Multisectoral Needs Assessment (MSNA) 2022

WASH Findings

March 2023

REACH Informing more effective humanitarian action

WASH Key Takeaways

- More than a quarter **of HHs were found to have WASH Living Standards Gaps**, particularly in the South, West and Center macro-regions.
- **Almost all HHs assessed reported using improved drinking water sources**, however, **HHs in the South were five-times as likely to report using unimproved water sources**. Of those HHs who reported access to tap or technical piped water, almost all reported uninterrupted (7 days per week) access.
- **Only 2% of HHs reported not having enough water to meet any of their needs**, with the highest rates of reporting in the South.
- **More than half of HHs assessed reported use of sanitation facilities disconnected from the centralised sewage system**, particularly in the Center region, and HH in the South were more than three-times more likely report sharing their sanitation facility than the overall.
- Nine in ten HHs assessed reported access to handwashing facilities and all hygiene items in their local market, with the **highest proportion of HHs reporting lack of access to handwashing facilities and soap in the South and East**.
- **HHs in rural areas were more than twice as likely to report using negative means of garbage disposal**.
- HHs with certain demographic characteristics were found to more frequently have WASH needs, particularly **rural HHs, 60+ headed HHs, and host community HHs.**

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Donor and Partners

Donor: USAID FROM THE AMERICAN PEOPLE

Partners: OCHA, WFP World Food Programme, KIIS, DATA FRIENDLY SPACE

Complementary assessments: CCCM CLUSTER SUPPORTING DISPLACED COMMUNITIES, UNHCR The UN Refugee Agency

01

Methodology and Sampling

Coverage

Overall, the MSNA collected **13,449 household-level** interviews across **23 oblasts** and **55 raions**.

- **12,804 face-to-face interviews** in accessible areas (REACH), and **645 computer assisted telephone interviews (CATI)** in inaccessible areas (WFP).
- The sample was structured to **prioritize data collection in conflict-affected areas**, with increased coverage of raions and resulted in a higher level of precision.
- Findings are representative at the raion level. Therefore, findings related to subsets of the total sample are indicative. When aggregated to the oblast and macro-region levels, findings also do not account for areas not covered by data collection, thus should be considered as indicative.

Overall, the MSNA collected 13,449 household-level interviews in 23 oblasts and 55 raions across the whole of Ukraine.

These interviews were collected using a mixed method face-to-face (f2f) and telephone (CATI) interview data collection. REACH collected 12,804 household (HH)-level interviews with the support of its own enumerators (data collection period 10 October - 4 November 2022). In inaccessible conflict-affected areas, the World Food Programme (WFP) conducted 645 HH-level CATI interviews (data collection period 14 November - 21 December 2022).

For reference, the CATI 'grouped' raions were in Donetska oblast (Bakhmutskyi, Kramatorskyi, Pokrovskyi, Volnovaskyi), Kharkivska oblast (Bohodukhivskyi, Chuhuivksyi, Iziumskyi, Kharkivskyi, Kupianksyi), and Mykolaviska oblast Bahstanksyi and Mykolaivkyi

Findings aggregated to the oblast, macro-region and national level do not take into consideration areas not covered by data collection and should therefore be considered as indicative rather than representative. It is also important to flag that data collection for Khersonska oblast was only conducted using the area of

knowledge (AoK) approach, the findings of which are shared below, and this oblast is therefore not captured in the f2f or CATI findings.

Demographically, the sample consisted of 8,712 (65%) female and 4,737 (35%) male respondents. These respondents were varied in age; 675 (5%) aged 18 to 25 years old, 4,725 (35%) aged 26 to 50 years old, 3,510 (26%) aged 51 to 65 years old and 4,590 (34%) aged 65+ years old. In terms of displacement, 1,080 were displaced, 1,350 were returnees and 11,069 were non-displaced, non-returnees (host community) respondents.

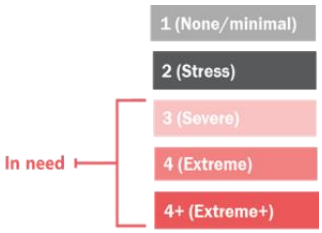
For more information on the MSNA methodology, sampling approach, research aims and questions, and limitations please go to: https://www.impact-repository.org/document/reach/a55a0d01/REACH_UKR_Methodology-Overview_MSNA-Bulletin_February-2023.pdf

Analysis Framework

Multi-Sectoral Needs Index (MSNI) and Living Standard Gaps (LSG) Analysis

The MSNI is a measure of both the magnitude and severity of unmet humanitarian needs across sectors, measured through Living Standard Gaps (LSGs)

- The *magnitude* is the total proportion of households affected (with at least one LSG)
- The *severity* is measured on a 5-point scale with the highest LSG forming the MSNI



	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

The MSNI is a measure of the household's overall severity of humanitarian needs scale of 1 (None/Minimal) to 4 or 4+ (Extreme/Extreme+), as seen in the figure to the left, based on the highest severity of sectoral LSG severity scores identified in each household. This methodology is roughly in line with the JIAF, however, we cannot go to a scale of 5 ('Catastrophic' in the JIAF) since this classification cannot be based on household reporting alone, requiring an area-level approach and data triangulation.

The MSNI is determined through the following steps: First, the severity of each sectoral LSGs is calculated per household, with HHs considered to meet a severity level criteria if one HH member meets the criteria. Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

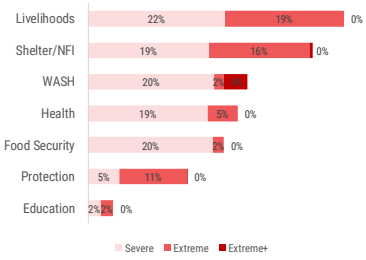
As shown in the example in the figure to the right, the highest severity score across the three households (HH) is taken to determine the MSNI.

Living standard gaps (LSGs) by sector

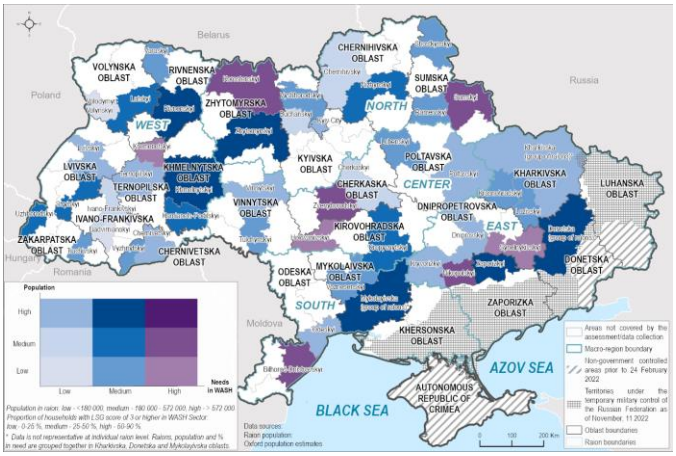
Sectors with the highest proportion of households found to have Severe or Extreme LSG severity scores were:

- Livelihoods
- Shelter & Non-Food Items (NFIs)
- Health

% of HHs found to have an LSG score of Severe, Extreme or Extreme+, per sector



% of assessed HHs with a WASH Living Standard Gap Severity Score of 3 or 4, per raion



02

WASH Living Standard Gap Analysis and Drivers

Analysis Framework

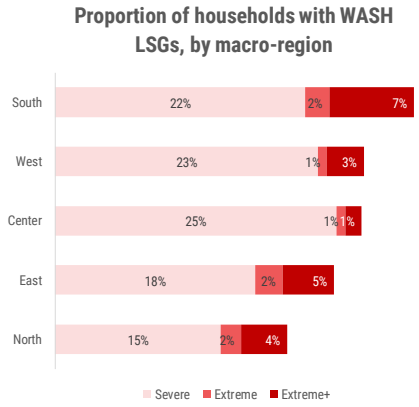
WASH Living Standard Gap Framework

Critical indicators:

1. % of HHs by type of primary source of drinking water and % of HHs by time (minutes) taken to fetch water
2. % of HHs reporting having enough water for drinking, cooking, bathing and washing and % of HHs with access to improved water sources
3. % of HHs living in adequate shelter and HHs reporting interruptions or conflict-related damages to sceptic/sewage systems
4. % of HHs reporting access to hygiene items from local markets

25% of assessed households were found to have a Severe, Extreme or Extreme+ WASH LSG.

Findings suggest needs are most common in regions affected directly by the conflict with 31% of interviewed households in the South and 27% of interviewed households in the West and Center found to have Severe, Extreme or Extreme+ WASH gaps (LSG score 3, 4 or 4+).



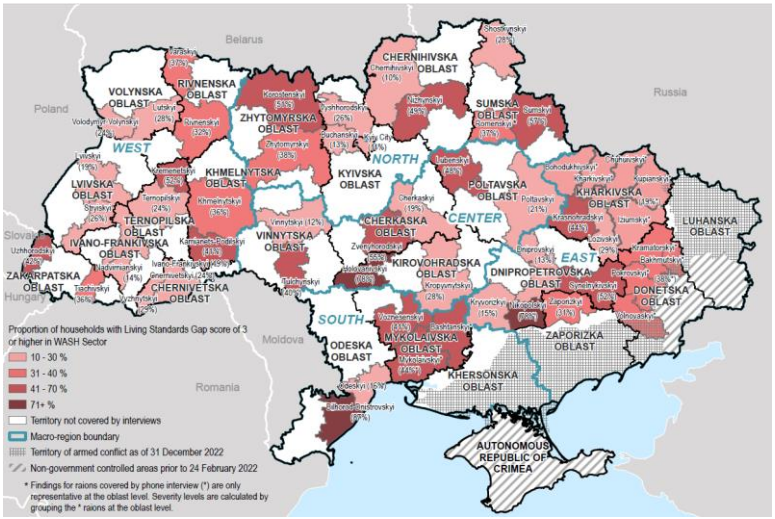
The WASH Living Standard Gap (LSG) framework consists of 4 critical indicators. The first examines HH drinking water sources and time taken to fetch water (if necessary); the second examines HH access to improved water for drinking, cooking, bathing and washing; the third examines HH shelter issues with interruptions and conflict-related damages to sceptic and sewage systems; and the fourth examines HH access to hygiene items from local markets.

HH primary incomes, including those relying exclusively on humanitarian assistance; the second examines HH income; and the third examines monthly and bi-yearly HH expenditures.

The following are the % of HHs with Severe and Extreme severity levels in the critical indicators;

- HHs by type of primary source of drinking water and % of HHs by time (minutes) taken to fetch water – 3%
- HHs reporting having enough water for drinking, cooking, bathing and washing and% of HHs with access to improved water sources – 7%
- HHs living in adequate shelter and HHs reporting interruptions or conflict-related damages to sceptic/sewage systems – 5%
- HHs reporting access to hygiene items from local markets – 1%

% of HHs with Severe (3), Extreme (4) or Extreme+ (4+) WASH LSG severity scores

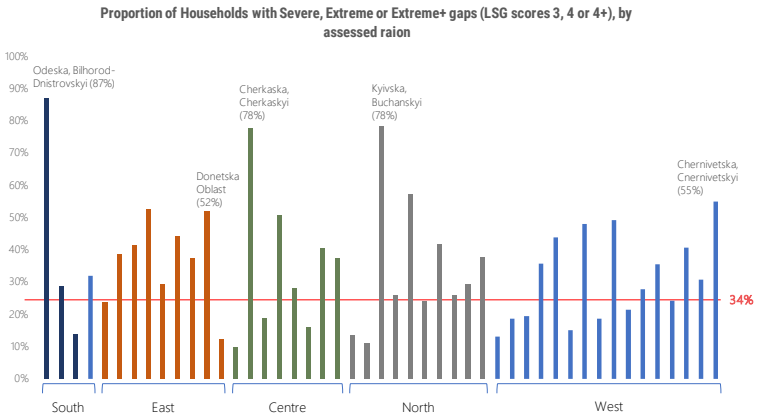


Looking at the proportion of households with a severe or extreme WASH LSG by raion, needs are spread but highest in some southern and eastern raions, as well as those in the North.

Notably, conflict-affected raions in Kharkivska, Donetska and Mykolaivska oblast were sampled using remote data collection. Therefore, findings are not representative at the raion level but instead aggregated to the groups of conflict affected raions by oblast. In Mykolaivska needs were 44% and in Donetska 38%. Needs were not as high in Kharkivska grouped raions: 19

Localised WASH Living Standards Gaps

In some locations, higher than average % of HHs with severe, extreme or extreme+ gaps were found suggesting a localised approach to prioritisation may be needed.



Here is a graph of the localised WASHliving standard gaps, in which the proportion of HHs with Severe, Extreme and Extreme+ needs can be observed.

Overall, the average proportion of HHs across the raions sampled was 34%, with the South region (to the left of the graph) having the highest regional average and the West region (to the right of the graph) having the lowest regional average.

Severe or Extreme needs by demographic

Response to WASH needs should consider the following:

Proportion of assessed households with severe, extreme or extreme+ needs (LSG 3 or 4) by selected demographic group

Overall, a quarter (25%) of HHs across Ukraine have WASH LSGs, with the highest levels observed in the South (31%) and the lowest levels observed in the North (20%).

Rural/Urban – Rural HHs were more than twice as likely (42%) as urban HHs (17%) to report WASH LSGs. Regionally, the greatest difference was observed in the Center, where rural HHs were more than four-times (48%) as likely to report WASH LSGs as urban HHs (11%). Notable differences were also observed in the North (rural HHs 43%, urban HHs 15%) and the West (rural HHs 42%, urban HHs (15%).

Disability – HHs that include a member with disability are much more likely to report a WASH LSG than HHs without. Regionally, differences were highest in the South, where HHs reported WASH LSGs highest across all macro-regions in either group with 43% of HHs with a disabled member and 28% of HHs without a disabled member reporting WASH LSGs.

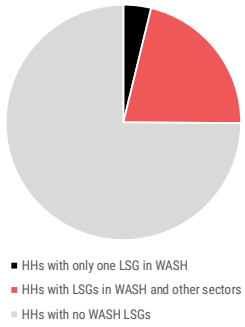
Displacement Status – It is noteworthy that host community HHs were most likely (27%) to report WASH LSGs than displaced (21%) and returnee (20%) HHs. In particular, in the West host community HHs were more than twice as likely (29%) as returnee HHs (11%) to report a WASH LSG, however, in the East returnee HHs were

more likely (29%) to report a WASH LSG than host community HHs (24%).

HoHH Size – Overall, large HHs (=>3 children) were more likely to have WASH LSGs than regular HHs (<3 children). In the North in particular, large HHS were more than twice as likely (42%) to have WAHS LSGs than regular HHs (20%), although the sample for the latter is particularly small (n=56).

WASH LSG needs profile

% of HHs by co-occurrence of WASH LSGs

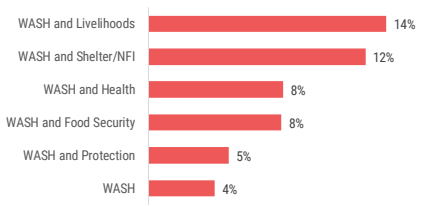


The majority of HHs with Severe, Extreme or Extrem+e WASH gaps (LSG 3, 4 or 4+) were also found have concurring LSGs in at least one other sector.

21% of assessed HH were found to have **Severe, Extreme or Extreme+ LSGs in WASH and at least one other sector.**

6% of assessed HHs were found to have a **Severe, Extreme or Extreme+ LSGs only in WASH.**

% of HHs with WASH and Other LSGs



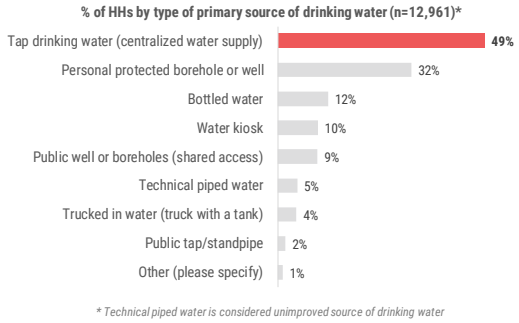
The most common combination of LSGs found among HHs with WASH LSG was the combination with a Livelihoods LSG (14% of HHs had concurring LSGs in these two sectors). Livelihoods was also the sector with the highest proportion of HHs found to have unmet needs (LSG), compared to the other assessed sectors.

03

WASH Indicator Analysis

WASH Analysis

Primary source of drinking water



** Technical piped water is considered unimproved source of drinking water*

In the South, 25% of HoHHs aged 60+ reported technical piped water (an unimproved source of drinking water) as their primary source of drinking water, compared to 15% of HoHHs aged 18-59.

Overall, almost all HHs (98%) reported improved drinking water sources, with tap water (49%) and borehole or well (32%) as the main sources of drinking water reported.

% of HHs by type of primary source of drinking water (n=12,961)

Regions	Assessed HHs per location	HHs using Improved Drinking Water Sources	HHs using Unimproved Drinking Water Sources
Center	1,910	99%	0%
East	3,234	98%	2%
North	3,305	99%	1%
South	1,414	91%	**10%**
West	3,098	99%	1%

% of HHs by type of primary source of drinking water, by top 5 oblast where HHs reported use of unimproved drinking water sources (n=12,961)

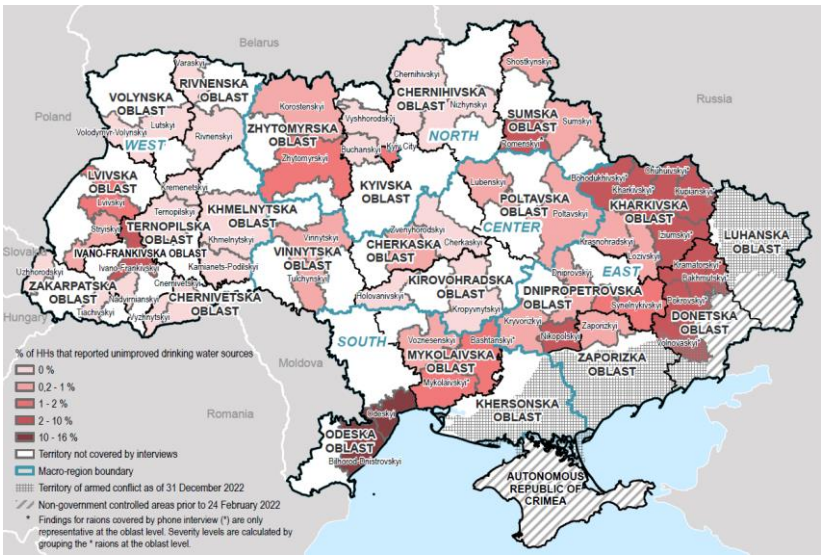
Oblast	Assessed HHs per location	HHs using Improved Drinking Water Sources	HHs using Unimproved Drinking Water Sources
Odeska	800	86%	**14%**
Kharkivska	1035	98%	3%
Donetska	199	98%	2%
Ivano-Frankivska	432	98%	2%
Kyivska city	198	98%	2%

What is the main source of water used by your household for drinking?

Overall, almost all HHs (98%) reported access to safe sources of drinking water overall. Tap water was the main reported source of drinking water (49%), followed by borehole or well water (32%). Use of unimproved sources of drinking water (technical piped water) was comparatively more frequently reported in the urban HHs (20%) in the South, particularly in Odeska oblast.

In collective sites, data from the **CCCM Vulnerability Index** shows that most HHs assessed relied on unfiltered tap water for drinking: 37% of HHs stated that they mostly drink tap water, particularly in Chernihivska (96%), Rivnenska (72%), Sumska (68%), and Volynska (57%) oblasts. Among interviewed HHs, 29% reported they buy bottled water by their own expense, 15% drink from bottled water provided to them, 12% from a well/borehole nearby, and 6% have filters for tap water.

% of HHs that reported unimproved drinking water sources as their primary source of drinking water (n=12,961)



The map shows the proportion of HHs reporting an unimproved drinking water source as their only source. Raions from Odeska oblast, colored by dark red, were the areas with the highest proportion of HHs reporting this.

HHs in the South, particularly in Odeskyi and Bilhorod-Dnistrovskyi relatively commonly reported relying in unimproved sources (technical piped water) of drinking water. In addition, CATI-sampled HHs in Donestka and Kharkivska oblasts in the East also often reported using technical piped water.

WASH Analysis

Mean days per week of drinking water access

Overall, of the HHs who reported access to drinking water through tap and technical piped water (n=6,712), almost all (97%) reported uninterrupted access (7 days per week) to running water.

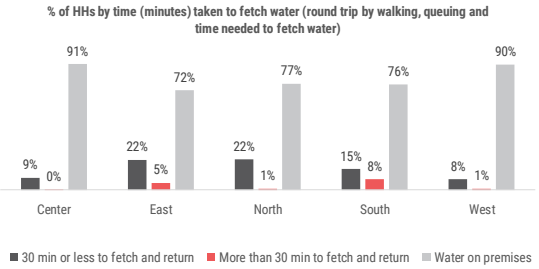
Of the 3% of HHs reporting interrupted access, most were in the South and East macro-regions. The top three raions* reporting higher average of interrupted access to running water were:

Donetska (Donetska oblast) - 5 days per week
Mykolaivska (Donestka oblast) - 6 days per week
Bilhorod-Dnistrovskyi (Odeska oblast) - 6 days per week

* HHs in Donetska and Mykolaivska were CATI sampled, while those in Bilhorod-Dnisrovskyi were F2F sampled

82% of HHs reported water being available on their premises, with 15% of HHs reporting 30 minutes or less to fetch water and return with it and 3% of HHs reporting more than 30 minutes.

In the South and East, the proportions of HHs reporting long water collection times (>30 minutes) were slightly higher than the average (8% and 5%, respectively).



[If Tap drinking water OR technical piped water is selected] In general, how many days a week do you have running water?

Among those surveyed HHs who tap and technical piped water as their primary source of drinking water (n=6,712) , almost all (97%) reported uninterrupted access (7 days per week) to running water.

Of the 3% of HHs reporting interrupted access, most were in the South and East macro-regions. The top three raions* with the highest proportions of HHs reporting interrupted access to running water were Donetska, Mykolaivska, and Bilhorod-Dnistrovskyi, however, it is important to note that Donetska and Mykolaivska were sampled using telephone interviews while Bilhorod-Dnistrovskyi was sampled using face-to-face interviews.

How long does it take to go to your main water source, fetch water, and return (including queuing at the water source)?
Overall, 82% of HHs reported having water on their premises, with 15% of HHs reporting it took 30 minutes or less to fetch water and return with it and 3% of HHs reporting it took more than 30 minutes to fetch water and return with it. The South (8%) and the East (5%) were the macro-regions with relatively higher proportions of interviewed HHs reporting long water collection times (>30 minutes).

WASH Analysis

Water access sufficiency

Overall, 96% of HHs reported having enough water to meet drinking and cooking needs, while 95% reported having enough water to meet personal hygiene needs and 94% reported having enough for other domestic purposes.

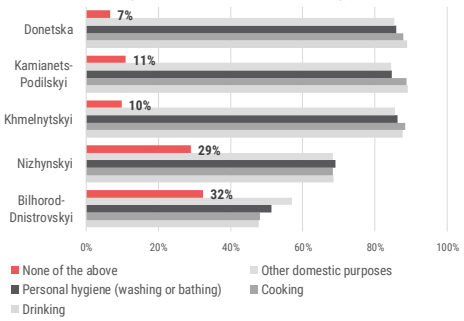
Only 2% of HHs reported **not having enough water** to meet any of their needs.

% of HHs reporting having enough water for drinking, cooking, bathing and washing (n=13,449)

	Drinking	Cooking	Personal hygiene	Other domestic purposes	None of the above
Center	99%	99%	98%	97%	0%
East	96%	96%	94%	94%	2%
North	96%	96%	96%	95%	2%
South	93%	92%	90%	91%	4%
West	97%	97%	95%	93%	2%
overall	96%	96%	95%	94%	2%

Among the raions assessed, those with the highest proportion of HHs with insufficient access to water were found in Odeska, Chernihivska and Khmelnytska oblasts.

% of HHs reporting having enough water for drinking, cooking, bathing and washing, by top 5 raions reporting insufficiency (n=13,449)



Does your household currently have enough water to meet the following needs?

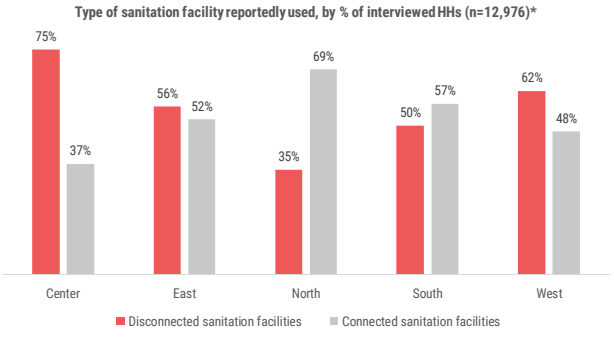
Overall, 96% of interviewed HHs reported having enough water to meet drinking and cooking needs, while 95% reported having enough water to meet personal hygiene needs and 94% reported having enough for other domestic purposes. However, some (2%) assessed HHs reported not having enough water to meet any of their needs.

While, overall, the proportions of rural and urban HH reporting not having access to enough water to meet any needs were relatively similar (3% and 1%, respectively), among interviewed HHs in the South, rural HHs were three times more likely (9%) than the average to report insufficient access to water.

Similar to the findings from the settlements, according to the **CCCM Vulnerability Index**, most assessed HHs (88%) in collective sites (CS) (n=3,617) reported having enough water to meet all their basic needs. However, 6% of HHs in CS reported not having enough water for drinking, with the highest percentages of HHs reporting this found in Lvivska (17%), Kharkivska (14%), and Odeska (12%) oblasts.

WASH Analysis

Sanitation facility type



* **Disconnected sanitation facilities** include: flush or pour/flush toilet to a septic tank or pit; flush toilet piped to a drainage channel; compost toilet; pit latrine with a slab and platform and ventilated pit latrine. Connected sanitation facility includes pour/flush toilet to a sewage network

Overall, 56% of HHs reported use of disconnected (not connected to the centralized sewage system) sanitation facilities while 53% of HHs reported use connected sanitation facilities.

Regionally, HHs in the Center particularly commonly reported using disconnected sanitation facilities (75%) than the average, while HHs in the North reported this the least (35%).

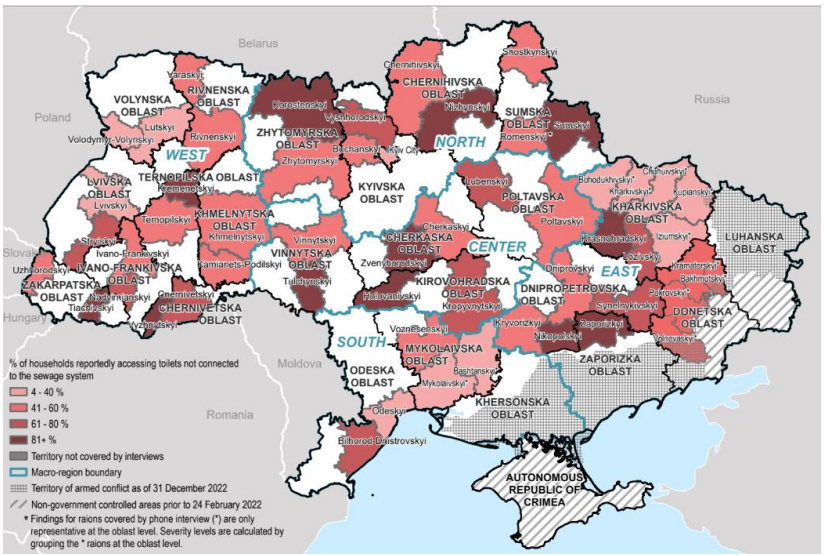
Overall, large HHs (3 or more children) more commonly reported use of disconnected sanitation facilities (85%) than HHs with less than 3 children (55%).

Host community HHs reported using disconnected sanitation facilities (62%) considerably more often than displaced (39%) and returnee (35%) HHs.

What kind of sanitation facility (latrine/toilet) does your household usually use?

Regarding the sanitation facilities used by HHs, MSNA data reveals a predominance of toilets disconnected from a sewage system in the Center region; 63% of the interviewed HHs living in the Center region (n=1,913) declared using unconnected toilets (such as Flush toilets piped to a drainage channel, compost toilets, or pit latrines).

% of HHs that reported at least one sanitation facility without proper connection with the sewage system (n=12,976)

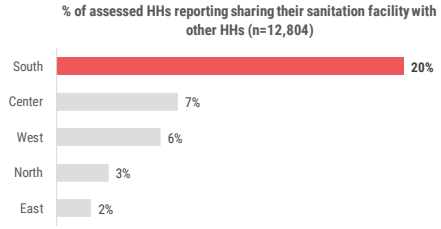


The map shows the proportion of HHs reporting use of sanitation facilities disconnected from the central sewage system.

Proportions of HHs reporting use of disconnected sanitation facilities (primarily reporting the use of flush or pour/flush toilet to a septic tank or pit latrine with a slab platform) were notably high in the Center (Cherkaska and Kirovohradska oblasts), North (Chernihivska oblast) and East (Dnipropetrovska oblast) macro-regions.

WASH Analysis

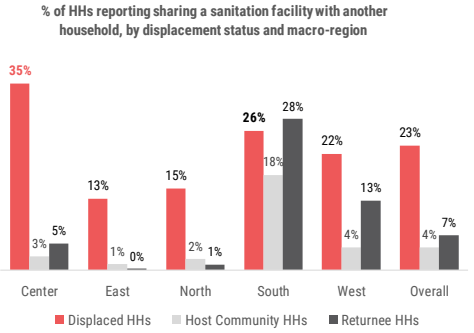
Shared sanitation facility



Overall, only 6% of assessed HHs reported sharing sanitation facilities. In the South, however, HHs were more than three-times more likely (20%) to report sharing a sanitation facility.

When disaggregated by rural/urban, 8% of urban HHs and 3% of rural HHs reported sharing. In the South, this disparity was most pronounced with 25% of urban HHs reportedly sharing sanitation facilities compared to 9% of rural HHs.

When disaggregated by displacement status, among surveyed HHs, displaced HHs were considerably more likely (23%) to report sharing a sanitation facility than returnee (7%) and host community HHs (4%).



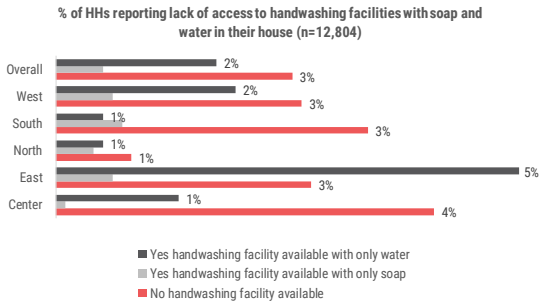
Do you share this sanitation facility with other households?

Overall, only 6% of HHs reported sharing sanitation facilities with other HHs. In the South, however, surveyed HHs were more than three times as likely (20%) to report sharing a sanitation facility, where findings also suggested a considerable difference between rural and urban HHs. While, among all interviewed HHs, 8% of urban and 3% of rural HHs reported sharing a sanitation facility, in the South, 25% of urban HHs reported sharing sanitation facilities compared to 9% of rural HHs .

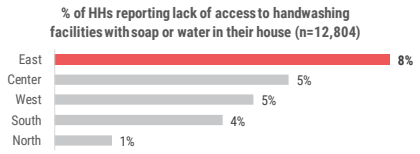
When disaggregated by displacement status, displaced HHs were considerably more likely (23%) to report sharing a sanitation facility than returnee (7%) and host community HHs (4%). Among HHs interviewed in the Center region (n=2,029), 35% of displaced HHs reported sharing a sanitation facility, compared to 5% of returnee and 3% of host community HHs.

WASH Analysis

Access to handwashing facilities



Overall, **almost all (95%) of HHs reported having access to handwashing facilities with both soap and water**, while 5% of HHs reported access to handwashing facilities without soap or water, or no access to handwashing facilities at all.



% of HHs reporting lack of access to handwashing facilities with soap and water in their house, by top 10 raion (n=12,804)

Raion	Oblast	Total assessed HHs per raion (n)	No handwashing facility available
Bilhorod-Dnistrovskyi	Odeska	402	14%
Lubenskyi	Poltavska	208	12%
Nikopolskyi	Dnipropetrovska	404	11%
Tulchynskyi	Vinnytska	205	10%
Kremenetskyi	Ternopils'ka	206	9%
Uzhhorodskyi	Zakarpatska	201	8%
Varaskyi	Rivnenska	207	7%
Zvenyhorodskyi	Cherkaska	204	7%
Kryvorizkyi	Dnipropetrovska	405	7%
Rivnenskyi	Rivnenska	187	6%

Is there a handwashing facility with water and soap available for your HH?

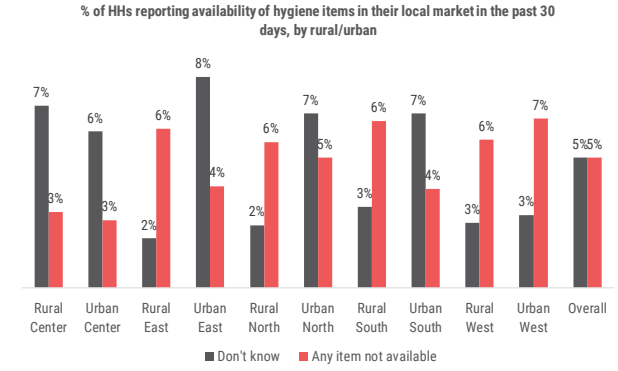
Overall, almost all (95%) HHs reported having access to handwashing facilities with both soap and water, with just 2% of HHs reporting access to handwashing facilities without soap, 1% of HHs reporting access to handwashing facilities without water, and 3% of HHs reporting no access to handwashing facilities at all.

The top three raions with the highest proportion of HHs reporting no access to any handwashing facility were from the South (Odeska oblast), Center (Poltavska oblast) and East (Dnipropetrovska oblast), as indicated in the table on the right.

Findings on HHs in CS, based on the **CCCM Vulnerability Index,** appeared similar; 94% of the surveyed HHs reported availability of handwashing facilities with both soap and water at the site, while 5% reported their presence without either soap or water, and 1% indicated their absence altogether.

WASH Analysis

Market availability of hygiene items



*Hygiene items included soap, feminine hygiene products, baby diapers, toothpaste, toothbrush, adult diapers, laundry soap, shampoo, water containers, water treatment chemicals, and water treatment equipment

Overall, **90% of HHs reported that all hygiene items* were available in their local market**, while 5% reported that at least one item was unavailable in the market (most often water treatment supplies) and 5% reported that they didn't know about availability of hygiene items.

Rural HHs in the South most often reported that basic hygiene items such as soap, laundry soap, shampoo, or feminine hygiene products (3-4%) were unavailable.

While urban HHs in the East, South and North reported most often that they didn't know about hygiene product availability.

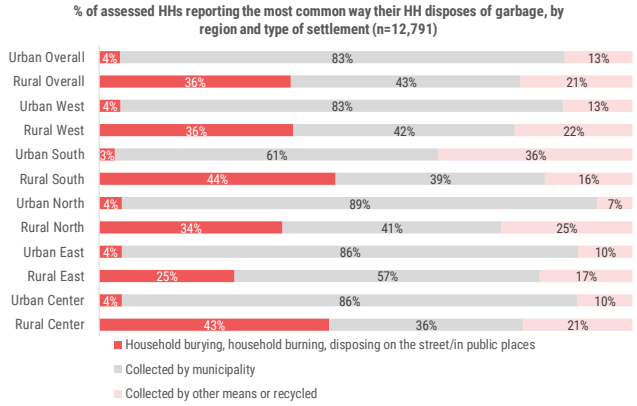
In the last 30 days, were any of the following hygiene items NOT available in the local market?

Findings suggest hygiene items were generally available in marketplaces. Only 7% of assessed HHs reported an item was unavailable. The highest percentages of HHs across disaggregation reporting items not being available were generally found to be related to treatment supplies, which is not considered critical according to the MSNI WASH LSG framework.

In collective sites, the **CCCM Vulnerability Index** data indicates that either hand soap or more than five other hygiene NFIs were not available for 10% of the households assessed.

WASH Analysis

Common means of garbage disposal



Overall, **16% of HHs reported using negative means of garbage disposal**, such as burning, burying or disposing of garbage on the streets or in public places with no collection.

When disaggregated by rural/urban, 36% of rural HHs reported using these negative disposal means compared to only 4% of urban HHs. This disparity was likely driven by a gap in municipal garbage collection.

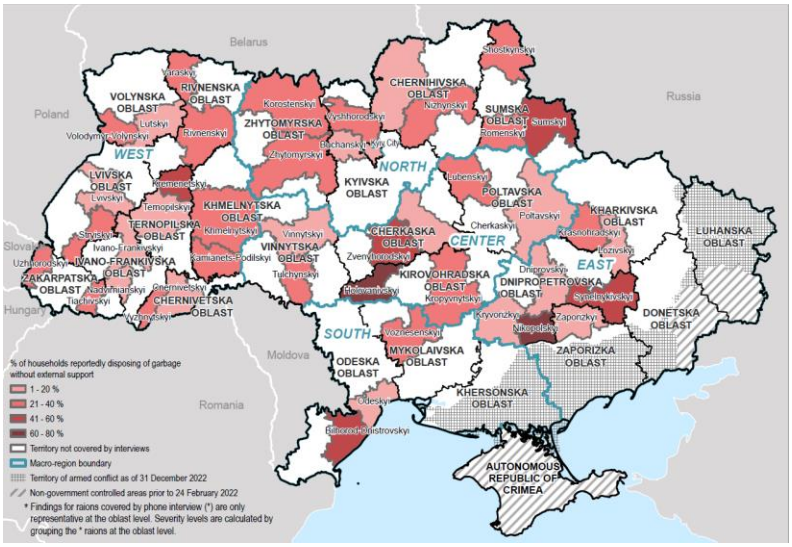
This disparity was most notably observed in the South and Center where rural HHs reported using negative means of garbage disposal more often (44% and 43%, respectively) than urban HHs (3% and 4%, respectively).

What is the most common way your household disposes of garbage?

Overall, rural HHs (36%) reported negative means of garbage disposal more frequently than urban HHs (4%). When disaggregated by HoHH age, 60+ headed HHs (n= 5,934) more often reported such negative means of garbage disposal (20%) than 18-59 headed HHs (n= 6,855) (13%). Furthermore, HHs with no employed members (n= 5371) were more likely (23%) to use these negative means of garbage disposal than HHs with at least one employed member (n= 7,420) (13%).

Data from the CCCM Vulnerability Index indicates that in sites, 96% of the HHs assessed have sufficient space to dispose garbage, while only 4% of interviewed HHs in CS reported insufficient space.

% of HHs using negative means of garbage disposal



The map shows the proportion of HHs reported using negative means of garbage disposal, such as burning, burying or disposing of garbage on the streets or in public places with no collection.

Holovaniskyi (75%) and Nikopolskyi (74%), followed by Zvenyhorodskyi (52%), Kremenetskyi (51%), and Synelnykivskyi (50%).

Area of Knowledge Analysis

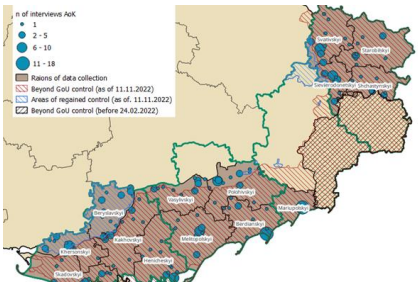
Methodology

- Area of Knowledge interviews were conducted by WFP with respondents who had either moved out of or had been in regular contact with families/friends in Luhanska, Zaporizka, Khersonska or Donetska oblasts, within the 14 days prior to data collection;
- Relatively small sample size of 268 interviews. Respondents reported not about their own households, but about their knowledge of the general situation in the areas of interest. Thus, findings are indicative (non-representative);
- Due to the complexity and sensitivity of data collection in these areas, an adjusted and shortened questionnaire was used, focusing only on the most critical indicators.

WASH Findings

- 17% of the respondents indicated there had been cases in the settlement they are aware where people had zero days of access to running water in the previous 30 days.
- More than half of the respondents (53%) reported people in the assessed area experience at least one barrier to access water.

Areas of Knowledge (AoK) coverage and sampling

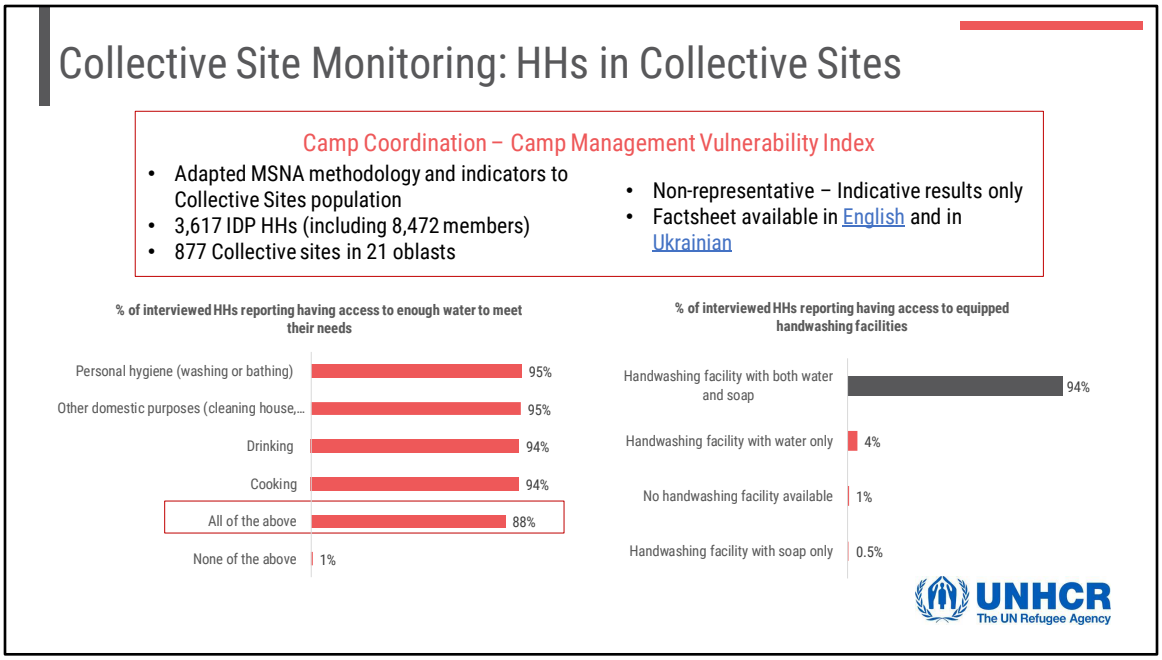


Because of inaccessibility of some areas after February 2022 (temporarily beyond control of Ukrainian Government or closeness to the contact line), WFP conducted an assessment there using “Area of Knowledge” approach (interview with key informants, having the recent knowledge about the area). Respondents were asked to describe the conditions and needs of people the know in the area/settlement, or to assess the situation in the whole settlement. The sample was drawn from people internally displaced from the areas of interest. Data was collected via telephone interviews between early November 2022 and mid January 2023. Because of the sensitivity and the methodology, used for this survey, the questionnaire was adjusted. The cutoff dates used in the map were set to correspond with the commencement of data collection. Source for territory control: Institute of War Studies.

Considering the small sample size, sampling methodology (convenience sampling) and key informant-type approach, these findings should be considered as indicative only. Findings cannot be interpreted directly as prevalence for the people living in the settlements, but rather shares of respondents asked about living conditions in the settlements/areas of interest.

05

Collective Site Population Indicator Analysis



Collective Sites Monitoring: HHs in Collective Sites (CSs)

The Camp Coordination Camp Management (CCCM) Vulnerability Index is a round of data collection undertaken by the Collective Site Monitoring unit in coordination with the CCCM Cluster and with funding from the UNHCR.

The CCCM Vulnerability Index adapted the MSNA methodology and indicators to the population of IDPs living in collective sites. Note that some **indicators are specific to the CCCM Vulnerability Index**. A dedicated Factsheet with sectoral Vulnerability Scores and the overall CCCM Vulnerability Index, alongside a dataset with the results for every indicator (at the overall, rural-urban disaggregation, and oblast levels), is available following this link**:** https://www.impact-repository.org/document/reach/ce5f497c/REACH_UKR_IDP-Collective-Sites-Monitoring-Household-Survey_Factsheet_November-2022.pdf

The results from the CCCM Vulnerability Index are only indicative.
In terms of coverage, 3,617 HHs were interviewed in face-to-face interviews, for a total of 8,472 IDPs. 877 collective sites were assessed in 21 government-controlled

oblasts (all oblasts except Khersonska, Luhanska, Donetska, parts of Zaporizka). Sixty per cent (60%) of IDPs were women, and 40% men, with the age disaggregation as follows: 6% 0-5; 21% 6-17 years old; 48% 18-59; 25% above 60 years old.

CCCM WASH Vulnerability Score is not built the same way as the WASH LSGs and is therefore not comparable, so will not showcase here

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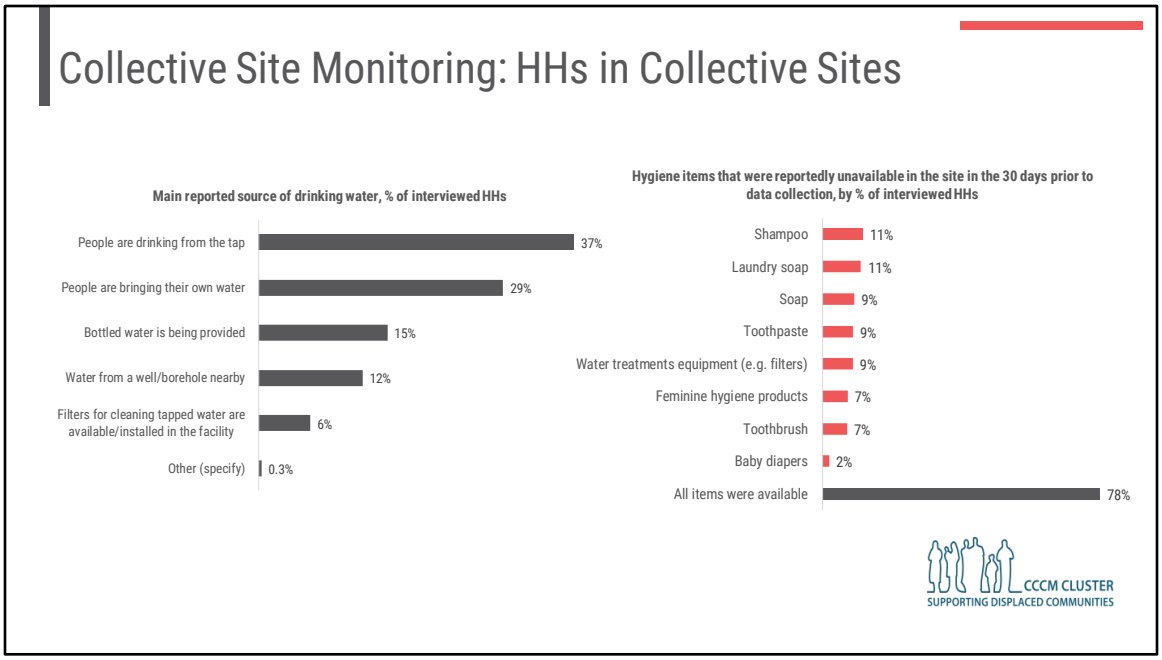
This slide overviews the only two critical indicators in the sectoral index, while the following two slides focus on non-critical indicators and a single indicator not included in the index framework (**G2.** Main source of drinking water). Critical indicators had more weight in the course of the sectoral index calculation than non-critical ones.

Does your household currently have enough water to meet the following needs?
More than 94% of HHs in CSs reported enough water for personal hygiene, drinking and cooking are above 94%. Nevertheless, 88% of HHs in CSs reported having enough water for all basic purposes: drinking, cooking, bathing, and washing; **12% lacked water for one or more of these basic needs.**
HHs in rural- urban CSs do not have much difference with regards this indicator: 6% of HHs (5% in urban CSs and 7% in rural CSs) indicated having not enough water for drinking. The **oblasts with the highest share of HHs reporting not having enough water for drinking** are Lvivska (17%), Kharkivska (14%), and Odeska (12%).

Is there a handwashing facility with water and soap available for your HH?
94% of HHs reported availability of handwashing facilities with both soap and water, while 5% reported its presence without either soap or water. Only 1% of HHs indicated absence of handwashing facility. Overall, handwashing facilities with both water and soap were unavailable for 5% of the HHs in CSs which is the same as the figure from the general population figure (5%). The highest proportion of HHs which reported absence of handwashing facilities was recorded in Odeska (4.5%, n=224) and Ivano-Frankivska (3.8%, n=210) oblasts.



The data indicates that a very high proportion of HHs in CSs relied on unfiltered tap water and indicates the unavailability of certain hygiene non-food items for almost one-fifth of HHs in CSs.

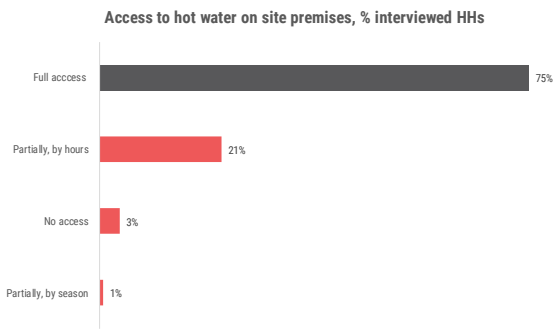
In the last 30 days, were any of the following hygiene items NOT available for your HH on the site?

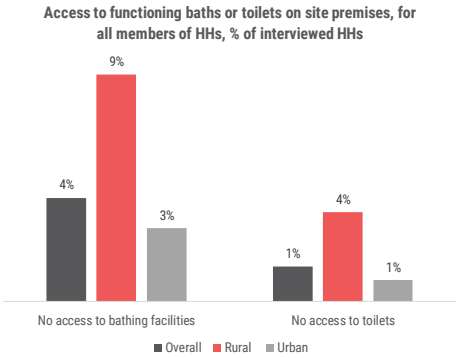
Note that the indicator for the population living in collective sites is different than the one used in MSNA: in this case, it is not about market access to these items but them being available in the collective site. 78% of HHs in CSs reported that all essential hygiene NFIs were available for them during the last 30 days. **Only 10% of HHs reported not having access to either hand soap or 5 or more other hygiene NFI in the mentioned period**. The most inaccessible NFIs were laundry soap and shampoo, each reported as unavailable for the last 30 days by 11% of HHs each.

What is the main source of water used by your household for drinking?

Drinking water access overwhelmingly relied on improved sources. 37% of HHs stated that they mostly drink tap water, particularly in Chernihivska (96%), Rivnenska (72%), Sumska (68%), and Volynska (57%) oblasts, which makes North-West and North-East Ukraine more noticeable in this regard. Nearly a third of HHs (29%) had to buy drinking water at their own expense, while only 15% and 6% of HHs were provided with bottled water or had filters installed in the CS, respectively.

Collective Site Monitoring: HHs in Collective Sites





96% of surveyed HHs in CSs reported having enough space for waste disposal at the site

CCCM CLUSTER
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The data points to a tangible gap in access to sanitation facilities between IDP population in rural and urban collective sites while also highlighting a complete absence of hot water for a relatively low share of HHs in CSs. Waste disposal space is sufficient for the majority of HHs in CSs.

Please specify the availability of hot water in this site. *Question unique to CSM*
75% of HHs reported full availability of hot water.
25% of HHs in CSs reported inconsistent (varying by hours or season) access to hot water in CS premises, which includes **3.5%** that reported having no access to it at all. The difference between rural/urban CSs is minimal for this indicator.

Do all members of your household currently have access to functioning bathing facility/toilet? *Question unique to CSM*
96% of HHs in CSs reported that all members had access to functioning bathing facilities. The share of HHs that reported absence of access was 3 times higher in rural CSs compared to urban (9.3% vs 3%).
99% of HHs in CSs reported that all members had access to functioning toilets. Importantly, the share of HHs that reported **absence of access was 4 times higher in rural CSs** compared to urban (3.7% vs 0.9%).

Do you have enough space to dispose of garbage at the site? *Question unique to CSM*

96% of HHs in CSs reported having enough space for waste disposal at the site. In turn, **3.5% answered negatively** and 0.5% could not answer with confidence. The highest proportion of HHs reporting insufficient waste disposal space was recorded in Zakarpatska (13%), Chernihivska (11%) and Kyivska (10%) oblasts.

For any questions on these findings please contact

mustafa.osmanov@reach-initiative.org
joshua.bullen@impact-initiatives.org

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