

Multi-purpose cash and sectoral outcomes

REACH Ukraine

April 2025

REACH Informing
more effective
humanitarian action

IMPACT Shaping practices
Influencing policies
Impacting lives
REACH | PANDA | AGORA



Contents

- 01** Methodology
- 02** Key findings
- 03** Households' ability to meet basic needs and purchasing patterns
- 04** Household expectations and use of MPCA
- 05** MPCA role in meeting household needs and avoiding coping strategies
- 06** Potential expansion of MPCA
- 07** Preferred assistance modalities
- 08** Conclusion

A light gray world map is centered in the background. Overlaid on the map is a complex, low-poly geometric pattern of thin gray lines that form a network of triangles across the entire slide. The number '01' is positioned in the center of the map, above the word 'Methodology'.

01

Methodology

Methodology

The assessment employed a quantitative panel methodology to evaluate the impact of Multi-Purpose Cash Assistance (MPCA) on conflict-affected households.

Data was collected at two points in time—prior to MPCA receipt (baseline) and after the final cash transfer (endline)—to capture changes over the course of assistance.

Data collection was conducted remotely using Computer-Assisted Telephone Interviews (CATI), implemented by a third-party service provider.

The survey gathered household-level data on income, expenditures, and the perceived impact of MPCA on meeting basic needs and sector-specific humanitarian outcomes.

Limitations:

- Given the sampling methodology, results are indicative.
- The data collection was based on contacts of MPCA recipients from one humanitarian organization – ACTED. Further, interviews were done in only two oblasts. As a result, the study is not comprehensive for MPCA in the Whole of Ukraine and may also be biased towards households which are more likely to receive MPCA from ACTED according to their scoring system and manner of ascertaining eligibility.
- Due to the rather limited number of interviews, there is a possibility that not all possible categories of vulnerable households eligible for provision of MPCA were interviewed, as well, limiting the insights that can be provided for certain vulnerable categories.
- Finally, as the baseline and endline were conducted in a relatively short time frame the effect of seasonality cannot be fully explored. Therefore, the results of the study should also be taken within the context of the data collection period (winter).

Methodology

3 Assessed *hromadas*

- *Shevchenkivska and Chkalovska Hromadas in Kharkivska Oblast*
- *Muzykivska Hromada in Khersonska Oblast*

2 Data collections

- *baseline – 195 households (October - November 2024)*
- *endline – 130 households (January 2025)*

Interviewed categories of MPCA households-beneficiaries

- Households with 3 or more children under 18 years of age
- Households with children under 1 year of age
- Households with pregnant women
- Households with people with disabilities of group 1 or 2
- Households with people with severe chronic diseases.
- Households where all adult household members are 60 y.o.+
- Households headed by women
- Single headed households with child(ren) or older person(s) (60 y.o.+)
- Households displaced from the territory of active hostilities and not receiving IDP payments
- Households evacuated from the territory of active hostilities within the last 30 days
- Households partially or fully damaged
- Households whose members were injured or killed as a result of hostilities

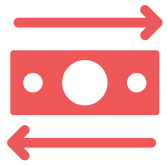
A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming various sized triangles and polygons. The number '02' is printed in a bold, red, sans-serif font, positioned centrally over the map's mid-section.

02

Key findings

Key Takeaways on MPCA and Sectoral Outcomes

MPCA Spending Priorities



Top expenditures were utilities, healthcare, food, heating and clothing and shoes. These top uses also reflect MPCA-specific expenditures, indicating MPCA did not distort purchasing patterns.

MPCA Helped Cover Basic Needs



Following MPCA support **68% of households reported remaining unmet needs requiring further assistance**. The need for additional support increased with household vulnerability level—rising from 60% in the least vulnerable Q1 group to 80% in Q4 households, the most vulnerable. **Medicine was a common unmet need.**

Mitigation of Worse Outcomes



Households relied on coping strategies more often (**62% to 76%**) post MPCA distribution. In particular, **reduction of essential health expenditures increased**, although 65% reported MPCA also mitigated use of this coping strategy.

MPCA may have thus played **a critical role in mitigating the deterioration of households' living conditions** amid the worsening financial conditions and the difficult winter months.

Success but Gaps Remain



On average, **75% of needs were calculated to have been covered by MPCA**. MPCA also **remains overwhelmingly the preferred form of support for** households where over half (62%) of households reported there was no need MPCA could not meet.

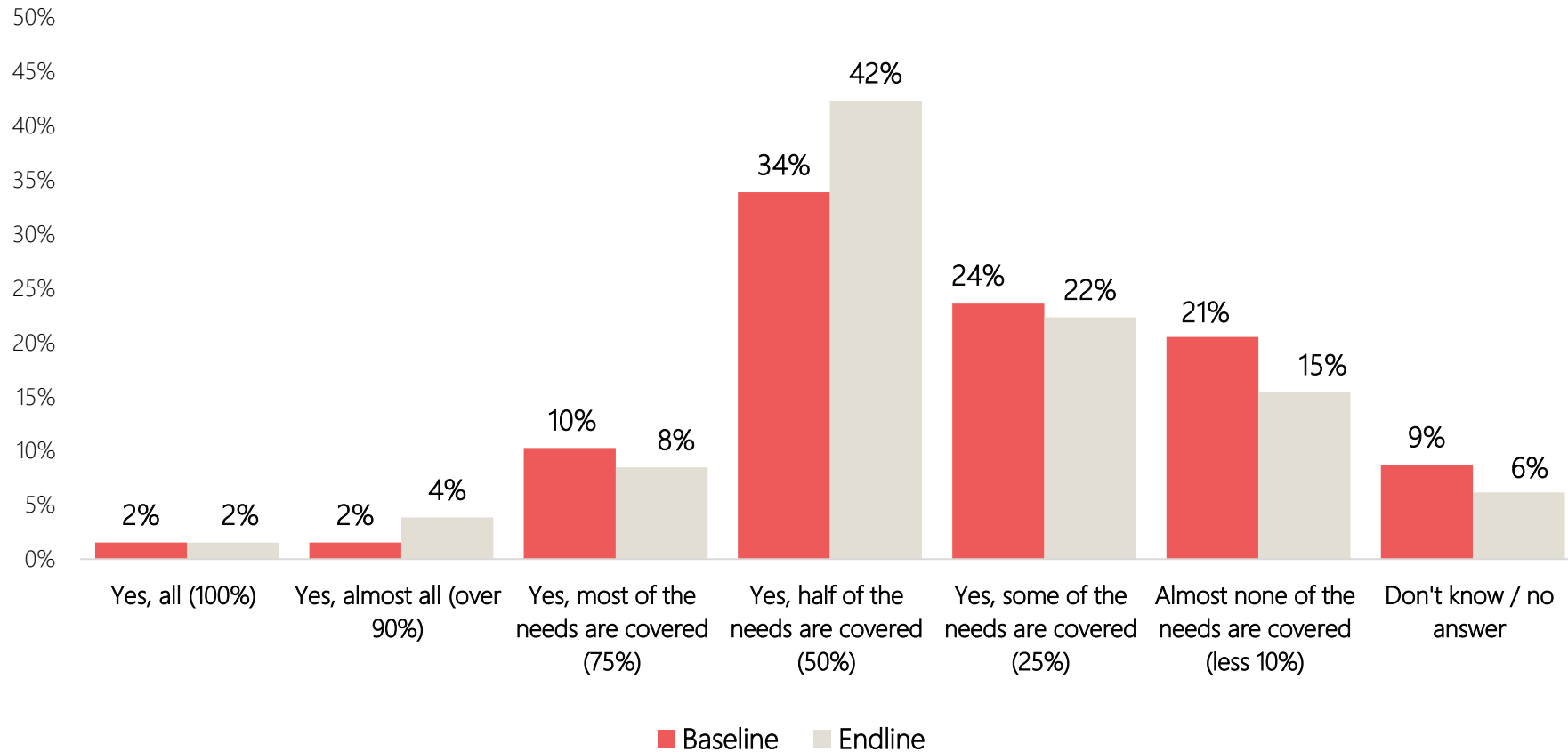
Of needs MPCA could not meet, households reported that **with a longer time horizon of support (6 months) and double the amount of support, MPCA could meet some challenging unmet needs**, such as medication.

A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected lines forming a network of triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia.

03

Households' ability to meet basic needs and purchasing patterns

Households' ability to meet basic needs



MPCA appeared to support households in covering a greater share of their basic needs. A greater proportion of households reported that half or more of their needs were covered after MPCA distribution (56%) compared to prior (48%).

However, households remained vulnerable even after MPCA distribution. Over one-third (37%) of households still were unable to meet half of their basic needs even after MPCA distribution.

Households' purchasing patterns

Households purchasing patterns, spending distribution and uncovered needs






Category of basic needs	Baseline			Endline		
	% of HHs reporting expenditure on basic needs in last 30 days (n=195)	Of HHs spending on basic need category, average % of HH expenditures in last 30 days (n=195)	% of HHs reporting basic need is currently unmet (n=195)	% of HHs reporting expenditure on basic needs in last 30 days (n=130)	Of HHs spending on basic need category, average % of HH expenditures in last 30 days (n=130)	% of HHs reporting basic need is currently unmet (n=120)
Agricultural inputs	10%	8%	2%	6%	38%	2%
Basic shelter maintenance	12%	12%	7%	8%	23%	9%
Rent	4%	11%	1%	5%	19%	1%
Heating (fuel)	15%	31%	34%	41%	28%	26%
Utilities (electricity, gas)	79%	22%	46%	84%	20%	33%
Domestic cleaning items	45%	5%	1%	40%	6%	3%
Household non-food items	12%	8%	-	10%	7%	3%
Food	89%	36%	21%	88%	35%	23%
Drinking safe water	20%	3%	1%	12%	4%	-
Water Supply (other than drinking)	26%	4%	-	15%	4%	3%
Personal hygiene items	48%	9%	2%	39%	8%	5%
Medication	74%	20%	33%	68%	22%	45%
Assistive products (hearing aids, etc.)	6%	8%	-	2%	9%	1%
Clothing and shoes	34%	18%	27%	19%	21%	27%
Education materials	6%	13%	1%	5%	22%	4%
Transportation	34%	8%	-	16%	8%	2%
Mobile \ Internet comms	71%	7%	-	56%	7%	-
Savings for future	2%	3%	-	2%	14%	1%
Shared w/ others in need	17%	7%	-	2%	9%	-
Other	2%	23%	10%	2%	39%	12%
Do not know	4%	-	3%	2%	-	10%

MPCA did not appear to mutate purchasing patterns on key needs. Utilities, food, medication and clothing and shoes remained top categories of basic needs spending. However, spending on water, transportation, and internet decreased.

After MPCA distribution, heating and utilities as an unmet need decreased substantially from 34% to 26% and 46% to 33%, respectively. Food and clothing and shoes did not change. However, **medication as an unmet need increased** from 33% to 45% - indicating MPCA may not have successfully addressed this need.

Households' purchasing patterns

Households spending on key basic needs, by household category (baseline/endline)

% of household spending on key needs, by category (baseline/endline)	Food (baseline/endline) 	Medication (baseline/endline) 	Utilities (baseline/endline) 	Heating (fuel) (baseline/endline) 	Clothing and shoes (baseline/endline) 
Households with three or more children under 18 years of age	56%/33%	8%/16%	14%/10%	-%/40%	32%/21%
Households with children under one year of age	34%/22%	11%/16%	27%/14%	40%/31%	19%/20%
Households with pregnant women	36%/35%	28%/18%	29%/16%	-/21%	-/
Households with people with disabilities of group 1 or 2	33%/43%	25%/17%	26%/22%	63%/24%	31%/15%
Households with people with severe chronic diseases	35%/35%	20%/23%	21%/21%	31%/26%	18%/19%
Households where all adult members are 60 y.o.+	35%/38%	20%/20%	16%/16%	30%/34%	19%/27%
Households headed by women	36%/32%	17%/18%	17%/19%	35%/27%	22%/29%
Single headed households with child(ren) older people (60+ y.o.)	36%/31%	20%/26%	23%/21%	22%/26%	21%/27%
Households displaced from the territory of active hostilities and not receiving IDP payments	40%/35%	19%/22%	13%/24%	13%/40%	12%/11%
Households with partially or fully damaged place of residence	34%/35%	19%/19%	20%/20%	28%/26%	16%/17%
Households whose members were injured or killed b/c of hostilities	29%/29%	21%/24%	19%/27%	39%/33%	10%/24%

Different categories of vulnerable households experience different shifts in their purchasing patterns post MPCA distribution. However, sample sizes were at times extremely small and thus it is difficult to draw conclusions.

Food and heating fuel experienced the biggest shifts (both increase and decrease) in households reporting spending on these basic needs. Overall, households often reported increases in heating fuel spending and decreases in food spending.

Households with three or more children under 18 years of age, households with people with disabilities of group 1 or 2 reported the biggest shifts in spending on basic needs post MPCA distribution.

A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the outlines of continents and countries. The text '04' is positioned in the upper center, over the European continent.

04

Household expectations and use of MPCA

Household expectations and spending of MPCA

Household spending priorities for MPCA

Category of basic needs	Baseline	Endline	
	% of HHs predicting expenditure of MPCA on basic needs category	% of HHs actual expenditures of MPCA on basic needs categories at endline	Of HHs spending MPCA on basic need category, average % of HH MPCA expenditures at endline
Agricultural inputs	3%	3%	27%
Basic Shelter Maintenance	12%	9%	32%
Rent	3%	5%	21%
Heating (fuel)	39%	40%	48%
Utilities (electricity, gas, fuel for cooking)	49%	57%	25%
Domestic cleaning items	2%	14%	9%
Household non-food items	2%	8%	16%
Food	36%	45%	25%
Drinking safe water	1%	2%	10%
Water Supply (water used for purposes other than drinking)	1%	5%	9%
Personal hygiene items	10%	16%	13%
Medication	50%	54%	24%
Assistive products (hearing aid, chairs, etc.)	-	1%	2%
Clothing and shoes	33%	32%	22%
Education materials	5%	7%	40%
Transportation	2%	10%	10%
Mobile \ Internet communication	1%	18%	8%
Savings for future	-	6%	28%
Shared with other people in need	-	3%	38%
Other	20%	14%	59%

Similar to overall expenditures, **spending of MPCA focused on heating, utilities, food and medication.** Of households spending on these categories, they often represented a substantial share of the total household MPCA expenditure.

Despite **45% of households reporting that medication was an unmet need** post MPCA distribution, **many households spent their MPCA on medication** (54%) and it represented a substantial share of MPCA expenditure (24%). This may indicate **that MPCA was not enough or was ill-suited to address medication need.**

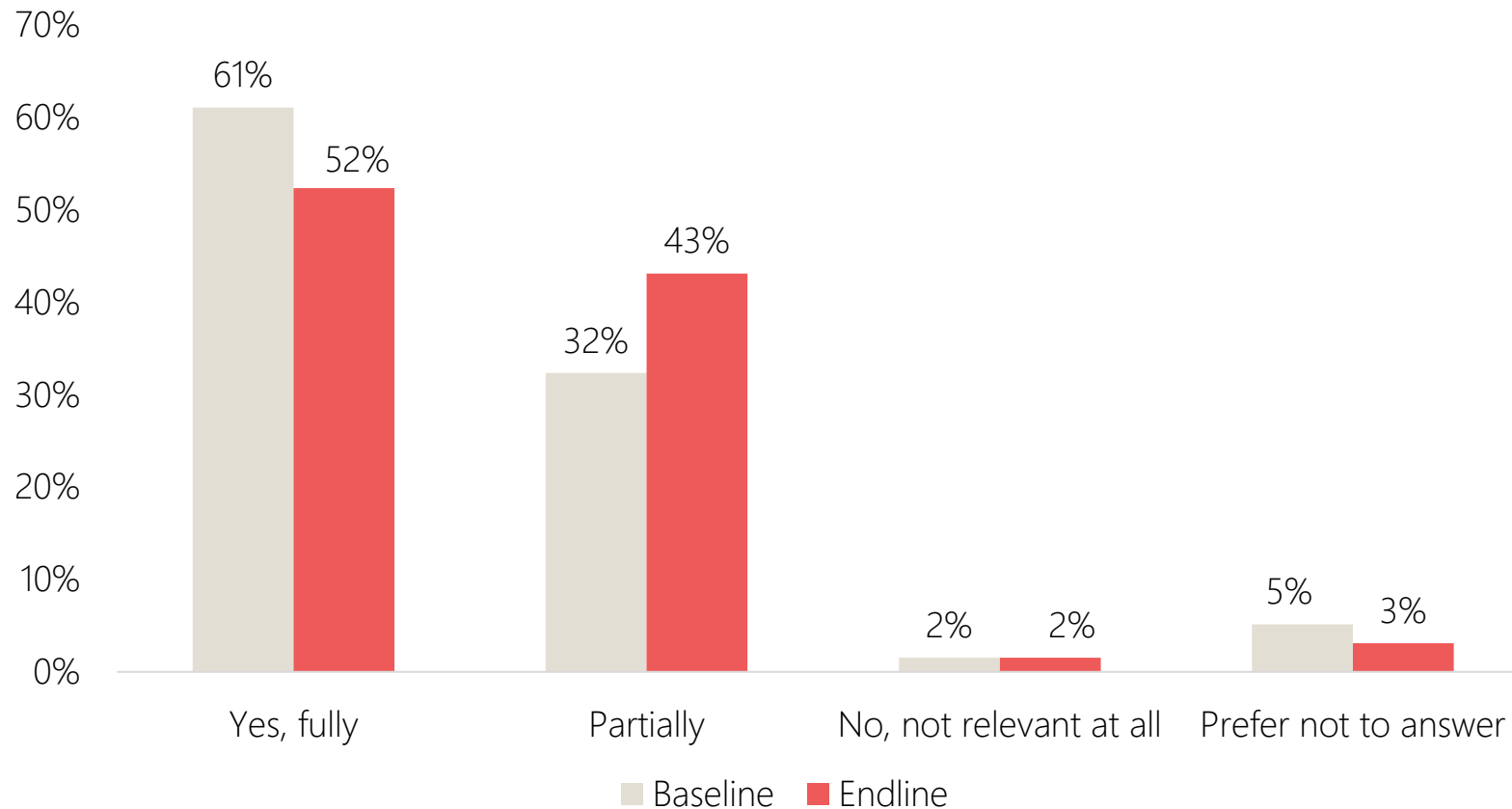
A light gray world map is centered in the background, overlaid with a faint, light gray geometric pattern of interconnected triangles. The map shows the continents of North America, South America, Europe, Africa, Asia, and Australia. The text '05' is positioned in the center of the map, above the main title.

05

MPCA role in meeting household needs and avoiding coping strategies

MPCA role in meeting household needs and avoiding coping strategies

Relevance of MPCA to beneficiary households' needs



Despite the persistence of unmet needs, households felt that MPCA was relevant to their household's needs. However, expectations were high. A larger share of households felt that MPCA was fully relevant to their household needs than after MPCA distribution. This may indicate that many households perceive MPCA as important, but not an all-encompassing response to their needs.

MPCA role in meeting household needs and avoiding coping strategies

Household by category	Yes, fully	Partially	Level of needs coverage*
All HHs (endline) (n=130)	42%	56%	75%
HHs with three or more children under 18 years of age (n=7)	57%	43%	88%
HHs with children under one year of age (n=6)	50%	33%	85%
HHs with pregnant women (n=1)	100%	-	100%
HHs with people with disabilities of group 1 or 2 (n=10)	50%	50%	75%
HHs with people with severe chronic diseases (n=125)	40%	58%	75%
HHs where all adult members are 60 y.o.+ (n=24)	42%	58%	76%
HHs headed by women (n=29)	45%	52%	73%
Single headed HHs with child(ren) older people (60+ y.o.) (n=32)	50%	50%	78%
HHs displaced from the territory of active hostilities and not receiving IDP payments (n=12)	25%	75%	68%
HHs with partially or fully damaged place of residence (n=53)	30%	68%	69%
HHs whose members were injured or killed b/c of hostilities (n=16)	56%	44%	81%
Eligibility criteria score			
Q1 HHs (n=32)	38%	59%	75%
Q2 HHs (n=34)	44%	50%	79%
Q3 HHs (n=33)	48%	52%	76%
Q4 HHs (most vulnerable) (n=31)	35%	65%	71%

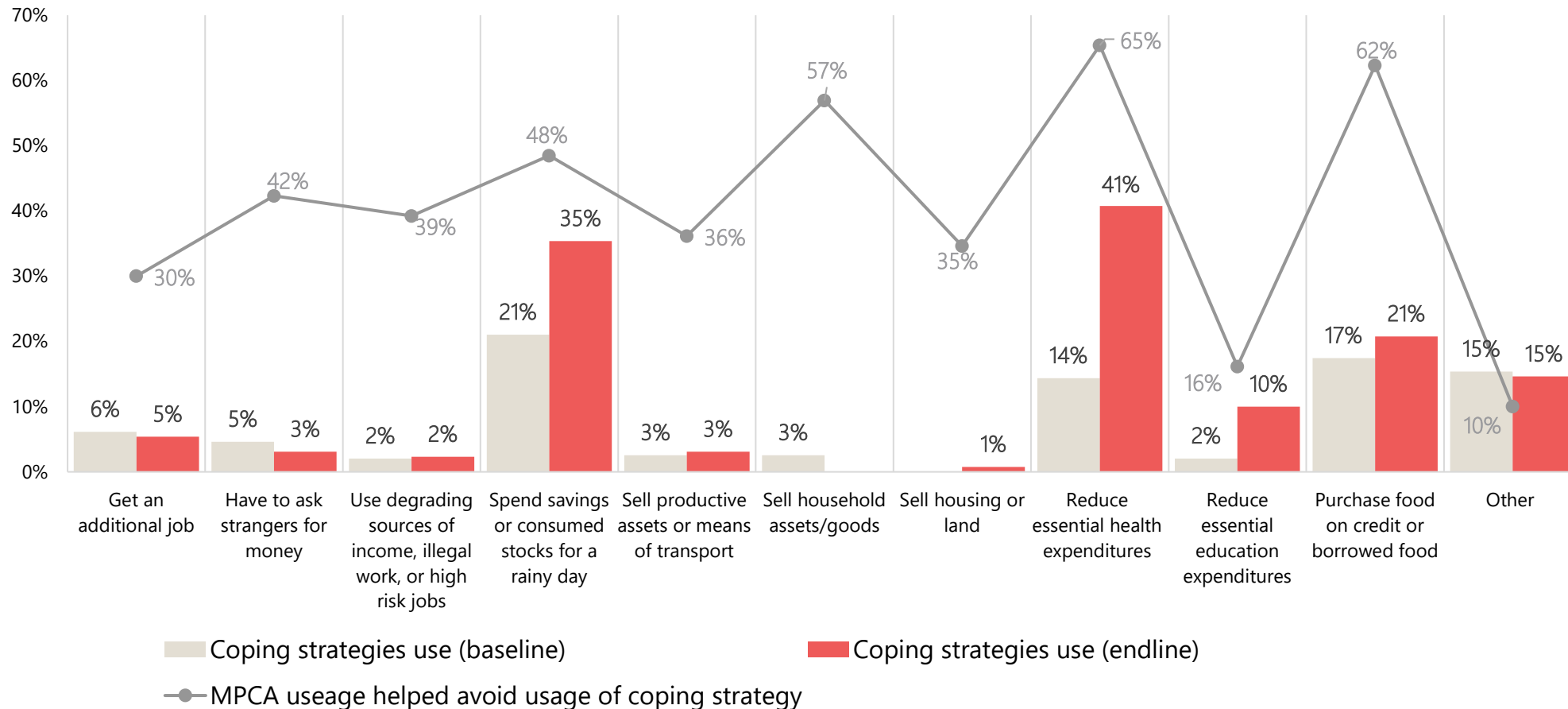
Different categories of vulnerable households perceived the applicability of MPCA differently. Sample sizes are at times extremely small and thus it is not possible to draw strong conclusions.

However, **the level of vulnerability did not appear to impact the calculated levels of need coverage.**

* Households who answered “Yes, fully” were assigned a value of 100%. Households who chose the answer “Partially” were then prompted to indicate the corresponding % of MPCA coverage of their needs. No households selected needs were fully unmet by MPCA. These values were then averaged to produce the indicator “Levels of need coverage.”

MPCA role in meeting household needs and avoiding coping strategies

Use of coping strategies and the role of MPCA in reducing their use*



Overall households relied on coping strategies more often (62% to 76%) post MPCA distribution. In particular, **reduction of essential health expenditures increased** from 14% to 41%, which reflects households' reporting medication as an unmet need.

MPCA did prevent some households from relying on coping strategies. When prompted to report if MPCA prevented them from relying on coping strategies, at least one-third of households reported "Yes" for all coping strategies provided except for reduction in essential educational expenditures.

*Regardless if a household selected a particular coping strategy, households in the endline were prompted to respond if the use of the coping strategy had been partially or fully avoided due to MPCA.

MPCA role in meeting household needs and avoiding coping strategies

Frequency of HHs that have unmet needs following MPCA support

Households by category	Yes	No
All HHs (endline) (n=114)	68%	31%
HHs with three or more children under 18 years of age (n=5)	40%	60%
HHs with children under one year of age (n=6)	33%	67%
HHs with pregnant women (n=1)	-	-
HHs with people with disabilities of group 1 or 2 (n=9)	56%	44%
HHs with people with severe chronic diseases (n=109)	69%	30%
HHs where all adult members are 60 y.o.+ (n=20)	75%	20%
HHs headed by women (n=23)	57%	39%
Single headed HHs with child(ren) and older people (60+ y.o.) (n=29)	62%	38%
HHs displaced from the territory of active hostilities and not receiving IDP payments (n=11)	64%	36%
HHs with partially or fully damaged place of residence (n=49)	67%	31%
HHs whose members were injured or killed b/c of hostilities (n=15)	73%	27%
Eligibility criteria score		
Q1 HHs (n=25)	60%	36%
Q2 HHs (n=29)	66%	34%
Q3 HHs (n=30)	67%	33%
Q4 HHs (most vulnerable) (n=30)	80%	20%

In light of respondent perception that MPCA was not fully relevant and reliance on certain coping strategies, some households reported that needs remained unmet following MPCA support. This at times varied according to the vulnerability category of the household, although small sample sizes make it difficult to draw conclusions.

The most vulnerable households more often reported remaining unmet needs post MPCA distribution, indicating that their needs are likely more complex and persistent.

MPCA role in meeting household needs and avoiding coping strategies

Needs requiring additional assistance (cash or in-kind) post-MPCA disbursement

Needs requiring additional assistance	Households reporting needs requiring additional assistance				
	Endline overall (n=77)	Q1 (n=15)	Q2 (n=19)	Q3 (n=19)	Q4 (n=24)
Medicine	51%	47%	47%	68%	42%
Solid fuel for heating	32%	33%	37%	26%	33%
Food items/kits	30%	47%	21%	21%	33%
Housing repairs kits / material to repair, rebuild, improve houses	26%	27%	37%	11%	29%
Personal winter items (clothing, blankets, etc.)	23%	40%	26%	16%	17%
Healthcare	21%	7%	21%	32%	21%
Hygiene items/kits	21%	13%	26%	11%	29%
Heating system	14%	13%	16%	5%	21%
Other (please specify)	13%	20%	5%	16%	13%
Feminine hygiene products	12%	27%	5%		17%
Livelihoods support / employment	9%	13%	11%	5%	8%
Education support	6%	7%	5%	5%	8%
Water for drinking	4%	7%	-	-	8%
Nutrition (e.g. special nutritious foods for child/PLW, infant formula, nutrition supplements)	3%	-	-	-	8%
Water for non-drinking purposes	3%	7%	-	-	4%
Demining /mine awareness	1%	-	-	5%	-
Legal support	1%	-	-	-	4%
Prefer not to answer	1%	-	5%	-	-

Medicine was the most common need identified as requiring additional assistance, mirroring other data points. **Heating** and **food items**, common (MPCA) expenditures, also were reported as requiring additional assistance. **Shelter repair kits** emerged as a key area where households identified unmet need, as well.

The most vulnerable category of households most often cited medicine.

A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming various sized triangles and polygons. The number '06' is printed in a bold, red, sans-serif font, positioned centrally over the map of Europe.

06

Potential expansion of MPCCA

Potential expanding of MPCA

Needs households consider impossible to meet with MPCA

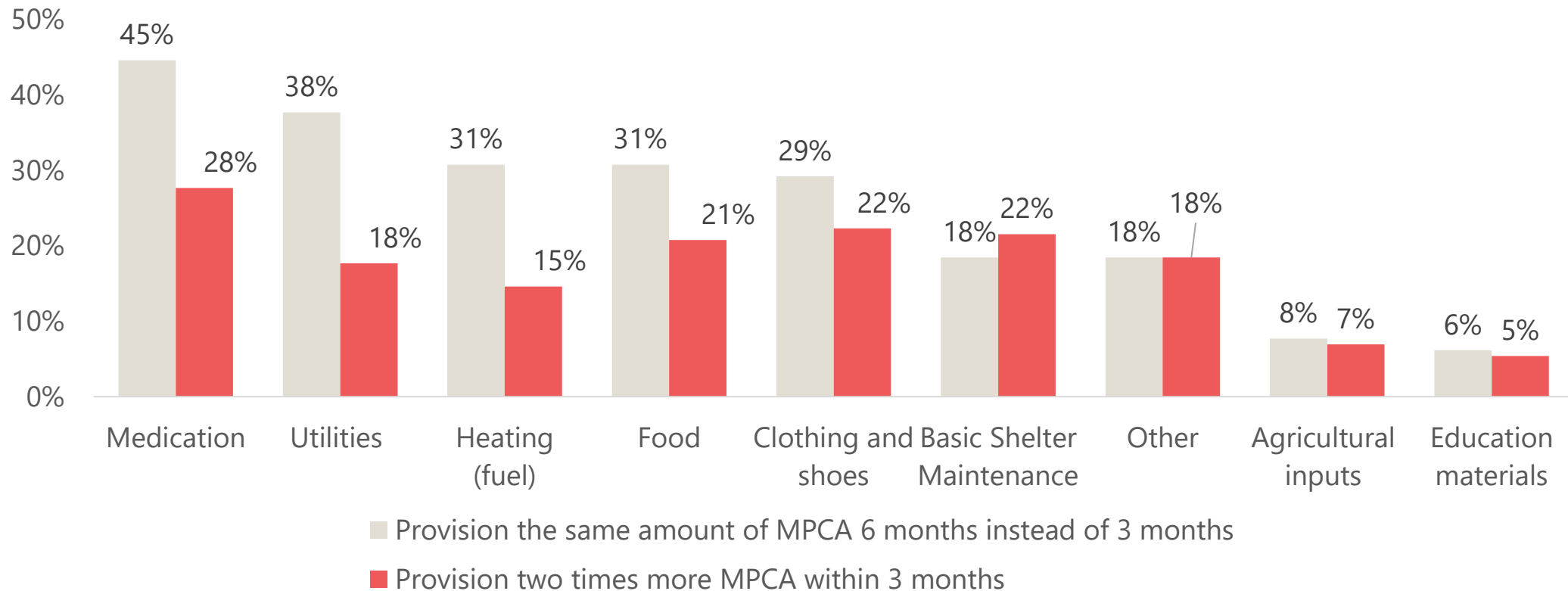
Category of basic needs	Baseline	Endline
No, no needs that MPCA is not able to meet	35%	62%
Agricultural inputs	1%	2%
Basic Shelter Maintenance	12%	13%
Heating (fuel)	4%	2%
Utilities	2%	1%
Food	1%	1%
Personal hygiene items	1%	-
Medication	1%	3%
Clothing and shoes	3%	1%
Education materials	1%	-
Transportation	-	1%
Other	13%	11%
Do not know	29%	10%
No answer	1%	2%

Among other needs that MPCA is unable to cover, households most often mentioned specialized medical services (e.g., dental care, surgeries, or medical examinations) and high-cost residential renovations or infrastructure services

Sixty-two percent of households reported there was no need that MPCA could not meet, although 43% reported that post MPCA distribution the MPCA was only partially relevant to their needs. This may indicate **that MPCA is perceived as highly relevant, but that its form of distribution, amount, and time horizon, is not fully meeting household needs.**

Potential expansion of MPCA (Endline data)

Basic needs that could potentially be met with modification of MPCA programming



Providing MPCA for 6 months, rather than 3 months, was perceived as alleviating some of the inadequacies of MPCA as perceived by households. Doubling the amount of MPCA within the three-month period was also perceived by some households as a potential solution, although was less often reported.

A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming a network of triangles and polygons. The number '07' is displayed in a bold, red, sans-serif font, positioned centrally over the map.

07

Preferred assistance modalities

Preferred assistance modalities

Preferred modality of assistance to meet current household needs

Modality of assistance	Baseline	Endline	Change %
Multi-purpose cash	69%	78%	9%
Cash for specific needs	33%	35%	3%
Food packages	6%	22%	16%
Food vouchers	1%	3%	2%
Hygiene products	5%	18%	13%
Legal aid	1%	7%	6%
Non-food items	2%	5%	4%
Voucher for accommodation/rent	1%	2%	1%
Vouchers for hygiene products	1%	2%	1%
Do not know	4%	2%	-1%
Other	2%	3%	2%
Prefer not to answer	1%	1%	0%

The majority of households (62%) reported there was no need that MPCA could not meet, although almost half (43%) reported that post MPCA distribution the MPCA was only partially relevant to their needs. **The optimism towards MPCA is reflected that after MPCA distribution, MPCA was the preferred modality of more than three-fourths of surveyed households (78%) – an increase from the baseline. This may reflect a positive overall experience with MPCA.**

Interestingly, **preference for food packages (22%) and hygiene products (18%) more than tripled** between the baseline and endline.

A light gray world map is centered on the slide, showing the outlines of continents. Overlaid on the map is a faint, light gray geometric pattern of interconnected lines forming a network of triangles. The number '08' is positioned in the center of the map, over Europe.

08

Conclusion

Key Conclusions on MPCA and Sectoral Outcomes

Seasonal and Health-Related Costs Influence MPCA Outcomes



The data indicates the certain expenditures are seasonal and challenging to address. Medication emerged as both an important expenditure of MPCA, but difficult to fully address in its current form. Similar, heating absorbed a large share of MPCA expenditure. These expenditures may require more specific cash-assistance responses.



Complementary programming remains important



Over one-third of households (38%) felt that MPCA could not cover all needs. Further, households continued to prefer other aid modalities. Data from the study also indicates its limit to impact all sectoral outcomes. Complementary programming to MPCA thus remains relevant.

Degree of vulnerability affects MPCA impact



The degree of calculated vulnerability appears to impact the effectiveness of MPCA addressing household needs. Approaches which better reach the most vulnerable, or modify the cash-assistant approach to address their specific needs, may prove useful.

MPCA Data and Evidence is Critical



Data on the correlation between MPCA and sectoral outcomes should continue to be explored and examined. Particularly assessing how the most vulnerable categories react to MPCA can improve efforts to reach and meet the needs of the most vulnerable.

Thank you for your attention



ievgen.volkovskyi@reach-initiative.org



IMPACT Shaping practices
Influencing policies
Impacting lives
REACH **PANDA** **AGORA**

REACH Informing
more effective
humanitarian action