UKRAINE: Humanitarian Situation Monitoring

Briefing Note: Focus on accountability to affected populations (AAP) and information needs

Context and Methodology

As of 23 June 2022, the number of people internally displaced across Ukraine is estimated to be over 6.2 million.[1] Since early April, further escalation was reported in the eastern and southern part of the country, causing more damage to infrastructure and disruptions in access to services in affected areas, as well as additional displacement.[2] This briefing note summarises data on accountability to affected populations (AAP), including satisfaction with and barriers to receiving humanitarian aid, preferred channels of communication and information needs from REACH's[3] fourth round of Humanitarian Situation Monitoring (HSM) data collection exercise. Quantitative data collection was conducted between May 30th and June 11th through **639 telephone interviews** with key informants (KIs) representing non-government organisations (NGOs), local authorities and civil society in **213 settlements (towns or villages)** in Government-controlled areas (GCA). KI responses were aggregated at settlement level. In addition, long-form semi-structured interviews were conducted with interviewees[4] in **5 GCA settlements (Dnipro, Kharkiv, Lviv, Mykolaiv, and Sumy)**. The findings are not statistically generalisable and should be considered indicative only. Whenever possible, data has been triangulated with secondary sources.

Key highlights

- **Food, medicines, and multi-purpose cash assistance** were frequently reported to be the most useful types of assistance in the assessed settlements, while KIs also cited that **car fuel was a top priority need** among all other needs.

- In the settlements where interviewees reported that the provided humanitarian assistance did not help to fully meet the immediate needs of the population or helped to a limited extent, the most frequently cited reasons were **inefficient targeting of aid distribution, decreased flow of aid, and lack of certain necessary items in 'aid packages'**.

- Overall, most commonly cited barriers to receiving humanitarian assistance that people faced, particularly at distribution sites, were: **long queues and overcrowded distribution sites, distance to distribution sites, and insufficiency of aid**.

- There appeared to be a **level of distrust towards aid actors** in some areas, with interviewees reporting instances of community members perceiving that volunteers or aid workers were engaging in aid embezzlement or misappropriation of assistance at the expense of affected communities.

- While interviewees noted that humanitarian actors were generally coordinating with local authorities, as well as local activists and housing associations, and consulting them on priorities for assistance, **community members themselves reportedly had limited opportunities to inform programming**.

- **People with disabilities and older persons** reportedly faced **significant barriers in accessing humanitarian assistance,** particularly persons with mobility impairment who were not able to travel to distribution sites. People with disabilities and older persons also faced **difficulties accessing information about available assistance**, especially in light of the heavy use of technologies such as smartphone applications to communicate with communities about aid availability.

Priority needs and relevance of assistance provided

Most interviewees cited that the humanitarian assistance available in their settlement was generally appropriate and relevant, and mostly helped meet the immediate needs of the population in their settlements, even though some interviewees perceived that the flow of assistance was decreasing, that assistance was not always primarily targeted at the people most in need, and that aid packages often lacked essential items.

KIs and interviewees generally concurred that **food (including baby food), medicines, and cash assistance** were the most useful types of assistance for the people in their settlements, while KIs cited that **car fuel was a top priority among all other needs.**

Most commonly reported priority needs across all assessed settlements (n=213) (quantitative data, HSM round 4)

1	Car fuel	99%	(n=210)	3	Financial resources	41%	(n=87)
2	Baby food	44%	(n=93)	4	Medicine	38%	(n=82)

Items cited to be most useful to affected communities appear to be largely consistent with some of the items that communities have received the most from aid workers according to interviewees, with the notable exception of car fuel and medicines. In the five settlements where semi-structured interviews were conducted, interviewees most frequently cited that people in their settlements had received **food** as part of the delivered aid, followed by **personal hygiene kits**, and **cash assistance**.

Targeting of humanitarian assistance

Interviewees most often reported that people considered targeting of humanitarian aid as fair and believed that aid was provided to those most in need. Nevertheless, as alluded above, concerns were raised by some interviewees that there were perceived instances of **inefficient targeting of aid distribution**, such as cases of aid not reaching people most in need, as the interviewee from Kharkiv stated, or issues with some people or groups of people receiving aid more frequently than others, as the interviewee from Sumy stated.

While interviewees mostly reported that **most or all population groups in their settlements had been able to access at least some humanitarian aid**, a number of interviewees expressed perceptions that some population groups were more likely to be offered assistance than others, especially in light of increased pressure on aid actors due to return of the residents and increased number of IDPs, which was reported to be the case in places like **Kharkiv and Mykolaiv**. The interviewees from Dnipro and Sumy reported a perception that priority was given to the IDPs who had arrived from conflict-affected areas over other groups, such as returnees or local residents.

> "...the bulk of humanitarian aid was distributed to the older persons and IDPs, while young people and returnees received a smaller amount."
>
> **Volunteer | Sumy**

Barriers to receiving humanitarian assistance

Interviewees most frequently cited **long queues and overcrowded distribution sites** as barriers to people in their settlement receiving assistance. Furthermore, interviewees highlighted distance to distribution sites and insufficiency of aid to be barriers people faced at these sites and reception centers. In most of the cases, interviewees did not identify major barriers to registering for humanitarian aid. Only in **Lviv, bureaucracy and lack of documentation were mentioned as barriers to registering for aid.**

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Qualitative data indicates that certain groups of people faced particular difficulties with accessing humanitarian assistance. **People with physical or psycho-social disabilities and older persons** were most frequently reported to be experiencing barriers to accessing aid or being left out of the assistance, as well as needing additional support to access humaniatarian aid (e.g. targeted delivery of aid to their homes). According to interviewees, the reasons for this were **mobility limitations or lack of access to information**. Reflective of this, quantitative data indicates that people with physical disabilities and older persons were among **vulnerable groups less able or unable to meet their everyday needs** (reported by KIs in **82% (n=174/213)** and **77% (n=164/213)** of assessed settlements respectively). Additionally, interviewees highlighted that people living in the outskirts of their settlement or facing difficulties reaching distribution sites were also at risk of being left out of the assistance.

Impact of humanitarian assistance on social cohesion

While the majority of interviewees did not consider that the targeting of humanitarian assistance had major negative impacts on social cohesion, a number of noteworthy instances of tensions were cited: **disputes in queues for assistance, differences between aid packages people received** (reported in Mykolaiv), or **tension between people in different age groups**, namely young people believing they should be given priority as older persons were already entitled to benefits in the form of pensions (reported in Sumy).

In terms of impact on relations between people and aid actors, there appeared to be a level of **distrust towards aid actors in some areas,** with interviewees reporting instances of community members perceiving that volunteers or aid workers were engaging in aid embezzlement or misappropriation of assistance at the expense of affected communities.

"There have been cases when volunteers of an international organisation kept the best medicines and distributed to people what was left over. They were identified and no longer recruited, but the locals remembered the incident."

Volunteer | Mykolaiv

Consultation of affected communities

While interviewees noted that humanitarian actors were generally coordinating with local authorities, as well as local activists, housing association representatives, and consulting them on priorities for assistance, **community members themselves had limited opportunities to inform programming**. Interviewees from Mykolaiv and Dnipro reported that humanitarian aid actors did not consult with local population or the level of consultation was insufficient. According to the interviewee familiar with the situation in Mykolaiv, while consultations by most of organisations were held only with local authorities, **local authorities were perceived to not be sufficiently aware of the people's needs**, as well as were perceived to be following "one size fits all" approach without conducting needs analysis. Interviewees recommended holding consultations with IDPs in collective centres or representatives of Administrative Service Centers[5] responsible for specific areas, and/or conducting surveys with affected people.

Access to information about humanitarian assistance

KIs in **14% (n=30/213)** of assessed settlements reported that people in their settlements had **partial access to information about humanitarian assistance**.

Consistent with findings outlined in REACH's previous Briefing note on this topic[6], qualitative data from this round of HSM indicates that most used communication channels about humanitarian assistance were: **word of mouth, social media, as well as messaging apps (most frequently Telegram and Viber)**. In addition, according to interviewees familiar with the situation in Mykolaiv and Sumy, people in their settlements also relied on the city mayor's or other official live broadcasts.

Most frequently reported means of obtaining information related to humanitarian assistance used by most people in the settlement (quantitative data, HSM round 4)

Social media	**98% (n=208/213)**
Phone communications	**91% (n=193/213)**
Face-to-face communication	**88% (n=187/213)**
Community group discussions	**56% (n=120/213)**

Additionally, the most commonly reported information sources on humanitarian assistance used in assessed settlements were: **Government officials** (in **90% (n=192/213) of settlements)**, **volunteers (85%, n=181/213)**, **social workers (84%, n=179/213)**, **friends/family/neighbours (84%, n=179/213),** and **community leaders (78%, n=166/213).** These information sources were also reportedly **preferred** in assessed settlements.

Most frequently cited information needs among the affected populations in assessed settlements (quantitative data, HSM round 4)

How to register for assistance	**66% (n=140/213)**
How to get money/financial support	**61% (n=129/213)**
News on available resources in settlement	**53% (n=112/213)**
Info on humanitarian assistance/agencies	**52% (n=110/213)**

Qualitative data suggests that **older persons, people with physical or cognitive disabilities, as well as people who are unable to access digital services,** faced more challenges in terms of access to information. Consistently, in **92% (n=195/213)** of settlements assessed through quantitative surveys, KIs reported that **older persons were less able to access information** through the cited means of communication, followed by **people living with disabilities and/or chronic ilnesses** (reported by KIs in **57% (n=121/213)** of settlements).

Endnotes:

1. IOM, Ukraine Internal Displacement Report: General Population Survey, Round 6, 23 June 2022.

2. UN OCHA, Ukraine Situation Report, 13 April 2022.

3. REACH has worked in Ukraine since 2015, primarily focusing on the East, and has collected data relevant to actors who seek to develop strategies to communicate with communities – both prior and after the escalation.

4. Throughout this brief, key informants of qualitative data collection will be referred to as interviewees, while key informants of quantitative data collection will be referred to as KIs.

5. In the framework of decentralisation reform in Ukraine, communities were gratned with broader authorities, resources, and responsibility. Therefore, Administrative Service Centers were to turn into a single place where the most popular administrative services were to be provided in comfortable environment. More information available here.

6. REACH, Briefing Note: Focus on preferred communication channels & information needs, 3 June 2022.

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