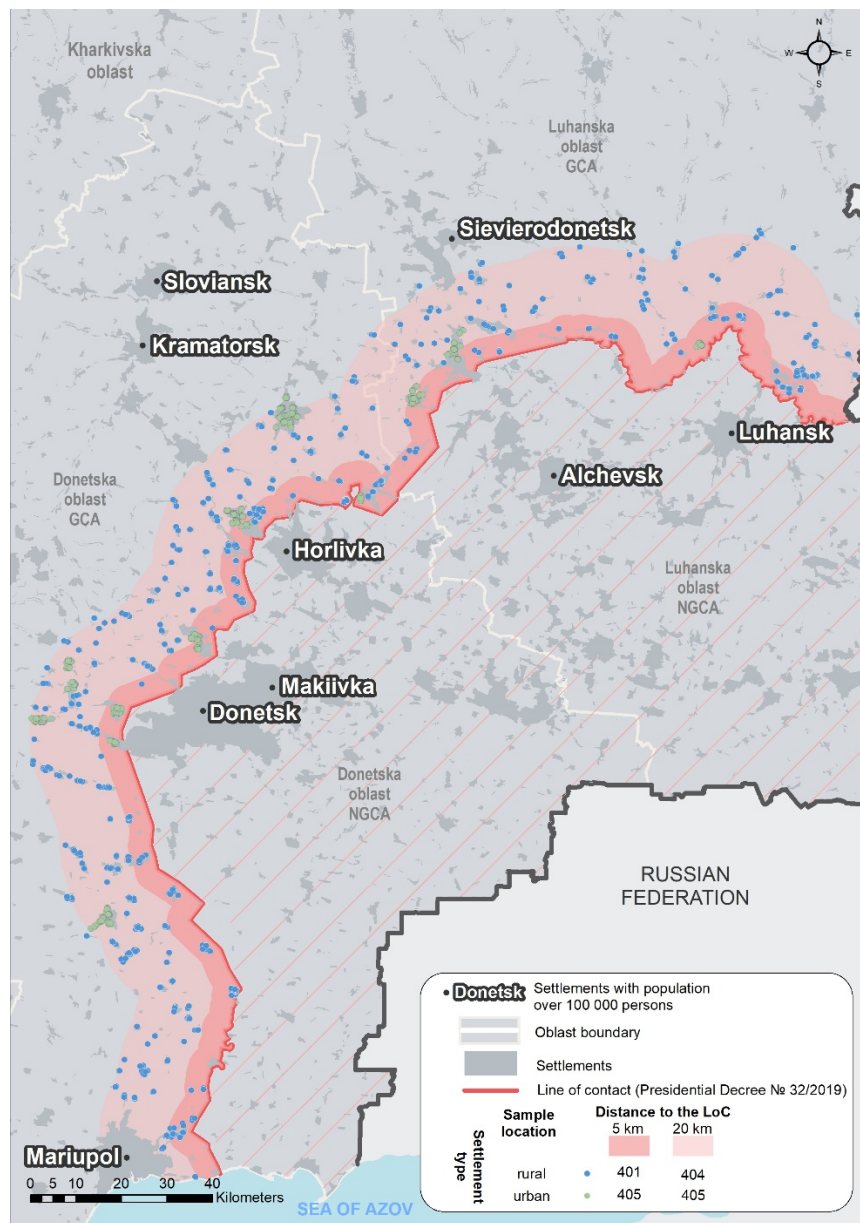
Primary data collection

The quantitative component was implemented through 1,615 face-to-face household interviews within 20 kilometres of the LoC in the GCA, sampled to be statistically representative of urban and rural households between 0-5 km and 5-20 km from the LoC, with a 95% confidence level and 5% margin of error at the strata level. The large urban settlements of Mariupol and Lysychansk were excluded from the sample due to the observation from previous assessments that these areas tend to have lower proportions of households in need of humanitarian assistance. Map 1 provides an overview of the locations of interviews conducted as part of the household survey.

Households were asked questions following a set of indicators to gather information on their vulnerability and needs in the following sectors: WASH, food security and livelihoods (FSL), health, shelter, and education. Questions that would allow quantifying the level of impact on the household, and questions to understand households coping strategies/capacity gaps were also asked. Protection questions were asked only to gather information on households' experience or perceptions of danger in regards to the direct military effects of the conflict.

Primary data collection also included direct observation workshops with enumerators following each day of data collection to identify some of the insights and observations of enumerators during their field visits.

Map 1: Locations of surveys collected



Training and guidelines:

Strict adherence to the 'Do no harm' principle was followed and therefore potentially sensitive questions were omitted. Enumerators were trained in ACTED policies, including ACTED's Code of Conduct and its seven organizational policies, which the enumerators then had to sign to confirm their understanding and commit to adhering to these policies.

In total, 26 enumerators (including team leaders) were trained on the 26th of July 2019, prior to data collection. Training topics included an overview and purpose of HTA, the working cycle (daily documentation and reports, movement planning, timing, etc.), security updates, GIS session, advice and recommendations from the data team, how to use the Kobo tool and understanding of the questionnaire, and piloting of the questionnaire. Discussions were held after the training so that enumerators could provide feedback and have any remaining questions answered. During the training enumerators were told not to enter a respondent's house and to always stay in view of another enumerator. They were also informed of a complaints feedback mechanism that they can utilize if they have any issues or feedback that they would like REACH to know about.

Before beginning the survey with the target population, enumerators first explained what the survey was about, why it was being conducted and asked for consent to continue conducting the survey. No persons under the age of 18 were surveyed for this HTA.

REACH follows IMPACT initiative's guidelines outlined in their 'Personally Identifiable Information Standard Operational Procedure' document which details how personal information can be used and shared, as well as ensures the protection and confidentiality of personal data as well as sensitive data. This document has three main goals:

- Minimisation of personally identifiable information: Ensure as little personally identifiable information as possible is collected and stored.
- Limited, controlled storage and internal sharing of personally identifiable information: Minimise the number of devices and servers holding personally identifiable information, by limiting the number of access points it passes through.
- Personal ownership and accountability: Assign formalised and limited access rights for all datasets that contain personally identifiable information, to specific individuals. They then hold formal accountability to protect the personally identifiable information; including ensuring that dataset storage devices are held in a protected space as far as possible.

Multisector Needs Index:

The MSNI is an analysis approach developed by REACH for the 2019 HTA, which incorporates some elements of the draft Joint Inter Sectoral Analysis Framework (JIAF). It is an interim proposed solution for inter-sectoral analysis within the HTA, until the officially endorsed model is available from the JIAG at the global level.

The draft JIAF considers four inter-sectoral pillars, each containing different sub-pillars, which combine and intersect to provide an understanding of current and forecasted priority needs. These four pillars represent the types of information that together are used to analyse and understand humanitarian needs and their severity. The four pillars are:

1. Context
2. Event or shock
3. Impact
4. Humanitarian conditions: established by analysing the crisis outcomes on the affected population and an estimation of their severity by taking into account:
 - i) Living Standards: As a result of the impact, the ability of the affected population to meet their basic needs, such as water, shelter, food, healthcare, and education (→ *living standard gaps*).
 - ii) Coping mechanisms: Degree to which individuals, households, communities, and systems are coping or facing challenges with impact recovery (→ *capacity gap*).

Analysing humanitarian conditions through the lens of living standards and coping mechanisms allows to estimate the number of people in humanitarian need and to categorise the population of different geographic areas into four severity classes (See annex I, Operationalising JIAF for HTA).

The MSNI measures households' overall severity of needs²⁴ vis-à-vis their living standard gaps (LSGs), capacity gap (CG), and impact score (which measures the extent to which the crisis has impacted the household). Using the MSNI scores, households are categorized as either in minimal (1), stress (2), severe (3), or extreme (4) severity of need, with the higher the MSNI score, the higher the severity of needs. The MSNI thus enables an estimation of the proportion of households in each of the four severity categories.

In Practice:

In consultation with relevant clusters, a set of indicators was identified within each sector to determine the household-level LSG severity scores, as well as capacity gap and impact severity scores. The sectors that were analysed included; shelter, WASH, health, education, and FSL. Protection was not included due to sensitivity of

²⁴ See Annex II

protection based questions and following the ‘do no harm’ principle. For more detailed information on the individual indicators part of these composite indicators, see annex III.

Following the calculation of sectoral LSG, CG and impact severity scores, the MSNI for each household was calculated using a conceptual decision tree model to determine each household’s overall severity of need utilising the following components: i) the LSG severity score in each sector, ii) the household use of coping strategies (household capacity gap severity score), and iii) the impact of the crisis (household impact severity score)²⁵. The decision tree is available in annex V.

The rationale behind the decision tree was to reflect the progressive deterioration of a household’s situation towards the most severe possible humanitarian outcome i.e. a complete collapse of living standards and exhaustion of last resort coping mechanisms, leading to an increased risk to household’s physical and mental well-being, and the increased likelihood of heightened mortality within the household (see annex VI).

- Food security and WASH tend to be the last things to deteriorate before mortality starts rising within the household. As such, these sectoral LSGs are the driving causes of severity within the MSNI decision tree model.
- While shelter and health could also drive mortality within the household, the severity (and effect) of these sectoral LSGs are more difficult to measure accurately at the household level. As such, each of these alone are given less weight in the MSNI. However, and taken in conjunction with (1) one of the other sectoral LSG score or (2) the household’s impact score, shelter and health can become primary drivers for a more extreme MSNI score.
- LSGs in education can provide indication of a chronic humanitarian need within the household but does not by itself drive mortality. As such, within the MSNI decision tree, only an education LSG score of 3 or 4 can by itself increase the severity of the overall household MSNI score. Even then, it cannot drive the overall severity to higher than 2, signifying that the household is in need but not necessarily at risk of increased mortality.
- In the absence of a LSG, it is possible that a household is maintaining its overall living standards by relying on negative and unsustainable coping strategies, eventually leading to a more severe LSG once these strategies have been exhausted. Therefore, the maximum score of coping strategies can be used to drive the final MSNI score in the absence of severe sectoral LSGs.
- Household impact is treated as a contributing factor and can only be used to verify a LSG score of 3 or 4, rather than drive the household severity by itself.

Limitations

The following limitations should be considered when reading the findings of this report:

- 2019 is the first year that MSNI scores were used and therefore cannot be compared with previous assessments.
- Due to changes in design of indicators since 2017, few trends can be analysed with 2017 data.
- Due to the reduced geographical scope of this assessment, areas within 20 km can only be compared with the 2018 data, and areas only within 5 km can be compared with 2017 data. .
- The relatively low number of IDP households compared to non-displaced households (due to household status not being part of the sampling frame) limits the generalizability of findings on IDP households.
- Despite the data being complemented and cross-checked with secondary data review and direct observations, there is a possibility of bias as findings reflect individuals’ perceptions and are self-reported.
- The protracted conflict could potentially lead to under-reporting of risks that have become normal for the population.
- In cases where questions were asked to a subset of the sample, findings may have a lower confidence level and a wider margin of error.

²⁵ For how the impact score was calculated see annex IV.

FINDINGS

Event/Shock

The driver of the humanitarian crisis in east Ukraine is conflict which began in 2014 that resulted in numerous casualties, mass displacement and separation of families, and the realignment of people's social and livelihood networks.

The conflict escalated when separatist forces took control of parts of Donetsk and Luhansk oblasts. Since then, active fighting between the government of Ukraine and separatist armed groups has oscillated for almost five years, now protracted, with the most intense fighting concentrated around areas close to the LoC. This area is highly populated, leading to serious humanitarian consequences for the population.

Primary and Secondary Effects:

The main primary effect of this conflict includes significant security/protection risks due to regular shelling, UXOs and landmines causing major damages to critical infrastructure and restrictions in movement. Large parts of eastern Ukraine are covered in landmines and UXOs due to the fluid nature of the location of the LoC at the beginning of the conflict, putting approximately two million people at risk, particularly those near the LoC.²⁶ Shelling and sniper fire are a daily occurrence and the number of civilian casualties is estimated at 10,000 (3,000 deaths and 7,000 injuries).²⁷

Due to the conflict, there has been large-scale displacement from GCA and NGCA of Donetsk and Luhansk oblasts, making Ukraine the ninth country in the world with the largest number of Internally Displaced Persons (IDPs). According to the United Nations High Commissioner for Refugees (UNHCR) and the Ministry of Social Protections' data, in October 2019, the number of registered IDPs was 1,412,589.²⁸ Settlements within 20 km of the LoC have experienced a high rate of depopulation. Many younger, working age people with the desire and the ability to leave this area have moved. This has led to a high concentration of people with vulnerabilities remaining within the 20 km zone, who may not have the ability (financial or physical) or the desire to leave their homes. The elderly²⁹ make up 40% of the population within the 20 km zone while people aged between 40 years and 60, a demographic that has difficulties accessing employment opportunities, are not entitled to a state pension, and may be excluded from receiving humanitarian assistance,³⁰ make a further 27% of the population. In a study REACH conducted in 53 settlements close to the LoC, it was found that 13% of household members had a disability,³¹ while data collected for this HTA showed that 82% of households reported at least one member with a vulnerability.

A secondary effect of the conflict is that the LoC that divides the GCA and the NGCA continues to separate urban centres in the NGCA from their peripheral towns and villages in the GCA, making areas that were once the outskirts of large cities into isolated, hard-to-reach areas.³² The conflict has affected service networks, provision of services and, from a household perspective, access to services, worsening pre-existing constraints and creating new challenges for both providers and the population. From the service providers' perspective there has been an overall increase in workload since 2013, related to an increasingly vulnerable population of elderly age and highly dependent on government payments. The lack of staff (due to a lack of qualified candidates and staff leaving because of conflict and low salary) is a significant issue for many service providers. Service providers also struggle to cover their expenses and lack basic equipment and supplies which undermine their capacities.³³

²⁶ 2019 HRP Ukraine, Dec. 2018. Available [online](#)

²⁷ INSO, Ukraine, 2019. Available [online](#)

²⁸ UNHCR, Ukraine, Registration of Internal Displacement, 2019. Available [online](#)

²⁹ For the purposes of this report, elderly are defined as those eligible for a state pension, aged 60+

³⁰ REACH Situation Overview: Winter Assessment, 2018. Available [online](#)

³¹ REACH Protection Assessment, 2019. Available [online](#)

³² REACH Area Based Assessments. Available [online](#)

³³ REACH, Capacity and Vulnerability Assessments, 2018. Available [online](#)

Current Needs

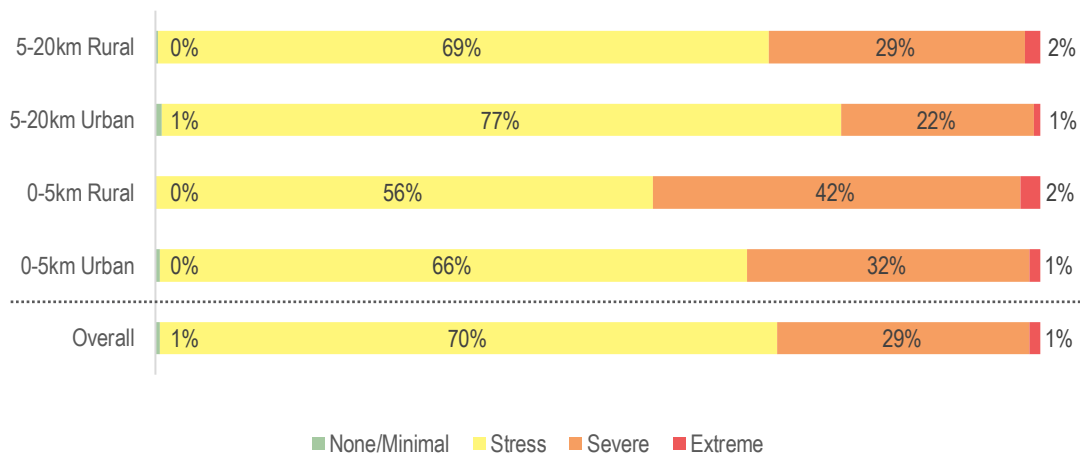
Multi-Sectoral Needs

Using the draft JIAF, the 2019 HTA estimates the severity of multi-sectoral needs and proportion of households in each severity category, as determined by the MSNI. It also looks at variations in the severity of needs across the different strata, as well as the primary drivers of those humanitarian needs.

Twenty-nine percent (29%) of households across assessed areas were found to have a severe MSNI severity score (score of 3), indicating that they faced degrading living standards leading to the adoption of coping strategies that threaten to cause irreversible harm. Such households also face an inability to meet some basic needs without utilizing such crisis or emergency coping strategies, as well as degrading wellbeing and physical or mental harm potentially resulting in a loss of dignity, as per the draft JIAF (see Annex VI).

Most acutely affected, 1% of households were found to have an extreme MSNI severity score (score of 4), in which households face a collapse of living standards, with survival based on humanitarian assistance or long-term irreversible extreme coping strategies. The category indicates that the household has experienced widespread physical and mental harm and heightened mortality.

Figure 2: Proportion of households by MSNI severity score in each assessed area



Examining 3 and 4 severity scores together can provide some insight on the characteristics of households experiencing more acute multi-sectoral need. Overall, the proportion of households with MSNI severity scores of 3 or 4 within 20 km of the LoC was found to be 30%.

Table 2. Estimated number and proportion of households by MSNI severity score and strata

	0-5 km urban		0-5 km rural		0-5 km Total		5-20 km urban		5-20 km rural		5-20 km Total		Grand Total	
Household Population Baseline ³⁴	109,557		17,953		127,510		93,039		37,989		131,028		258,538	
No/Minimal (1)	0%	542	0%	0	0%	542	1%	689	0%	94	1%	783	1%	1,325
Stress (2)	66%	72,676	56%	9,890	65%	82,566	76%	71,444	69%	26,235	74%	97,679	70%	180,245
Severe (3)	32%	34,982	42%	7,308	33%	42,290	22%	20,216	29%	11,002	24%	31,218	29%	73,508
Extreme (4)	1%	1,356	2%	394	1%	1,750	1%	689	2%	658	1%	1,347	1%	3,097
Total Severe & Extreme (3 & 4)	33%	36,338	44%	7,702	35%	44,040	23%	20,905	31%	11,660	25%	32,565	30%	76,605

³⁴ Number of households calculated using data from local authorities and State Statistics Services of Ukraine in combination with average household size by strata found in HTA dataset.

There was found to be considerable variations between assessed geographic areas in terms of the proportion of households having MSNI severity scores of 3 or 4. Households closer to the LoC were more likely than those further from the LoC to have MSNI severity scores of 3 or 4 (35% and 25% of households respectively), and in both the 0-5 km area and 5-20 km area households in rural areas were more likely than those in urban areas to experience more severe needs.

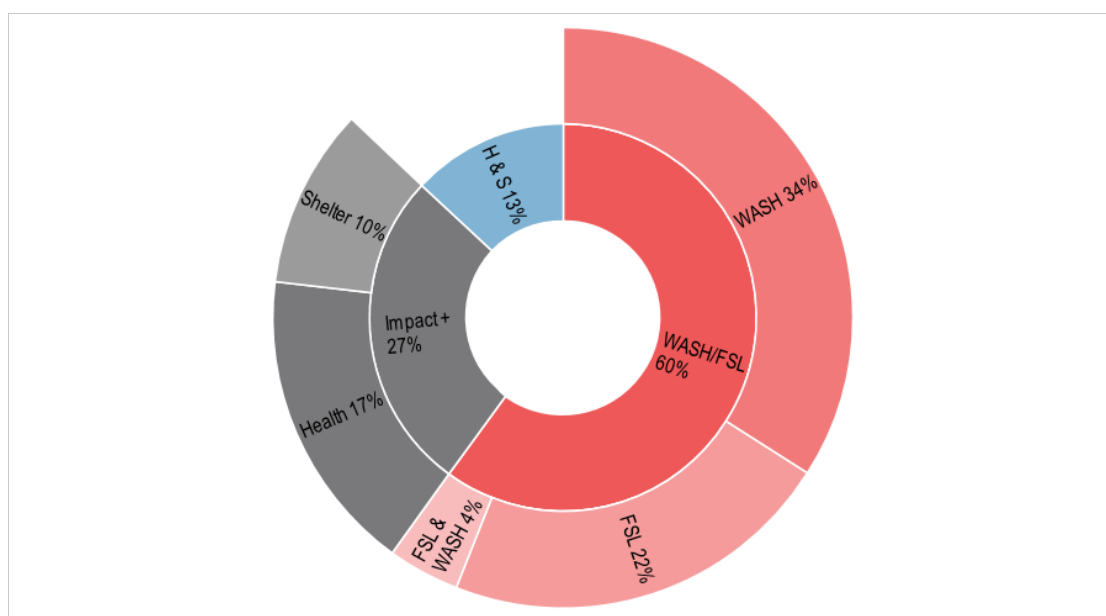
As can be seen from Table 2, the area with the highest proportion of households with MSNI severity scores of 3 or 4 is 0-5 km rural, where 44% of the households have a MSNI score of 3 or 4. However, in terms of real numbers this stratum has the lowest amount of households with a MSNI score of 3 or 4 (7,702). This is to be expected as according to the State Statistics service of Ukraine, Donetsk oblast has a population of 4,144,529 but a much higher proportion of the population live in urban areas (91% urban, 9% rural). Luhansk oblast has a population of 2,141,929 and, again, a higher proportion in urban areas (87% urban, 13% rural). Overall, from a population of 1,147,990 (238,538 households) residing in the 0-20 km area from the LoC, findings indicate that the number of households with MSNI scores of 3 or 4 is 76,605, 30% of that population.

Multi-Sectoral Needs by Area Assessed:

0-5 km Urban

Thirty-three percent (33%) of households within 5 km of the LoC were classified as having MSNI severity scores of 3 or 4. None of the households were found to have a MSNI score of 1, 66% of the households were be classified as having a MSNI severity score of 2, 32% as having a MSNI severity score of 3 and 1% as having a MSNI severity score of 4.

Figure 3: Primary drivers of households' MSNI severity score of 3 or 4 in urban areas between 0-5km from the LoC (proportion of households by primary driver)³⁵



As Figure 3 illustrates, WASH was the biggest primary driver of MSNI 3 and 4 accounting for 34% of households, followed by FSL (22%). Seventeen percent (17%) of households had MSNI scores of 3 or 4 primarily due to severe LSGs in Health *and* Impact (households that were found to have severity scores of 3 or 4 in both).

³⁵ Please see Annex VII for more information on how to read a sunburst graph

Figure 4: Primary drivers of households' MSNI severity scores of 3 or 4 in urban areas between 0-5km from the LoC (Projected number of affected households)

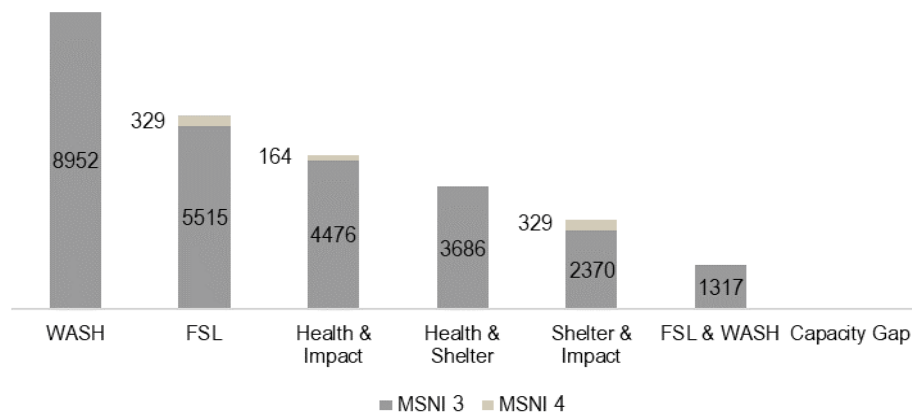


Figure 4 demonstrates that the majority of households with severe or extreme multi-sectoral needs had a MSNI severity score of 3 (severe). Three composite indicators primarily drove the extreme multi-sectoral needs of households with a MSNI severity score of 4: FSL, health and impact, and shelter and impact.

0-5 km Rural

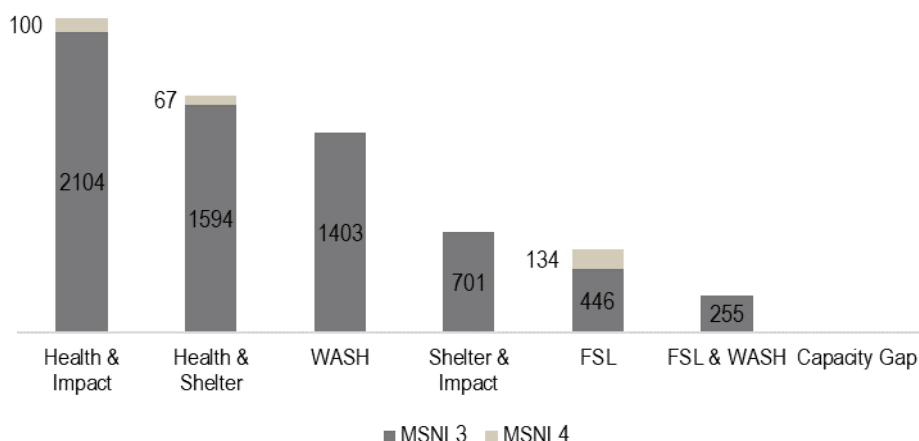
Of the assessed households in the 0-5 km rural stratum, 44% were classified as having a MSNI score of 3 or 4. No households had a MSNI severity score of 1, 56% of households had a MSNI severity score of 2, 42% had a score of 3 and 2% had a score of 4.

Figure 5: Primary driver of households' MSNI score of 3 or 4 in rural areas between 0-5km from the LoC (proportion of households by primary driver)



As figure 5 shows, health and impact was the primary driver of MSNI scores of 3 or 4, accounting for 33% of households, followed by health and shelter (23%).

Figure 6: Primary drivers of households' MSNI severity score of 3 or 4 in rural areas between 0-5km from the LoC (Projected number of affected households)

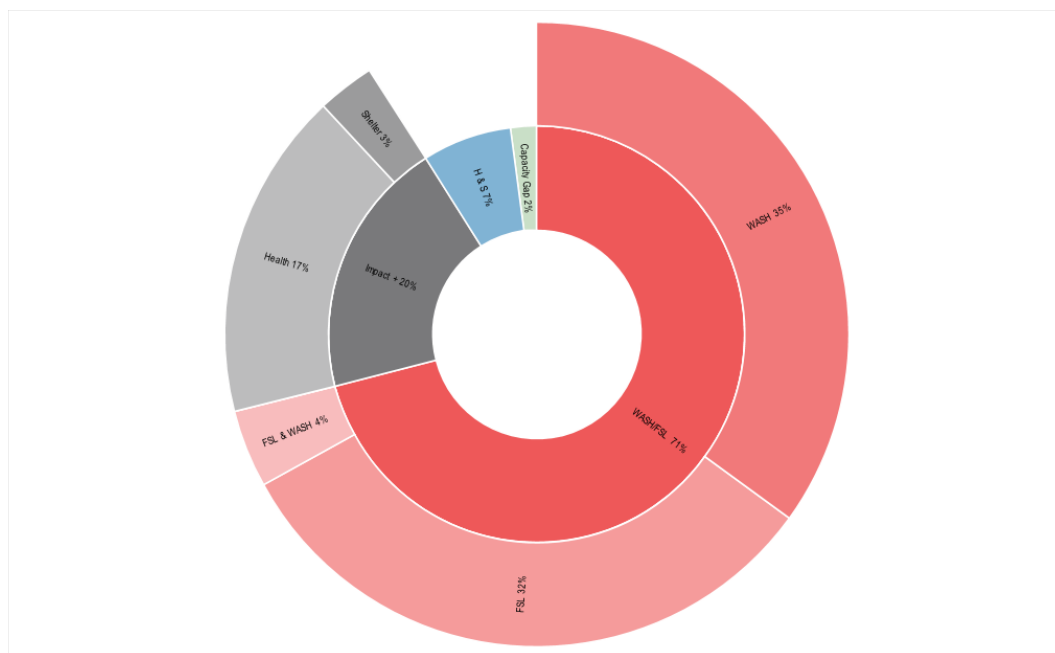


The small proportion of households found to have a MSNI severity score of 4 in the 0-5 rural stratum, had their extreme multi-sectoral needs primarily driven by FSL, health and impact, and health and shelter. The majority of households with severe or extreme multi-sectoral needs were found to have a MSNI severity score of 3 (severe).

5-20 km urban

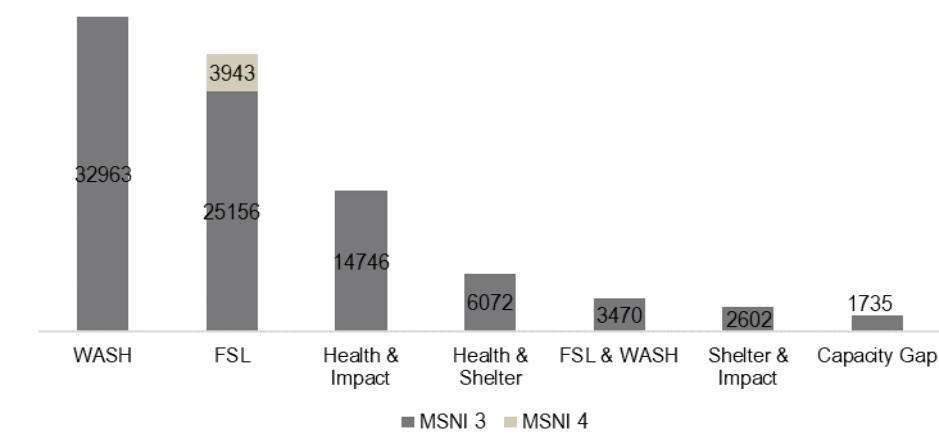
Twenty-three percent (23%) of households were classified as having a MSNI severity score of 3 or 4, 22% having a MSNI severity score of 3 and 1% a MSNI score of 4. Seventy-six percent (76%) of households were found to have a MSNI severity score of 2 and 1% to have a MSNI severity score of 1.

Figure 7: Primary driver of households' MSNI severity score of 3 or 4 in urban areas between 5-20km from the LoC (proportion of households by primary driver)



The main sector primarily driving household's MSNI severity scores of 3 or 4 was WASH (35%). FSL (32%), health and impact (17%) and health and shelter (7%) were the next three biggest primary drivers of multi-sectoral needs of households having a MSNI severity score of 3 or 4. This is the only strata that households had a MSNI score of 3 or 4 primarily driven by their capacity gaps (2%).

Figure 8: Primary drivers of households' MSNI severity score of 3 or 4 in urban areas between 5-20km from the LoC (Projected number of affected households)

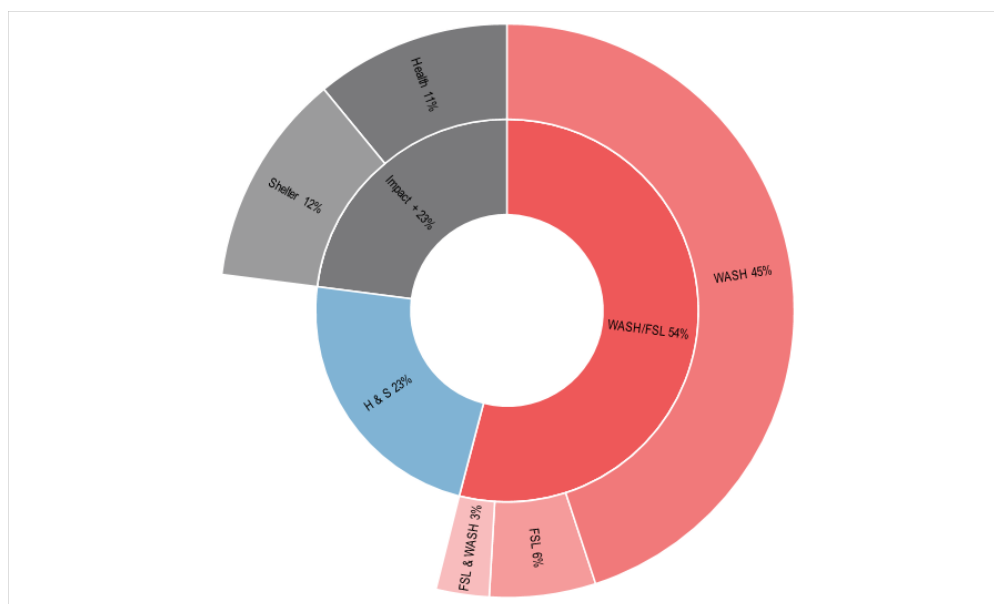


The 1% of households that had a MSNI severity score of 4 had their score primarily driven by a LSG in FSL. There was no other primary driver of extreme multi-sectoral needs. However, this the only stratum in which a primary driver of multi-sectoral needs was found to be capacity gap (calculated using the multisector Coping Strategy Index [mCSI]), for 2% of households with a MSNI severity score of 3 or 4.

5-20 km Rural

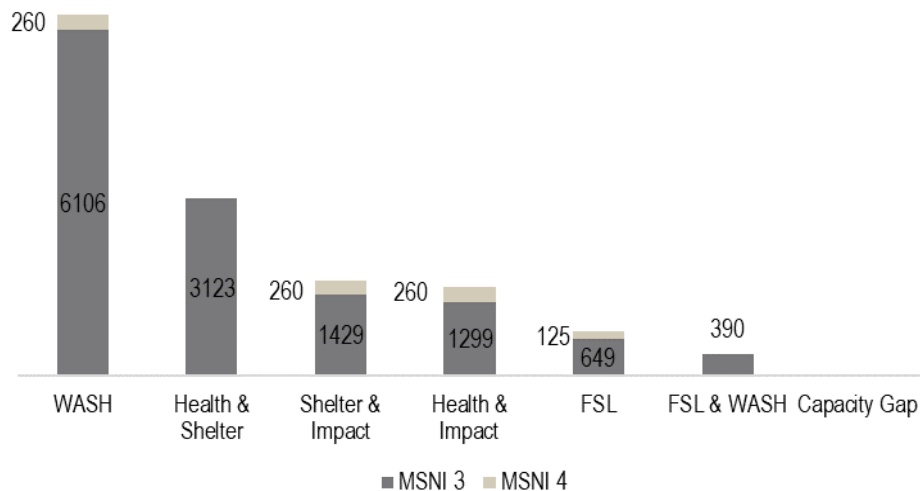
Thirty-one percent (31%) of households were classified as having a MSNI severity score of 3 or 4. None of the households were found to have a MSNI severity score of 1, 69% of the households were classified as having a MSNI severity score of 2, 29% as having a MSNI severity score of 3 and 2% as having a MSNI severity score of 4.

Figure 9: Primary driver of households' MSNI severity score of 3 or 4 in rural areas between 5-20km from the LoC (proportion of households by primary driver)



Again, WASH was found to be the primary driver of multi-sectoral needs for the highest proportion of households with a MSNI severity score of 3 or 4 (45%), followed by health and shelter (23%), shelter and impact (12%) and health and impact (11%).

Figure 10: Primary drivers of households' MSNI severity score of 3 or 4 in rural areas between 5-20km from the LoC (Projected number of affected households)



There were four primary drivers of households' extreme MSNI severity score (score of 4) residing in the 5-20 km rural stratum: WASH, shelter and impact, health and impact, and FSL. Households with a severe MSNI score (score of 3) were primarily driven by WASH, health and shelter, and impact in combination with health, and shelter.

IDP households

The MSNI results for IDPs should be considered indicative as only 7% of households (113 households) reported being displaced. Of households that reported being IDPs, 69% (78 households) were classified as having MSNI severity scores of 3 or 4. The highest proportion of IDP households found to have MSNI severity scores of 3 or 4 resided in 5-20 km rural areas, where 91% (19 households) were classified as such. The direct effect the conflict has had on these households, forcing them to leave their area of origin, means they have a severe or extreme impact severity score, which, along with a severe or extreme shelter and/or health LSG score, is the primary driver of their MSNI severity scores.

It should be mentioned that some households who have been displaced may not be registered as IDPs as they may not consider the benefits to be worth the inconvenience that registering involves, while other households may not be displaced but registered as IDPs, as it is a requirement to access social services and banking services (if residence address or 'propiska' is in NGCA). As such, the proportion of households reporting being displaced (self-reported status) may not correspond to the proportion of households registered as being displaced.

What is of interest, but requires further research, is that of the 75% of households stating that they were displaced in 2014, this proportion decreases to 65% of households stating that they arrived in their current community in 2014. In fact, this is the pattern for most years (2014 to 2019) and most stratas. Although 0% of households reported being displaced in 2018, 5% reported arriving in their community in 2018. This would suggest that some displaced households relocated once or more since being originally displaced.

Sectoral Needs

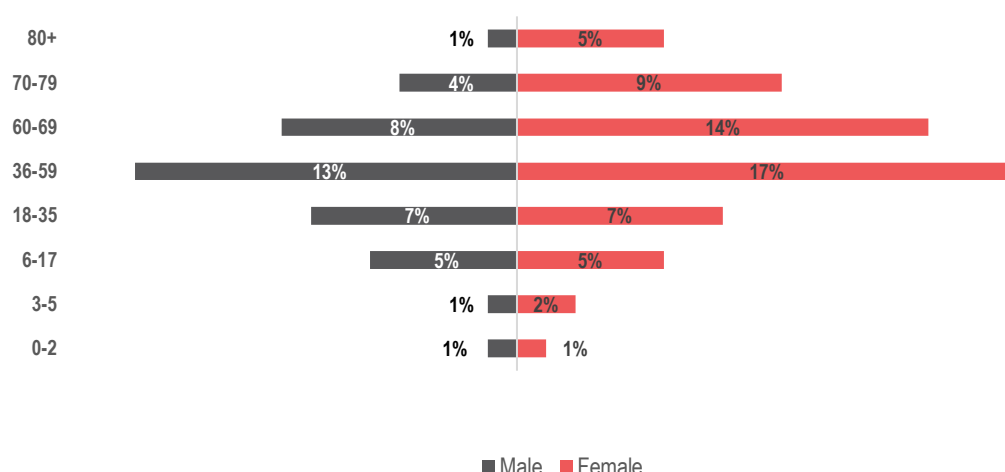
Demographics

This section highlights some key demographic characteristics of the population living within assessed areas of GCA Donetsk and Luhansk oblasts, including population density analysis, gender and age composition of households, profiles on heads of households, and issues relating to displacement.

Population Composition

Combining all strata, the age demographics of the population stand out. The proportion of the population under 18 years old is 15% while the proportion of population aged 60+ (pensioners) is 41%. The proportion of male and female are relatively the same until the age of 36 and above where we find that the proportion of females is 19% more than the proportion of males. This could be attributed to males leaving the 0-20 km area to find work (36 to up to 60-year-old) and reflects the fact that the average life expectancy is higher for female than male in Ukraine (77 compared to 68).³⁶

Figure 11: Population 0-20 KM disaggregation



According to the State Statistics Office, the proportion of the population of Ukraine that is aged 65+ is 16%.³⁷ In the area within 20 km of the LoC the proportion of the population that is aged 65+ is 30%, double the national percentage. This may be indicative of the ability and desire of young people to leave the areas near the LoC in search of opportunities, and of the inability or aversion to leaving their homes for the older generation.

Looking at households' total average monthly income (including all benefits), the data suggests that there has been an increase since 2018. Taking all strata into account, the average monthly income in 2018 was 4,728 UAH³⁸, while in 2019 it is 6,216 UAH. Each stratum has seen an increase of over 1,000 UAH (See table 3). According to the Government of Ukraine's State Statistics Service, there was a growth in the real average wage of almost 10% between September 2018 and September 2019.³⁹

Table 3. Household's total average monthly income in UAH, by stratum

Year	0-5 km urban	0-5 km rural	5-20 urban	5-20 km rural	Total
2018	4,690	3,628	5,204	4,328	4,728
2019	6,574	4,767	6,243	5,925	6,216

There has been a change from 2018 in the sectors that employ most heads of households. In 2018 (from 36% of households that reported being in paid work), industry employed 22% of working heads of households; service sector and trade were next, both at 15%. In 2019 (from 26% of households that reported being in paid work), industry was the third largest employer with 13% of heads of households working in the sector, overtaken by the

³⁶ World Health Organisation, Ukraine, 2019. Available [online](#)

³⁷ States Statistics Service of Ukraine, 2019. Available [online](#)

³⁸ 1 UAH = 0.03818 USD, 1 USD = 26.1912 UAH, July 2019, InforEuro [online](#).

³⁹ States Statistics Service of Ukraine, 2019. Available [online](#)

service sector, 19%, and the trade sector, 17%. Nationally, looking at the State Statistic Office's numbers, industry has decreased as an employer since 2010 while trade has increased. Ukraine's industrial sector is reliant on exports, and its exports are dependent on global commodity cycles and the state of the global economy. Almost 50% of Ukraine's exports were to the European market, whose economy is currently slowing down, while other countries across the globe are implementing protectionist economic policies.⁴⁰ There is no information on services.⁴¹

The three main employers were found to be the same for household members reportedly working, all three reportedly employing between 15% and 17% of working household members, with very limited changes since 2018

Seventy-two percent (72%) of households that had a member who receives a pension reported an increase in their pension payments. However, pension rates are not linked to inflation and while inflation is lower compared to this time last year (9.5% in October 2018 and 7.5% in September 2019⁴²), households with pensioners still reported that increases in pensions were insufficient to cover rising costs. While additional research would be required to explore this relationship in more detail, the tendency could potentially relate to a general perception of lacking sufficient economic resources for their daily needs. The proportion of households reporting the increase in pensions being sufficient did not change much over the strata, 4% in 5-20 km urban, 4% in 0-5 km rural and 6% in 0-5 km urban.

Displacement

According to the International Organisation for Migration (IOM), from a total of 1,385,062 IDPs (97% from Donetsk and Luhansk Oblasts), 487,952 resettled in the GCA of Donetsk Oblast and 271,367 in the GCA of Luhansk Oblast. Population demographics are different for IDP and non-displaced communities within 20 km of the LoC. Among the IDP population, 19% are 60 and over, while among the non-displaced community this proportion is 36%. Children under 18 make up 24% of the IDP population, whereas they make up 15% of non-displaced communities, showing that the IDP population tend to be younger than the non-displaced population. Household gender distribution is approximately the same for IDP communities (58% female, 42% male) and the general population (59% female, 41% male). Non-displaced community and IDP community also generally share the same employment issues: 7% of IDPs (as reported to IOM) and 4% of non-displaced community are unemployed but actively looking for work, and 64% and 66%, respectively, of unemployed stated the reason being the lack of relevant vacancies. However, while 24% of IDPs were reported as retired, 52% of non-displaced household members reported as such, and 15% of IDPs were reported that they were doing housework or looking after children or other persons, whereas 7% of non-displaced household members reported such.⁴³ However, according to the United Nations in Ukraine, IDPs have incomes considerably lower than average Ukrainian households and spend a significant proportion of their income on rent and utilities.⁴⁴

Overall, the proportion of displaced households has not changed since 2018, with 7% of households reporting being displaced.

⁴⁰ For more information please see [here](#) and [here](#).

⁴¹ States Statistics Service of Ukraine, 2019. Available [online](#)

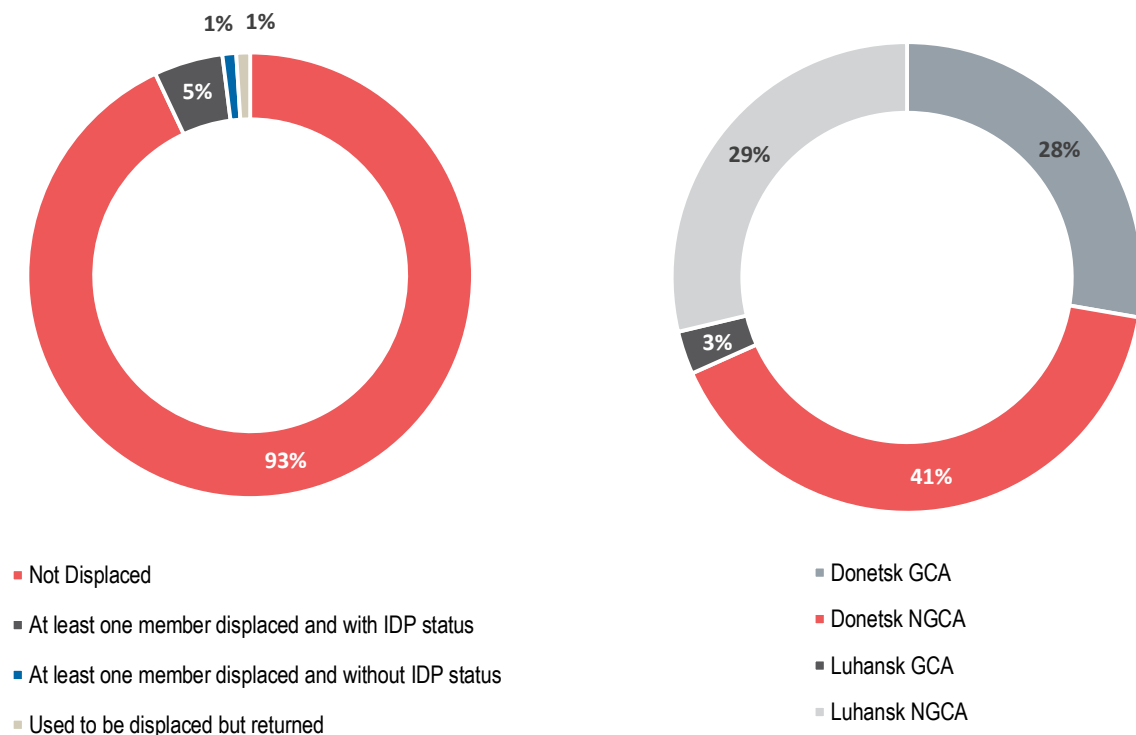
⁴² Trading Economics, Ukraine Inflation Rate, 2019. Available [online](#)

⁴³ IDP data taken from IOM National Monitoring System Report, June 2019. Available [online](#). IDP data consists of IDPs across the whole of Ukraine. Non-displaced community data taken from REACH humanitarian trends analysis 2019 and consists of data from within 20 km of the LoC.

⁴⁴ United Nations Ukraine Briefing note, Inclusion of internally displaced persons, 2019. Available [online](#)

Although the number of IDP households interviewed is too low to be generalizable, of the vast majority (70%) of those displaced reported being displaced from the NGCA.

Figure 12: Households' displacement Status and areas IDP households displaced from



Of the displaced households in 2019 that are eligible for IDP benefits, only 65% receive them. One possible reason for households not receiving their benefits could be they consider the process to claim their benefits not being worth the money they would receive.

Protection

Of interest is the increase in the proportion of households (within 0-20 km of the LoC) perceiving the presence of mines/explosive remnants of war (ERW) in their community in 2019 compared to 2018. In 2018, only 11% of households perceived the presence of mines/ERWs. In 2019, this proportion increased to 51%. The reasons for this increase are outside the scope of this report but it could be due to increased knowledge and access to information related to mines/ERW rather than an increase in the number of mines. However, while the perception of the presence of mines has increased, it should be noted that the proportion of households not knowing who to report a perceived mine risk to has also increased. In 2018, 9% of households reported not knowing who they would report to, this figure increased to 15% in 2019.

The proportion of households that reported no security concerns for their community in 2018 and 2019 has decreased, from 39% in 2018 to 29% in 2019. Households living within 5 km of the LoC were much more likely to report at least one security concern, while these areas also saw the largest relative reduction of households reporting at least one security concern since 2018 (Table 4).

Table 4. Proportion of households reporting at least one security concern

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Total
2018	90%	85%	51%	56%	71%
2019	77%	75%	46%	48%	61%

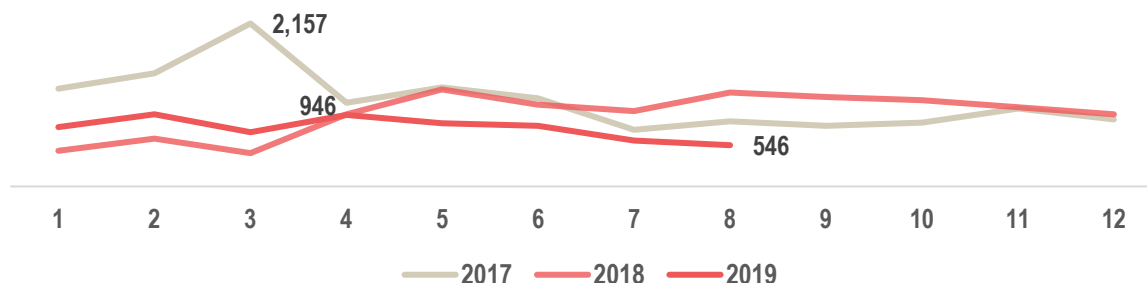
This reduction in the proportion of households reporting security concerns can also be seen in the proportion of households that reported being affected by the presence of mines/ERWs. In 2018, 7% of households stated that they were not affected at all by the presence of mines/ERWs, this percentage rose to 57% in 2019. The higher percentage of households reporting perceiving the presence of mines/ERWs in their communities in 2019, and the higher proportion of households reporting not being affected at all by mines/ERWs, could point to increased information and education on mines, including more signage (combined strata in 2019, 51% reported signs to signal presence of mines, the highest being 68% in 0-5 km rural and the lowest at 44% in 5-20 km urban). It could also be a sign that after 5 years of protracted conflict people have to start normalising their current situation and will take more risks in doing so. However, this would need further investigation to confirm.

In 2019, 17% of all households reported having knowledge of an incident relating to mines/ERWs in their settlement in the year prior to data collection, the highest proportion resided in 0-5 km rural areas with 33% of households reporting an incident (next was 20% in 0-5 km urban areas), and the lowest in 5-20 km rural with 11% reporting an incidence.

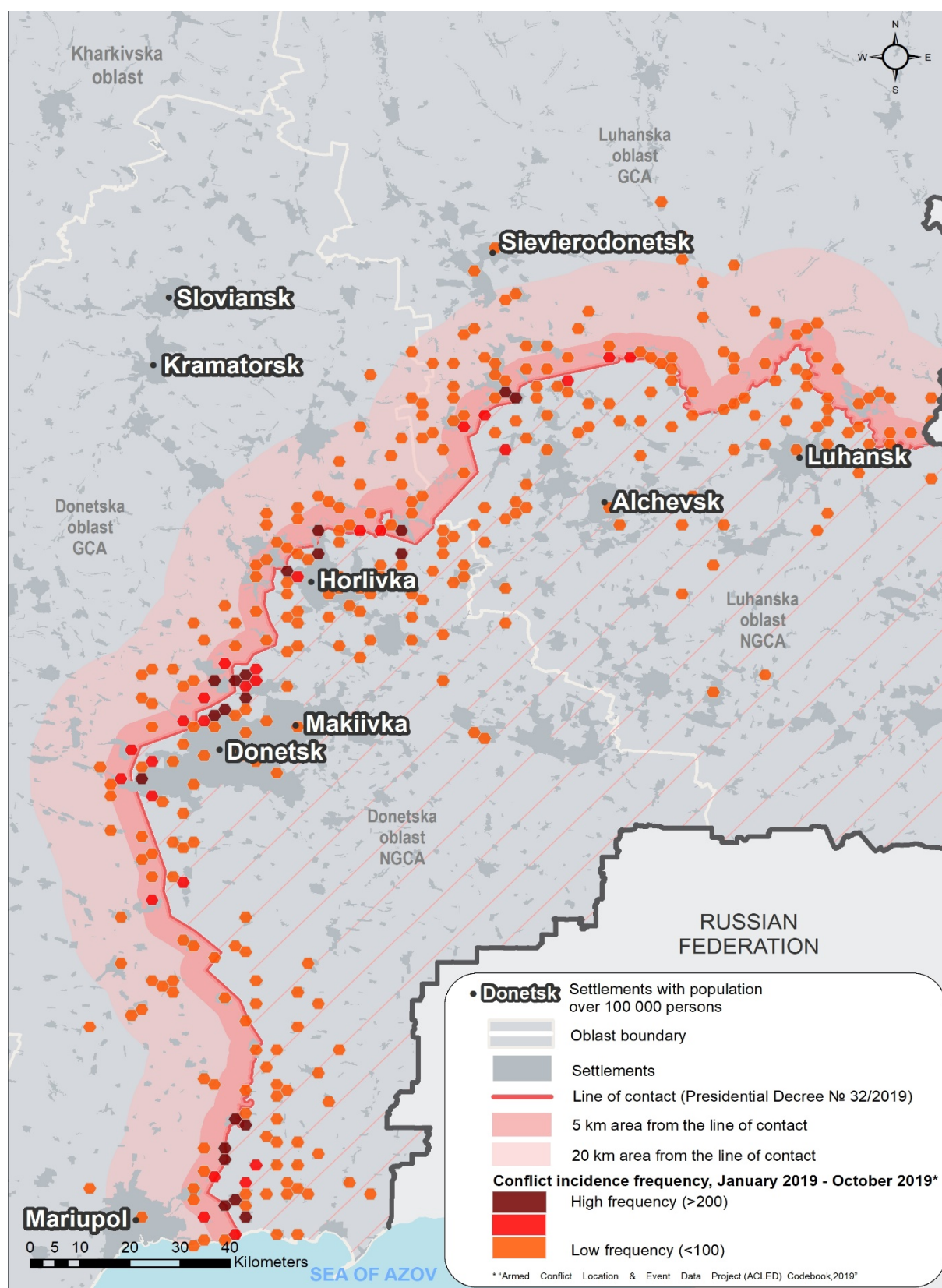
Nine percent (9%) of respondents stated knowing a victim of a mine/ERW incident in their settlement in the past year. Respondents in rural areas within 5km of the LoC were most likely to report knowing a victim (23%) followed by 0-5 km urban with 11%. The stratum that had the lowest proportion of households reporting knowing a victim was 5-20 km rural, with 4% of respondents answering yes, followed by 5-20 km urban with 5% of respondents answering yes.

Figure 13 shows that security incidents have been decreasing since 2017, and therefore the decrease in the proportion of households reporting at least one security concern could be due to this reduction in incidents, rather than under-reporting of concerns due to the normalisation of this protracted conflict.

Figure 13: Number of security incidents (Jan. 2017 to Aug. 2019)⁴⁵



⁴⁵ International NGO Security Organisation (INSO) found here.

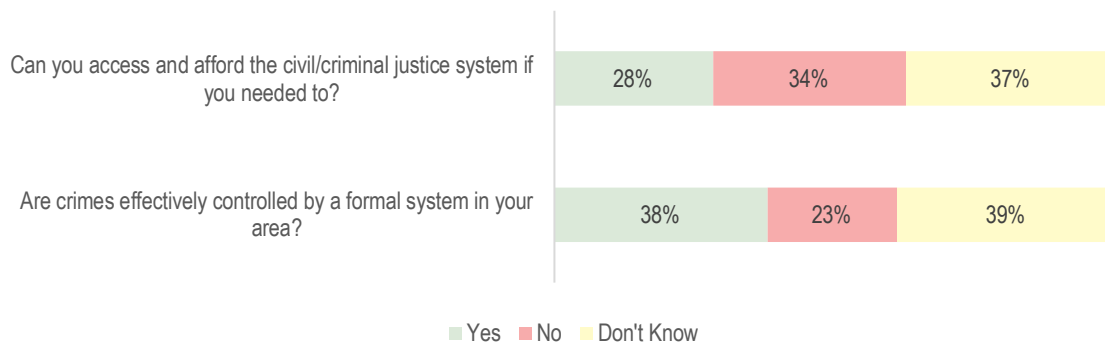
Map 2: Frequency of conflict incidences by settlement⁴⁶

⁴⁶ Map was produced by REACH GIS team using Armed Conflict Location and Event Data (ACLED) data

Law and Order:

On issues regarding law and order, 23% of households reported that they do not think crimes (theft, assault, etc.) are effectively controlled by a formal system in their area. There was very little difference between strata, the highest being 25% in 20 km urban. Twenty-four percent (24%) of all households stated that tensions or disputes within their community are not effectively limited or addressed by authorities, the highest residing in 0-5 km urban areas where 26% replied as such.

Figure 14. Proportion of households reporting the availability and access of law and order services



Regarding criminal justice, 34% of households reported not being able to access and afford the civil/criminal justice system if needed. In all strata, except 5-20 km rural in which 36% replied no, 34% of households reported not being able to access and afford it.

Overall, 29% of households reported not trusting the civil/criminal justice system to process requests without discrimination and external influence. The highest proportion (31%) was in 5-20 km urban areas and the lowest (24%) in 5-20 km rural. Fifty-seven percent (57%) responded 'Do not know'. Thirty percent (30%) of households reported that civil/criminal justice is not effectively enforced, a high of 32% in 5-20 km urban areas and a low of 23% in 0-5 km rural areas.

On average, 48% of households responded 'Don't know' to questions relating to law and order, which potentially indicates either a gap in awareness or some other hesitation to make statements about the effectiveness of legal authorities.

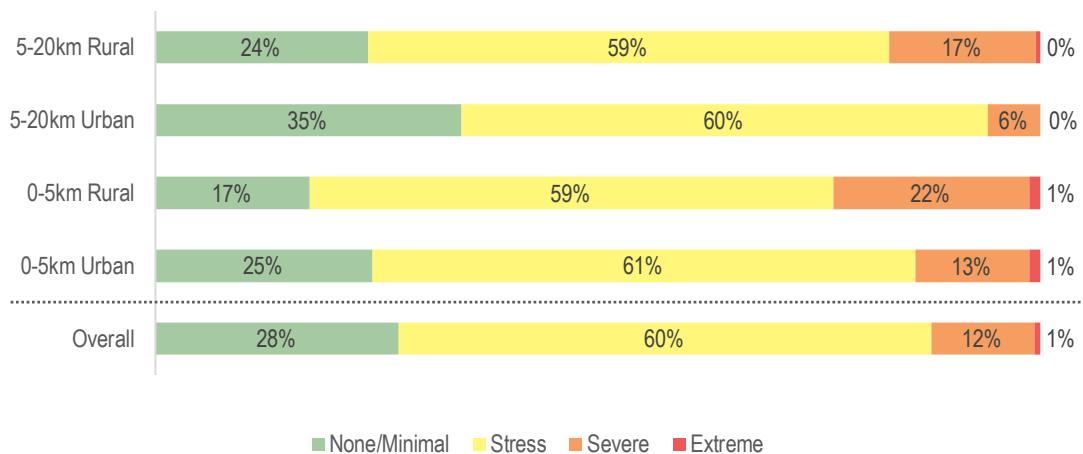
While there has not been a breakdown in law and order in East Ukraine, issues of trust, affordability and accessibility among households in all strata are noticeable. Trust in the criminal justice system is essential for a society to function, and can be even more important in a conflict situation where residents would benefit from a dependable, structured and ordered institution in an otherwise chaotic situation.

Debt

The proportion of households in debt has decreased since 2018, when 21% of households reported being in debt, to 18% in 2019. The highest proportion was in 5-20 km urban areas where 20% of households reported being in debt, the lowest in 5-20 km rural areas with 15% of households reporting the same. Of households in debt, the average total debt was 10,836 UAH. However, there are large differences between urban and rural areas. In 0-5 km urban areas, the average debt was found to be 14,317 UAH, and 18,524 UAH in 0-5 km rural areas. In 5-20 km urban areas, the average was found to be 6,449 UAH and 9,893 UAH in 5-20 km rural areas. The average amount of debt households have is almost double in 0-5 km areas than in 5-20 km areas. This could be due to the higher transportation costs due to the bad condition of the roads closer to the LoC, and the increased challenges of transporting goods to these areas.

Shelter

As figure 15 shows, 12% of households had severe LSG in shelter and 1% had extreme LSG. Rural areas within 5 km of LoC had the highest proportion of households with severe or extreme shelter LSG scores.

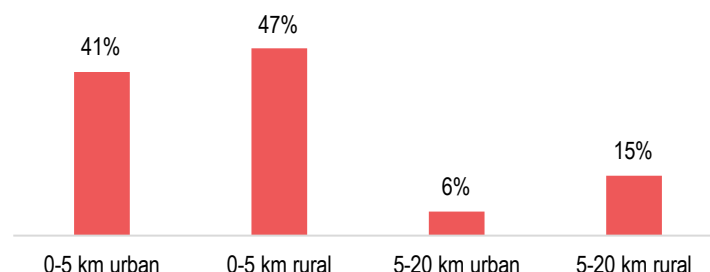
Figure 15: Proportion of households by severity of Living Standards Gap for shelter in each assessed area

The main driver of severe or extreme shelter LSGs was household members having winterisation gaps, especially in terms of functional clothing, followed by households with shelter damage gaps as reported by households.

The majority of households reported living in self-owned homes (91% in 2019 and 90% in 2018). Of these the majority of households stated that they have a Ukrainian-government recognized contract to prove ownership, 97% in 2019 and 94% in 2018, meaning that these households are less likely to be evicted. There is no significant difference between strata.

Of the households that are in rented accommodation (2% overall in 2019, 3% in 2018), it should be noted that only 14% have a formal rental agreement with the owner, indicating a risk of eviction for households without a formal rental agreement. However, as the number of households renting is so small, this proportion should be seen as indicative. In both rural and urban settlements within 5km of the LoC, 0% have a formal agreement with the owner (although only 1% in both these strata live in rented accommodation). In 2018, from the 3% of households that reported living in rented accommodation, 24% reported having a formal agreement with the landlord.

Of the 93% of households who reported not being displaced, 25% reported that their primary accommodation experienced conflict related damage since 2014. Households in the 0-5 km areas were most likely to report their primary accommodation being damaged, which may be explained by the higher incidence of conflict in areas closer to the contact line. (see Figure 16).

Figure 16: Proportion of households (non-IDPs) who reported their primary residence damaged due to conflict since 2014

Non-Food Items (NFIs)

Table 5 provides a breakdown by strata of NFI items households reported not having for all members of the household. In total, 61% of households have all the mentioned NFIs, a high of 68% in 5-20 km urban areas and a low of 52% in 0-5 km rural areas. The items that the highest proportions of households were missing were: thermal

underwear (25%), warm winter boots (16%) and winter jackets (13%). Given the potential for winter temperatures to drop well below 0° Celsius, it is essential that households acquire these missing NFIs.

Table 5. List of Non-Food Items households lacking for at least one household member

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Total
Bedsheets	9%	8%	6%	7%	7%
Blanket	9%	10%	5%	7%	7%
Mattress	9%	7%	5%	5%	7%
Thermal underwear	27%	34%	21%	27%	25%
Thick socks	7%	4%	3%	7%	5%
Towel	5%	6%	3%	5%	5%
Warm gloves	5%	4%	2%	6%	4%
Warm winter boots	20%	20%	10%	17%	16%
Winter jacket	17%	16%	8%	12%	13%
Woollen scarf	4%	6%	1%	7%	4%
No items missing	56%	52%	68%	63%	61%

From a list of 'Functional heater (movable), Functional stove, and refrigerator' 50% of all households reported having all items. Forty-four percent (44%) of all households reported not having a functional heater (movable), 8% as not having a functional stove and 9% did not have a refrigerator. There is no significant difference between strata since 2018.

Utilities

Seventy-three percent (73%) of households reported using centralized piped water, with significant differences between urban and rural (0-5 km and 5-20 km urban 83% and 86% respectively, 0-5 km and 5-20 km rural 25% and 42% respectively).

Overall, 21% of households reported using central heating, again with significant differences between urban and rural strata (0-5 km and 5-20 km urban 25% and 29% respectively, 0-5 km and 5-20 km rural 2% and 1% respectively).

Table 6. Services households use

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Total
Central heating	25%	2%	29%	1%	21%
Centralised piped water supply	83%	25%	86%	42%	73%
Gas	59%	54%	61%	48%	58%
Mains electricity	100%	100%	100%	99%	100%
None	0%	0%	0%	0%	0%

In the winter prior to the assessment, households reported spending on average 1,608 UAH per month on heating bills, an increase from 2018 of 137 UAH. The strata with the highest monthly heating bill was 5-20 km rural, paying on average 2,180 UAH, followed by 0-5 km rural with averaging costs of 1,850 UAH. This is in contrast to 2018 when 5-20 km urban and rural had the highest costs (1,590 UAH and 1,513 UAH respectively) and the lowest were found in 0-5 km urban and rural (1,346 UAH and 1,397 UAH respectively). What is of significance is that for all strata the cost has increased since 2018.

Fifty-four percent (54%) of households reported having no electricity shortages in the 30 days prior to assessment, the lowest being in 0-5 km rural with 40% of households reporting no electricity shortages. However, 39% of

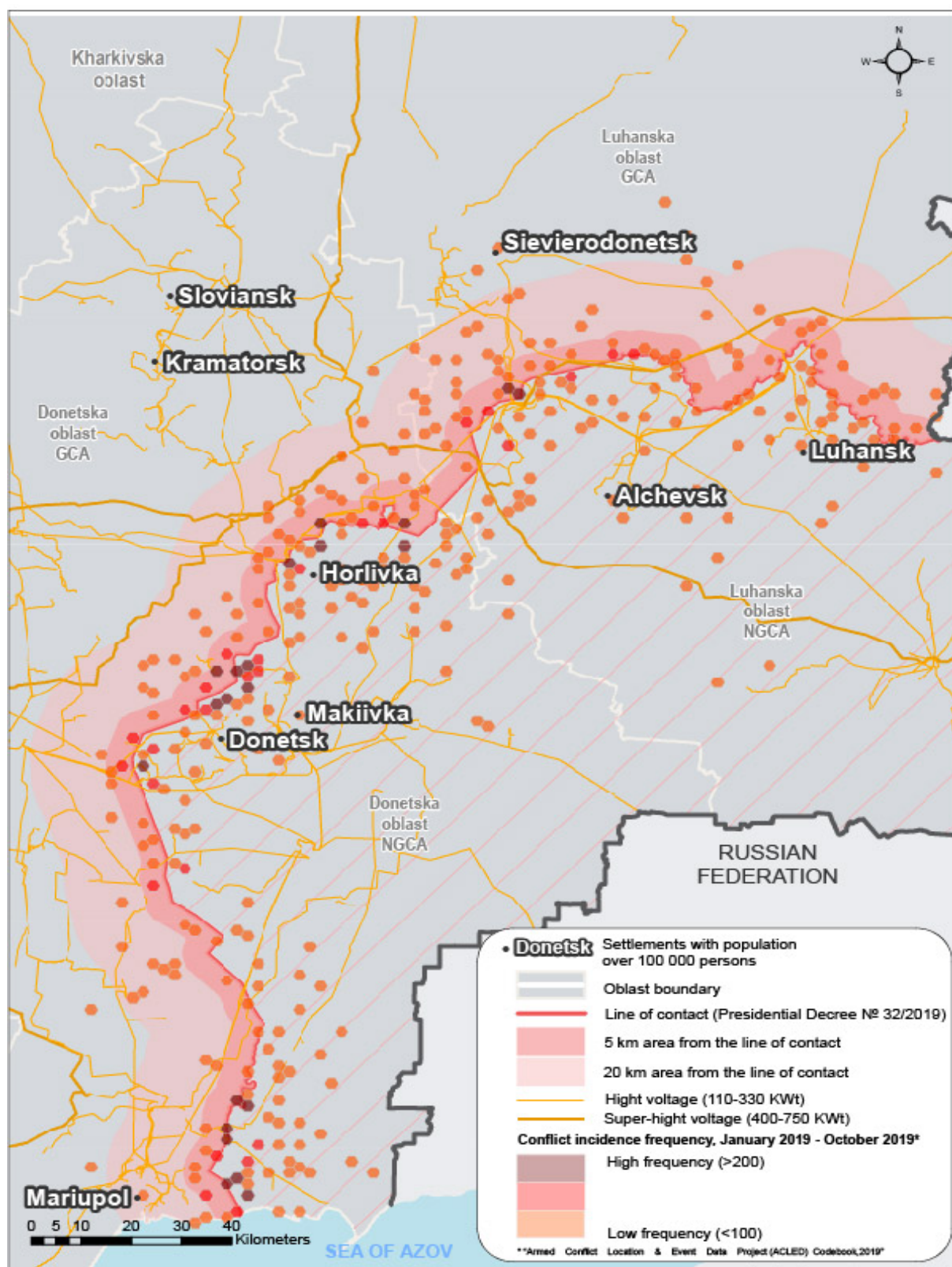
households reported that the electricity shortages were infrequently. Only 5% of households reported a gas shortage in the 30 days previous to the assessment, 3% reporting the shortages occur infrequently.

Based on HTA data, utilities is not one of the main humanitarian priorities. While households that reported using centralised piped water may be at risk of water shortages, most households also store water in preparation for this issue. Households that rely on coal or wood are at more risk of price increases due to delivery costs, especially those closest to the LoC, but while the average cost of heating bills has increased since 2018, average wages have also increased. Gas and electricity shortages are also not an issue as a very low proportion of households reported shortages, or, with regards to electricity shortages, a high proportion reported infrequent shortages.

While shelter, along with health, could also be driving mortality within the household, the severity of these sectoral LSGs are more difficult to measure accurately at the household level. As such, they are given less weight in the MSNI than WASH and FSL, and taken in conjunction with (1) one of the other sectoral LSG scores or (2) the household's impact score, to verify the situation is indeed severe enough to justify the high overall MSNI score.⁴⁷

⁴⁷ MULTI-SECTORAL NEEDS INDEX (MSNI): GUIDANCE ON OPERATIONALISING JOINT INTER SECTORAL ANALYSIS FRAMEWORK (JIAF) FOR REACH-SUPPORTED MSNA. 2019

Map 3. Electricity infrastructure and conflict incidences in Donetsk and Luhansk oblasts

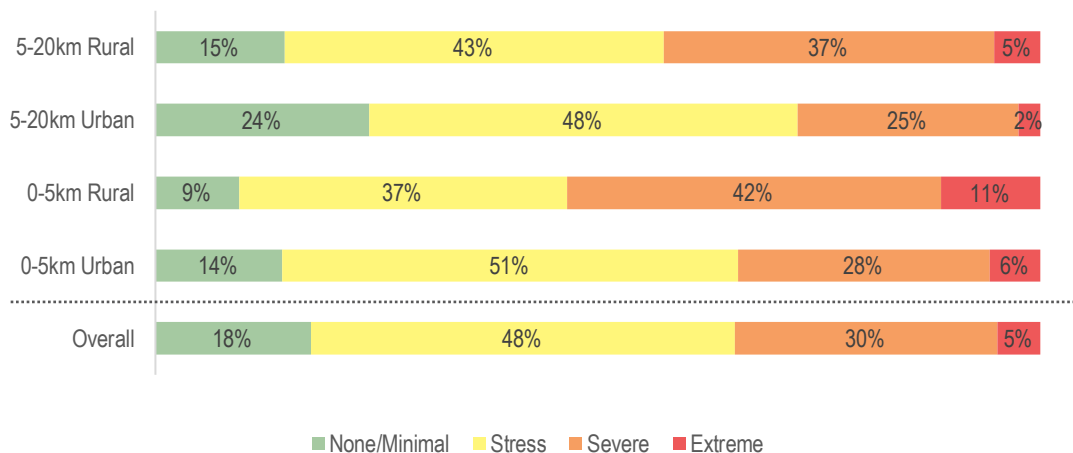


Health

Overall, 30% of households had a severe LSG in health, and 5% had an extreme LSG score in health. In rural areas within 5km of the LoC, more than half of households (53%) were found to have severe or extreme LSG scores in health. As can be seen in figure 17, a higher proportion of households in rural areas had severe or extreme health LSG scores when compared to urban areas.

The primary driver of need for those households with severe or extreme health LSG scores was found to be problems accessing healthcare either often or all the time (with cost of medicine being the biggest obstacle), as reported by households.

Figure 17: Proportion of households by severity of Living Standards Gap for health in each assessed area



During 2018, to the date of data collection 43% of all households reported experiencing problems accessing healthcare, while during 2019 54% of households reported the same. However, it should be noted that of the 2019 proportion, 14% responded that they rarely experienced problems and 15% responded that they sometimes experienced problems. Twelve percent (12%) responded that they experienced problems all of the time and 13% responded they often experienced problems. The strata with the highest proportion of households reporting experiencing problems all of the time were in the 0-5 km area, where 15% reported such. The highest proportion of households (50%) that reported they never experienced problems accessing healthcare were in 5-20 km urban areas.

Overall, 54% of households reported problems accessing healthcare at some time in 2019, twenty-five percent (25%) of all households reported problems accessing healthcare all of the time or often. The most frequently reported reason for problems in accessing healthcare was the cost of medicines, overall 63% of households that reported problems accessing healthcare reported such. However, this is a decrease compared to 2018, when 71% (of 53% of all households who reported problems accessing healthcare at some time in 2018) reported this issue. Forty-one percent (41%) of households that reported problems accessing healthcare reported a lack of needed specialists as one of their problems in accessing healthcare. Almost one in five households reported quality of staff as a problem accessing healthcare (19%).

Figure 18: Problems households reported when accessing healthcare

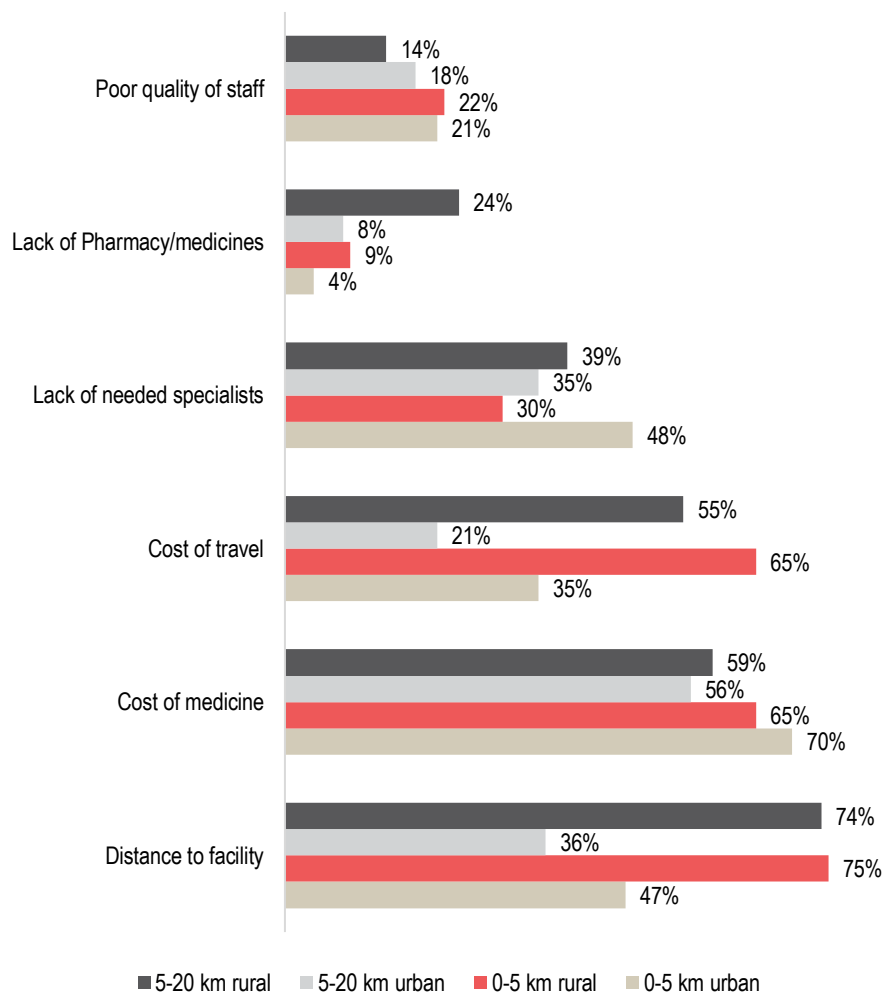


Figure 18, above, provides a breakdown of the problems reported by stratum. As could be expected, a higher proportion of households in rural areas reported the distance to healthcare facility and the cost of travel as a problem. A higher proportion of households within 5 km reported the cost of medicine as a problem, possibly due to the increased number of checkpoints and poorer quality of the road network making transportation more difficult. Of interest, the lowest proportion of households reporting a lack of specialists as a problem were based in 0-5 km rural areas and the highest proportion was in 5-20 km urban, a reversal of what might be expected. This may be due to households in 0-5 km rural areas finding expenses associated with healthcare being prohibitive and therefore lack of needed specialists is not considered an immediate priority.

Overall, 28% of all households reported that they are eligible for state-provided medication, however, 36% of these reported that they have not received state-provided medication. The reasons that such households may not have received state-provided medications despite being eligible remains unclear, potentially including those that were eligible but had no current needs for medication.

Twenty-nine percent (29%) of households reported being able to access mental health services if they were to need them. The same proportion reported not being able to access these services, with 42% stating that they did not know. This is quite a high portion of the population not knowing about the availability of mental health services considering the amount of psychological trauma that can occur among the population living in an active conflict zone. The highest ratio of households that reported not being able to access these services were in 5-20 km rural areas (43%), followed by 35% in 0-5 km rural areas.

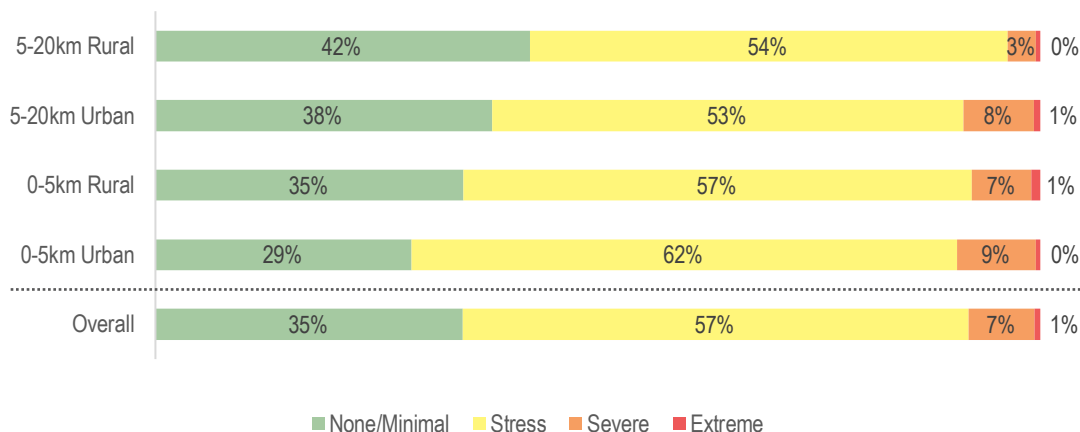
In 2019, 38% of all households reported reducing spending on essential healthcare, in the 30 days prior to data collection, in order to cope with a lack of economic resources. This is a slight decrease from 2018 (41%). Breaking down by stratum, larger differences become apparent. In 2018, 56% of households living in 0-5 km urban areas reported reducing spending on essential healthcare, this proportion decreased to 42% in 2019. Sixty-one percent (61%) of households in 0-5 km rural areas stated that they reduced spending in 2018, compared to 38% in 2019. The proportions are similar between years for 5-20 km urban, 36% in 2018 and 35% in 2019, but 5-20 km rural had the biggest decrease in proportion of households reducing spending, 63% in 2018 and 35% in 2019. This reduction in the proportion of households reducing spending on essential healthcare since 2018 could be due to the increase in average earnings, the increase in the minimum wage, or also the increase in the proportion of retired people who would be entitled to a pension.

Food Security

This section outlines the food security situation of households living across GCA, across all geographic strata and compares trends with previous years.

As seen in figure 19, 8% of households had a severe or extreme food security LSG score. Urban areas had the highest proportion of households with severe or extreme food security LSG scores, 9% in both the 0-5 km areas and the 5-20 km areas. In rural areas between 5-20 km only 3% of households were found to have severe or extreme food security LSG scores, the lowest proportion among all strata. The primary driver of need for those households with severe or extreme food security LSG scores was low scores for the food security index and food consumption, along with difficulty accessing food markets (high cost being the main reported obstacle).

Figure 19: Proportion of households by severity of Living Standards Gap for food security in each assessed area



Overall, a very low proportion of households were found to be severely food insecure, 0.5%, while 8% were moderately food insecure. While 8% is not a large proportion in itself, it still represents a relatively large number of households that may be compromising on their food quality or reducing their food quantity and so requires some attention from humanitarian actors. Fifty-seven percent (57%) of households were considered to be marginally food secure, 35% of households were considered to be food secure. While the proportions could be viewed as positive, it should still be noted that just over a third of the population were considered to be food secure.

Regarding households Food Consumption Scores (FCS), overall, 91% of households had an acceptable FSC, 7% had a borderline FSC, and 2% had a poor FSC. Again, while the data can be viewed as positive, it should be noted that the data was collected in July when a wide variety of food is available for households to purchase or eat, while the recall period was the previous seven days prior to data collection. These proportions may change over the winter months.

Within the 0-5 km area, the proportion of households with poor FCS has remained from summer 2018 to summer 2019, at 2%. There has been a reduction in the proportion of households with borderline FCS, 14% in 2018 to 8%

in 2019, as well as an increase in the percentage of households with an acceptable FCS from summer 2018 (84%) to summer 2019 (89%). From winter 2018 to summer 2019 there has been a 10% increase in the proportion of households that have an acceptable FCS.

The data shows that households Food Security Index (FSI) is improving, the proportion being moderately or severely food insecure has decreased from 14% in summer 2018 to 9% in summer 2019, with 0% being severely food insecure in summer 2019.

Within the 5-20 km area, the proportion of households with an acceptable FCS was 92% in summer 2019, up from 90% in summer 2018. The percentage of households with borderline FCS decreased by 2 percentage points, from 8% in summer 2018 to 6% in summer 2019. However, there was an increase in the proportion of households with a poor FCS, 1% in summer 2018 to 2% in summer 2019. However, all these percentage point increases or decreases fall within the margin of error.

The FSI for households residing in the 5-20 km area shows there has been no change in the proportion of households that are severely food insecure, 1% in summer 2018 and 2019. There has been some improvement, but again within the margin of error, in the proportion of households that are moderately food insecure, 9% in summer 2018 to 6% in summer 2019. The proportion of households that are food secure has remained the same, 39% in both years. Combining the proportion of households that were marginally food secure and food secure, an increase of 2 percentage points is seen, from 91% to 93%. Of note, the percentage of households that were found to be food secure has decreased since Winter 2019 (56%) to Summer 2019 (39%), but there was an increase in the proportion of households who were marginally food secure, 26% in Winter 2019 to 54% in Summer 2019. Further research would be needed to understand the reasons why.

The overall improvements between Winter 2019 and Summer 2019 are possibly due the seasonality of some fruit and vegetables. Other reasons for overall improvement in FCS and FSI would need further investigation but possible reasons could be demining taking place on agricultural land, and households taking more risks, from necessity, as the conflict remains protracted.

The proportion of unemployed heads of households has decreased since 2018, down by 2 percentage points, from 6% in 2018 to 4% in 2019. Unemployment among household members has also decreased, from 7% to 5%. In the 0-5 km stratum, unemployment at 4% in rural areas and 3% in urban areas, a significant improvement since 2017, when the proportion of unemployed was 20% in rural areas and 11% in urban areas.

While a decrease in unemployment figures is usually seen as a positive, for this report it has to be noted that the proportion of heads of households that are of pension age has increased, from 48% in 2018 (of which 7% reported being in paid employment) to 56% in 2019 (of which only 4% reported being in paid employment). It should also be noted that the proportion of working aged heads of households (18-59) decreased, 52% in 2018 down to 41% in 2019. These figures could account for the decrease in the proportion of unemployed. Although there is a higher proportion of employed household members than in 2018, with the increase in the proportion of retired heads of households, there will be an increase of burden on employed members to support them.

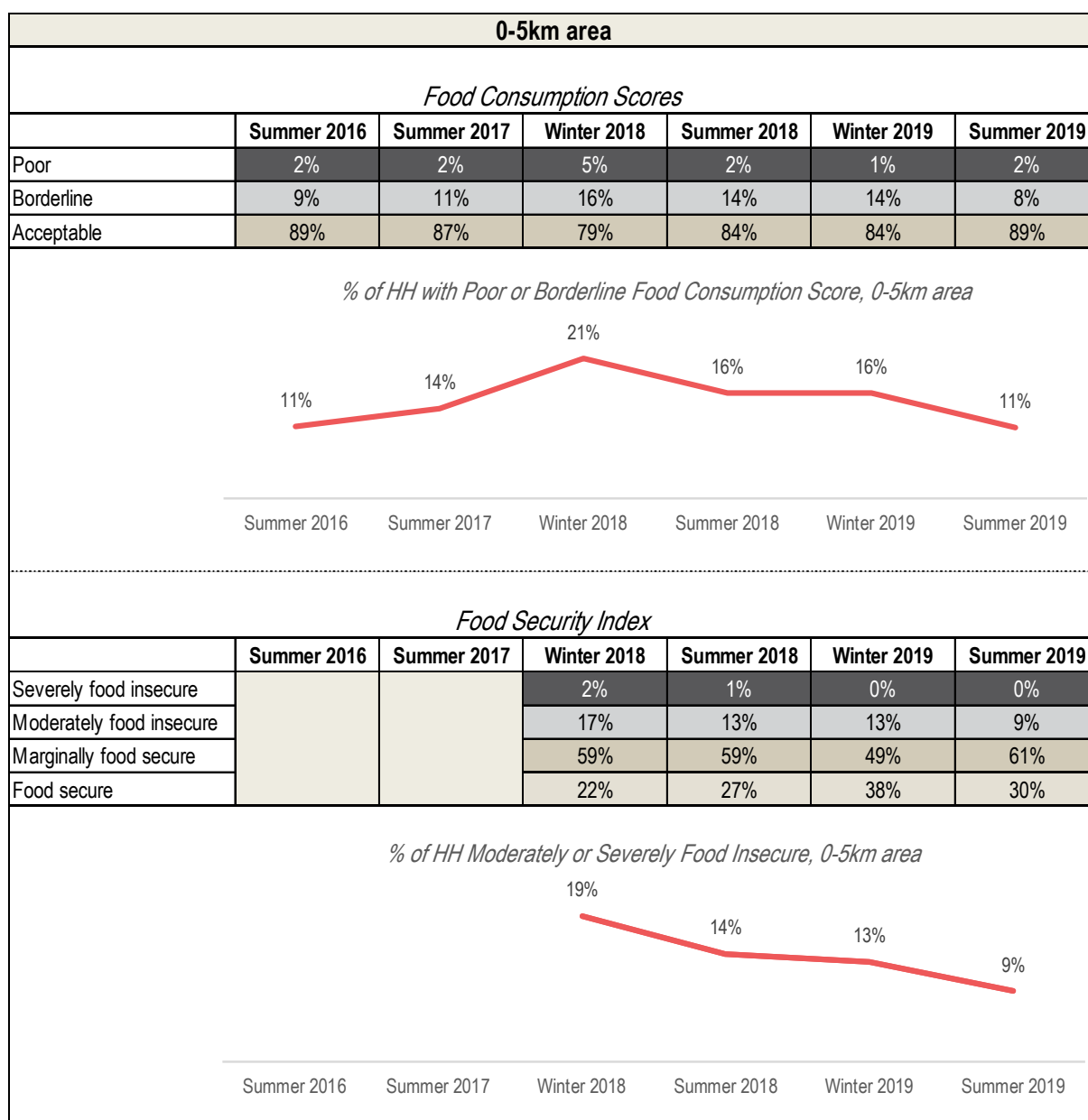
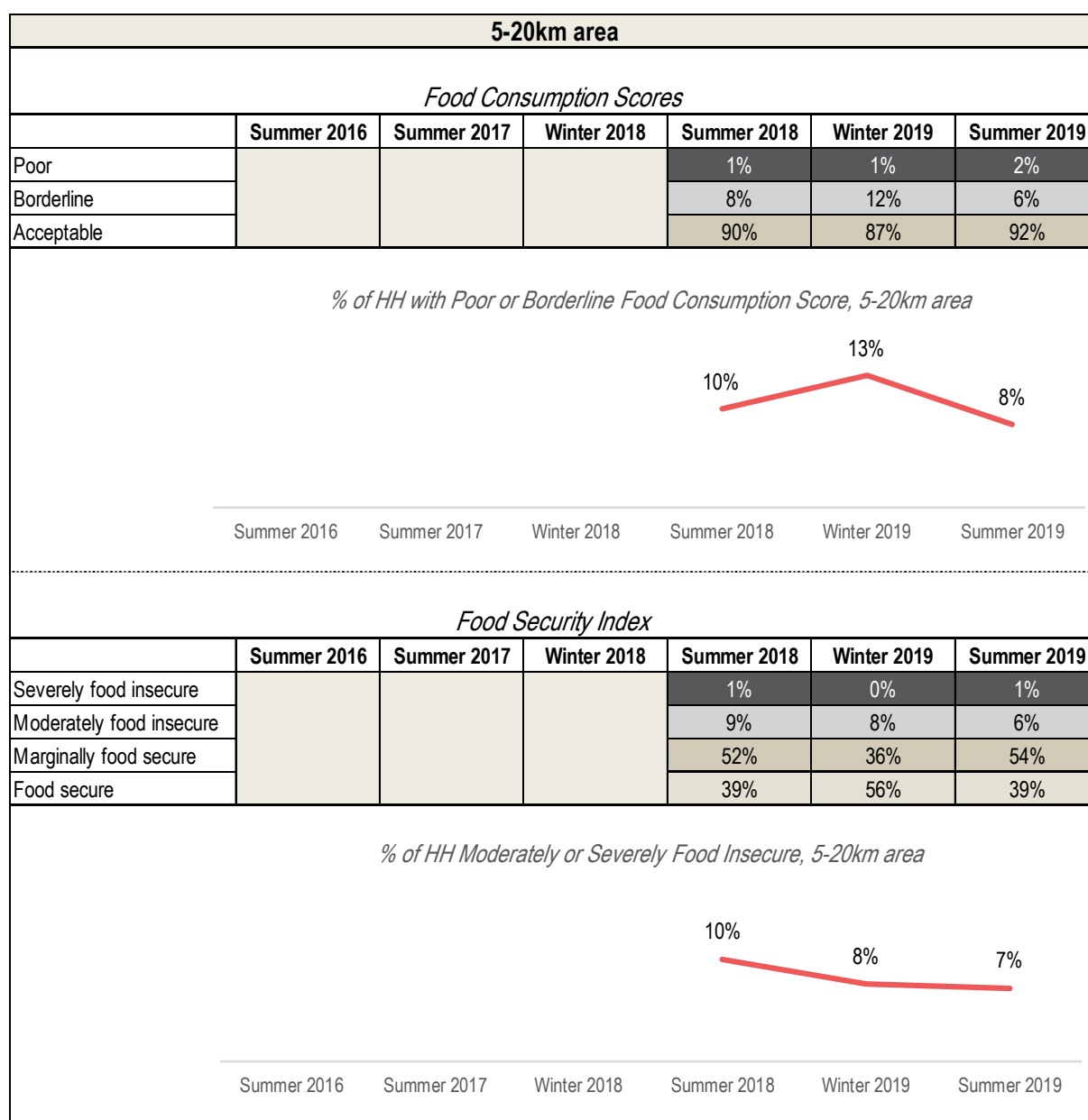
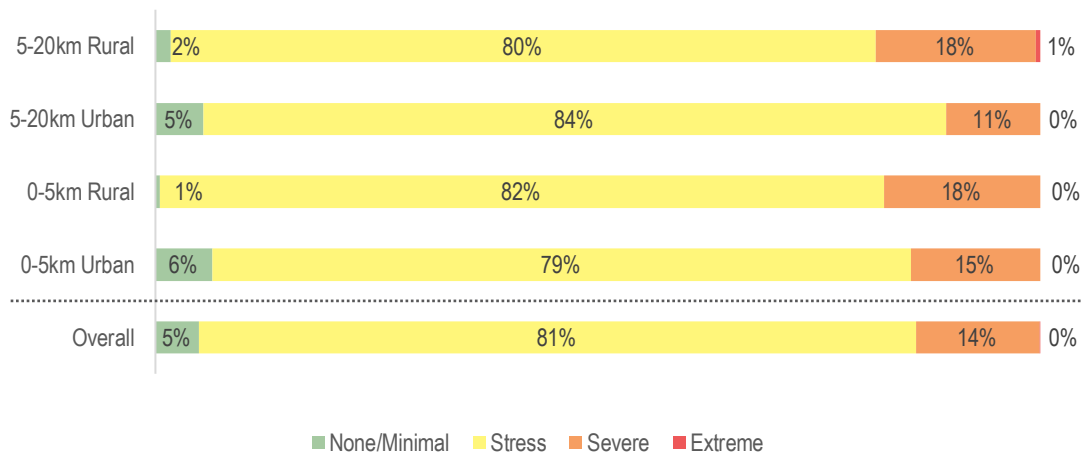
Figure 20: 2019 Humanitarian Trends Analysis Food Security Findings 0-5 km⁴⁸⁴⁸ Food consumption Scores and Food Security Index scores from REACH data.

Figure 21: 2019 Humanitarian Trends Analysis Food Security Findings 5-20 km⁴⁹⁴⁹ Food consumption Scores and Food Security Index scores from REACH data.

Water, Sanitation and Hygiene (WASH)

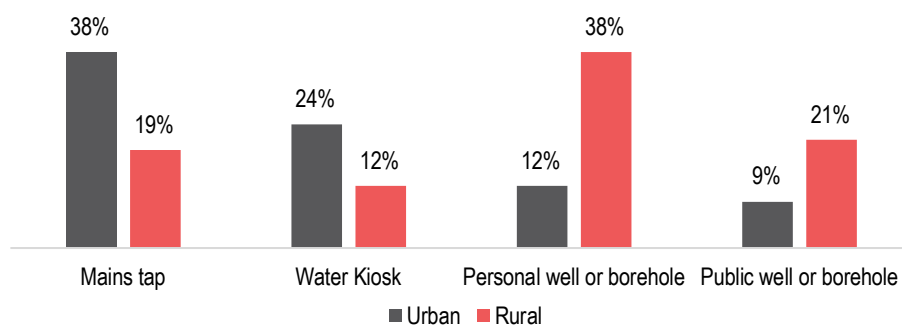
As figure 22 shows, 14% of households were found to have a severe or extreme WASH LSG. A higher proportion of households residing in rural areas had a severe or extreme WASH LSG than households residing in urban areas, possibly due to their reliance on water from boreholes or wells and not using a specialised service to collect their solid waste. The primary driver of need for those households with severe or extreme WASH LSG scores was found to be water access gaps, particularly water shortages of once a week or more.

Figure 22: Proportion of households by severity of Living Standards Gap for WASH in each assessed area



Overall, the main source of drinking water is from a tap, with 34% of households reporting this as their main source of drinking water. However, the main source of drinking water for households in the 0-5 km strata was a personal well or borehole (53%), 15% reported a tap was their main source for drinking purposes. In general, the data shows that a tap was the main source of drinking water for households residing in urban areas (38%), and a personal well or borehole for households in rural areas (38%).

Figure 23: Main sources of drinking water for urban and rural households



Using the World Health Organisation's (WHO) Joint Monitoring Programme (JMP)⁵⁰ index, it can be said that 100% of households relying on improved water sources as main source of drinking water, such as tap water, wells or boreholes, and access to packaged or delivered water. However, 59% of households who relied on mains tap for drinking water reported facing water shortages in the 12 months prior to data collection. In their report, 'WASH Cluster Study of Humanitarian Needs in Eastern Ukraine' of August 2019, the WASH Cluster found that 65% of households within 20 km of the LoC experienced shortages in the previous 12 months.⁵¹ Ten percent (10%) reported water shortages once a day, and 3% reported water shortages 2-3 times a week. Looking at households residing in 0-5 km rural areas, 41% of households (of those reporting water shortages) reported shortages every day. While a higher proportion of households reported storing water than the proportion who reported shortages

⁵⁰ More information on WHO JMP can be found [here](#)

⁵¹ WASH Cluster Study of Humanitarian Needs in Eastern Ukraine, August 2019

(69% and 58% respectively), centralised water shortages are still a concern, especially in the colder months, as a fifth of all households rely on centralised heating, which relies on an unobstructed water supply.

One percent (1%) of households responded that they did not have enough water for all of the following needs: cooking, drinking, other domestic purposes and personal hygiene. By strata, 2% of households in 5-20 km rural areas and 1% in 5-20 km urban areas reported such. Only 81% of households reported having no shortages/full access to water (a high of 85% in 0-5 km rural areas, low of 78% in 0-5 urban areas).

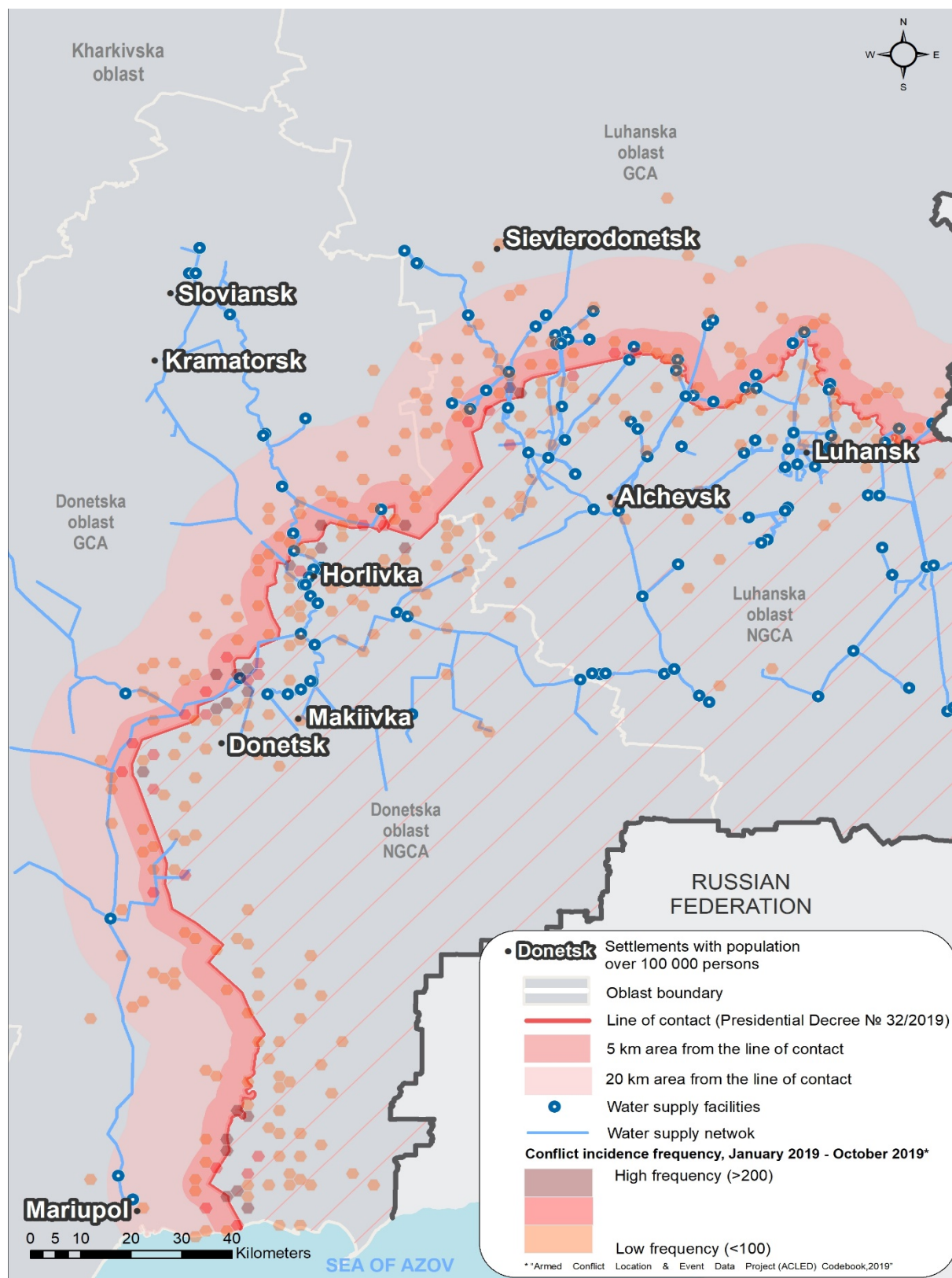
Twelve percent (12%) of all households reported that they reduced drinking water consumption in the 7 days prior to data collection as a means of addressing a lack of water, 16% in 0-5 km urban areas, 11% in 5-20 km rural areas, and 8% in both 0-5 km rural and 5-20 km urban areas. Overall, 69% of households reported storing water. A higher proportion of urban households reported storing water (72%) than rural households (56%). This could be expected due to a higher proportion of urban households relying on the centralized water supply from tap, which is considered not reliable.

Of the 34% of households that purify their drinking water, boiling was the most common method, reported by 72% (high of 79% in 5-20 km rural, low of 62% 0-5 km rural). Of the 65% of households that reported not filtering their water, 6% reported not being able to afford to (high of 7% in both 0-5 km urban and 5-20 km rural, low of 4% in 0-5 km rural and 5-20 km urban). The remaining reported there was no need to purify their water.

One percent (1%) of households reported using a bucket as a latrine (across all strata), while 6% reported using an open pit latrine. Rural areas had the highest ratio of households using a pit latrine (13% in 0-5 km areas and 11% in 5-20 km areas). A relatively low proportion of households used an open pit latrine in urban areas (4% in 0-5 km and 3% in 5-20 km areas). Again, using the WHO JMP index, 7% of households were found to use an unimproved facility (bucket or pit latrine without a slab), the highest proportion being in rural areas (14% within 5 km and 12% between 5-20 km). It should be noted that of the 39% that reported using a pit latrine (ventilated, with slab, and without slab), 16% reported having faced problems because of the need to pump off sewage.

While the overall percentages look positive for correct disposal of household solid waste, breaking down by strata, the figures are more negative. Overall, 70% of households use a specialized service to take solid waste. However, the majority are in urban areas, with 89% residing in 5-20 km areas and 79% in 0-5 km. This percentage drops to 31% in 0-5 km rural and 23% in 5-20 km rural areas. Thirty-eight percent (38%) of 5-20 km rural households reported burning their garbage (6% in urban areas), 20% reported burning part and throwing part down their pit latrine (2% urban). Thirty-one percent (31%) of 0-5 km rural households stated that they burn all their garbage (9% urban), and 32% reported burning part and throwing part down their pit latrine (7% urban).

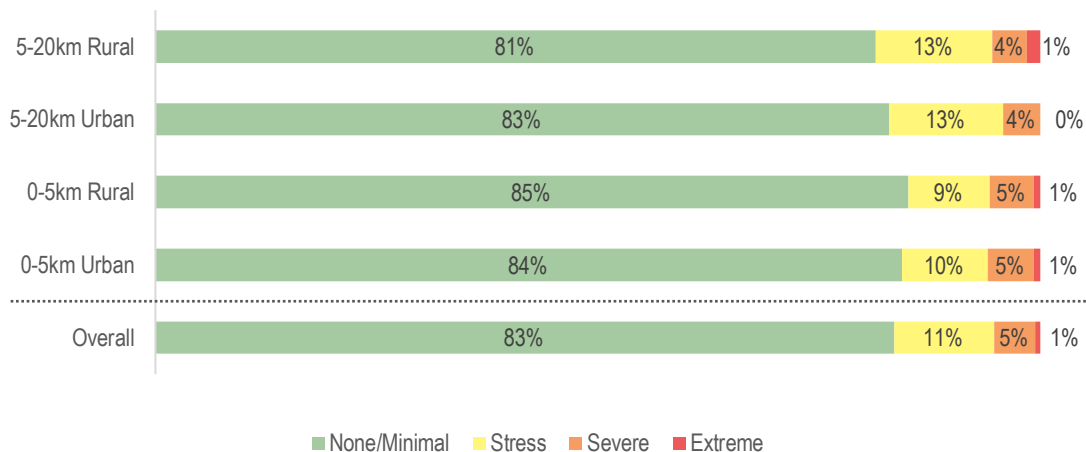
Map 4. Water supply network and conflict incidences in Donetsk and Luhansk oblasts.



Education

Figure 24 shows that overall 6% of households had a severe or extreme education LSG score. Six percent (6%) of households residing within 5 km of the LoC, both urban and rural, had severe or extreme education LSG scores, while 5% of households in 5-20 km rural areas and 4% of households in 5-20 km urban areas had a severe or extreme LSG score in education. The primary driver of need for those households with severe or extreme education LSG scores was found to be gaps in the availability of educational services, including drinking water, psychological support, and social-pedagogical support, followed by security issues on the commute to, and in the vicinity of the school, and difficulties in accessing quality education.

Figure 24: Proportion of households by severity of Living Standards Gap for education in each assessed area



Looking at combined strata, 16% of households reported having school aged children (between the ages of 6-17), while in 2018 this proportion was 10%. Rural areas between 5-20 km from the LoC had the greatest proportion of households with school aged children (19%), followed by 17% of households residing in 5-20 km urban areas. In 2018, the strata with the highest proportion of households reporting having school aged children were in 0-5 km areas, 17% rural and 15% urban.

Regarding security concerns, 80% of households with access to education facilities reported having no security concerns on their commute to facility. As Figure 25 shows, the highest proportion of households with access to education facilities reporting at least one security concern on their children's commute to their education facility were in the 0-5 km strata, especially urban areas. The 5-20 km urban stratum had the lowest proportion of households with access to education facilities reporting at least one security concern on their children's commute to their education facility (10%).

Eighty-seven percent (87%) reported having no security concerns in the vicinity of the facility. Breaking the data down by stratum, large differences can be seen. Nineteen percent (19%) of households residing in 0-5 km rural areas reported shelling as a security concern on their child's commute to their education facility, 15% reported shelling as a security concern in the vicinity of their education facility. This was followed by 11% of 0-5 km urban households reporting shelling on their commute as a security concern and 8% reporting shelling in the vicinity of the facility as a security concern. No households residing in 5-20 km urban areas reported shelling as a security concern in either their commute to school or in the vicinity of the school. Eight percent (8%) of households in 5-20 km rural areas with access to education facilities reported shelling as a security concern both for their commute and in the vicinity of their education facility.

The 0-5 km zones also saw a higher proportion of households reporting shooting as a security concern, 13% of urban households with access to education facilities reported shooting as a concern on the commute to their facility and 8% of rural the same. Ten percent (10%) of 0-5 km rural areas reported shooting as a security concern in the vicinity of their facility, along with 8% of urban households. A very low proportion of households residing in the 5-20 km areas reported shooting as a security concern, 1% of urban and rural households on the commute to facility,

0% of urban households and 1% of rural households reported shooting as a concern in the vicinity of their education facility. Military presence was reported as a security concern on their child's commute to school by households residing in all strata (0-5 km urban 6%, rural 10% and 5-20 km urban 4%, rural 7%).

Figure 25: Proportion of households with access to education facilities with at least one security concern for their children on commute to education facility

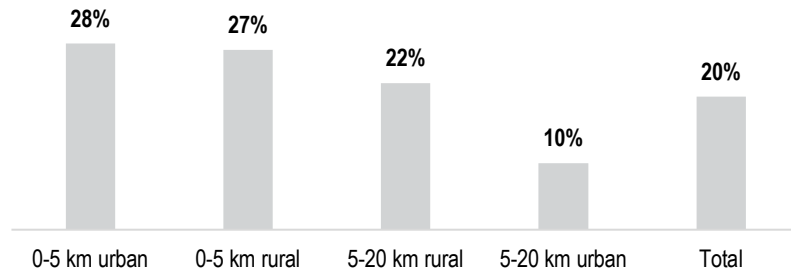
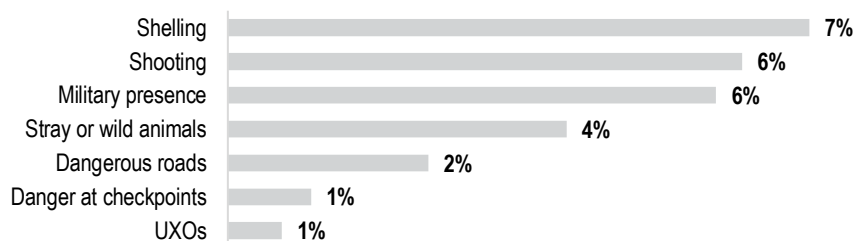


Figure 26: Of households with access to education, main security concerns for their children on commute to education facility



The overall proportion of households who could not afford all school supplies has remained the same since 2018, 27% in both years. The proportion of households reporting this in 0-5 km urban areas remains approximately the same for 2018 and 2019, 35% and 36% respectively. However, there has been an increase in the proportion of households who reported not being able to afford all school supplies residing in 0-5 km rural, from 28% in 2018 to 44% in 2019. A decrease is observed in the proportion of households residing in 5-20 km urban and rural areas that reported not being able to afford all school supplies, in 2018, 24% of urban households reported such and 33% of rural households. In 2019, 15% of urban households and 26% of rural households in 5-20 km areas reported an inability to afford all school supplies. A possible reason for this is that households with school-aged children are not the main recipients of humanitarian assistance, with most of the assistance targeting elderly, chronically ill and/or single member households.

Twenty-one percent (21%) of households with school aged children reported that their children were unable to attend their education facility for more than one month, including cumulative gaps of shorter periods (this academic year). The highest proportion (24%) resided in 5-20 km urban areas, the lowest in 0-5 km rural areas (13%). The main reported cause for this gap was health reasons, reported by 87% of households, with a high of 100% given by households in 0-5 km rural areas. The only stratum to state that transport was unavailable was 5-20 km rural households, where 20% gave this as a reason for their children being unable to attend school facility. These findings are indicative as the sample size is too small to be generalizable.

The proportion of households reporting their education facility provides medical services has decreased since 2018. Across the accessed area, 84% of households reported their facility providing medical support, this proportion dropped to 67% in 2019. The proportion of households that reported their education facilities as providing psychological support has also decreased, from 63% in 2018 to 55% in 2019. Looking at the different strata, the data shows that the proportion of households who reported their schools as providing psychological support increased in rural areas while it decreased in urban areas. The largest decrease can be seen in 0-5 km urban areas where, in 2018, 81% of households reported their education facility providing this service, while in 2019, 58%

reported this service available. Of note is that 0-5 km urban households was the stratum with the highest proportion reporting security concerns, both on the commute to school and in the vicinity of their school (28% and 20% respectively). A possible reason for the decrease in the proportion of households reporting their education facilities providing psychological support could be the difficulty education facilities have finding staff willing to work so close to the LoC, and an inability to retain staff due to the proximity of the conflict. Psychological support for children who are caught up in a conflict is a humanitarian issue that should be a priority for the humanitarian community as there can be long term consequences for children and their mental health.

Households were found to be relatively satisfied with the quality of teaching staff, overall, with 8% reporting poor quality of staff as a problem, compared to 11% in 2018. Proportions are approximately the same between all strata and both years.

Forecasted needs

The most relevant, and immediate, forecasted need would be winterization for households. As the HTA showed, 13% of households had a severe or extreme LSG in shelter, and 60% were in stress. For 8% of households that had an overall MSNI score of 3 or 4, their scores were primarily driven by severe or extreme LSG scores in shelter and impact combined, and for a further 9%, primarily driven by shelter and health combined. Furthermore, 39% of households were missing at least one essential NFI, including winter jacket, winter boots and thermal underwear.

Given the harshness of the winters in Eastern Ukraine, adequate shelter and winter NFIs are essential for the dignity and living standards of the population.

More generally, as the HTA shows, forecasted needs will likely remain the same as needs were in previous years. A higher proportion of the population within 5 km of the LoC will likely be in need of assistance, while a higher actual number of the population in urban areas will likely require assistance.

Forecasted needs that can be directly related to the conflict are more difficult to predict. There have been some signs of de-escalation of conflict but its future trajectory remains unclear.

Humanitarian Assistance and Accountability to Affected Populations (AAP)

Humanitarian assistance reached approximately the same proportion of households overall in 2019 (32%) as it did in 2018 (31%), with households residing in 0-5 km rural areas the most likely to report having received assistance in the 12 months prior to data collection. In 2017, 63% of households within 5 km of the LoC received aid, 75% in rural areas and 60% in urban areas.

Table 7. Breakdown per strata for proportion of households receiving humanitarian aid in 12 months prior to data collection

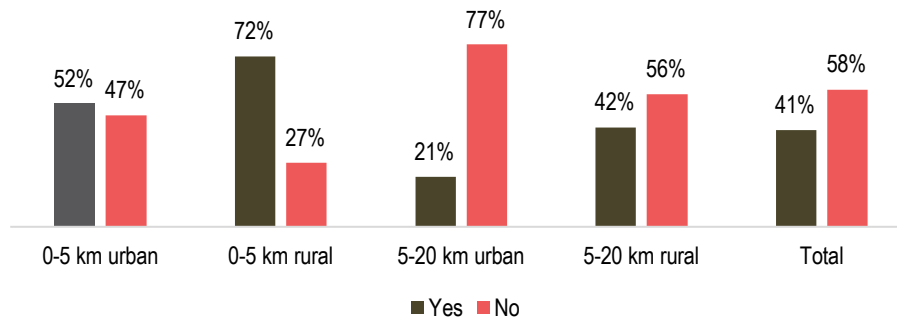
Year	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
2018	46%	65%	11%	23%
2019	47%	65%	10%	29%

In terms of AAP, there are still some issues that need to be addressed by humanitarian actors. In 2019, 80% of households who received humanitarian assistance received food as assistance. However, 72% reported not being consulted about their needs and preferences before aid was distributed and 67% stated they would prefer cash as the modality they prefer for humanitarian assistance.

Table 8. Strata breakdown for assistance received, consulted and preferred modality

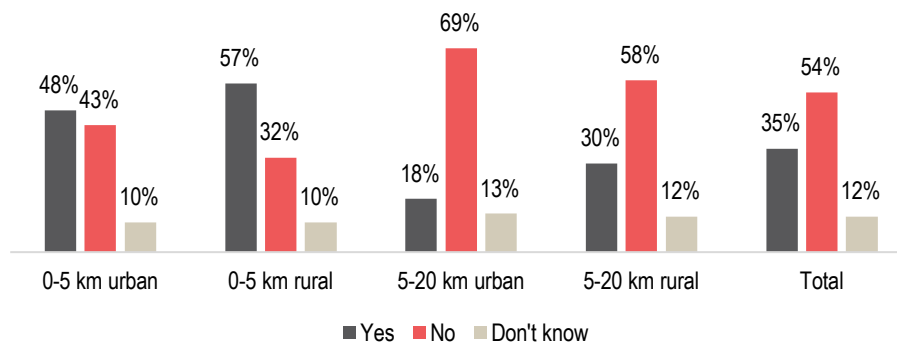
2019	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Most Common Type of Assistance Received	Food (86%)	Food (77%)	Food (69%)	Food (69%)
Consulted	No (72%)	No (64%)	No (81%)	No (71%)
Preferred Modality	Cash (69%)	Cash (74%)	Cash (61%)	Cash (65%)

Figure 27: Has anyone in your household received information about existing humanitarian assistance or support in the 12 months prior to data collection



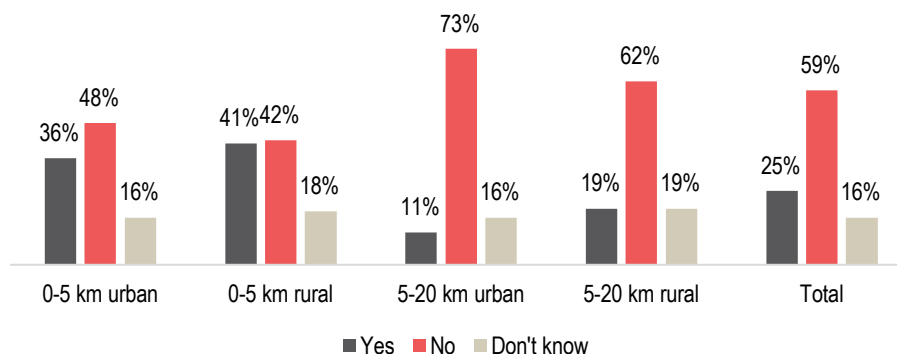
As figure 27 shows, households in the 5-20 km urban areas were the least likely to report having received information about existing humanitarian assistance, while households in the 0-5 km rural areas were the most likely to report receiving information. This reflects the findings on receipt of assistance as households in urban settlements in 5-20 km of the LoC were also the least likely to report having received assistance.

Figure 28: Do you consider yourself sufficiently informed about available humanitarian assistance and services in your area



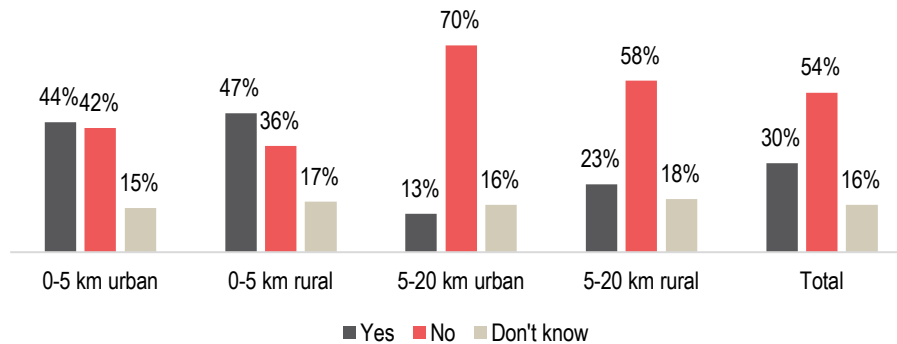
Again, it can be seen from figure 28 that households residing in the 5-20 km area were the least likely to state that they consider themselves sufficiently informed about available humanitarian assistance, and households in 5-20 km rural the most likely.

Figure 29: Do you consider yourself sufficiently informed about your rights and entitlements regarding humanitarian assistance



Overall, 59% of households residing within 20 km of the LoC reported considering that they are not sufficiently informed about their rights and entitlements regarding humanitarian assistance. Households residing in the 5-20 km area were much more likely to report this than households residing in the 0-5 km area.

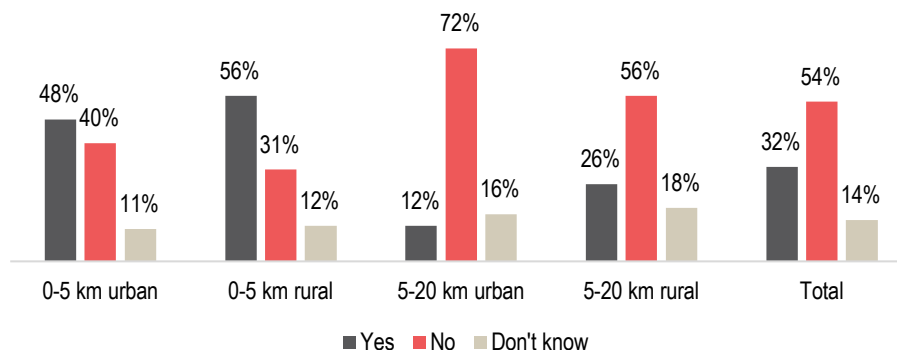
Figure 30: Do you consider yourself sufficiently informed about the ways beneficiaries are selected for assistance



Fifty-four percent (54%) of households within 20 km of the LoC stated that they did not feel sufficiently informed about the ways beneficiaries are selected for assistance, a high of 70% in 5-20 km urban areas and a low of 42% in 0-5 km urban areas.

This is an extremely important indicator as it has the potential to create conflict within a settlement. If all households of a settlement do not know or understand how or why certain households are selected to receive aid (and the delivering NGOs) they may view the aid as corrupt or unfair.

Figure 31: Do you consider yourself sufficiently informed about how to register for humanitarian assistance



Households living in 0-5 km rural were most likely to report being sufficiently informed about how to register for humanitarian assistance (56%). Again, households in the 5-20 km urban area were most likely to report not being sufficiently informed. Overall, 54% of households reported not being sufficiently informed about how to register for humanitarian assistance.

Figure 32: Do you consider yourself sufficiently informed about ways humanitarian workers should behave

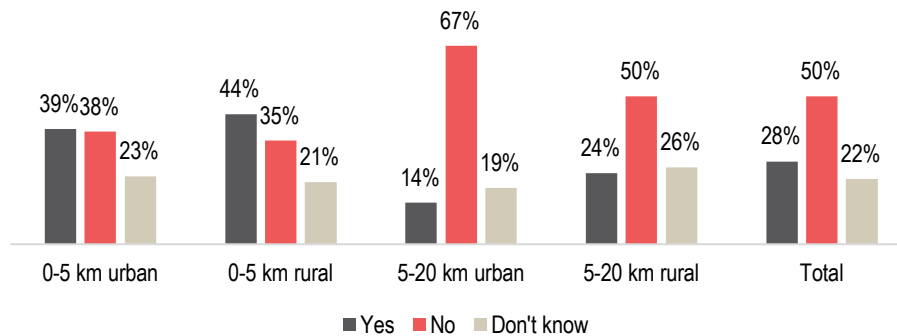


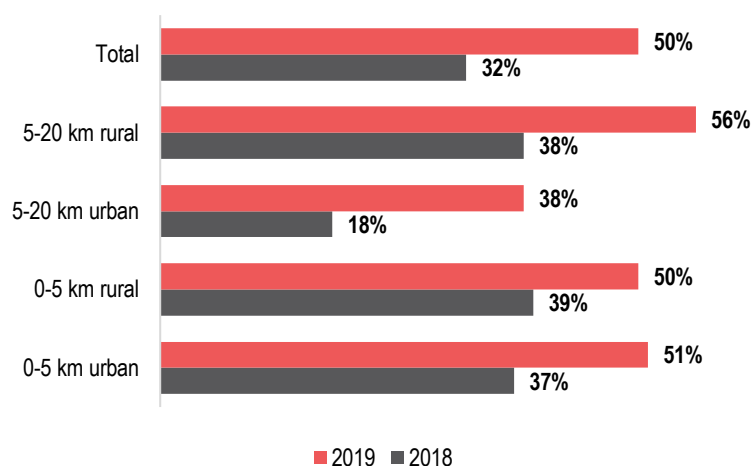
Figure 32 represents another very important indicator. NGOs rely on beneficiaries to report any inappropriate behavior conducted by the staff of the NGO. If households and/or beneficiaries do not feel informed about the way that humanitarian workers should behave then they have no way of knowing if the workers behave appropriately or not, therefore potentially enabling corruption and favours.

From observing the above graphs, it appears that households located in the 0-5 km rural areas reported being the most knowledgeable about the assistance system, followed by 0-5 km urban areas. The least knowledgeable are households residing in the 5-20 km urban areas. This correlates with the fact that a higher proportion of households residing within 5 km of LoC reported receiving humanitarian assistance than households residing in 5-20 km areas. What requires further research is why food was reported to be the most common form of aid received, considering that FSL was found to be a primary driver of households MSNI scores of 3 or 4 for low proportions of households. This is especially noticeable in rural areas (6% of households in 5-20 km rural areas and 9% of households in rural areas within 5 km of the LoC compared to 31% of households in 5-20 km urban areas and 22% in urban areas within 5 km of the LoC).

Without knowledge of baseline levels of awareness among households about the humanitarian system, and the degree to which NGOs have proposed to increase this awareness, it is difficult to know if the situation has improved or worsened in the past years.

Figure 33 shows, there was an increase in the proportion of households that have knowledge of a system to give feedback to humanitarian actors, although still just over half of the households (51%) reported knowledge of one.

Figure 33: Proportion of households with knowledge of a system to give feedback to humanitarian actors



CONCLUSION

This 2019 HTA attempts to provide aid actors in Donetsk and Luhansk oblasts with both a snapshot of the current humanitarian situation as well as a contextualization of the changing dynamics of the humanitarian situation as it enters its sixth year. The 2019 assessment reduced the geographical scope (in comparison to 2018) to areas within 20 km of the LoC, and removed the large urban centres of Mariupol and Lysychansk from its sampling frame as the detailed report from 2018 showed that these areas tend to have lower proportions of people in need of humanitarian assistance.

Based on this analysis, conducted within a specific analytical framework using components of the draft JIAF, this assessment found that across the GCA region of Donetsk and Luhansk oblasts, 30% of households had severe or extreme MSNI scores (of 3 or 4), although, it should be noted, a relatively low proportion of households (1%) were classified as having extreme needs indicative of a full collapse of living standards. A correspondingly low proportion of households (1%) were found to have minimal levels of severity of needs, indicating that the population has nearly universally experienced effects of the conflict.

The highest proportion of households with a MSNI score of 3 or 4 was found in rural areas within 5 km of the LoC where 44% of the population had a score of 3 or 4. The stratum with the most households with a MSNI score of 3 or 4 was the 0-5 km urban areas where 36,338 households were found to be in need.

Overall, severe and extreme needs were most frequently driven by corresponding severe living standards gaps in WASH, and FSL (35% and 20% of households with a MSNI score of 3 or 4 respectively). There was, however, some variation between assessed areas in terms of drivers of severe or extreme need. In rural areas, while WASH was still the primary driver of high MSNI scores, combinations of severe or extreme LSG scores in health and/or shelter, and impact score were more likely than food security to drive severe or extreme MSNI scores.

In terms of humanitarian needs and trends from 2018, very few changes were observed, with slight improvements in some indicators (daily water shortages, receiving humanitarian assistance) along with slight deterioration in others (difficulties in accessing healthcare, households borrowing food).

This report found that due to high proportions of vulnerable households, and the high proportion of economically inactive household members, there is a potential additional burden on economically active household members.

The section on law and order shows that there is a justice system in place but a relatively high proportion of households within 20 km of the LoC either do not trust or cannot afford to access it. This leaves scope for donors and humanitarian actors to research, and implement, ways in building trust and assisting households overcome barriers to access. While organisations who assist individuals or households with legal matters is commendable, longer term and more widespread effects could be felt if cost to access was decreased and trust in the institutions was increased.

A quarter of all households reported experiencing problems accessing healthcare all of the time or often, with the high cost of medicine being the most frequently reported reason. In addition, almost a third of households reported not being able to access mental health services and almost half stated that they did not know if they could access mental health services. In other words, in a protracted conflict zone, in an area populated by a high proportion of already vulnerable people, three quarters of the population do not access mental health services. Also concerning is that over a third of the population reported reducing spending on essential healthcare.

In the context of Ukraine, WASH concerns relate closely to public infrastructure and systemic insufficiencies, and therefore remain difficult fully capture through a household-level survey. As the water system is integrated between GCA and NGCA, shelling along the contact line creates risks for millions of residents on both sides of the LoC regarding access to water. This risk is amplified as heating infrastructure in many urban areas relies on piped hot water, meaning that water cuts in winter periods could leave affected households without sufficient heating in a region that experiences harsh winter conditions.

Across all strata, food security was not found to be a major issue but it is still something that needs to be monitored as 8% of households were considered at risk of becoming severely food insecure with the addition of any additional shocks to their supply of food.

A fifth of households with school-aged children reporting access to education facilities reported having at least one security concern for their children on the commute to school. Of note is that the proportion of households that reported their schools providing medical and psychological support has decreased since 2018, which may have a knock-on effect into the future. Overall, over a quarter of households with children attending an education facility reported not being able to afford all the necessary school supplies, possibly due to households with school-aged children not being the main recipients of humanitarian assistance.

Further work could be done to ensure that the Accountability to Affected Populations (AAP) commitments and obligations are met. Of the 32% of households reporting receiving humanitarian aid, 80% reported receiving food, while 67% reported a preference for cash as assistance. This may be due to less than a quarter (23%) of households reporting being consulted about their preferences and needs prior to aid delivery.

Overall, 79% of households reported not having access to central heating, leaving them vulnerable to price hikes in wood or coal, which in turn highlights the importance of winterisation aid being provided to households before the onset of winter.

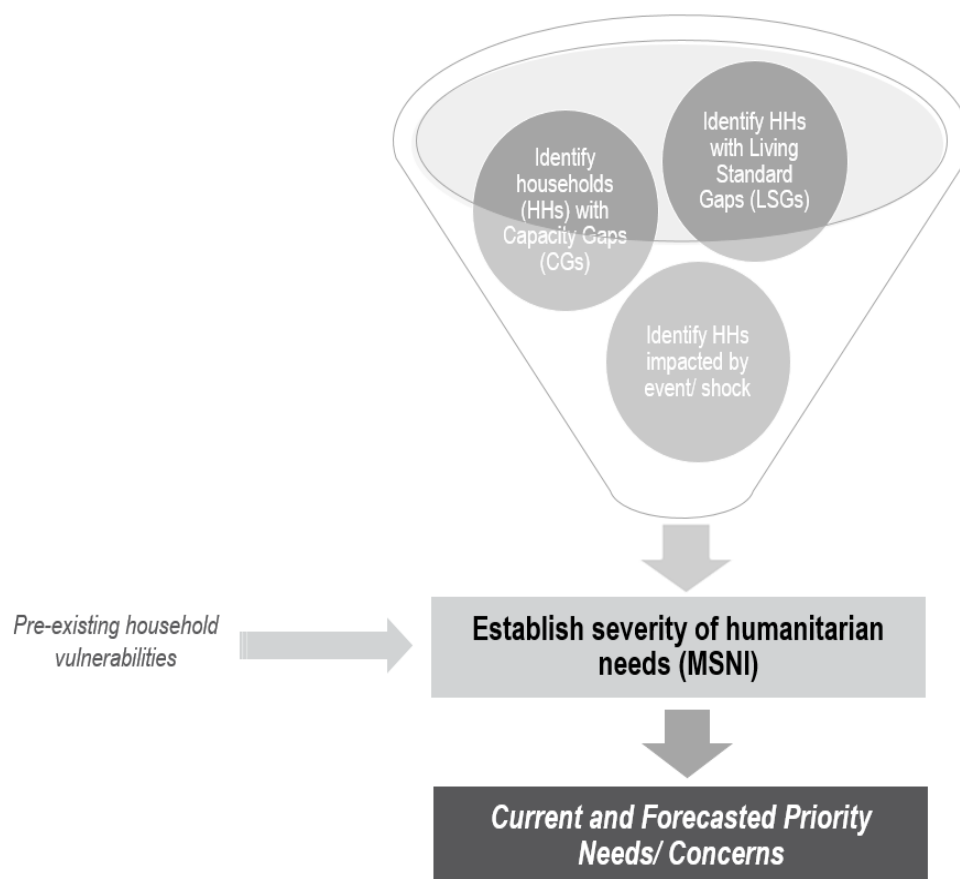
The 428 km long LoC that divides the GCA and the NGCA continues to separate urban centres in the NGCA from their peripheral towns and villages in the GCA, making areas that were once the outskirts of large cities into isolated, hard-to-reach areas. The conflict has affected service networks, provision of services and, from a household perspective, access to services, worsening pre-existing constraints and creating new challenges for both providers and the population.

With the prospect for a resolution to the conflict unlikely in the short-term, humanitarian aid actors in 2020 should closely monitor the way in which the protraction of this conflict has affected and continues to affect key vulnerable populations, particularly in the 5 km area. Regions in the 5-20 km areas have additional needs relating to longer-term response planning, reconstruction and development needs that may benefit from programming that addresses both the immediate humanitarian needs as well as the larger development questions facing the Donbas, and indeed Ukraine as a whole.

Findings indicate the need for humanitarian actors to continue to act to mitigate against the long-term and cumulative effects of protracted armed conflict on a population with elevated vulnerabilities. Such action is particularly important to reduce the risk of future deterioration of humanitarian conditions as households exhaust their abilities to cope with ongoing conflict, particularly given the lack of a realistic political solution in the near-term.

ANNEXES

Annex I. Operationalising JIAF for HTA



Annex II. MSNI Severity Scale.

Severity Class	Name	Description	Response objectives
1	None / Minimal	<ul style="list-style-type: none"> Living standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the Legal framework. Ability to afford/meet essential all basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets). No or minimal/low risk of impact on well-being. 	Building Resilience & Supporting Disaster Risk Reduction
2	Stress	<ul style="list-style-type: none"> Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). Reduced quality or stressed social/basic services. Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. Minimal impact on well-being (stressed physical/mental well-being) overall. Possibility of having some localized/targeted incidents of violence (including human rights violations). 	Supporting Disaster Risk Reduction & Protecting Livelihoods
3	Severe	<ul style="list-style-type: none"> Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. Degrading well-being. Physical and mental harm resulting in a loss of dignity. 	Protecting Livelihoods & Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	Extreme	<ul style="list-style-type: none"> Collapse of living standards, with survival based on humanitarian assistance and/or long term irreversible extreme coping strategies. Partial collapse of social/basic goods and services. Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. Widespread physical and mental harm (but still reversible). Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality 	Saving Lives & Livelihoods

Annex III.

Shelter Sector Living Standards Gap**Component 1: Shelter Damage gaps**

Severity Class	1	2	3	4
Description	Shelter never damaged by conflict OR Shelter damaged by conflict AND damage was repaired OR The answer about the shelter damage is "Don't know"	Shelter damaged by conflict AND Damage partially repaired OR Space is unused	Shelter damaged by conflict AND Damage not repaired AND Space is used OR there is no access to damaged property	Shelter damaged by conflict AND Damage not repaired AND Damage is to gas pipes OR water pipes OR wiring OR sewage lines

Component 2: Housing Land and Property Rights gaps

Severity class	1	2	3	4
Description	Owner/renter of property with all legal documentation	Owner of the property without title OR The answer is "Don't know" OR Renter of the property without lease OR The answer is "Don't know" OR Documents with incorrect/incomplete information (name, etc.) OR The answer is "Don't know" AND No risk of eviction OR The answer is "Don't know"	Owner of the property without title OR Renter of the property without lease OR Documents with incorrect/incomplete information (name, etc.) AND HH is renter at risk of eviction in >3 months	Owner of the property without title OR Renter of the property without lease OR Documents with incorrect/incomplete information (name, etc.) AND HH is renter at risk of eviction in the next 3 months

Component 3: Winterization gaps

Severity class	1	2	3	4
Description	HH is NOT missing any of: <ul style="list-style-type: none"> winter boots warm jacket warm underwear AND HH spends <20% of spending on heating OR the spending is unknown	HH is missing at least 1 of: <ul style="list-style-type: none"> winter boots warm jacket warm underwear OR HH spends 20-29% of spending on heating	HH is missing at least 2 of: <ul style="list-style-type: none"> winter boots warm jacket warm underwear OR HH spends 30-39% of spending on heating	HH is missing at least 3 of: <ul style="list-style-type: none"> winter boots warm jacket warm underwear OR HH spends >40% of spending on heating

Calculating the LSG for Shelter:

Sum of sectoral scores	HH sectoral severity ranking
	1
3	
4	2
5	
6	
7	3
8	
9	
10	4
11	
12	

WASH Sector Living Standards Gap**Component 1: Water access gaps**

Severity class	1	2	3	4
Description	HH has water shortage less than once per month OR The answer is "Don't know" OR The answer is "Refuse to answer" AND HH has enough water to meet all needs OR The answer is "Don't know"	HH has water shortage once per month or more, but less than once per week OR HH does not have enough water for domestic purposes OR HH has water shortage less than once per month AND (HH has enough water for all except for drinking OR HH has enough water for drinking but does not have enough water to meet all the other needs)	HH has water shortage once per week or more OR HH does not have enough water for cooking, hygiene and domestic purposes OR HH has water shortage less than once per month AND HH has enough water for 1-2 needs except for drinking	HH does NOT have enough water for drinking, cooking, personal hygiene and domestic purposes

Component 2: Water quality gaps

Severity class	1	2	3	4
Description	<p>Drinking water comes from:</p> <ul style="list-style-type: none"> • Bottled water • Water kiosk <p>OR</p> <p>Drinking water comes from a Tap AND (HH reports “no need” to purify drinking water OR The answer is “Don't know”)</p>	<p>Drinking water comes from:</p> <ul style="list-style-type: none"> • Personal well/borehole • Public (shared) well/borehole • Other (specified) sources <p>AND</p> <p>HH purifies drinking water OR reports “no need” to purify drinking water OR The answer is “Don't know”</p>	<p>Drinking water comes from:</p> <ul style="list-style-type: none"> • Personal well/borehole • Public (shared) well/borehole • Other (specified) sources <p>AND</p> <p>HH has a need but does not purify drinking water</p>	<p>Drinking water comes from:</p> <ul style="list-style-type: none"> • Technical water • Water truck <p>AND</p> <p>HH does not purify drinking water</p>
		<p>Drinking water comes from a Tap AND (HH purifies drinking water OR HH has a need but does not purify drinking water)</p>	<p>OR</p> <p>Drinking water comes from:</p> <ul style="list-style-type: none"> • Technical water • Water truck <p>AND HH purifies water</p>	

Component 3: Sanitation gaps

Severity class	1	2	3	4
Description	No sanitation problems	<p>HH disposing of garbage by:</p> <ul style="list-style-type: none"> • Burning • Dumping in the forest or field • Dispose in pit latrine 	<p>HH using:</p> <ul style="list-style-type: none"> • Pit latrine without slab • Bucket as latrine • Other (specified) type of toilet <p>OR reporting problem pumping off individual sewage</p>	<p>HH disposing of garbage by:</p> <ul style="list-style-type: none"> • Burning • Dumping in the forest or field • Dispose in pit latrine <p>AND</p> <p>HH using:</p> <ul style="list-style-type: none"> • Pit latrine without slab • Bucket as latrine <p>OR reporting problem pumping off personal sewage</p>

Component 4: Hygiene gaps

Severity class	1	2	3	4
Description	HH has no need to store water AND HH has all hygiene NFI	HH stores water in closed container AND HH has all hygiene NFIs	HH stores water in open container OR HH needs but is missing Hygiene NFI (menstrual pad or diapers)	HH stores water in open container AND HH needs but is missing Hygiene NFI (menstrual pad or diapers)

Calculating the LSG for WASH:

Sum of sectoral scores	HH sectoral severity ranking
	1
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	

Health Sector Living Standards Gap**Component 1: Problems accessing health care**

Severity Class	1	2	3	4
Description	HH reports never having problems accessing health care OR The answer is "Don't know"	HH reports problems accessing health care "sometimes" OR "rarely"	HH reports problems accessing health care "Often"	HH reports problems accessing health care "all of the time"

Component 2: Access to diagnostic/emergency services

Severity class	1	2	3	4
Description	HH has access to all diagnostic services	HH lacks access to at least one of the following diagnostic services: <ul style="list-style-type: none"> • X-Ray • Chest photofluorography • Ultrasound • Laboratory 	HH lacks access to at least two of the following diagnostic services: <ul style="list-style-type: none"> • X-Ray • Chest photofluorography • Ultrasound • Laboratory 	HH lacks access to at least three of the following diagnostic services: <ul style="list-style-type: none"> • X-Ray • Chest photofluorography • Ultrasound • Laboratory OR HH reports that ambulance doesn't come reliably

Component 3: Spending on health care

Severity class	1	2	3	4
Description	HH spends less than 20% of total spending on health care OR the spending is unknown	HH spends more than 20% but less than 30%	HH spends more than 30% but less than 40%	HH spends more than 40% of spending on health care

Calculating the LSG for Health:

Sum of sectoral scores	HH sectoral severity ranking
	1
3	
4	2
5	
6	
7	3
8	
9	
10	4
11	
12	

Education Sector Living Standards Gap**Component 1: Security in education gaps**

Severity Class	1	2	3	4
Description	<p>No security concerns on commute to education facility AND No security concerns in the vicinity of the education facility</p> <p>OR HH does not use educational services</p>	<p>HH reporting security concerns on the commute to OR in the vicinity of the education facility relating to:</p> <ul style="list-style-type: none"> • Checkpoints • Stray dogs • Roads without appropriate crosswalks 	<p>HH reporting security concerns on the commute to OR in the vicinity of the education facility relating to:</p> <ul style="list-style-type: none"> • Military presence 	<p>Gap in attendance of >30 days due to security concern by the parent OR HH reporting security concerns on the commute to or in the vicinity of the education facility relating to:</p> <ul style="list-style-type: none"> • Shelling • Shooting • Landmines

Component 2: Availability of educational services gaps

Severity class	1	2	3	4
Description	<p>All of the following services <u>are available</u> in the education facility that the HH uses:</p> <ul style="list-style-type: none"> • Education for children with disabilities • Drinking water • First aid/Medical support • Psychological support • Social-pedagogical support <p>OR HH does not use educational services</p>	<p>At least one of the following services <u>is not available</u> in the education facility that the HH uses:</p> <ul style="list-style-type: none"> • Education for children with disabilities • Drinking water • First aid/Medical support • Psychological support • Social-pedagogical support 	<p>At least two of the following services <u>is not available</u> in the education facility that the HH uses:</p> <ul style="list-style-type: none"> • Education for children with disabilities • Drinking water • First aid/Medical support • Psychological support • Social-pedagogical support 	<p>At least three of the following services <u>is not available</u> in the education facility that the HH uses:</p> <ul style="list-style-type: none"> • Education for children with disabilities • Drinking water • First aid/Medical support • Psychological support • Social-pedagogical support

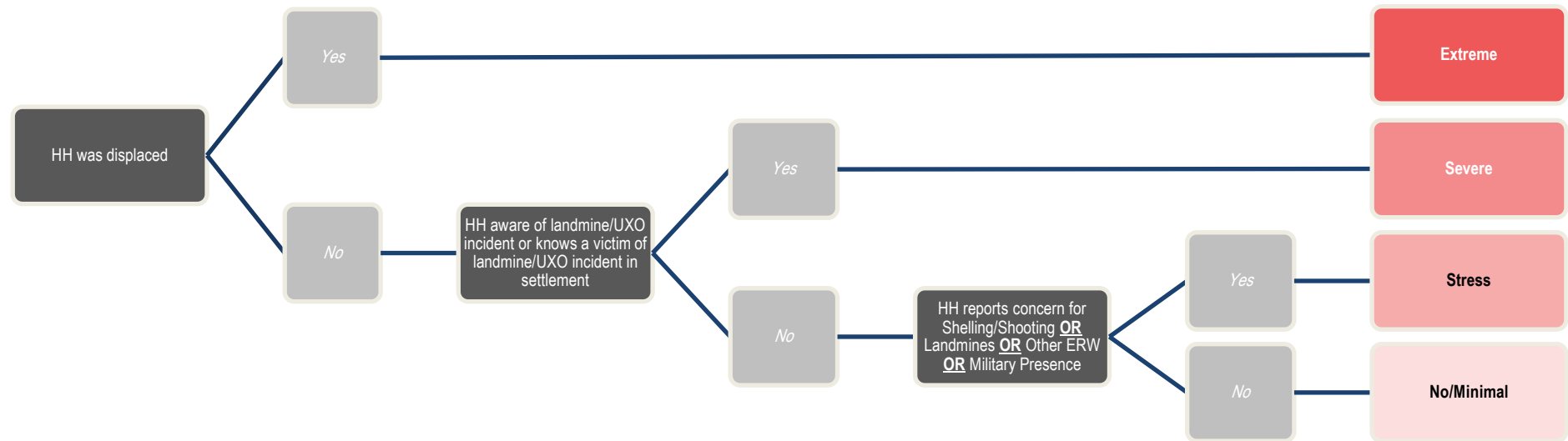
Component 3: Access to quality education gaps

Severity class	1	2	3	4
Description	<p>HH reports none of the following barriers to education:</p> <ul style="list-style-type: none"> • Conditions of the facility • Distance to school • Overcrowded classrooms • Price for service • Quality of management staff • Quality of teaching staff • Quantity of teaching staff <p>OR HH does not use educational services</p>	<p>HH reports at least one of the following barriers to education:</p> <ul style="list-style-type: none"> • Conditions of the facility • Distance to school • Overcrowded classrooms • Price for service • Quality of management staff • Quality of teaching staff • Quantity of teaching staff 	<p>HH reports at least two of the following barriers to education:</p> <ul style="list-style-type: none"> • Conditions of the facility • Distance to school • Overcrowded classrooms • Price for service • Quality of management staff • Quality of teaching staff • Quantity of teaching staff 	<p>HH reports at least three of the following barriers to education:</p> <ul style="list-style-type: none"> • Conditions of the facility • Distance to school • Overcrowded classrooms • Price for service • Quality of management staff • Quality of teaching staff • Quantity of teaching staff

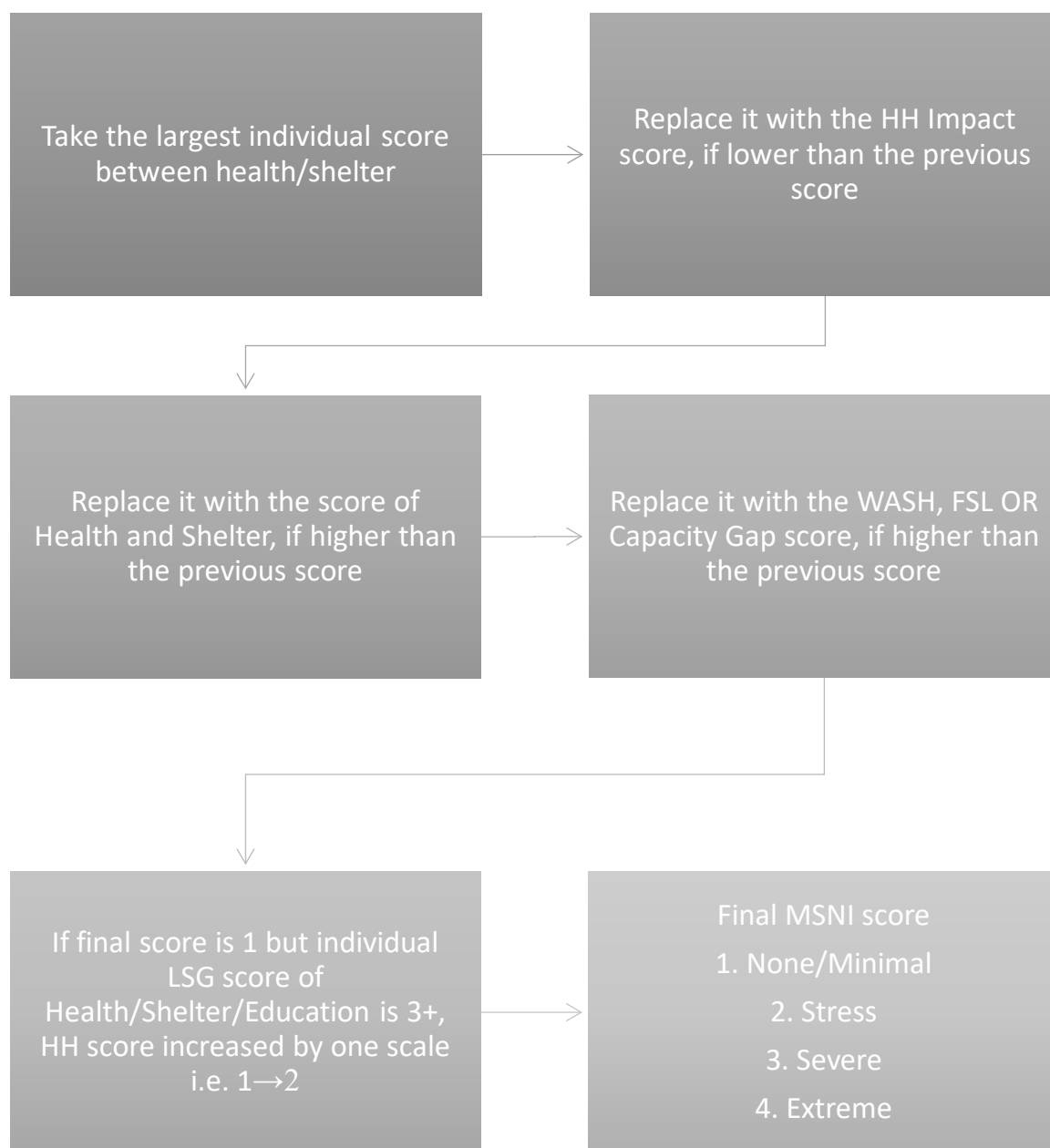
Calculating the LSG for Education:

Sum of sectoral scores	HH sectoral severity ranking
	1
3	
4	2
5	
6	
7	3
8	
9	
10	4
11	
12	

Annex IV: Household Impact Score Decision Tree



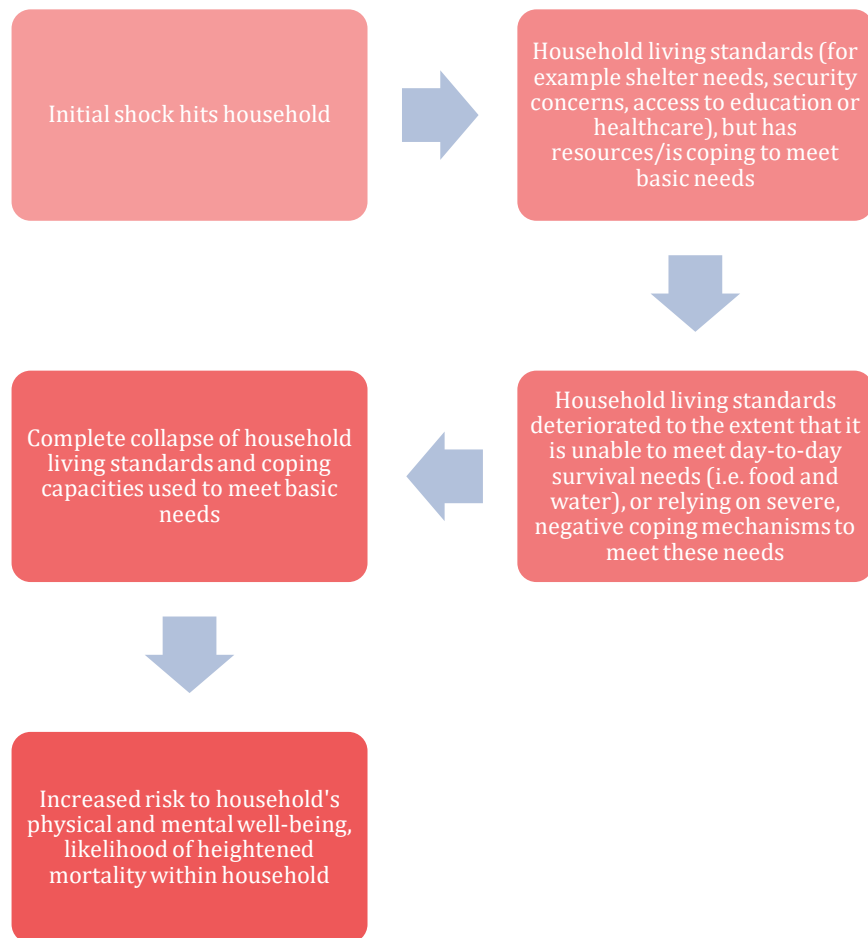
Annex V: Calculating HH MSNI Score



Important factors for consideration if final household MSNI score is 1:

- Factoring in severity of education LSG (score of 3 or higher): In this instance, an education LSG score of 3+ can push the overall MSNI score to 2 (stress), even if no other indicators were found to be higher.
- Factoring in severity of LSG in health/shelter (individual score of 3 or higher): In this instance, singular high scores (3 or 4) for any sector can push the overall MSNI score to 2 (stress), even if no other indicators were found to be higher.

Annex VI: Rationale for MSNI decision tree – progressive deterioration of a household's situation towards the worst possible humanitarian outcome



Annex VII: How to read a sunburst chart

The sunburst diagram shows hierarchical data. Every level of the hierarchy is represented by one ring or circle with the innermost circle as the top of the hierarchy.

The innermost circle represents the proportion of households categorised with a MSNI severity score of at least 3 (or, in the case of groups/areas of particular concern, the proportion of households categorised with the highest MSNI severity score).

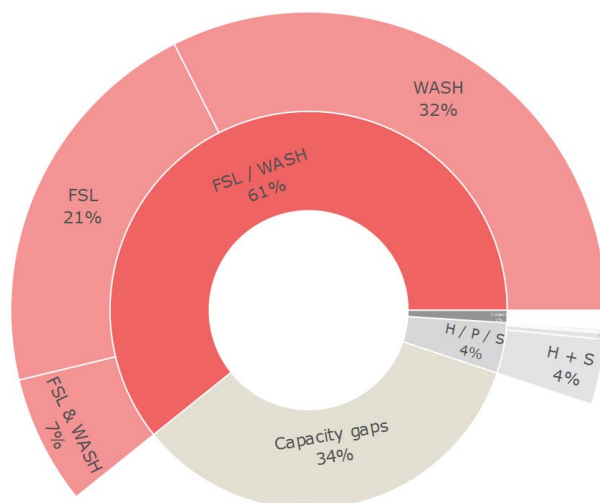
The ring immediately surrounding the innermost circle shows the proportion of households whose MSNI severity score (of at least 3) was primarily driven by:

a) Living Standard Gap (LSG) in food security/ livelihoods or WASH; OR b) Capacity gap; OR c) Co-occurring LSGs in health and shelter, or health and protection, or shelter and protection; OR d) LSG in health, or shelter, or protection and have been severely impacted by the event/shock.

The outer ring breaks down the primary drivers of the MSNI severity score (above) even further, by showing the breakdown of the proportion of households:

i. Within a) (above) whose needs were driven by an LSG in food security, or WASH, or both; ii. Within c) whose needs were driven by co-occurring LSGs in either health and shelter, or health and protection, or shelter and protection, or all three sectors iii. Within d) whose needs were driven by an LSG in health, or shelter, or protection, in addition to an impact of the event/shock on households.

Example (made up figures)



"In Telafar, 55% of out-of-camp IDP households were found to have severe or extreme humanitarian needs (MSNI severity score 3 or 4). For more than a third (34%) of these households, this score was driven by a capacity gap, indicating high reliance on coping strategies to cover needs. This was followed by 32% of households whose needs were primarily driven by a living standards gap (LSG) in WASH and 21% driven by a gap in FSL."