

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

January 2024 | Ukraine

CONTEXT & RATIONALE

More than 20 months since the escalation of the conflict in Ukraine, the population of the country has experienced rising humanitarian needs¹ and an exacerbation of preexisting gender- and disability-based vulnerabilities. In this context, REACH partnered with World Food Programme (WFP) to launch a Multi-Sectoral Needs Assessment (MSNA). The objective of the MSNA was to understand and analyze the demographics, multi-sectoral humanitarian needs, service access, and displacement dynamics of populations living in Ukraine; so as to inform the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) for 2024 and contribute to a more targeted and evidence-based

humanitarian response. To further assess how the current situation differs for women, men, people with or without disabilities and with the technical input of the Gender in Humanitarian Action Working Group, REACH conducted a targeted analysis of needs along gender and inclusion lines. Given the MSNA's household-level unit of analysis for most indicators, REACH primarily explored differences between female and male-headed households (HHs), HHs with or without a member with a disability with additional investigation into HHs with intersecting vulnerabilities, in order to understand whether these groups experience more severe needs or increased barriers to assistance.^{3,4}

METHODOLOGY OVERVIEW*

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

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

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

This brief also uses scores drawn from REACH's Multi-sector Needs Index (MSNI) analysis, which relies on two core components: the living standard gap (LSG) and the multi-sector needs index (MSNI), which categorise sectoral and overall severity using a scale ranging from 1 ('None/Minimal') to 2 ('Stress'), 3 ('Severe') and 4/4+ ('Extreme and Extreme+'). 'LSG' signifies an unmet need in a given **sector** where the LSG severity score is 3 ('Severe') or higher, based on the LSG Indicators Framework. This framework was developed by REACH in consultation with Ukraine's Humanitarian Clusters and Sub-Cluster Coordinators, WFP and various

Working Groups operating in the country, who helped set the thresholds and composite indicators of sectoral severity of need. The MSNI is then a measure of the respondent household's **overall** severity of **intersectoral** humanitarian needs (expressed on a scale of 1-4+), based on the highest severity of any of the sectoral LSG severity scores identified in each household. The full methodology behind the calculation of the MSNI and individual sectoral composites can be found in the [MSNA Methodology Overview](#).

Limitations

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

* Please see the [Ukraine MSNA 2023 Terms of Reference](#) for more details on methodology and sampling.

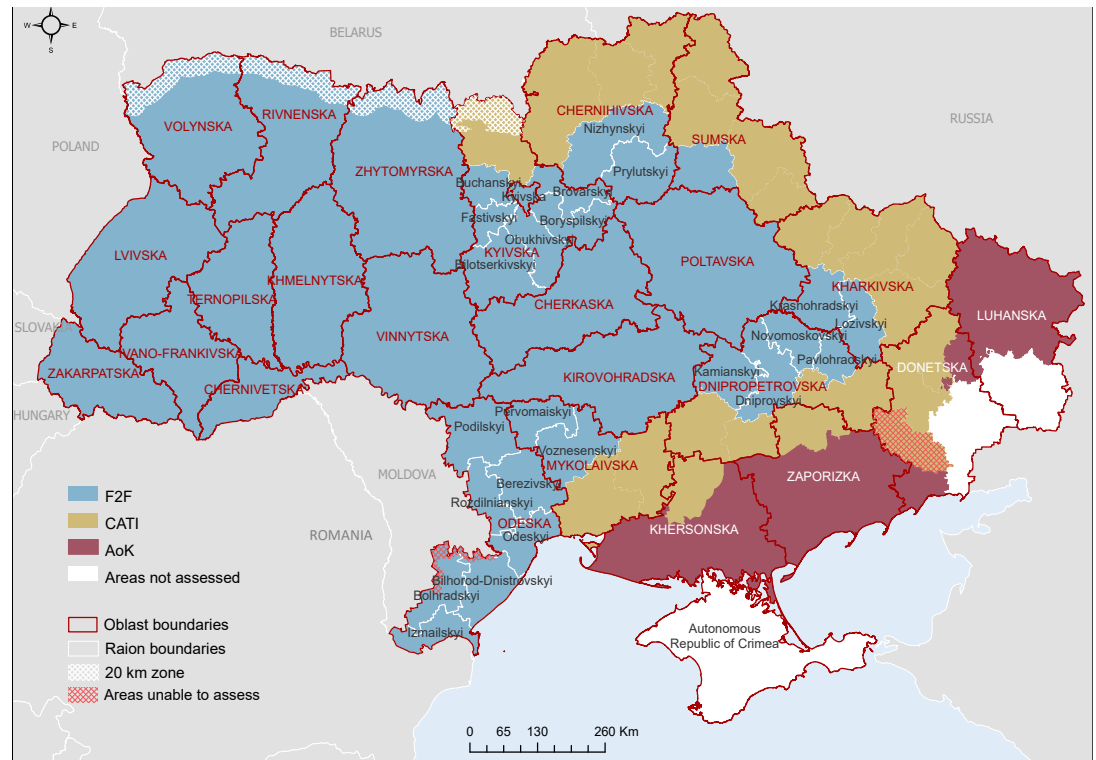
ASSESSMENT SCOPE AND COVERAGE

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

Number of interviews collected per macro-region

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

Dates of data collection:
21 June - 1 August



DEMOGRAPHICS

Within the sample of HHs assessed in the MSNA:*

- 64% of HHs reported themselves as **female-headed**⁵ households (FHHs) while 31% reported themselves as **male-headed** households (MHHs)**.
- 69% of respondents self-reported as female while 31% self-reported as male. Respondents who said that they could respond on behalf of the HH could complete an interview even without being the self-identified head of household (HoHH).
- Among **displaced** (IDP) HHs, 68% were female-headed, vs. 26% who were male-headed; among **returnee** HHs, 73% were female-headed vs. 22% who were male-headed; among **non-displaced** (ND) HHs 62% were female-headed, vs. 33% who were male-headed.
- Among assessed individuals (n=31,471), 15% of **individuals had a disability** (Washington Group Short Set-level 3 or 4)⁶.
- Of those HHs that have a member with a disability (n=3,811), 66% were female-headed, while 29% were male-headed; 17% had **at least two members with a disability**; 83% had **only one member with a disability**.
- One out of 10 assessed HHs were single FHHs with at least one member with a disability (n=1,317); 3% of all assessed HHs were single MHHs with at least one member with a disability (n=398)
- Of those **HHs that have a child** (under 18 years old) (n=4,239), 70% were female-headed, while 23% were male-headed.
- 37% of HHs were headed by someone over the age **60 years old**. Among such HHs, 67% were FHHs and 31% were MHHs.
- Among assessed individuals (n=33,190), the **average age** of women was **44** and the average age of men was **40**.

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

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

KEY FINDINGS

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

Co-occurrence and Magnitude of needs

- While assessed FHHs and MHHs were almost equally likely to be in Extreme or higher need in multiple sectors at the time of data collection (13% and 12% respectively), FHHs were more likely to have Severe or higher needs (54% compared to 47% of MHHs). This may suggest that while a similar proportions of FHHs and MHHs are in need of immediate humanitarian assistance, particular attention should be paid to potential exhaustion of coping capacity amongst FHHs.
- Analogous patterns were found when disaggregated by HoHH age. Even though similar proportions of HHs headed by someone over the age of 60 and someone aged 18-59 had Extreme or higher needs in multiple sectors (11% and 13% respectively), HHs headed by someone over the age of 60 were more likely to have Severe or higher needs (61% compared to 45% of the rest of HHs).
- HHs with a member with a disability were three times more likely (21%) to have Extreme or higher needs in multiple sectors compared to 7% of HHs without a member with a disability.

Indicator Analysis Key Findings



Livelihoods:

- Findings demonstrated that gender disparities exist in employment, with women, especially those aged 18-25 and 26-50, more likely than men (in the same age groups) to engage in unpaid labor like housework due to apparent increased caregiving responsibilities⁷.
- Unemployment status notably varied by displacement and gender, with displaced women and men reporting higher rates of unemployment. Displaced women also disproportionately more often engage in unpaid housework.
- FHHs are more likely to rely on less stable income sources, such as remittances and government social benefits. On the other hand, regular employment has increased among FHHs since 2022.
- FHHs face more challenges in obtaining money for their needs and prioritize livelihood support and employment as critical needs.



Health:

- HHs with members with disabilities report higher healthcare needs and more barriers while accessing healthcare services.
- Among females aged 12-49 years old who sought sexual and reproductive health (SRH) services (n=298), 6% could not access these healthcare services.
- Mental health services are underutilized, possibly indicating awareness and accessibility issues.



Protection and Gender-Based Violence (GBV):

- Protection concerns focus on conflict-related issues like threats of armed violence, with gender-based violence apparently being underreported. Awareness of GBV response services has increased since 2022, but a larger proportion of HHs reported unavailability of such services in 2023.
- Respondents' perception of the safety and security situation for women in their area seemed to vary by displacement, age, and gender with younger female respondents, displaced respondents reporting safety and security concerns for women more often than their counterparts.



Education:

- Children with disabilities face higher rates of non-enrollment and non-attendance of schools.
- Remote learning may disproportionately burden caregivers, especially mothers, jeopardizing their economic opportunities and adding to their unpaid labor load.



Priority Needs and Humanitarian Assistance:

- There is a notable gap between perceived need for humanitarian assistance and the assistance received, particularly among older individuals.
- HHs with members with disabilities express a greater need for information on obtaining humanitarian assistance. Face-to-face communication is preferred, especially among vulnerable groups.
- Certain demographic groups, like single FHHs with at least one child expressed higher need of humanitarian assistance than other considered HHs.

ENDNOTES

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¹ [OCHA, HNO Ukraine 2023, December 2022.](#)

² [UN Women, CARE, Rapid Gender Analysis of Ukraine, October 2023.](#)

³ "Gender" and "sex" are used interchangeably in this report, as are "woman"/"female" and "man"/"male," though not with any intention to take a stance on whether or not there are differences between these terms. Rather, this use of terminology is intended to reflect the fact that although MSNA tools included language asking for individual and head of household "sex," ultimately the analysis rests on respondents' own interpretation and self-report of their and other household members' sex, which includes the possibility of a self-reported gender/gender identity. No particular explanation of any possible difference between "sex" and "gender (identity)" was included in the survey script.

⁴ "Vulnerability" is used throughout the output to mean any characteristic that causes a person or household to be more at risk of or less able to cope with current and/or future shocks, or to meet their basic needs, fairly similar to the [Disaster Risk Reduction concept of vulnerability](#) and also used in [other humanitarian assessments](#). Under this model, "vulnerabilities" can include factors that reduce coping capacity purely as a result of legal and/or social marginalisation or externally-imposed environment (gender, disability, ethnicity, etc.), factors such as past experiences of shocks which can decrease future resilience (displacement, prior experience of violence, etc.), and many others. While noting that other equally valid definitions exist, this concept of "vulnerability" is of particular relevance to humanitarian work, which has a vested interest in responding to any group or person whose lowered resilience/higher risk may drive higher needs. Additionally, this report focuses on vulnerability factors of gender, age, disability, and displacement status, but many other vulnerabilities may exist in Ukraine under this definition; this report does not presume to comprehensively capture all vulnerabilities which may be worth exploring.

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⁵ "Head of household" was ultimately a designation based on respondent understanding, based on the question "do you consider yourself the head of the household, a person who takes an active part in decision-making for the household?". Since respondents could complete the survey even without identifying themselves as HoHH, more sensitive indicators (like safety and security concerns in the area) were disaggregated by respondents' gender (not HoHH gender), because this analysis specifically tried capturing how safety situation is perceived by men and women.

⁶ Disability findings throughout the report were drawn from MSNA analysis based on the Washington Group Short Set (WGSS); in this analysis a household member "with a disability" refers to any individual household member who was reported as being "unable to do" or experiencing a "lot of difficulty" doing any of the tasks in the WGSS (seeing, hearing, walking/climbing stairs, remembering or concentrating, communicating, and/or self-care such as washing or dressing).

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⁷ [Odesa Oblast Rapid Economic Assessment, June 2023](#)

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ABOUT REACH

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