



Multi-Sectoral Needs Assessment 2024: Gender, Age, Disability and Vulnerability Situation Overview

April 2025 | Ukraine

CONTEXT AND RATIONALE

Both the direct and indirect effects of the ongoing war in Ukraine have profound consequences in shaping and determining vulnerability along gender, age and disability, lines. Currently, there are 12.7 million people in need of humanitarian assistance in 2025¹ and the war continues to affect the different groups in need, as well as the entire population of the country, in distinct ways; it has exacerbated pre-existing inequities for some groups, made others newly vulnerable, and altered the nature of vulnerabilities across different populations.

For example, reports continue that men in Ukraine face documentation challenges when abroad,² as well as ignore evacuation orders due to ongoing mobilization efforts in the country,³ **newly/disproportionately** exposing men to particular kinds of harms. Evidence also indicates that conscription has knock-on effects on aid operations in Ukraine, with conscription of male staff making it difficult for

NGOs to fill certain positions and thus successfully perform their functions and distribute aid.⁴

Further, targeted attacks on critical infrastructure have led to major disruptions, including on essential services, such as on heating capacity.⁵ Given people with disabilities report increased barriers accessing humanitarian aid, which can serve as a key lifeline during such disruptions,⁶ their ability to cope with such shocks is diminished – an example of how the conflict has **exacerbated pre-existing inequities**.

In this context, REACH Ukraine conducted a country-wide Multi-Sectoral Needs Assessment (MSNA) from May to July 2024. A key objective of the MSNA is to provide relevant actors with the information required to tailor their interventions to the most vulnerable people. Recognizing that vulnerability analysis is an ongoing process rather than a one-time exercise, REACH conducted its third targeted analysis of needs according to gender, age and disability. This analysis forms the basis of this brief, and examines how these factors influence household need in Ukraine.

KEY MESSAGES

- **Needs are common and widespread throughout Ukraine, which gender, age and disability influence.** Health, Livelihoods and Protection are the sectors most commonly impacted by these diversity factors, while Education, Food Security, Shelter and WASH showed less variation across gender, age and disability lines.
- **Households with members who were exclusively 60 years old or older are more often in need.** The exacerbated levels of need assessed in such “older” households are driven by elevated needs in Livelihoods and Health.
- **The complexity and severity of need for households with an assessed or disability registered with the Government of Ukraine are substantial.** Such households have elevated needs in Food Security, Health, Livelihoods, Shelter and Non-Food Items (SNFI), and Water, Sanitation and Hygiene (WASH), with the drivers of needs being multiple within each assessed sector.
- **Gender-related factors did not consistently elevate assessed needs, although they at times shaped need profiles, i.e. the array of assessed sectors in need.** For example, women-only households were more frequently assessed to be in Livelihood need, particularly households with only women 60 years old or older.
- **Gender, age and disability impact the needs profiles of IDP households.** IDP households with a disability, as well as older and women-only IDP households were more frequently assessed to be in need and had more sectors in need. These IDP households may thus be particularly vulnerable.
- **Households in rural areas where members were exclusively 60 years old or older were particularly vulnerable in the data,** mainly in terms of Livelihoods and Health. Overall households in urban areas where all members were younger than 60 years old had comparatively lower need across the assessed sectors.
- **The crisis has created new vulnerabilities in Ukraine along gender lines, as demonstrated by protection needs.** Men in Ukraine appear to be newly vulnerable in Ukraine, driven by conscription-related concerns. This corroborates emerging anecdotal evidence.
- **Reported needs and aid preferences at times varied according to gender, age and disability.** However, this at times conflicted with assessed need. For example, while gender did not influence the frequency of assessed need, women-only households more often reported challenges than their male counterparts.

ASSESSMENT SCOPE AND COVERAGE

Map 1. MSNA geographic coverage and data collection modality

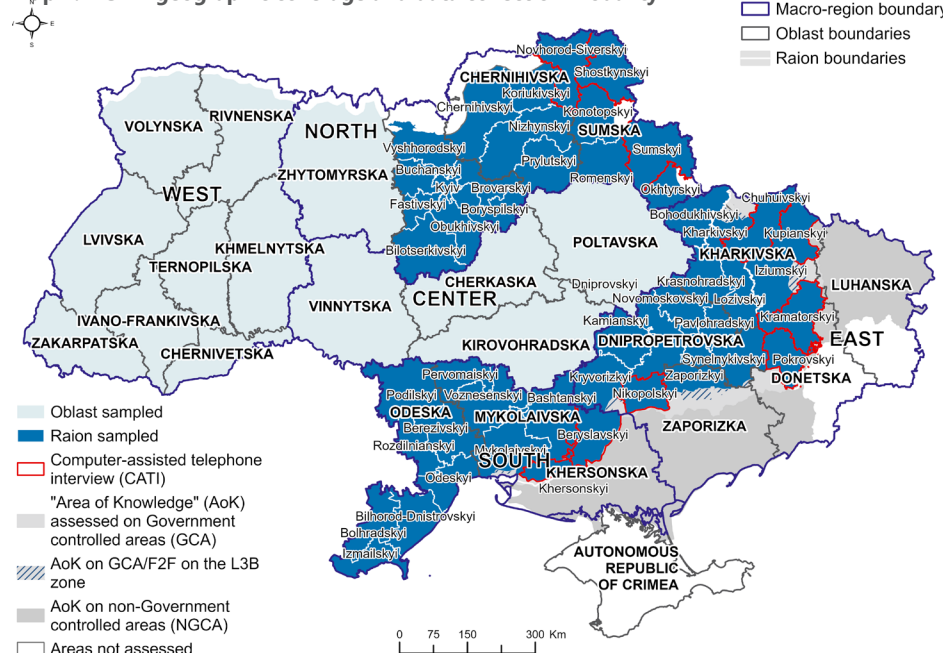


Table 1. Number of household interviews collected, by macroregion

Total	10,434
West	F2F: 1,667
Center	F2F: 859
North	F2F: 2,576 CATI: 495
East	F2F: 1,743 CATI: 1,027
South	F2F: 1,783 CATI: 330

Dates of data collection:
21 May to 2 July 2024

METHODOLOGY OVERVIEW⁷

The MSNA consisted of four separate components, which focused on: **1) the general population, 2) internally displaced person (IDP) and returnee households,⁸ 3) areas inaccessible for data collection⁹ and 4) the protection concerns of adult men.** For the purposes of this brief, data on the general population and on the protection concerns of men inform its findings.

For the General Population component, the MSNA collected **10,434 household-level interviews across 24 oblasts and 105 raions**, with different modalities and different levels of precision. The MSNA collected 8,582 surveys face-to-face (F2F) surveys and 1,852 computer-assisted telephone interview (CATI) surveys. CATI surveys were used in raions in Northern, Eastern and Southern Ukraine which had substantial areas inaccessible to F2F data collection.¹⁰ Data collection in Western and Central Ukraine was exclusively F2F.

Given increased need and stakeholder interest in areas near the front line and border with the Russian Federation, **data in Northern, Eastern and Southern Ukraine were stratified at the raion-level, while Western and Central Ukraine and Zhytomyrska Oblast were stratified at the oblast-level.** Both sampling approaches had a **95% confidence level and 8% margin of error.**

For the purposes of this brief, data from the general population is analyzed partially through the Contextualized Composite Indicator Analysis (CCIA), a Ukraine-specific framework developed by REACH to measure the magnitude and complexity of humanitarian needs across sectors through Sectoral Composites.¹¹ The CCIA categorizes household need using a scale ranging from 1 ('None/Minimal') to 2 ('Stress'), 3 ('Severe') and 4/4+ ('Extreme and Extreme+'). Households receive both a sectoral score,¹² and an overall need score. The sectoral score takes the highest score calculated across all sub-dimensions composing the sectoral composite, and the overall need score takes the highest score calculated across

all sectors. "Households in need" refer to households with at least one sector with a score of 3 or higher. This framework was developed by REACH Ukraine in consultation with Ukraine's Humanitarian Clusters, Areas of Responsibilities and Working Groups. The CCIA is not meant for cross-crisis comparisons.

The component of the MSNA focusing on the protection concerns of men uses the **Dual Voices methodology.** This methodology involves **collecting data from two members of the same household** in order to capture the diverse perspectives and experiences comprising a household. The core objectives of the Dual Voices component for the Ukraine MSNA were to: 1) explore intra-household gender differences for key household-level indicators; and 2) examine the specific protection concerns of men. **Dual Voices respondents in Ukraine were the adult, male household counterparts of female respondents** interviewed in the MSNA general population and IDP and returnee components.

Differences greater than eight percentage points are generally reported on in the brief.

LIMITATIONS

A full list of limitations is available in the MSNA CCIA methodological note and MSNA 2024 Terms of Reference. The following the **key limitations** pertain to this brief:

- Since the MSNA sample was not stratified or weighted by demographics, the distribution of the sampled respondents and household members by demographic groups does not represent the population distribution. Consequently, findings in this output are **indicative.**
- As the MSNA is a household-level survey, categorizing, disaggregating and analyzing households according to gender, age, and disability is complex. The analysis in this brief focuses on a **configuration of characteristics aggregated to the household-level.** Further information on the categories used is at the end of this brief.

EXPLORING VULNERABILITY

The identification and focus on vulnerable groups by humanitarian actors has increasingly been a cornerstone of responses to crises in recent years.

Vulnerability as a concept rests on a combination of risk of exposure to, and ability to cope with, particular challenges and shocks.¹³ This concept thus considers a broad time horizon, namely the situation of a particular group before, during and after a crisis. In humanitarian contexts where resources are limited, analyzing vulnerability informs prioritization efforts, as well as allowing for more tailored approaches to interventions.

However, examinations of vulnerability are often based on broad, standardized parameters that are considered objective and verifiable typically because, in many contexts, such parameters are associated with, or assumed to be associated with, higher levels of need. They often rest on the assumption that a group's situation before the crisis is a sufficient predictor of their situation during the crisis¹⁴ - ignoring how crises can exacerbate, shift and create vulnerabilities.

Simplistic and automatic assumptions about who is vulnerable pose dangers and can exacerbate vulnerabilities¹⁵ and produce exclusions¹⁶, particularly when such assumptions shape targeting criteria. Specifically, such approaches can: make invisible the capacities of vulnerable groups; falsely identify certain groups as vulnerable regardless of context while ignoring other sections of society that may be at risk; ignore the systemic factors producing such vulnerabilities; and misunderstand such vulnerability as a static condition rather than one that evolves over time.

This brief examines the level and profiles of need according to key lines of inquiry normally deployed in explorations of vulnerability in Ukraine, namely gender, age and disability. As the MSNA is a household-level survey, this examination relies upon aggregating certain individual-level characteristics to the household-level and subsequently categorizing households. Further details on such categorizations can be found at the end of this brief. When the sample size allows, these different categories are layered with one another to enable intersectional analysis. Through this brief's findings, REACH Ukraine examines whether certain groups have a greater magnitude and severity of needs, and/or different needs which might necessitate particular targeting decisions.

HOUSEHOLD NEEDS IN UKRAINE

MSNA data indicate common understandings of vulnerability do not explain needs in Ukraine.

The assessed severity (i.e. whether a need was classified as severe or extreme) and profiles of need (i.e. the array of sectors assessed to be in need), at times varied when examining need according to gender, age, disability, and other characteristics. However, at times, typically assumed vulnerable groups, such as households with exclusively adult women, were not assessed to have higher needs. At other times, specific characteristics elevated need only when layered with other characteristics, such as urban or rural residence.

Table 2. Sectors in extreme need, national

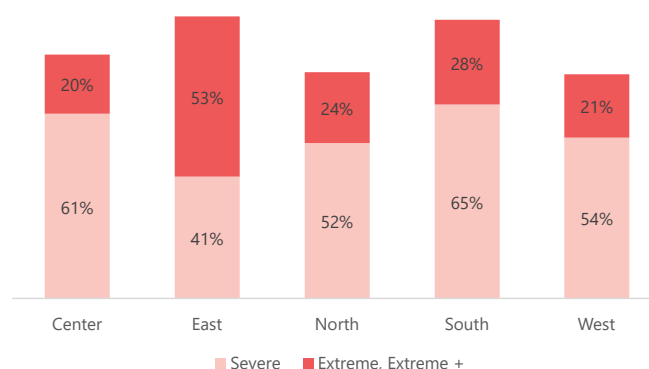
EXTREME NEEDS, BY SECTOR

Protection	12%
Livelihoods	11%
Health	5%
WASH	7%
SNFI	1%
Education	1%
Food Security	0.5%

SEVERITY OF NEEDS AND PROFILES

Needs were common and widespread in Ukraine. Overall, 81% of households in Ukraine were in need in at least one sector according to the CCIA, with 29% of all households assessed to be in extreme need. Overall need was driven by Livelihoods (58%) and Protection (39%), as was extreme need (11% and 12%, respectively). While needs were more severe in Northern, Eastern and Southern Ukraine, as well as areas within 30 kilometers of the front line and border with the Russian Federation, Livelihoods and Protection remained top sectors in need across regions and locations.

Figure 1. Households in need by severity of need and macroregion

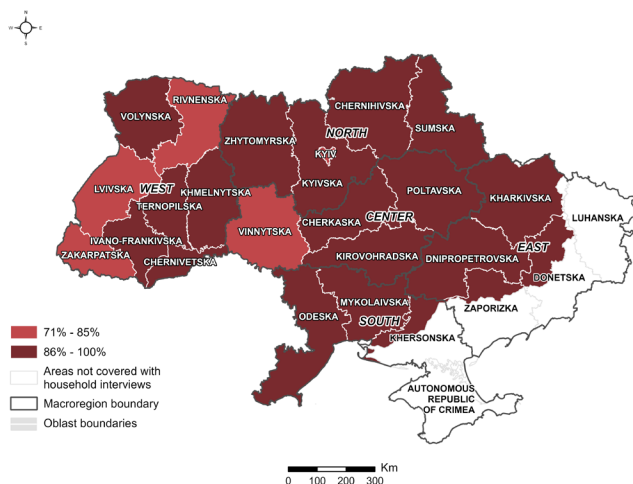


AGE AND NEEDS IN UKRAINE

Households with at least one older household member were more often in need, although the impact of age on extreme need was less apparent. Ninety percent of older households¹⁷ and 88% of mixed-age households¹⁸ had a need in at least one sector compared to 74% of non-older households.¹⁹ However, a similar share of older households (24%) and non-older households (28%) were in extreme need. This trend, where age appeared to impact overall need but not extreme need, persisted across different regions in Ukraine.

Driving need among older households were elevated needs in Livelihoods and Health. Over two-thirds of households with adult member(s) exclusively 60 years old or older and of mixed-aged households had Livelihood needs (79% and 67%) and roughly half had Health needs (45% and 52%), which was substantially higher than those needs (42% and 23%, respectively) for non-older households.

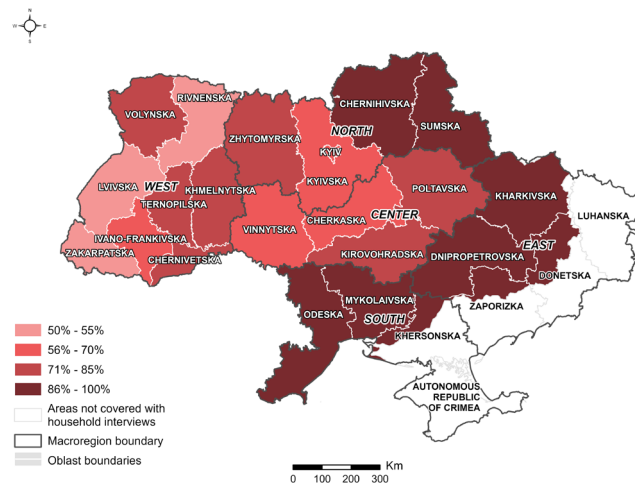
Map 2. Percentage of older households in need, by oblast



Livelihood vulnerability among households with at least one older member was multi-faceted. Use of crisis and emergency coping strategies was more common among older and mixed-aged households (28% and 29%, respectively) than non-older households (19%), driven predominantly by reducing essential health expenditures among older and mixed-aged households (both 26%). Households with at least one older household member were also roughly twice as likely to have a monthly per capita income of approximately 150 USD or less (67% of older households and 59% of mixed-age households compared to 31% of non-older households). Older households more often reported relying solely on irregular and assistance-based income sources²⁰ (22%) than mixed-age (6%) and non-older (8%) households, as well.

Health needs among older households were driven by disability and healthcare service barriers. Roughly one-third of older households had an assessed disability (29%) and reported severe or extreme barriers to accessing healthcare and medicine (16%) compared to 7% and 9% among non-older households.

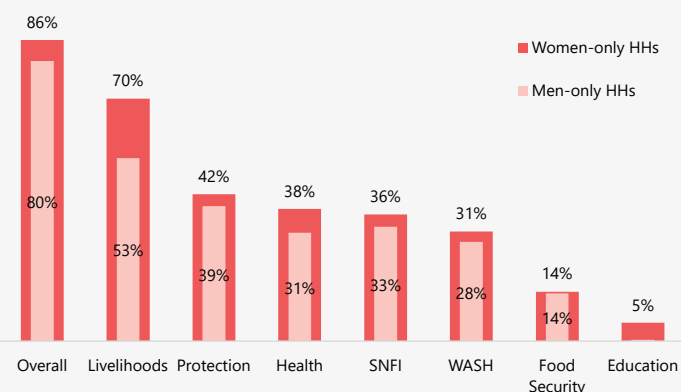
Map 3. Percentage of non-older households in need, by oblast



GENDER AND NEEDS IN UKRAINE

While the gender of household adults did not impact overall need, it did affect need profiles. Men-only and women-only households had comparable levels need (80% and 86%, respectively) as did female-headed households (87%) and male-headed households (79%). When examining

Figure 2. Households in need by frequency of need and gender of adult members



single-person households,²¹ men and women again had similar levels of overall need (81% and 86%, respectively).

Women-only households more often had needs in Livelihoods than men-only households (70% compared to 53%). Differences in Livelihoods were predominantly driven by women-only households' lower income (56% lived on 150 USD or less monthly income per capita) compared to men-only households (36%). Despite lower incomes, a similar proportion of women-only households reported using emergency and crisis coping strategies (29%) as men-only households (24%), and were similarly reliant on irregular and assistance-based income sources (22%).

Women-only households did not have more severe safety and security concerns than men-only households. For example, 30% of women-only households had severe or extreme safety and security concerns, compared to 25% of men-only households. However, the specific type of concern at times varied. For example, when asked to provide specific security concerns of men in their community, roughly half (51% of male respondents and 45% of female respondents) reported that conscription impacted men's sense of safety.

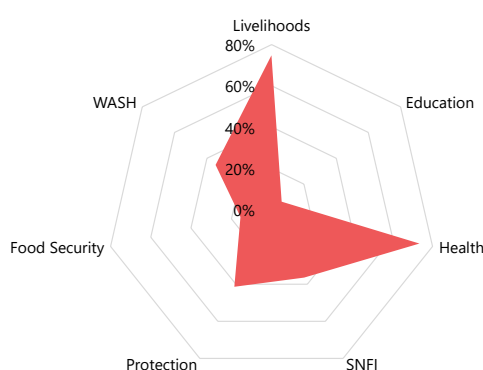
DISABILITY AND NEEDS IN UKRAINE

Households with a disability, i.e. with at least one member with an assessed and/or disability registered with the Government of Ukraine,²² had elevated needs.

Almost all households with a disability had need in at least one in sector (94%) compared to three-fourths of households without (76%).²³ One-third of households with a disability had extreme needs (35%) compared to one-quarter of households without (25%).

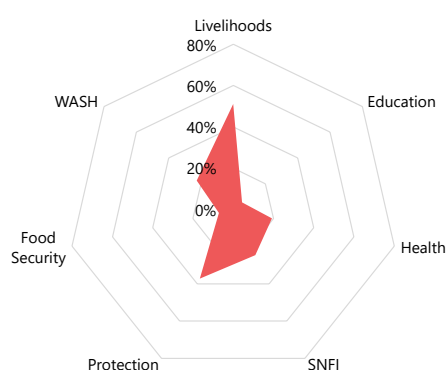
The needs profiles of households with a disability were complex. Households with a disability had elevated needs in Food Security, Health, Livelihoods, Shelter and Non-Food Items (SNFI), and Water, Sanitation and Hygiene (WASH).

Figure 3. Households w/ assessed or registered disability in need by frequency of need by sector



Within these sectors, the drivers of elevated need for households with a disability were similarly diverse. For example, need in Health was not solely driven by disability, but also by exacerbated needs related to accessing healthcare (22% versus 10%) and barriers to accessing this care (22% versus 9%). Livelihood need was also driven not only by lower incomes (63% of households with a disability reported living on 150 USD or less monthly income per capita compared to 42% of households without), but also higher usage of crisis and emergency coping strategies (35% versus 18%).

Figure 4. Households w/out assessed or registered disability in need by frequency of need by sector



ADDITIONAL EXAMINATIONS OF VULNERABILITY

IDP HOUSEHOLDS

Ukraine has experienced widespread displacement. 3.7 million people are internally displaced²⁴ and another 6.8 million refugees and asylum-seekers from Ukraine reside outside the country.²⁵ This represents over one-quarter (27%) of the pre-February 2022 population. In response, humanitarian interventions in Ukraine have focused on IDP households as a key vulnerable group.

MSNA data indicate that IDP households have elevated needs and unique needs profiles. These households thus require tailored and urgent responses. IDP households were more often in severe and extreme need. Almost all IDP households had need in at least one sector (97%) and almost half extreme need (44%) compared to 80% and 27% of non-IDP households. In all assessed sectors, IDP households also had elevated needs, apart from Health and WASH. IDP households thus had a diverse array of urgent needs to be addressed.

RURAL HOUSEHOLDS

Rural poverty rates have disproportionately increased since February 2022.²⁶ The rural population constitutes roughly one-third of the country's population, but half of its poor.²⁷ Poverty in rural villages has grown by 85% compared to 58% in large cities.²⁸

MSNA data indicate that while overall need was not higher in rural areas, the need was more complex. For example, beyond Protection needs, rural households reported higher needs in every assessed sector.

Complicating interventions in rural areas are also the demographics and location of these areas. Populations in rural areas are older on average. Further, large portions of the frontline intersect with rural communities – indicating urgent frontline needs are also often complicated by their rural nature.

HOUSEHOLDS WITH CHILDREN

Children²⁹ in Ukraine are uniquely impacted by the conflict. As outlined in the 2025 Humanitarian Needs and Response Plan, children face restricted access to education; 1.5 million children are at risk of post-traumatic stress disorder; 1 million children live in collective sites; and thousands of children face acute vulnerabilities remaining without parental care.³⁰

MSNA data indicate that the presence of children had little impact on the severity or quality of needs profiles at the household-level.

However, households with children and only a single adult present did have elevated needs. These households were more often in extreme need (40%) than those with multiple adults and children (31%) and had elevated needs in Protection and SNFI.

INTERSECTIONAL APPROACHES TO VULNERABILITY

One-dimensional approaches to vulnerability in Ukraine risk producing incomplete understandings of need.

Intersectional examinations which investigate the multiple characteristics and experiences, and thus potential vulnerabilities of particular groups, instead provide more holistic and accurate insights into need. The MSNA data demonstrate that age, gender and disability taken together create exacerbated and at times unique needs, as well as impact the needs of specific populations.

INTERSECTIONS OF AGE AND GENDER

Gender did not substantially impact the frequency of need nor need profiles within age cohorts. A similar proportion of women-only, and men-only, older households had need (92% versus 90%), as did non-older households (78% and 72%, respectively). However, extreme need was slightly more common among households with adults who were exclusively non-older men (37%) than non-older women (29%).


Only Livelihood need diverged according to gender within age cohorts. Specifically, those households with members who were exclusively older women, were particularly vulnerable in terms of livelihoods. Over four-fifths (84%) had Livelihood needs compared to 70% of older, men-only households.

These older, women-only households were often poor and using negative coping strategies. They were more likely to report less than 150 USD in monthly income per capita (68%) and use crisis and emergency coping strategies (33%), compared to older men-only households (58% and 23%, respectively).

Households with adults who were exclusively non-older women also had higher Livelihood needs than their male counterparts. Forty-nine percent of such households were in Livelihood need compared to non-older, men-only households (39%). Similar to older, women-only households, these households were usually poorer, with 35% reporting living on less than 150 USD monthly income per capita compared to 19% of non-older, men-only households.

Gender did not impact Food Security, Health, Protection, SNFI and WASH needs within age cohorts.

MEN-ONLY HOUSEHOLDS AT TIMES MORE OFTEN HAD LIVELIHOOD NEED THAN WOMEN-ONLY HOUSEHOLD WHEN ALSO FACTORING IN AGE

 **84%** of households with adults who were exclusively **older women** were in Livelihood need, compared to **49%** of households with only **non-older women**.

The latter is **less than the**


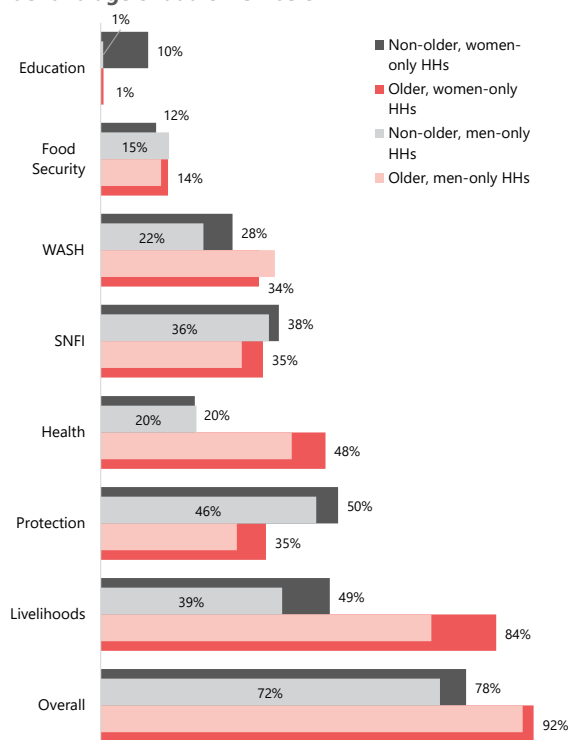
 **70%** of **older, men-only** households which had Livelihood need.

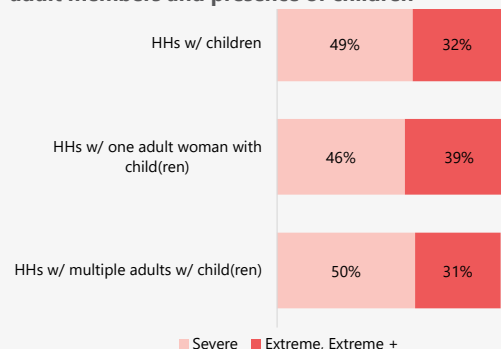
Figure 5. Households in need by frequency of need per sector by gender and age of adult members



HOUSEHOLDS WITH CHILDREN BY GENDER OF ADULT(S)

Households with one adult and child(ren)³¹ were more often in need, with gender potentially influencing this impact. Households with only one adult woman present and child(ren)³² had heightened extreme needs (39%) compared to households with multiple adults and child(ren) (31%) and households without children (27%). However, whether this difference was due to a household consisting of a single adult and child(ren) or additionally because the single adult was a woman is unclear – the comparison group of single adult men with child(ren) was too small to draw conclusions.

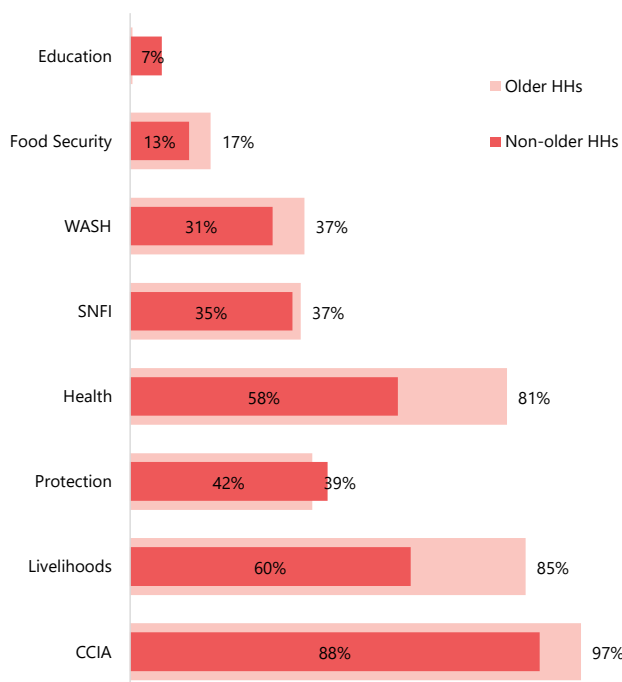
Figure 6. Households in need by severity of need, by gender of adult members and presence of children



HOUSEHOLDS WITH A DISABILITY ACCORDING TO GENDER AND AGE

Both older age and disability elevated household need in MSNA data. As households with a disability and older households had high overall need, older households with a disability were thus particularly vulnerable.

Figure 7. Households w/ assessed or registered disability in need by frequency of need per sector, by age of adult members



Older households with a registered or assessed disability had particularly high need overall, and across sectors.

Almost all older households with a disability (97%) had need in at least one sector compared to 88% of non-older households. Compared with non-older households with a disability, this sub-set of older households had elevated Livelihood need (85% compared to 60%), driven by increased reliance on irregular and assistance-based income sources (28% and 8%) and higher proportion of households living on less than 150 USD monthly income per capita (70% compared to 48%). They also had elevated Health needs (81% compared to 58%), driven by more severe disability (74% compared to 43%) and barriers to accessing healthcare (35% compared to 18%).

Among households with a disability, gender did impact the needs profiles of households with a disability.

Women-only households with a disability were more often in Livelihood need (85%) compared to men-only households (69%), predominantly driven by lower incomes (68% reported less than 150 USD monthly income per capita compared to 50% of men-only households). Women-only households with a disability also more often had Health need (84%) compared to men-only households (74%) driven by greater severity in disability. The former reflects the overall gender trend among household need profiles, where women-only households, regardless of age and disability, had higher Livelihood need (70%) compared to men-only households (53%)

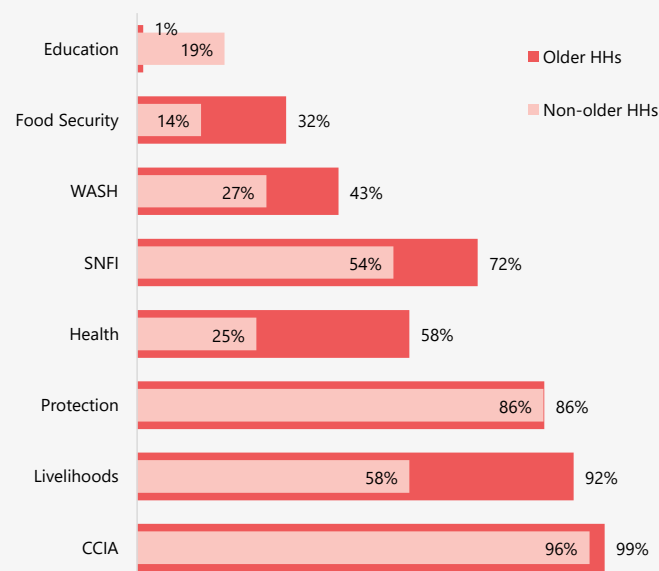
IDP HOUSEHOLDS ACCORDING TO GENDER, AGE AND DISABILITY

Women-only IDP households, older IDP households and IDP households with a disability more often had expansive need profiles.

Women-only IDP households had elevated Livelihood and WASH needs. These households more often had Livelihood needs than assessed men-only IDP households (n=40) (81% versus 63%), as well as WASH needs (31% versus 15%). However, given the small sample sizes, it is difficult to draw strong conclusions on gender's impact on IDP need.

Older IDP households more often had need across a variety of sectors. Compared to non-older IDP households, older IDP households roughly twice as often were in Livelihood (92% versus 58%), Health (58% versus 25%), and Food Security need (32% versus 14%), and more often had SNFI (72% versus 54%) and WASH need (43% versus 27%), as well. Driving such expansive need profiles were lower incomes, greater reliance on irregular and assistance-based income sources and usage of emergency and crisis coping strategies, insecure tenure, missing shelter NFIs, higher rates of disability, and greater healthcare barriers and hygiene challenges.

Figure 8. IDP households in need by frequency of need per sector, by age of adult members



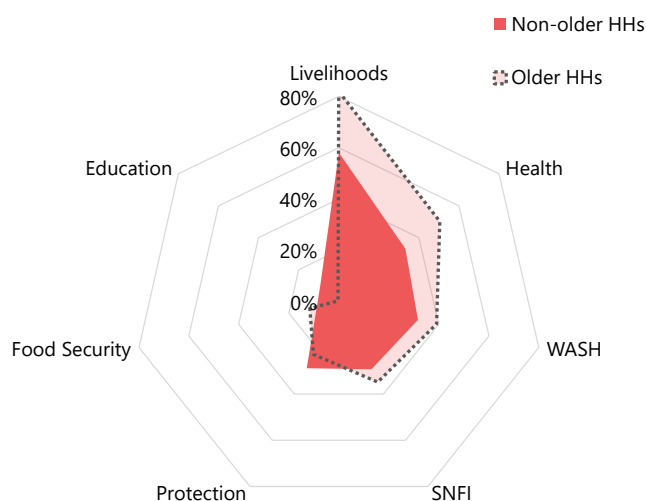
IDP households with a disability also had more expansive need profiles. Namely, IDP households with a disability had elevated Livelihood (85% versus 59%), SNFI (81% versus 54%), Health (100% versus 21%) and Food Security (32% versus 14%) needs. Driving these needs were lower incomes, greater reliance on irregular and assistance-based income sources and usage of emergency and crisis coping strategies, worse quality shelter type, insecure tenure, missing shelter NFIs, higher rates of disability, greater healthcare barriers and needs.

RURAL AND URBAN HOUSEHOLDS ACCORDING TO GENDER, AGE AND DISABILITY

MSNA data demonstrate that urban and rural households in Ukraine have unique needs, with rural households in particular vulnerable to the war's effects.³³ Age, gender and disability intersect the impact of rural and urban location.

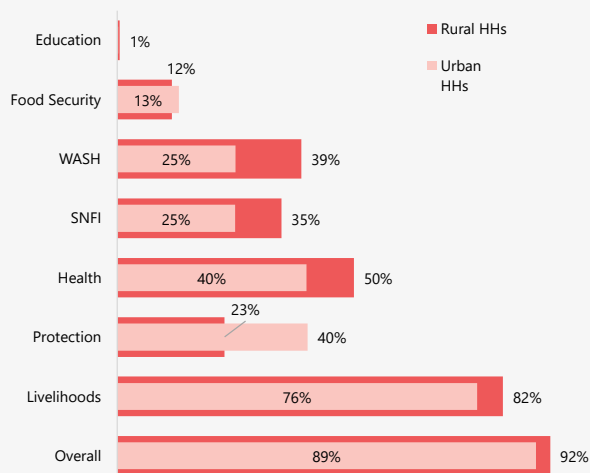
Older households were more in need than non-older households within both rural and urban areas. Indeed, in urban and rural areas a similar proportion of older households (89% and 92%) and non-older households (72% and 78%, respectively) had need in at least one assessed sector. Thus, regardless of whether an older or non-older household resided in an urban or rural location, their level of assessed need was similar.

Figure 9. Households in rural areas by frequency of need per sector and age of adult members



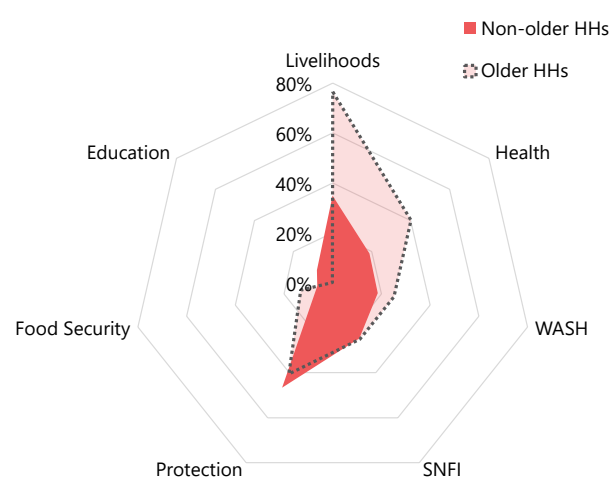
While older households were more often in need across rural and urban areas, older rural households had more expansive need profiles than those older households in urban areas. Although Livelihood needs were relatively equal among older households in rural (82%) and urban (76%) areas, Health, SNFI and WASH needs were elevated for older rural households. One-third had at least one severe SNFI

Figure 11. Older households by frequency of need per sector, by urban rural location



Elevated need among older households in rural and urban areas was driven by increased need in Livelihoods and Health. More than three-quarters of older households in rural (82%) and urban areas (76%) had severe or extreme Livelihood needs - substantially more than non-older households in rural (58%) and urban areas (35%). In rural areas, older households were more often using emergency and crisis coping strategies than non-older households (28% compared to 20%). Further, older rural households were particularly poor (74% reported a monthly per capita income of 150 USD or less compared to 49% of non-older households in rural areas). Age differences in income levels were more exacerbated in urban areas (i.e. 62% of older households in urban areas had 150 USD or less monthly per capita income compared to 24% of non-older households). However, older rural households had the lowest incomes comparatively. Further, half of older households in rural areas 40% in urban areas had needs in Health compared to one-third (33%) of non-older households in rural areas and 7% in urban areas, driven by assessed disability.

Figure 10. Households in urban areas by frequency of need per sector and age of adult members



need (35%) compared to one-quarter in urban areas (25%), driven by missing shelter NFIs. Further, Health needs were more common among older rural households (50%) than those in urban areas (40%), driven by severe and extreme barriers to accessing healthcare, as well as distance to medical facilities. WASH needs were similarly more common in rural areas for older households (39%) than for their urban counterparts (25%), driven by elevated hygiene challenges.

In contrast, in rural and urban areas, gender did not impact overall need, and its impact on needs profiles was limited - differences were only visible in Livelihoods. Women-only households in rural (79%) and urban areas (65%) more often had Livelihood need compared to their men-only counterparts (69% and 44, respectively). While the gender difference was more pronounced in urban areas, rural women-only households most often had Livelihood need.

In both rural and urban areas, households with a disability had higher assessed need in all assessed sectors. Severity of need among households with a disability did not vary substantially by urbanity, although such households in rural areas had slightly elevated Livelihood (85%) and WASH (45%) needs compared to those in urban areas (76% and 34%, respectively).

ZOOM IN: PROTECTION NEEDS ACCORDING TO GENDER

MSNA data indicate common assumptions about vulnerability do not always apply in Ukraine, making the identification of vulnerable groups a complex process.

Zooming in on protection needs in Ukraine provides a case study on vulnerability and need in Ukraine along gender lines. Although all assessed sectors had differences between groups warranting further examination, a more in-depth look at Protection needs in Ukraine reveals how crises can both intensify existing vulnerabilities and create new ones. The proceeding examination thus underscores the importance of intersectional and repeated examinations of vulnerability.

OVERVIEW

Protection needs were common in Ukraine, with over one-third (38%) of households nationwide assessed to have a severe need in at least one assessed Protection dimension. Assessed Protection dimensions include: safety and security, Housing, Land and Property concerns, legal assistance needs, barriers to social services, and child separation.

The severity of Protection needs varied substantially by location. Needs were highest in the North (34%), East (78%) and South (65%), as well as areas abutting the front line / Ukraine-Russia border. Protection needs overall, as well as in these regions were driven by safety and security concerns. Overwhelmingly, the most common safety and security concerns related to violence from the conflict impacting private infrastructure (43%), public infrastructure (41%) and civilians (40%). While legal assistance need, barriers to social services and child separation were also included when assessing Protection need, their influence on need was less significant.

Household's sense of safety and security varied according to gender. Over half of all households reported that at least one safety and security concern was impacting their sense of safety (60% of households overall). Men-only households more often reported protection concerns impacting the household (67%) compared to women-only households (56%).

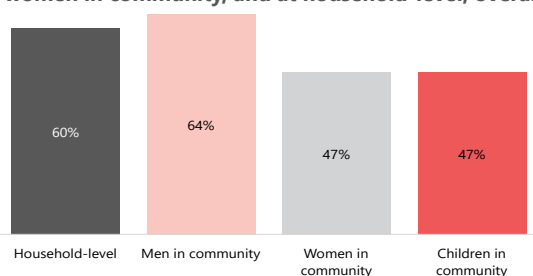
The types of safety and security concerns at the household level did not vary substantially according to gender. This is largely because violence related to the conflict was reported so frequently, with other concerns reported substantially less.

PROTECTION CONCERNS FOR WOMEN AND GIRLS

When specifically prompted to report on the safety and security concerns of women and girls, few gender-specific concerns emerged. Security concerns reported to be affecting women were more general and related to the conflict. Roughly half of all respondents (53%) reported that no factors were impacting the sense of safety and security of women in their community; more than double the percentage which reported that no factors were impacting men's sense of safety and security in their community (27%).

The absence of highlighted women-specific safety and security concerns is likely due to such concerns being difficult to assess in a household-level survey, rather than concerns not existing. For example, roughly one-third (30%) of households reported that women felt sometimes, often or always unsafe walking in their community – indicating gendered security concerns for women exist. Among households who reported safety and security concerns impacting women and girls in their community, 38% reported that women avoid poorly lit areas. Such data at a more granular level can help aid modalities and methods be more gender inclusive (e.g. ensuring well-lit aid distribution sites). The MSNAs limited ability to examine such sensitive gendered experiences in-depth is a key limitation.

Figure 12. Safety and security concern reported for children, men and women in community, and at household-level, overall



SERVICES FOR CHILDREN AND WOMEN IN THE COMMUNITY

Perceptions of services needed by children and women in the community varied across different groups.

Most households reported that children in their community were in need of services – although knowledge on children's needs appeared low. Overall, 58% of households reported needing services related to children's well-being in their area. However, roughly one-third (30%) reported being unsure if services were needed. Households with children appeared more knowledgeable, with 78% reporting services were needed and 9% reporting not knowing. Among households with children, recreational activities (58%), educational support (38%), mental health support (29%), childcare (26%) and health services (22%) were most commonly reported. One in ten households with children also reported support needed for children with disabilities.

Knowledge of services available for women varied across groups, indicating potential gaps in service availability in certain areas or for certain groups, and/or inadequate information sharing efforts. Overall, one-third (30%) of households reported not knowing if services were available and 18% reported that no services were available. Urban households were roughly twice as likely to report that services were available than rural households (60% compared to 36%). Older households were twice as likely to not know if services were available (40%) compared to non-older households (24%). Women-only households also appeared more aware of services (32% reported not knowing) and more often reported that services were available (49%) compared to men-only households (49% and 38%, respectively).

PROTECTION CONCERNS FOR MEN AND BOYS

MSNA data demonstrate that gender-specific protection concerns extend to men and boys. For example, narrative evidence suggests that conscription, or the potential for it, has specific impacts on adult men in the humanitarian context in Ukraine, influencing behaviours such as disregarding evacuation orders.³⁴

Indeed, driving gendered safety and security concerns for men, and among men-only households and male respondents, was conscription. Overall, 12% of households reported that conscription had impacted their household's sense of safety. This was the most reported safety and security concern at the household level after violence related to the conflict. When reflecting on the safety and security concerns for men in their community, conscription emerged as a critical concern – almost half (47%) reported conscription. It was the most cited safety and security concern reported for men in respondents' communities across groups and locations.



12% of households reported that conscription impacted their household's sense of safety.

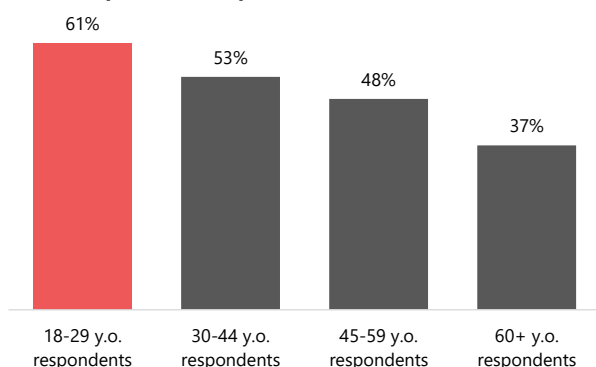


47% reported conscription impacted the sense of safety and security of men in their community.

Gender and age impacted the degree to which conscription was reported as a household safety and security concern. Respondents between 18 and 29 years old were the most likely to report conscription as a household concern (21%) compared to 4% of respondents 60 years old and older. The effect was even more exacerbated for young male respondents, with almost one-third of men respondents between the ages of 18 and 29 years old (30%) reporting that conscription impacted their household's sense of safety.

Age also impacted whether conscription was reported as a concern for men in the community. When prompted to report on specifically the safety and security concerns of men in their community, again younger respondents reported conscription as a concern most often (61% of 18 to 29 year old respondents compared to 47% of respondents overall).

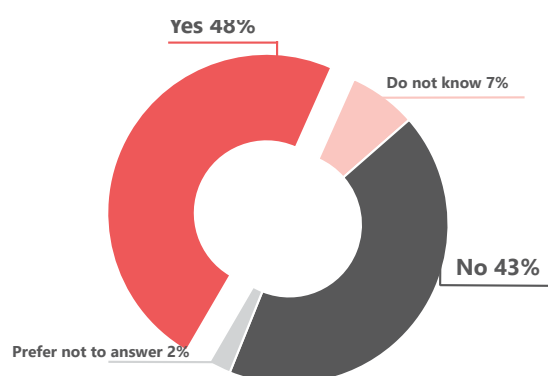
Figure 13. Households reporting conscription as a safety and security concern of men in community, by respondent age (General Population component)



The Dual Voices component further demonstrates that conscription concerns are negatively impacting men in Ukraine. Roughly half of the men surveyed (48%) in this component reported that they or someone they knew experienced negative impacts due to conscription concerns. Although a small-scale (n=96) supplementary component to the MSNA, its indicative findings provide insight into perceptions of conscription, and thus the evolving ways the crisis has shaped vulnerability along gender lines in Ukraine.

Conscription fears may impact households' livelihoods. Of men who reported knowledge of negative impacts, 69% identified specific negative impacts related to employment. The impacts included ceasing to work completely, inability/reluctance to report employment, and inability/reluctance to seek certain types of employment.

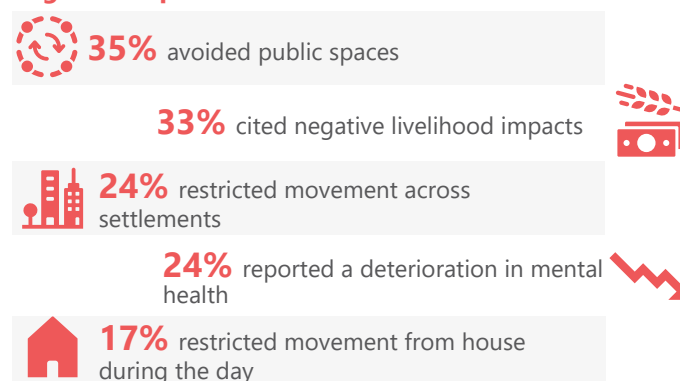
Figure 14. Dual Voice respondents identifying negative impacts due to conscription concerns



Provision of aid and services to men, as well as men's ability to access aid and services may be impacted by conscription concerns. Fourteen percent of men participating in Dual Voices reported that they or someone they knew did not seek out aid or assistance because of conscription concerns. Perhaps related, in the MSNA General Population component, men-only households reported the highest barriers for accessing government services (65%) of all examined groups.

Self-imposed movement restrictions emerged as another key impact of conscription concerns. One in ten of the surveyed men in Dual Voices reported they or someone they knew ignored measures meant to secure their physical safety because of conscription concerns. Similarly, general self-imposed movement restrictions, such as avoiding places in the community, movement within and among settlements, and leaving the house, were frequently reported (24%).

Of Dual Voices respondents identifying negative impacts...



REPORTED HUMANITARIAN NEEDS AND PREFERENCES

Assessed need, self-reported humanitarian needs and aid preferences at times varied along gender, age, and disability lines.

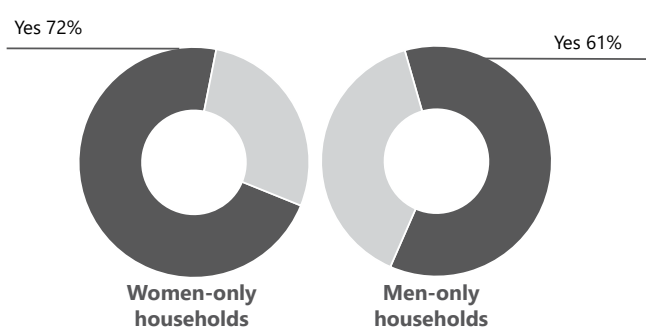
However, some challenges and needs remained persistent across groups. The MSNA prompted households to self-report on challenges, needs and aid preferences, complementing the sectoral needs assessments conducted in the MSNA analysis. At times, subjective reporting on needs and preferences misaligned with self-reported challenges, needs and aid preferences, as well.

SELF-REPORTED CHALLENGES

Households most frequently reported that their top challenge related to livelihoods, protection concerns, and health. Insufficient / inadequate income (29%); safety and protection from the conflict, violence or crime (21%); and access to healthcare (4%) emerged as the top key challenges throughout Ukraine and across gender, age and disability lines. These self-reported challenges largely align with the needs assessed in the MSNA, where Livelihoods, Protection and Health consistently emerged as top sectors in need across groups and locations.

Gender impacted the frequency households reported experiencing a challenge, as well as the type. Women-only households reported experiencing challenges more often (72%) than men-only households (61%) despite households having similar levels of assessed need across gender lines (86% compared to 80%, respectively). Women-only households more often reported a lack of income or money as a top challenge (39%) than men-only households (31%), which aligns with the gender analysis of need: Women-only households had higher Livelihood needs (70%) compared to men-only households (53%).

Figure 15. Frequency of reporting experiencing challenges, by gender of adult members

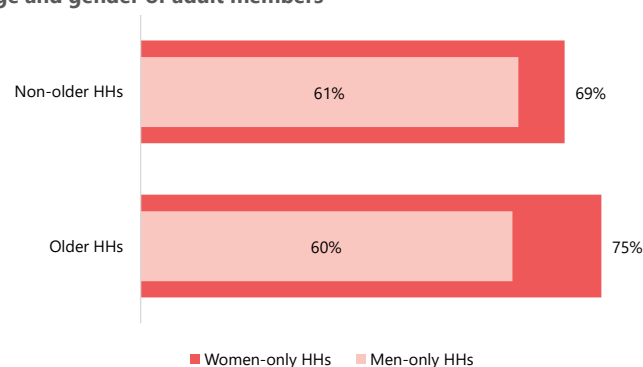


Gender may impact the proportion of households with children reporting challenges. While households with child(ren) reported challenges (62%) in roughly equal proportion to households without (65%), households with a single adult and child(ren), the vast majority of which were headed by a woman, reported challenges more often (74%). This reflects the examination in assessed need, where presence of children did not differentiate need, but rather the presence of multiple adults and the gender of the adult(s).

Age did not affect the frequency of challenges reported, but it did impact the type of challenge. A similar proportion of older households and non-older households reported experiencing a challenge (67% versus 61%, respectively), despite almost all older households having an assessed need in at least one sector (90%), which was substantially higher than the proportion of non-older households (74%). However, in rural areas older households did report challenges more often (67%) than non-older households (57%) - mirroring assessed need where older households in rural areas more often had need (92%) than non-older households (78%). Over one-third or older households reported lack of income or money as the top challenge (36%) compared to one-quarter of non-older households (23%), which were more likely to report protection from the conflict as a key challenge (25%) compared to older households (16%). This reflects the profile of assessed need according to age, where older households more often had Livelihood needs (79% versus 42%), and non-older households (41%) more often had Protection needs (versus 33%, respectively).

Among older households, older women-only households substantially reported challenges more often than older men-only households (75% versus 61% and 35%, respectively). This contradicts with the gender and age analysis of assessed need, where older households had similar levels of need regardless if the household was women-only (92%) or men-only (90%). Further, although older women-only households more often had Livelihood need (84%) versus their male counterparts (70%), a similar proportion of these households reported lack of income or money as the key challenge (42% and 36%, respectively).

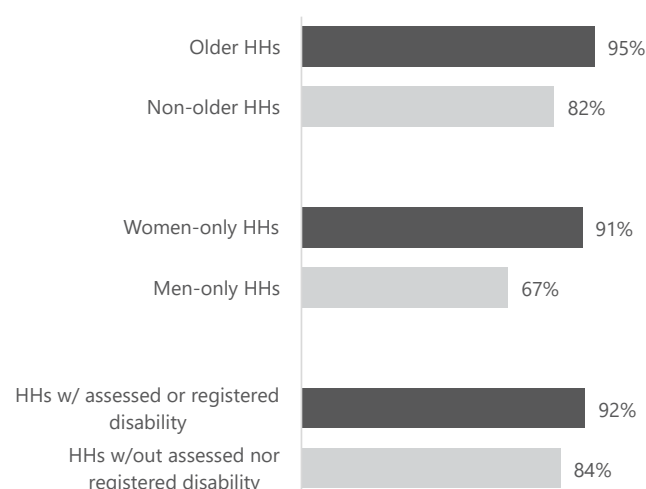
Figure 16. Frequency of reporting experiencing challenges, by age and gender of adult members



Households with an assessed or registered disability more often reported experiencing a challenge, and more often reported income or money as the key challenge. Roughly three-quarters of households with a disability (74%) reported a key challenge compared to 60% of households without. Households with a disability more often reported income or money as a challenge (39%) compared to households without (25%). This aligns with assessed need where households with a disability more often were in need (94% versus 76%), including Livelihood need (75% versus 51%).

Gender did not differentiate the frequency of challenges reported nor the type of challenges among households with a disability. However, among older households those with a disability more often had challenges. Sixty-two percent of older households without a disability reported challenges, compared to three-quarter of older households with a disability. Such households reported healthcare more than twice as often (10% compared to 4%).

Figure 17. Frequency of reporting experiencing challenges among IDP households, by age and gender of adult members and disability status



Among IDP households, age, gender and disability did not impact the top challenges reported, although it did influence the proportion of households reporting challenges. Overall, IDP households reported distinct challenges, particularly regarding access to a suitable living space (7%), and often reported challenges generally (85%). This aligns with assessed need of IDP households, who were more often in SNFI need (60%) than non-IDP households (26%), as well as were more often assessed to be in need. Older IDP households were more likely to report challenges (95% reported challenges compared to 82% of non-older IDP households), as were women-only IDP households (90% compared to 66% of men-only IDP households), and households with a disability (92% compared to 84% of households without a disability).

AID PREFERENCES

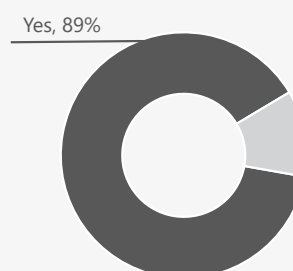
Overall, 79% of households desired some type of support from aid providers. The type of support desired by households aligned with the top sectors in need, as well as self-reported challenges. Cash (54%), healthcare (34%) and livelihood support (9%) emerged as top categories, with some variance according to gender and disability lines. Food also emerged as key category of support desired by households (29%) – despite food insecurity being relatively low in Ukraine (10% of households had Food Security needs).

Gender impacted if households desired support and the type. Women-only households more often desired support (86%) compared to men-only households (77%). Specifically, they more often reported desiring food support (40% versus 29%), healthcare support (42% versus 28%) and cash (62% versus 51%) and hygiene (14% versus 4%) and feminine hygiene items (6% versus 0%).

Age did impact households' desire for support and the type. Overall, 89% of older households desired support compared to 72% of non-older households. Older households preferred cash (63%), healthcare (50%) and food (41%) substantially more often than non-older households (50%, 20%, and 23% respectively). Non-older households preferred livelihood support more often (12% compared to 3%). Among older households, there were negligible gender differences, unlike among non-older households, which had substantial gender differences, with cash (57%), food (34%), healthcare (26%) and hygiene (14%) and feminine hygiene items (10%) more often being reported among women-only households than men-only households (45%, 23%, 15%, 3% and 0%, respectively).

Households with a disability more often reported desiring support, as well as desiring healthcare support. Among households with an assessed or registered disability, 88% desired some type of support compared to 74% without an assessed or registered disability. Households with a disability more often than those without reported desiring healthcare support (54% versus 24%) and food (36% versus 26%).

Figure 17. Frequency of reporting desiring support for older households



Age did impact the type of support desired by households with an assessed or registered disability.

Older households with a disability more often reported desiring support (93%) than non-older households (82%), in particular they more often desired healthcare support (65% compared to 38%) and food (44% compared to 30%). Further, women-only households with a disability more often reported requiring feminine hygiene products (6%) and other essential hygiene products (18%) compared to men-only households with a disability (0% and 5%, respectively). Men-only households with a disability reported access to energy as a key area where they would like support (11%, compared to 2%).

IDP households' preferences were unique, with variation at times among age and disability, similar to top challenge reported.

Overall, a substantial proportion of IDP households reported desiring support related to shelter (23% reported wanting general shelter support and 15% for the E-recovery programme) and IDP benefits (14%). Older IDP households reported twice as often desiring healthcare support (41%) compared to non-older IDP households (24%), despite only 4% reporting access to healthcare as a top challenge. Further, IDP households with a disability reported desiring healthcare support (57%) substantially more often than IDP households without a disability (18%). The sample size did not allow for a gendered analysis of IDP households preferred type of support.

CONCLUSION

Examining needs along gender, age and disability is a complex process in Ukraine.

Simple examinations, which rely on generic assumptions and view vulnerability through a single layer of disadvantage, do not always produce effective insights for identifying need and thus responding to vulnerability accordingly.

The complexity of needs in Ukraine demonstrates how crises exacerbate, shift and create new vulnerabilities for affected populations. For example, the MSNA presents evidence that households with an assessed or registered disability and older households have at times elevated needs overall and/or in specific sectors. At the same time, it demonstrates that men, particularly young men, are newly vulnerable in Ukraine because of the direct and knock-on effects of the full-scale invasion.

Despite the differing frequency of assessed needs and needs profiles according to gender, age, and disability,

groups' subjective preferences and understandings of their own aid needs did not always vary. However, how these needs should be addressed across different groups and locations should take into consideration the particular factors of vulnerability and resilience of each group, as identified in the MSNA analysis – even if the most pressing challenges and the desired areas of need remain consistent.

Examinations on need and vulnerability are, and should remain to be, a continuous and inquisitive process.

Gender, age and disability will continue to impact needs in Ukraine. However, their impact will shift over time as the crisis continues, as demonstrated by men's vulnerability in MSNA data.

Three years after the full-scale invasion, needs continue to evolve across groups and locations. The MSNA analysis demonstrates the multi-faceted nature of vulnerability across Ukraine, demonstrated by both elevated and unique needs. The findings reinforce the importance of tailoring humanitarian interventions according to gender, age, disability and other demographic considerations.

ACKNOWLEDGEMENTS

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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).

CATEGORIES OF ANALYSIS

Urbanity	by rural / urban	Households in urban settlements
		Household in rural settlements
Disability	by assessed and/or registered disability for members of household 5 years old or older	Households with an assessed and/or registered disability
		Households without an assessed and/or registered disability
Households with children	by presence of children	Households with children
		Households without children
	by presence of children and adults	Households with children and one adult
		Households with children and adults
		Households without children
	by presence of children and gender of adults	Households with children and one female adult
		Households with children and one male adult
		Households with children and multiple adults
		Households without children
Age of adult household members	by age of adult household members	Older households (households with adult members only 60 years old or older)
		Mixed-age households (households with adult members both 60 years old or older and younger)
		Non-older households (households with adult members only younger than 60 years old)
Gender of household members	by gender of adult household members	Women-only households
		Men-only households
		Mixed gender households
	by gender of adult household members, single-person households only	Single woman household
		Single man household
IDP status	by displacement status of head of household	IDP household
		Non-IDP household

DEMOGRAPHICS

Household category	Weighted %	Sample size
Households with assessed/registered disability	29%	3394
Households w/out assessed/registered disability	71%	7040
Rural households	38%	4903
Urban households	62%	5474
Households living 100 kilometers from front line /Ukraine-Russia border	71%	5954
Households living 30 to 100 kilometers or more from front line /Ukraine-Russia border	19%	2703
Households living 30 kilometers less from front line /Ukraine-Russia border	9%	1720
IDP households	7%	767
Non-displaced households	79%	8042
Household displaced within settlement	1%	110
Returnee households	14%	1484
Households with one member	22%	2245
Households with 2 to 4 members	70%	7254
Households with 5 or more members	8%	935
Older households	29%	3027
Mixed-age households	20%	2248
Non-older households	52%	5149
18 to 29 year old respondents	12%	882
30 to 44 year old respondents	26%	2877
45 to 59 year old respondents	25%	2815
60 year old or older respondents	37%	3860
Male respondents	34%	3308
Female respondents	66%	7124
Women-only households	23%	2535
Men-only households	8%	802
Mixed gender households	68%	7097
Single woman households	15%	1551
Single man households	7%	694
Multiple person households	78%	8189
Households with children	32%	3536
Households without children	68%	6898
Female adult(s) with child(ren) households	4%	1112
Male adult(s) with child(ren) households	<1%	582
Mixed gender adults with child(ren) households	29%	1842
Households without children	68%	6898
Multiple adults with child(ren) households	29%	3089
Single adult with child(ren) households	4%	447
No children households	68%	6898
Mixed gender households with child(ren)	27%	2846
Mixed gender households without children	41%	4251
Only female adult(s) with child(ren)	5%	658
Only female adult(s) with no children	18%	1877
Only male adult(s) with child(ren)	0%	32
Only male adult(s) with no children	8%	770

INTERSECTIONAL DEMOGRAPHICS³⁵

Household category	Sample size
Older women only households	1229
Older men only households	356
Non-older women only households	972
Non-older men only households	412
Older households with assessed/registered disability	1249
Older households w/out assessed/registered disability	1783
Non-older households with assessed/registered disability	1037
Non-older households w/out assessed/registered disability	4116
Women only households w/ assessed/registered disability	806
Men only households w/ assessed/registered disability	1729
Women only households w/out assessed/registered disability	221
Men only households w/out assessed/registered disability	581
IDP women only households	42
IDP men only households	251
Older IDP households	122
Non-older IDP households	478
IDP households w/ assessed/registered disability	185
IDP households w/out assessed/registered disability	582
Rural women only households	1142
Rural men only households	1357
Urban women only households	1381
Urban men only households	443
Rural older households	1538
Rural non older households	2166
Urban older households	1485
Urban non older households	2949
Rural households w/ assessed/registered disability	1145
Rural households w/out assessed/registered disability	3758
Urban households w/ assessed/registered disability	4369
Urban households w/out assessed/registered disability	3758

Endnotes

- 1 United Nations Office for the Coordination of Humanitarian Affairs (2025). [Ukraine Humanitarian Needs and Response Plan](#).
- 2 Ciobanu, Claudia. "'Like North Korea': Ukrainian Men in Poland Express Anger at Consular Service Suspension." *Balkan Insight*, 24 April 2024.
- 3 [To boost Ukraine's army, feared patrols hunt for potential conscripts](#). Al Jazeera, 14 October 2024.
- 4 Jóźwiak, Gabriella. ["Aid or army? Ukraine conscription laws drain NGOs of male staff."](#) Devex, 19 February 2025.
- 5 United Nations Human Rights Office of the High Commissioner (2024). [Report on the Human Rights Situation in Ukraine 1 March 2024 - 31 May 2024](#).
- 6 United Nations Office for the Coordination of Humanitarian Affairs (2025). [Ukraine Humanitarian Needs and Response Plan](#).
- 7 Please see the [MSNA Terms of Reference](#) and the [MSNA 2024 Contextualized Composite Indicator Analysis Methods Note](#) for further information.
- 8 The component of the MSNA focusing on IDP and returnee households represents a separate CATI data collection component whereby the MSNA screened exclusively for returnee and IDP households. The households additionally surveyed in this component (429) were then combined with the IDP and returnee households randomly sampled in the general population component. Through combining these two components into one dataset the requisite sample sizes were reached to be representative with a 90% confidence level and 10% margin of error for IDP households at the oblast-level in the oblasts covered in the general population component, excluding Zhytomyrska Oblast. The MSNA also achieved representative data on returnee households with the same precision in Western, Northern, Eastern and Southern Ukraine. Further limitations of this specific component can be found in the [Read Me of the Displacement Dataset](#).
- 9 Areas inaccessible for data collection were predominantly areas temporarily occupied by the Russian Federation. However, limited front line areas under the control of the Government of Ukraine in raions where the MSNA conducted F2F data collection were also inaccessible to data collection. The MSNA partner World Food Programme conducted community-level key informant interviews in these inaccessible areas through an IMPACT-developed indirect data collection methodology called Area of Knowledge (AoK) approach. More information on this approach can be found here. Only areas of Donetsk and Luhansk Oblasts and the Autonomous Republic of Crimea not under control of the Government of Ukraine since 2014 were excluded from the AoK approach.
- 10 Generally, if 20% of the population of the raion was inaccessible for F2F data collection, CATI surveys were used.
- 11 Further information on the CCIA can be found in the corresponding [methodology note](#) and [brief](#). Further, the CCIA represents a distinct calculation of severity which is contextualized to Ukraine and is separate from the Multi-Sectoral Needs Index which also calculates the multi-sectoral needs of households but with the primary objective of cross-crisis comparison. The CCIA is not meant for cross-crisis comparisons and is designed purely to assess need in the Ukraine context.
- 12 The CCIA was calculated for the following sectors: Education, Food Security, Health, Livelihoods, Protection, SNFI and WASH.
- 13 Levine, S., Barbelet, V. and Moallin, Z. (2025). [Making vulnerability analysis useful for humanitarian response: Lessons from Somalia and Ukraine](#). Humanitarian Policy Group Report. London: ODI Global
- 14 Ibid.
- 15 Arifeen, A. and Nyborg, I. (2021). [How humanitarian assistance practices exacerbate vulnerability: Knowledges, authority and legitimacy in disaster interventions in Baltistan, Pakistan](#). *International Journal of Disaster Risk Reduction*, vol. 54, No. 5.
- 16 Anderson, M. (1994). [The concept of vulnerability: beyond the focus on vulnerable groups](#). *International Review of the Red Cross*, vol. 34, Special Issue No. 301.
- 17 Older households refers to households where all adults were 60 years old or older.
- 18 Mixed-age households refers to households where there were multiple adults and where adults were both older and younger than 60 years old.
- 19 Non-older households refers to households where the only adult(s) present were 59 years old or younger
- 20 Irregular income sources were income from uncategorizable source (other) and casual / daily labor. Assistance-based income sources were IDP benefits from the government; humanitarian aid; loans or support from family and friend within Ukraine; and loans, support and charitable donations from community members.
- 21 Single-person households constituted 22% of the overall sample
- 22 The MSNA used the Washington Group Short Set (WG-SS) to assess disability. Given the length of the questionnaire, the WG-SS was asked at the household-level for all household members five years old or older. The MSNA also prompted respondents to report if a member of their household had a registered disability. These two variables were then combined to categorize whether a household had a registered or assessed disability.
- 23 This was partially by design, as having a disability level of 3 or 4 according to the WG-SS categorized a household automatically as in need.
- 24 [IOM Displacement Tracking Matrix Ukraine](#). Accessed February 2025.
- 25 [United Nations High Commission for Refugees Operational Data Portal Ukraine](#). Accessed February 2025.
- 26 Cherenko L. (2024). [Measuring Poverty in the Conditions of War in Ukraine](#). United Nations Economic Commission for Europe: Conference of European Statisticians, Working paper 1 (Workshop).
- 27 Ibid.
- 28 Ibid.
- 29 Children in the context of this brief refers to all persons under the age of 18 years old.
- 30 United Nations Office for the Coordination of Humanitarian Affairs (2025). [Ukraine Humanitarian Needs and Response Plan](#).
- 31 Children in the context of this brief means any individual under 18 years of age.
- 32 In the sample, there were only 20 households sampled which had one male adult and children. Thus, single adult households with children is relatively comparable with households with a single female adult and children.
- 33 REACH Ukraine (2025). [The Urban Rural Divide: Households' ability to make a living in Ukraine, findings from the Multi-Sectoral Needs Analysis](#).
- 34 ["To boost Ukraine's army, feared patrols hunt for potential conscripts."](#) Al Jazeera, 14 October 2024.
- 35 The sample sizes for the intersectional demographics are presented according to the number of respondents per sub-group which received an overall CCIA score. Given the CCIA score was calculated from particular indicators, and respondents may not have answered all indicators, different CCIA sectoral scores may have different sample sizes. For example, if all women-only IDP households answered all relevant indicators for calculating the Livelihood sectoral score, but five did not answer all relevant WASH questions, the sample size for the WASH sectoral score would be smaller for this sub-group. The sample size for the CCIA score is presented in this table. The sample sizes for the various findings per sector discussed in this brief may at times be slightly higher or lower depending on the sector. Sample sizes are not presented in the body of the text to improve the readability of this brief. Further information on exact sample sizes for sectoral finds per sub-group are available upon request.