UKRAINE

MULTI-PURPOSE CASH ASSISTANCE AND SECTORAL OUTCOMES ASSESSMENT

Examining cash assistance and its impact on households in Ukraine

April 2025

REACH Informing more effective humanitarian action

Cover: Place of registration to receive multipurpose cash assistance in Muzykivska Hromada in Khersonska Oblast, by ACTED, September 2024.

About REACH

REACH 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). For more information, please visit our website. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

SUMMARY

Introduction

Multi-purpose cash assistance (MPCA) is considered to be one of the most essential tools for supporting vulnerable households during wartime. The purpose of MPCA, similar to other interventions, is to meet the basic and most urgent needs of vulnerable households. Given needs are often highly individual and evade easy categorization according to the different humanitarian sectors, such as food, health, education, shelter, and others, the flexibilty of MPCA is often perceived as particularly able to address the vulnerabiltiy of households. To continue to address the highly individual nature of vulnerable households' needs requires analysis of existing responses, including MPCA, to ensure aid providers meet the needs of affected populations.

The role and scale of cash assistance in global humanitarian response is steadily increasing,[1][2] with advocates arguing it not only offers greater economic efficiency, but also provides more choice for recipients in meeting their needs.[3] As a result, people can experience a greater sense of dignity and control over their own lives. [4]

As of today, Ukraine ranks first in the world in terms of MPCA being provided to the population. In 2024, MPCA worth 288.36 million USD was provided in Ukraine, reaching 1.05 million people in Ukraine.[5] The assistance is provided to the most vulnerable households that meet the defined vulnerability criteria (e.g. households headed by women, households with people with severe chronic diseases, and others).[6] All eligible households, after completing verification and scoring procedures, receive 3,600 UAH (approximately 85 USD) in MPCA monthly per household member for a period of three months. The funds are disbursed in a single transfer of 10,800 UAH (approximately 255 USD) per household member immediately after the completion of all verification procedures.

Within this context and with financial support from the Ukrainian Humanitarian Fund (UHF), organizational support from the Cash Working Group (CWG) Ukraine, and informational support from ACTED**, REACH conducted an in-depth study of MPCA recipients in hromadas in the front line Kharkivska and Khersonska Oblasts**. The study was conducted among households receiving MPCA for the first time from ACTED. The aim of the study was to provide an evidence base on the degree and ways multi-purpose cash contributes to achieving targeted sectoral outcomes for beneficiary households in Ukraine enabling transparent, efficient, and data-driven decision-making of the CWG and humanitarian clusters.

To achieve this goal, the study assessed household purchasing patterns, the degree to which needs were met in a satisfactory way, the coping strategies used, and how MPCA influences these aspects. The study was carried out in two phases – baseline and endline. The baseline phase took place in October and November 2024, during which data was collected shortly after the completion of verification and preparatory processes required to receive MPCA, but before the funds were actually distributed. This phase assessed vulnarable households' capacity to meet basic needs without MPCA, as well as expectations regarding MPCA, plans for its use, and beneficiaries' views on how well MPCA aligned with their needs. The endline phase was conducted after the MPCA had already been fully or mostly used, which took place in the second half of January 2025. During this phase an in-depth assessment was carried out to examine how households used MPCA, the extent to which it contributed to meeting specific household needs aligned with varoius humanitarian sectors, and the identification of households' needs which require complementary humanitarian programming alongside MPCA.

Key Findings

The overall ability of MPCA beneficiary households to meet basic needs remains inhibited despite disbursement of MPCA, with 79% of households in both the baseline and endline able to cover no more than 50% of their basic needs. The most common unmet needs among households in both stages were heating (26% of households in the baseline and 34% of households in the endline), utilities (33% and 46%, respectively), food (21%,

[1] Cash and voucher assistance, OCHA
[2] The State of the World's Cash 2023, CALP
[3] Multipurpose cash assistance, CALP
[4] The State of the World. Chapter 8 2023, CALP
[5] CWG Dashboard, 2024
[6] Ministry of social policy

and 23% respectively), and medication (33% and 45%, respectively), in addition to clothing and footwear (27% of households in both stages).

More specifically, the inability to meet basic needs was most often reported by households displaced from areas of active hostilities *and* who do not receive IDP payments, as well as those **Particularly vulnerable households, those in the top quartile of the eligiblity scoring (i.e. Q4), more often reported having unmet needs in both the baseline and endline** whose current accommodation was partially or completely damaged.

In light of persistent challenges in MPCA households meeting more than half of their needs, **according to beneficiaries' self-assessment, MPCA did nonetheless bolster their ability to meet certain needs**. Ninety-eight percent of households self-assessed that MPCA supported them in their efforts to meet their basic needs. Further, 95% of households reported that the MPCA aided them in avoiding reliance on at least one coping strategy. Thus, while meeting basic needs remained challenging even after MPCA disbursement, data on households' self-assessment of MPCA impacts indicate that MPCA did have a positive impact. Indeed, data on coping strategies reliance indicates **MPCA may have inhibited a more drastic decline in the living conditions of vulnerable households had they not received MPCA**.

MPCA did not appear to distort the purchasing patterns of households with beneficiary households exhibiting relatively consistent purchasing patterns. Most commonly in the baseline, households reported planning to spend their assistance on food, medication, utility payments and heating fuel. On average, food, medication and utilities accounted for one-forth each (25%, 24% and 25% respectively) of total amount of MPCA spent, while heating fuel account for roughly a half (48%). Similarly, food, medication, utility, and heating fuel payments were the most common expenditures excluding MPCA assistance, as well. Shelter maintenance was a key need for specific groups, especially households consisting of elderly people, households with people with disabilities of group 1 or 2 according to the Government of Ukraine, and households with partially or fully damaged place of residence.

Households perceived MPCA as a flexible tool in addressing their basic needs. After disbursement of MPCA, 62% households responded it could cover any type of need. However, when prompted to respond on needs which MPCA is not suited to address, basic shelter maintenance (13%) and specialized healthcare services (5%) emerged as key needs – indicating perhaps a need for complementary, sector-specific support. However, modifications to either the amount or the duration of MPCA may increase its ability to address a broader range of needs and/or needs more completely. Ninety-five percent of households reported that if the assistance were extended or increased, they could better cover basic needs.

MPCA was the most preferred form of humanitarian assistance households would like to receive, with support increasing from 69% before receiving it to 78% after its distribution. Cash for specific needs ranked second (33% in the baseline and 35% in the endline). Notably, preferences for in-kind aid like food packages and hygiene products also grew after the beneficiaries received MPCA — food packages rose from 6% to 22%, and hygiene products from 5% to 18% — highlighting needs continued to emerge, and preferred modalities shifted, after receiving, and potentially in reaction to, cash assistance.

Contents

List of Acronyms

MPCA	Multi-purpose cash assistance
MPC	Multi-purpose cash
CWG	Cash Working Group
HH	Household
UCT	Unconditional cash transfer
CCT	Conditional cash transfer
MEB	Minimum expenditure basket
JMMI	Joint market monitoring initiative
IDP	Internally displaced people

Geographical Classifications

Oblast	Admin 1, highest form of governance below the national level
Raion	Admin 2, subdivision of oblasts
Hromada	Admin 3, subdivision of raions

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INTRODUCTION

Vulnerable households in humanitarian contexts often face financial, and non-financial, barriers that prevent them from ensuring on their own that their basic needs are adequately met.[7] They also facing overlapping and complex needs which make sector-specific interventions challenging. In this context, vulnerable households form appropriate purchasing patterns, i.e. they spend on good and services necessary to meet their basic needs according to how they themselves prioritize their needs and assess the ones which are most urgent and require addressing. Despite fitting their self-prioritization of needs, these purchasing patterns are often still distorted by extreme vulnerability. As a result, vulnerable households often have to resort to negative and harmful coping strategies to ensure their survival.

Similar to vulnerability, in a humanitarian response, the modality of assistance provided can significantly alter the respective purchasing patterns of recipient households. Sectoral assistance, especially in-kind assistance, addresses a sector-specific part of a household's needs, thus meeting important needs of the household, but potentially creating even greater imbalances in purchasing patterns. Such distortions produced by sector-specific support may be particularly likely to occur among vulnerable households given their needs are often complex, highly invidiual and cross-sectoral.

MPCA is thus particularly designed to support vulnerable households. The provision of MPCA aims to allow households to meet the most important household needs Given MPCA allows vulnerable households to address their needs in the manner they see fit, thus providing a more comprehensive response to household vulnerability, MPCA also mitigates the risk of further distorting household purchasing patterns, which are already distorted by their vulnerability.

Beneficiary households that meet the eligibility criteria for provision of MPCA have extremely difficult living conditions, with limited capacities to meet their needs. The main impact of receiving MPCA for a vulnerable household is thus a temporary improvement in households' financial situations which removes the financial barriers preventing households from addressing their most pressing needs.[8] Specifically, MPCA is designed to cover the gap between the Minimum Expenditure Basket (MEB)[9] and the corresponding income level of vulnerable households. However, given the amount of MPCA is relatively small and not enough to cover all desired needs, there will always be needs that need to be met with more substantial (sector-specific) assistance.

Given MPCA is used to improve households' ability to meet their basic needs, sector-specific "sectoral" outcomes are achieved via MPCA. A sectoral outcome is a specific result or change in a humanitarian sector that a humanitarian response aims to achieve. In the case of MPCA, the change, or lack thereof, in sectoral outcomes shows the extent to which the provision of MPCA contributes to improving the situation in the relevant humanitarian sector. However, uniquely MPCA by its nature and compared to other humanitarian aid modalities such as in-kind assistance, does not address a single narrow sectoral need of a vulnerable household. It rather provides opportunities to meet any need within the limits of the funds provided, regardless of the sector(s) to which that need is categorized. For example, in the area of child protection, for example, a sectoral outcome may include a reduction in child labor, family separation, or child marriage due to improved household financial health. At the same time, the same MPCA intervention, in the area of education, may include increased school enrollment and attendance as cash assistance removes financial barriers to schooling.

Despite clear envisioned outcomes for each sector in the Ukraine humanitarian response, evidence is lacking regarding the extent to which MPCA contributes to achieving such outcomes. The expectation that MPCA can lead to attaining desired outcomes across all sectors has not been supported by evidence. Given the prevalence and

[7] CALP, Multipurpose Cash Outcomes Indicators and Guidance, 2022
[8] Ibid.
[9] A minimum expenditure basket (MEB) is an operational tool. It is used to identify and calculate, in a particular context and for a specific moment in time, the average cost of a socioeconomically vulnerable household's multisectoral basic needs that can be monetized and accessed in adequate quality through the local market. Goods and services included in the MEB should enable households to meet basic needs and minimum living standards without resorting to negative coping strategies or compromising their health, dignity, and essential livelihood assets. An MEB can be calculated for different household sizes. See CALCULATING THE MINIMUM EXPENDITURE BASKET CALP.

importance of MPCA in the humanitarian response in Ukraine, it is crucial for the response as a whole to understand the degree to which MPCA can be relied upon to achieve sectoral outcomes.

In light of this, IMPACT evaluated the suitability of MPCA to achieve targeted outcomes for different humanitarian sectors in Ukraine, as well as identify areas in which sector-specific complementary activities are additionally needed to strengthen sectoral outcomes.

The study aimed to to address the following research questions:

- Based on global secondary data sources, which humanitarian sectoral outcomes are most effectively and frequently addressed by multipurpose cash assistance?
- To what extent does receiving MPCA impact the purchasing patterns of beneficiary households and influence the level of need satisfaction within specific humanitarian sectors?
- What are the differences in achieving sectoral needs between different population groups through the use of MPCA, considering factors such as displacement status, family composition, and other household characteristics?
- How suitable is MPCA in achieving targeted outcomes for different humanitarian sectors in Ukraine, and what areas require sector-specific complementary activities to strengthen sectoral outcomes?

METHODOLOGY

Overview

The overall objective of this study is to provide evidence on the impact of MPCA on sectoral outcomes. To achieve this, IMPACT conducted two rounds of data collection, baseline and endline, among households that were selected to receive MPCA. Selected households were receiving MPCA from ACTED, a CWG Ukraine partner and non-governmental organization (NGO) providing humanitarian assistance in Ukraine, and who collected the data on behalf of IMPACT. IMPACT organized data collection in October and November 2024, before households received MPC A, to form a baseline against which IMPACT could analyze the impact of MPCA on sectoral outcomes. IMPACT subsequently conducted a second round of data collection, forming the endline, in January 2025, roughly three months after MPCA was received by the surveyed households. During the surveys, households were asked about their overall income and expenditure situation and MPCA impact, both expected (baseline) and having occurred (endline), on the fulfillment of households` needs.

Sampling

The baseline and endline data collections were conducted remotely via **computer assisted telelphone interview (CATI)** surveys.

Since the study aims to assess the impact of the MPCA on meeting household needs with a focus on achieving humanitarian sectoral outcomes, it was necessary to collect data from the same households at both stages. In the baseline data collection round, a random sample of households was collected by randomly sampling from a list of households to receive MPCA, provided by ACTED. In total, **195 households were sampled**. Data collection for the baseline phase was conducted between two phases of the MPCA process: 1) just after households had passed the eligibility check and were selected for disbursement of MPCA and 2) just before the MPCA was disbursed. In the endline data collection stage, the same households as in the first stage were interviewed, totaling **130 households in the endline**, with an attrition of 65 households. Data collection in the endline phase was conducted between two and three months after the disbursement of the MPCA.

Flowing from ACTED's own eligibilty criteria, the sample included the following categories of households were included as MPCA recipients:

- Households with people with severe chronic diseases;
- Households with three or more children under 18 years of age;
- Households with children under one year of age;
- Households with pregnant women;
- Households with people with disabilities of group 1 or 2 according to the Government of Ukraine;
- Households with people with severe chronic diseases;
- Households where all adult members are 60 y.o.+;
- Households headed by women;
- Single headed households with child(ren) or older people (60 y.o.+);
- Households displaced from the territory of active hostilities and not receiving IDP payments;
- Households with partially or fully damaged place of residence; and
- Households whose members were injured or killed because of hostilities.

In the course of the study, data were disaggregated by the specified household categories to evaluate the impact of MPCA on achieving sectoral outcomes for each category represented among the surveyed households. Most households belong to multiple categories simultaneously, as a household may have several concurrent vulnerability factors that qualify it as eligible for MPCA. For example, a household may have three or more children under 18 years of age, while also including a pregnant woman and a member who is a person with disabilities of group 1 or 2.

In determining the most vulnerable households, ACTED employs a scoring system that assigns relevant factors and corresponding weights to calculate an eligibility score for each household. Given the importance of accounting for the degree of assessed vulnerability, which can lead to differences in how the received MPCA is used and allocated

among more and less vulnerable households, additional analysis was conducted by dividing the eligibilty scores into four quartiles (Q4 being the most vulnerable – i.e. with the highest eligiblity score), and then disaggregating the data accordingly.

Geographical Area Assessed

The data was collected in the regions of perceived greatest need, namely the East and South of Ukraine. Eligible households were selected from **Shevchenkivska and Chkalovska Hromadas** in Kharkivska Oblast and **Muzykivska Hromada** in Khersonska Oblast.

Limitations

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, t**he study's findings are not comprehensive for MPCA beneficiaries 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).

GLOBAL EVIDENCE OF CONTRIBUTION OF MPCA TO THE ACHIEVEMENT OF SECTORAL OUTCOMES

Overview

The use of cash assistance by humanitarian organizations began in the 1990s and early 2000s. The first large-scale provision of cash assistance took place in 2004 in response to the Indian Ocean tsunami, when cash was provided as an alternative to food aid.[10,11] This was followed shortly thereafter by the analysis of the effectiveness of cash assistance and the means of its use, with the first review of cash assistance programs published in 2001.

The use of larger-scale, unconditional, and unrestricted humanitarian cash transfers has steadily increased since 2005. However, until 2011, they remained a sectoral response — meaning that cash was provided through clusters with a specific purpose designated for each cluster.[12]

Since 2015, MPCA began to be widely used. For example, at the height of the Malian refugee crisis in Niger, United Nations High Commissioner for Refugees (UNHCR) implemented one of the first inter-sectoral cash transfer projects in the Mangaize refugee camp in 2015, providing refugees with grants for non-food items, hygiene products, shelter, and livelihoods mutually. The cash project followed a successful food voucher program in the same camp, which demonstrated the appropriateness and feasibility of cash assistance in a refugee context. This led to the development of UNHCR's innovative inter-sectoral cash project in Mangaize, which, combined with other support mechanisms, promoted refugee self-reliance. [13]

A significant boost to the expansion of MPCA came with the adoption of the Grand Bargain in 2016 — an agreement between humanitarian donors and aid organizations aimed at improving the efficiency of humanitarian assistance. It highlighted that the use of cash helps provide greater choice and empowerment to affected people and strengthens local markets – despite being underutilized at that time. The Grand Bargain thus included a commitment to build a stronger evidence base to assess the costs, benefits, impacts, and risks of cash (including protection concerns) compared to in-kind assistance, service delivery interventions, and vouchers. [14] This provided a substantial impetus for a range of studies on the potential uses of MPCA, including its effectiveness in achieving relevant sectoral outcomes.

One of its main advantages is that MPCA offers recipients flexibility, allowing households to meet a wide range of needs through one disbursement of aid. Indeed, while MPCA intends to cover basic emergency needs, it also provides households flexibility to use cash assistance to fit the specific needs they subjectively determine as the most pressing – and needs which may evade easy categorization along sector lines. It is in this manner that MPCA is a flexible tool which stil contributes to sectoral outcomes.[15] The use of MPCA in addressing sectoral need transformed the traditional organization of humanitarian response, which, under in-kind assistance, relied on the pre-determined selection of goods and services, or, in the case of vouchers which specify the locations where the assistance could be used, into one which is more dynamic and provides agency to households. This approach is particularly valuable in addressing the diverse and constantly evolving needs of affected populations, as well as the highly individual and complex needs of particularly vulnerable households.

Given how the prevalence of MPCA as a response has increased, so too has the need for assessing the extent to which MPCA contributes to achieving sectoral outcomes. Further, the complementarity of MPCA with other

[10] Bailey, Sarah, and Paul Harvey. "State of evidence on humanitarian cash transfers." *Overseas Development Institute Background Note* (2015).,
[11] Telford, John, John Cosgrave, and Rachel Houghton. "Joint evaluation of the international response to the Indian Ocean tsunami." *Synthesis report* 110 (2006).
[12] Pelzer, Beate, Jan Weuts, and C. Gourbin. "Multipurpose cash transfers in humanitarian contexts: Ideas, priorities, consequences." *Université catholique de Louvain, Louvain-la-Neuve* (2018).
[13] Grootenhuis, Floor, and Muriel Calo. "Testing New Ground. Multisector Cash Interventions in Mangaize Refugee Camp Niger." *Cash Learning Partnership* (2016).
[14] The Great Bargain, 2016
[15] Shelter Considerations for Minimum Expenditure Basket Development and Multi-Purpose Cash Assistance Program Design: A Guidance Note, June 2023

aid modalities in meeting the relevant sectoral outcomes requires further exploration. However, the flexibility and choice that are key strengths of MPCA also make it more challenging to assess whether the specific programmatic goals set by the implementing organization - such as those linked to sectoral outcomes - are achieved. [16]

There have been examinations into the achievement of sectoral outcomes through the provision of MPCA. Most commonly, these studies focus how MPCA contributes to sectoral outcomes in food and nutrition, healthcare, shelter, education, among others. Within these sectors, there are often specific considerations and nuances regarding the use of MPCA to achieve sectoral outcomes.

Food/Nutrition

Research on cash assistance in addressing food and nutrition need indicates cash can be an effective aid modality. For example, a study published by the World Bank researching the effectiveness of cash assistance, analyzed a broad set of cash transfer studies. The research concluded that cash was the most effective in achieving specific objectives (in 48% of cases), followed by food aid (36%). Vouchers and combined cash and food modalities were the most effective in the remaining 16 percent of the time.[17] Another study by UNHCR concluded that evidence on MPCA positively affecting nutrition is increasing, especially when combined with in-kind food aid and behavior-change communication. Other evidence similarly also shows that MPCA improves food security outcomes like hunger scores, dietary diversity, and reduced negative coping strategies. [18]

Healthcare

Cash-based interventions may affect various public health outcomes, but there lacks convincing evidence. In particular, the evidence on the success of cash-based interventions in achieving health outcomes remains inconclusive in low- and middle-income settings, and, in the limited cases where it was studied, in contexts where aid is provided.[19] It seems to have a negligible difference on some health outcomes (e.g. children's growth, deworming drug use, adult depression) and a postive impact on others (e.g substantially reduced child mortality risks, moderately decreased illness duration, and notably lowered acute malnutrition rates albeit not severe malnutrition rates).[20]

Further, it appears that how the cash was transferred may also influence health outcomes. Cash transfers given directly by hand, rather than via mobile phone, moderately increased household dietary diversity, but had no observed impact on broader social determinants of health.[21]

Data from humanitarian settings is limited, despite MPCA being partially used for health expenses like transport and private healthcare.[22] Evidence suggest that a potential indirect impact of MPCA on achieving healthcare sectoral outcomes in such contexts is an increase in birth weights and a reduction in child mortality.[23]

Further, it appears that actors are also hesitant regarding the use of MPCA in achieving health outcomes. For example, Directorate-General for European Civil Protection and Humanitarian Aid Operations policy position on cash and vouchers for sectoral outcomes, MPCA should be considered as a last resort to address unmet needs that

[16] CALP
[17] Gentilini, Ugo. *The Other Side of the Coin: The Comparative Evidence of Cash and In-Kind Transfers in Humanitarian Situations?*. World Bank Publications, 2016.
[18] Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
[19] Lash, Juliette, et al. "Incorporating cash-based interventions into food assistance programs in humanitarian settings." *Frontiers in Public Health* 11 (2023).
[20] Pega, Frank, et al. "Unconditional cash transfers for assistance in humanitarian disasters: Effect on use of health services and health outcomes in low-and middle-income countries." *Cochrane Database of Systematic Reviews* 9 (2015)
[21] Ibid.
[22] Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
[23] Siddiqi, Arjumand, Akshay Rajaram, and Steven P. Miller. "Do cash transfer programmes yield better health in the first year of life? A systematic review linking low-income/middle-income and high-income contexts." *Archives of Disease in Childhood* 103.10 (2018): 920-926.

remain after implementing other types of support that are deemed necessary and appropriate to provide access to quality healthcare.[24]

Shelter

Regarding shelter outcomes, **MPCA is envisioned to support investments in housing reconstruction and restocking housing supplies**. This, in turn, helps restore households' long-term resilience to external shocks.[25] Indeed, actors advocating for the use of MPCA in meeting sectoral outcomes in shelter argue that it increases the ability of actors to provide immediate recovery solutions, whereas in-kind aid may be delayed.[26] However, actors also see receiving cash as potentially encouraging households to return home and rebuild their shelters rather than remain in refugee camps.[27] Further, available evidence indicate that while MPCA can contribute to shelter outcomes by addressing some of the financial barriers to having adequate shelter (e.g. enabling people to pay for rental and/or utility costs, or contribute towards house repairs), MPCA alone will not guarantee people have adequate shelter,[28] and amounts of MPCA are typically insufficient to achieve sectoral outcomes fully. [29]

Education

Evidence from humanitarian contexts is limited but positive in terms of MPCA and its impact on education outcomes. Evidence indicates that MPCA positively impacts education outcomes via the removal of financial barriers that prevent children from attending school. Cash transfers can improve education outcomes by covering direct costs, as well as through addressing indrect causes of poor education outcomes, such as deficient nutrition and child labour. For example, an analysis of conditional cash transfers (CCTs) and UCTs by Baird et al. found that both CCTs and UCTs improve the odds of being enrolled in and attending school compared to no cash transfer program.[30]

The association of better outcome with a longer time horizon of support is debated. Greater positive impacts are at times linked to the duration of assistance (e.g., Lebanon, Jordan).[31] However, Sefa et al. through an in-depth analysis of Pakistan's Benazir Income Support Programme found that the positive effects of MPCA diminish over time. Indeed, education outcomes may have a non-linear relationship with education results and child labour in the long run. The authors recommended implementing hybrid cash transfer programmes to ensure a more sustained impact of MPCA over time.[32]

WASH

There is limited evidence on the effectiveness of MPCA for WASH outcomes in humanitarian contexts, though some evidence indicates it may positively impact these needs. Often, MPCA is spent on water, sanitation and hygiene.[33] MPCA can thus support households in meeting regular and predictable WASH-related expenses, particularly when financial barriers are the main challenge, and households have sufficient WASH knowledge and practices. [34] For example, MPCA can enable people to buy water, hygiene items, or pay for services like desludging or utility bills. When the local environment and market context is conducive, cash could be considered a potential and complementary tool for achieving a desired WASH outcome.[35]

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[24] DG ECHO Thematic Policy Document No 3 Cash Transfers
[25] Shelter, Cash and Markets CoP Meeting 3 October 2024 Presentation
[26] Ibid.
[27] Ibid.
[28] CALP, Multipurpose Cash Outcomes Indicators and Guidance, 2022
[29] Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
[30] Baird, Sarah, et al. "Relative effectiveness of conditional and unconditional cash transfers for schooling outcomes in developing countries: a systematic review." *Campbell systematic reviews* 9.1 (2013): 1-124.
[31] Ibid.
[32] Churchill, Sefa Awaworyi, et al. "Unconditional cash transfers, child labour and education: theory and evidence." *Journal of Economic Behavior & Organization* 186 (2021): 437-457.
[33] Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
[34] Global WASH Cluster, Evidence-building for cash and markets for WASH in emergencies, UNICEF, Geneva, 2020.
[35] DG ECHO Thematic Policy Document No 3 Cash Transfers, March 2022

However, MPCA is less suited for covering large, one-off costs such as latrine construction or water infrastructure improvements. In such cases, conditional instalment-based cash transfers are more appropriate. However, these are better suited to recovery or protracted crises rather than emergency response.[36]

Livelihoods

Data demonstrates that MCPA temporarily boosts livelihoods, but evidence of lasting impacts is less conclusive. MPCA can support livelihood activities like business investments, productive assets, and self-employment.[37] Cash transfers for support to livelihoods and productive capacity are often conditional, particularly when transferring large amounts. [38]

Compared to in-kind assistance and grants, the advantage of MPCA in terms of better achieving outcomes in the livelihoods sector is due to improved access to required resources. In this way, the MPCA beneficiary can flexibly and quickly access the livelihoods they need through the purchase of the necessary consumer goods, services, agricultural products, shelter and infrastructure rehabilitation. MPCA can also contribute to employment opportunities. Even when it is possible to provide grants or in-kind assistance to local traders to restore or start their business, start-up capital should be provided in cash, as this way the MPCA beneficiary can purchase all the relatively necessary items quickly and conveniently, even if they need to go to different providers. [39]

MPCA also has an indirect impact on improving the situation in the livelihoods sector via improvements in others. For example, by households meeting their basic food needs, MPCA beneficiaries are better able to maintain their livelihoods. Further, MPCA supports households in avoiding relying on negative coping strategies. Finally, MPCA evidence suggests that MPCA helps with debt repayment, which leads to the revitalization of credit markets. [40]

Key takeaways from secondary desk review

MPCA may play a critical role in supporting a wide range of household needs across different sectors, but the evidence is often inconclusive. It appears to be most effective in addressing food needs, consistently improving food security indicators such as dietary diversity and hunger levels, especially when combined with in-kind assistance. In the health sector, MPCA can improve outcomes such as child mortality and birth weight, but actors consider it to be a last resort measure after other targeted support interventions. Regarding shelter, MPCA mainly contributes by helping to cover rent or minor repairs, though this is not sufficient to ensure adequate housing. In education, MPCA may improve education outcomes, particularly by helping reduce financial barriers to children's schooling. In the WASH sector, MPCA supports regular expenses such as water and hygiene items, but it is less suitable for infrastructure improvements – similar to shelter. In terms of livelihoods, MPCA provides temporary support, fostering recovery and investment — especially when combined with larger, conditional grants. Overall, while MPCA is thus a flexible tool that addresses immediate and cross-sectoral needs, its not a ubiquitous solution, with its full potential at times realized when paired with sector-specific or conditional interventions.

However, **the body of research reviewed is potentially not applicable to Ukraine**. Almost all of the analyzed studies determine MPCA's contribution to achieving sectoral outcomes are based on the countries of the Middle East, Africa, and Oceania. Such conclusions may thus not be relevant to the specifics of MPCA in Ukraine, which, being a European country, has its own characteristics of household behavior in a humanitarian crisis, which should be assessed in this study through the prism of vulnerable households' use of MPCA.

[36] Global WASH Cluster, Evidence-building for cash and markets for WASH in emergencies, UNICEF, Geneva, 2020.
[37] Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
[38] International Red Crossand Red Crescent Movement Guidelines for cash transfer programming, 2007
[39] Ibid.
[40] CALP, Guidance notes: cash transfers in livelihood programming. 2020

PROVISION AND ROLE OF MPCA IN UKRAINE

MPCA has been a critical form of assistance in the humanitarian response in Ukraine since the start of the full-scale invasion. At the start of the full-scale invasion in 2022, humanitarian organizations under the coordination of CWG Ukraine, secured an emergency appeal for USD 288 million to target 1.3 million people through MPCA programs. The amount of financial assistance was set at 100% of the projected income gap*, namely 74 USD or UAH 2,220.[41] At the end of 2022, MPCA had supported 5.96 million people in Ukraine, with a total amount of 1.48 billion USD provided in assistance, which amounted to 49% of the total funds devoted to the humanitarian response at that time.

The number of people in Ukraine support by MPCA has decreased over time. One year after the full-scale invasion, in 2023, MPCA supported 3.92 million Ukrainians, with a total amount of 848 million USD provided by MPCA, which amounted to 25% of the total funds devoted to the humanitarian response – a decrease both in absolute numbers and proportionally from 2022. In the summer and autumn of 2023, due to the gradual increase in prices of the most important goods and services included in the MEB, CWG made a new calculation of the MEB value, income gap and, accordingly, MPCA transfer value. The amount of the monthly transfer thus increased from UAH 2220 to UAH 3600 per household member.[42] By the end of 2024, MPCA share of the total humanitarian response decreased further to 11%, amounting to 361.7 million USD, and provided support to 1.05 million Ukrainians. Despite steadily decreasing since 2022, Ukraine remained the world's largest cash response in 2024.

The location of beneficiary households in Ukraine has simultaneously shifted alongside the decrease in MPCA. While at the beginning of the full-scale invasion, MPCA was provided relatively evenly throughout Ukraine, in 2024, the bulk of MPCA was directed to the frontline areas [43], also known as crescent oblasts[44] This change in the volume and geography of MPCA is mainly due to hostilities becoming less widespread and more concentrated in certain areas, as well as the corresponding gradual annual reduction in the total amount of cash assistance. There has also been a gradual shift from a blanket approach to providing MPCA to more targeted support for the most vulnerable households.

The (in)ability to meet basic needs directly determines the degree of need and thus the eligibility of households for MPCA. At the national level, according to CWG Ukraine, the overall share of households receiving cash assistance that could not fully meet all or most of their basic needs in the previous three years has decreased. Thus, in 2022, the share of households that could meet only certain needs or could not meet them at all was 41% and 2%, respectively. In 2023 these figures increased slightly and amounted to 45% and 8%, respectively, despite a decrease in the cash response. In 2024, the share of households that could meet only certain needs or could not meet them at all decreased significantly, and amounted to 29% and 3%, respectively, aligning with the persisted decrease in cash assistance.[45] However, in 2024 roughly one-third of the population still struggled to meet all or some of their basic needs.

As of 2024, MPCA in Ukraine is provided in two situations: regular cash assistance to help meet regular household needs, and emergency cash assistance in case of emergency humanitarian response needs. The latter is used to quickly address highly vulnerable households' critical and life-saving basic needs up to 30 days after the onset of a crisis-related trigger event (or shock). [46] Regardless of the reason triggering MPCA eligibility, each household that meets the relevant vulnerability criteria receives UAH 3,600 for each member for three months in one payment. Thus, the amount of assistance equals UAH 10,800 for each household member. After that, households spend the disbursement according to its own discretion.

The MPCA eligibility criteria for households varies depending on the humanitarian organization assessing eligibility and disbursing MPCA. However, most often, the eligibility criteria include internally displaced persons,

* Income gap is the difference between the estimated MEB and the average income of vulnerable households, Ukraine Ukraine Cash Working Group - Minimum Expenditure Basket (MEB) August 2023

[41] Ukraine Cash Working Group Factsheet (as of 25 March 2022)

[42] Ukraine: UNHCR Ukraine Cash Assistance Factsheet (31 January 2024)

[43] Cash and Voucher Assistance (CVA) - Ukraine 2024 Response Analysis Snapshot (January to December 2024)

[44] "crescent oblasts": Chernihivska, Donetska, Kharkivska, Khersonska Mykolaivska, Odeska, Sumska, and Zaporizka oblasts Protection Analysis Update The Critical Need for Protection amongst Armed Conflict and Violence July 2024

[45] Cash and Voucher Assistance (CVA) - Ukraine 2024 Response Analysis Snapshot (January to December 2024)

[46] Ukraine Cash Working Group: Rapid MPCA Operational Guideline (as of 10th of December 2024)

large families, families with children with disabilities, single parents (including single mothers), pensioners with particularly low incomes, people with disabilities, and other categories. At the same time, some humanitarian organizations can provide such assistance to residents of certain regions without any restrictions on belonging to the respective region. [47] At of the end of 2024, there were 44 CWG reporting partners and 52 implementing partners in Ukraine, a total of 96 organizations. They provided MPCA to residents of 1251 hromadas belonging to 138 raions in 27 oblasts of Ukraine. [48]

CONTRIBUTION OF MPCA TO ACHIEVING SECTORAL OUTCOMES IN UKRAINE

Findings

(a) Households' ability to meet basic needs, overall, in baseline and endline

In assessing households' ability to meet basic needs, households were prompted to assess in both the baseline and endline the percentage of their basic needs that they currently were able to cover. Enumerators categorized household's response according to the following categories: Yes, all (100%); Yes, almost all (over 90%); Yes, most (approx. 75%); Yes, half (approx. 50%); Yes, some (approx. 25%); Almost none or none (less than 10%). The households' responses according to these categories are discussed in this section.

Despite receiving MPCA, the surveyed households continued to report unmet needs. For example both before and after receiving MPCA, 79% of households reported being able to meet 50% or less of their daily needs. However, 21% of surveyed households in the baseline reported being able to cover less than 10% of their needs with their own resources. This decreased to 15% after the disbursement of MPCA, indicating that MPCA may have mitigated the most dire situation.

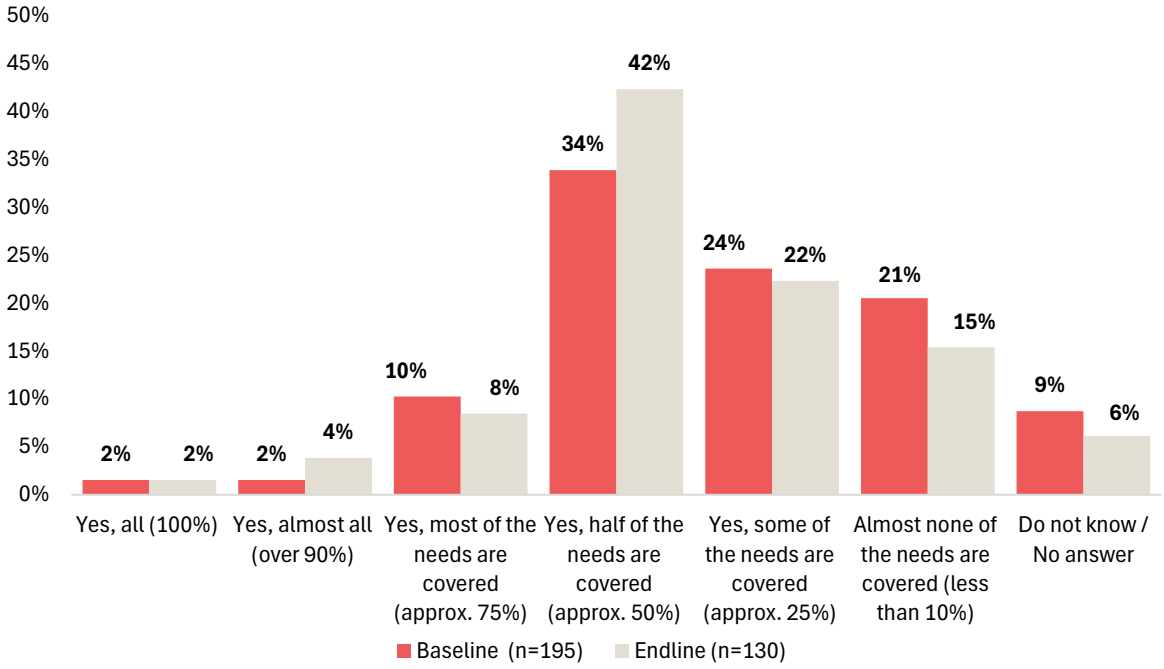
A positive impact of MPCA on particularly vulnerable households' ability to meet basic needs was at times found in the analysis. For example, households that were included in the third (Q3) and fourth (Q4) quartiles – scored as the most vulnerable - showed the highest inability of being unable to cover their needs both prior to and after MPCA disbursement. Further, 27% of Q3 households (n=13/48) could meet less than 10% of their needs, and another 27% (n=13/48) could meet only approximately 25% of their needs (the next grouping of need percentages) during the baseline. These percentages schanged in the endline. After disbursement MPCA 12% of Q3 households (n=4/33) could meet less than 10% of their needs and another 21% (n=7/33) could meet only approximately 25% during the endline. It was noticable improvement in meeting basic needs amongst Q3 households. However, there was slight change amongst the most vulnerable households. Twenty-four percent 24% of Q4 households (n=11/45) could meet less than 10% of their needs in the baseline compared to 23% (n=7/31) in the endline. Further, another 31% (n=14/45) could meet only approximately 25% of their needs in the baseline compared to 35% (n=11/31) in the endline. Thus, while households continued to struggle to meet their needs after MPCA disbursement there was some improvement amongst the most vulnerable.

Examining specific vulnerable groups of households, households displaced from the territory of active hostilities and not receiving IDP payments and households with partially or completely damaged place of residence showed the greatest vulnerability in terms of ability to cover their basic needs. At the baseline,among households displaced from the territory of active hostilities and not receiving IDP payments, 46% (n=6/13) could meet less than 10% of their needs and another 23% (n=3/13) could meet only approximately 25% of their needs. After MPCA distribution, among households displaced from the territory of active hostilities and not receiving IDP payments, 25% (n=3/12) could meet less than 10% of their needs and also another 25% (n=3/12) could meet only approximately 25% of their needs. Thus, MPCA was able to help improve the financial capacities of this category of households to some extent despite this group overall continuing to face challenges meeting their basic needs. Meanwhile, at the baseline, among households with partially or completely damaged place of residence, 19% (n=19/72) could meet less than 10% of needs and another 31% (n=22/72) could meet only approximately 25% of needs. After using MPCA at the endline, among households with partially or completely damaged place of residence, 19% (n=10/53) could meet less than 10% of their needs and also another 25%

[47] Ministry of social policy
[48] CWG Ukraine Dashboard Multi-Purpose Cash Assistance Achievements Overview

(n=13/53) could meet only approximately 25% of their needs. For this category of households, the MPCA also improved their financial capacities, but to a lesser extent.

Figure 1. Households ability to meet basic needs (self-reported), overall, at baseline and endline



(b) Purchasing patterns and unmet needs according to basic need categories in baseline and endline

In assessing purchasing patterns and their possible changes as a result of receiving MPCA, households were asked to report the category of basic needs expenditures and the amount of the corresponding expenditures. Additionally, households were asked to indicate which of these needs they are currently unable to fully or partially meet. Accordingly, the following were calculated in both the baseline and endline: 1) the percentage of households reporting expenditures on particular basic needs in the last 30 days; 2) of households reporting a certain basic need expenditure, the average percentage of household expenditures on that category over the past 30 days; and 3) the percentage of households reporting that this basic need category is currently unmet.

Purchasing patterns of households indicate that the most frequent and largest expenditures were on utilities, food and medication both prior to MPCA disbursement and after. Further, the percentages of these expenditures remained almost unchanged both before and after receiving the MPCA. This indicates that MPCA did not have a distorting effect on purchasing patterns.

Households spent most frequently on food in both the baseline and the endline survey (89% and 88%, respectively). Additionally, the share of household expenditures on food was also stable, with an average of 36% and 35% of total household expenditures at baseline and endline, respectively.

The second most common expenditure was utility costs. At baseline and endline, 79% and 84% of households reported such expenditures, with the increase potentially related to increasing heating costs during the winter months. Despite this, the share of expenditures on utilitites at baseline and endline also remained stable as with food expenditures, amounting to 22% and 20%, respectively. Despite the high likelihood of increased utility costs during the winter months, there has been a noticeable decrease in the share of households unable to meet their utility needs (46% in the baseline to 33% in the endline). Nonetheless, one-third of households still reported being able to meet their utility costs in the endline – a substantial share and the most commonly reported besides medication (45%). Regarding heating fuel, which is seasonal in nature and which especially is an important cost in winter, before the start of the heating season (baseline), only 15% of households reported heating costs, while in

the middle of the heating season (endline), 40% of households had heating costs. At the meantime, heating fuel costs accounted for 31% of total household expenditures at baseline and 28% at endline and it was less frequently reported as an unmet need in the endline (34% to 26%, respectively). It thus appears that MPCA has positively impacted utilities and heating needs, potentially without distorting households' purchasing patterns (as evidenced by the expenditure share remaining relatively steady).

Medication was the third most commonly reported category of expenditure. In the baseline 74% reported this expenditure type, and 68% in the endline. Despite a decrease in expenditure on this basic need after the disbursement of MPCA, the share of households' expenditures on medication remained constant, with 22% on average reported in the baseline and 20% in the endline. Nonetheless, almost half (45%) of households reported the basic need was unmet, indicating that MPCA did not lead to this need being fully addressed.

Table 1. Households purchasing patterns, share of spending on basic needs, and households unmet needs per basic need category, overall, at baseline and endline

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, fuel for cooking)	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 (water used for purposes 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 aid, chairs, 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 communication	71%	7%	-	56%	7%	-
Savings for future	2%	3%	-	2%	14%	1%
Shared with other people in need	17%	7%	-	2%	9%	-
Other	2%	23%	10%	2%	39%	12%
Do not know	4%	-	3%	2%	-	10%
No answer	1%	-	1%	-	-	-

Similar to the relative stability of purchasing patterns of beneficiary households, the most common types of needs which households reported were unmet in the baseline and endline remained utilities, heating fuel, food, medication and clothing and shoes although the degree to which they were reported varied. Utilities and heating fuel as an unmet need did decrease between the baseline and endline (46% to 33% for utilities and 34% to 26% for heating fuels) – indicating MPCA may be positively impacting this need – which is supported by the literature.[49] In contrast, the proportion of households that were unable to meet their food needs remained stable at 21% and 23% at baseline and endline, respectively. Similarly, for clothing and shoes, the level of unmet need remained unchanged at both baseline and endline, with 27% of households reporting that they could not meet these needs.

Table 2. Households purchasing patterns per basic need category, by household category, at baseline and endline

Household category (baseline/endline)	Food (baseline/ endline)	Medication (baseline/ endline)	Utilities (baseline/ endline)	Heating (fuel) (baseline /endline)	Clothing and shoes (baseline/ endline)
Overall (n=195/n=130)	36%/35% (n=166/n=114)	20%/22% (n=142/n=88)	22%/20% (n=155/n=109)	31%/28% (n=30/n=53)	18%/21% (n=67/n=25)
Households **with three or more children under** 18 years of age (n=9/n=7)	**56%/33%** (n=7/n=7)	8%/16% (n=4/n=3)	**14%/10%** (n=6/n=5)	**-%/40%** (n=0/n=3)	**32%/21%** (n=4/n=3)
Households with **children under one year** of age (n=9/n=6)	**34%/22%** (n=8/n=5)	11%/16% (n=5/n=3)	**27%/14%** (n=8/n=6)	**40%/31%** (n=2/n=3)	19%/20% (n=4/n=4)
Households with **pregnant women** (n=1/n=1)	36%/35% (n=1/n=1)	**28%/18%** (n=1/n=1)	**29%/16%** (n=1/n=1)	**-/21%** (n=0/n=1)	-/- (n=0/n=0)
Households with people with **disabilities** of group 1 or 2 (n=13/n=10)	**33%/43%** (n=9/n=9)	25%/17% (n=9/n=6)	26%/22% (n=11/n=7)	**63%/24%** (n=1/n=4)	**31%/15%** (n=4/n=1)
Households with people with severe **chronic diseases** (n=190n=125)	35%/35% (n=163/n=109)	20%/23% (n=142/n=86)	21%/21% (n=154/n=104)	31%/26% (n=30/n=51)	18%/19% (n=66/n=23)
Households where **all adult members are 60 y.o.+** (n=40/n=24)	35%/38% (n=37/n=21)	20%/20% (n=34/n=18)	16%/16% (n=31/n=22)	30%/34% (n=4/n=13)	19%/27% (n=12/n=5)
Households **headed by women** (n=43/n=29)	36%/32% (n=38/n=25)	17%/18% (n=33/n=19)	17%/19% (n=34/n=25)	35%/27% (n=7/n=12)	22%/29% (n=17/n=7)
Single headed households with child(ren) or older people (60 y.o.+) (n=48/n=32)	36%/31% (n=42/n=29)	20%/26% (n=39/n=23)	23%/21% (n=40/n=25)	**22%/26%** (n=6/n=13)	21%/27% (n=19/n=5)
Households **displaced** from the territory of active hostilities **and not receiving IDP payments** (n=13/n=12)	40%/35% (n=11/n=12)	19%/22% (n=8/n=6)	**13%/24%** (n=8/n=9)	**13%/40%** (n=2/n=4)	12%/11% (n=4/n=2)
Households with partially or fully **damaged place of residence** (n=72/n=53)	34%/35% (n=60/n=47)	19%/19% (n=53/n=11)	20%/20% (n=57/n=45)	**28%/26%** (n=15/n=28	16%/17% (n=24/n=9)
Households whose **members were injured or killed because of hostilities** (n=19/n=16)	29%/29% (n=16/n=14)	21%/24% (n=15/n=11)	19%/27% (n=16/n=13)	39%/33% (n=3/n=3)	**10%/24%** (n=6/n=2)

[49] CALP, Multipurpose Cash Outcomes Indicators and Guidance, 2022

Meanwhile, medications were reported by more households as an unmet need (33% compared to 45%, respectively). This indicates this need may not have been perceived as the most urgent, especially during the heating season. Further, this aligns with the decline in the real financial capacity of the surveyed households, as their incomes remained basically unchanged between the baseline and endline phases, while the overall inflation rate in Ukraine accelerated significantly during this period.[50]

Different categories of households also more often reported different types of unmet needs. Among the examined categories of households, households with three or more children under 18 years of age (57%, n=4/7), households with children under one year of age (40%, n=2/5) and households displaced from the territory of active hostilities and not receiving IDP payments (55%, n=6/11) most often reported not being able to meet their utility needs at the endline. Nonetheless, these percentages did decrease from the baseline (67% (n=8/13), 67% (n=6/9) and 62% (n=6/9) reported the inability to meet their needs at the baseline, respectively). Further, the inability to meet food needs was most often reported by households with three or more children under 18 years of age and households displaced from the territory of active hostilities and not receiving IDP payments. The former reported this in 56% (n=5/9) of cases at baseline and 43% (n=3/7) at endline. The latter reported this in 46% (n=6/13) of cases at baseline and 45% (n=5/11) at endline. Regarding needs for clothing and footwear, households with 3 or more children under 18 years of age most often reported the inability to meet these needs. At the baseline, 44% (n=4/9) of households in this category reported this compared to 43% (n=3/7) at the endline. Finally, the most frequently reported inability to meet the needs for medication were households where all adult members are 60 years old. At baseline, 53% (n=17/32) of these households reported being unable to meet their medication need, which increased to 62% (n=13/21) at the endline.

Thus, in general, among all vulnerable groups of households, **households displaced from the territory of active hostilities and not receiving IDP payments; households whose members were injured or killed as a result of hostilities; and households with three or more children under 18 years of age most often reported a wide array of basic needs going unmet at both the baseline and endline**. These may thus be particularly vulnerable.

(c) Household expectations and spending of MPCA

At baseline and endline, households answered questions about their expected and actual use of the MPCA received. Predicted use at the baseline stage was calculated based off households' reporting their top five priority basic need categories for future MPCA spending. If households selected a category as a top five priority, this was considered a predicted MPCA spending. At the endline stage, households answered questions about the needs that MPCA was used for. Household were then prompted to report how much of the received MPCA they spent on that specific basic need expenditure category. The following indicators were thus produced: 1) percentage of households predicting expenditure of MPCA on basic needs category; 2) percentage of households reporting expenditure of MPCA on basic needs category; and 3) of households reporting expenditure of MPCA on certain basic needs category, average percentage of households' MPCA spent on that category.

Most often, beneficiary households spent the MPCA they received on heating fuel, utilities, food, medication, food, clothing and shoes and predicted they would so.

In terms of medication, at the baseline stage 50% of households planned such expenditures for MPCA. Ater receiving MPCA, 54% reported actually spending money on medications – a slight increase. This indicates that spending on medication was a high priority for households. It also occupied a substantial share of MPCA spending with households who reporting spending on MPCA on medication, on average spending 24% of the MPCA on medication. Given the surveyed households spent 22% of their non-MPCA expenditures on medication in the endline, this level of MPCA spending is generally in line with the general pattern of household food expenditures.

MPCA played an important role in paying for heating (fuel). When planning the use of MPCA, 39% of households indicated they would spend MPCA on heating. In the endline, 40% of households used the MPCA to pay for heating (fuel). However, while 28% of households' spending in the baseline and 31% of households' spending in the endling was used on heating, of households reporting spending on MPCA on heating (fuel), 48%

[50] JMMI Market Overview December 2024

of the MPCA was used for this purpose. This is significantly higher than the share of regular household expenditures on this item and thus indicates that MPCA may have influenced spending on this sectoral outcome.

Similar and related to heating (fuel) a significant proportion of MPCA was reportedly spent on utilities indicating MPCA may influence shelter outcomes. Indeed, households most reported most often spending the MPCA received on utilities. Forty-nine percent of households reported planning to spend MPCA on utilities compared to 57% of households who actually reported this expenditure. Further, of households reporting this MPCA expenditure, 25% of the MPCA was on aveage used - slightly higher then the share of overall spending on utilities in the endline (20%). Thus, the MPCA was commonly used to pay for utilities but was not necessarily disproportionately used in comparison to households' spending.

Food also was an important planned for and actual expense for the spending of MPCA. While 36% of households reported planning to spend MPCA on food, 45% of households actually spent the MPCA in this way – a notable increase but less than the 88% who reported expending on food generally. On average, of the households who spent the MPCA on food, just over 25% of the MPCA was spent on food, less than the 35% of food expenditures reported by households in the endline assessment. Thus, the data demonstrate that food needs are more likely to be met through regular income than through the use of MPCA even though 23% of households indicated food as an unmet need.

MPCA planning and spending on clothing and footwear showed noticeable stability. Before receiving MPCA, 33% of households indicated that they planned to spend MPCA on this category. After receiving the MPCA, 32% of beneficiaries spent it on clothing and footwear. Of those reporting spending on clothing and footwear, on average 22% of the MPCA was devoted to this. This reflects the 21% of their regular expenditures in the endline. Therefore, it appears that beneficiaries have stable plans for purchasing clothes and shoes and fully adhere to them. In other words, MPCA may not lead households to spend more on clothing and footwear.

Table 3. Households predicting spending of MPCA on basic need at baseline and households spending of MPCA on basic need category and share of MPCA spending at endline, overall

Category of basic needs	Baseline	Endline	
	% of HHs predicting spending of MPCA on basic needs category (n=195)	% of HHs reporting spending of MPCA on basic needs category (n=130)	Of HHs spending MPCA on basic need category, average % of HH MPCA expenditures at endline (n=130)
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%	9%	16%
Food	35%	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%

(d) Prioritization of MPCA spending

At baseline households indicated which needs they would like to meet with MPCA. Households could choose no more than 5 priority needs and also indicated the level of priority, with 1 being the highest priority.

The priority of spending on basic need categories corresponded to how households spent MPCA. Utilities (49%), heating (fuel) (39%) and clothing and shoes (33%) were all top priority basic need cateogires for households to spend MPCA. This aligns with how households spent their MPCA. Further, half of households reported that medication was a priority for MPCA spending, with one-third of such housheolds reporting that it was the top priority. Another 19% also reported basic shelter maintenance. Importantly, the former data on medication spending conflicts with the guidance which argues that MPCA is not well-suited for health sectoral outcomes.[51]

Table 4. Households by priority basic need categories of MPCA spending, overall, at baseline

Category of basic needs	% of HHs choosing category of basic needs as top 5 priority	Of HHs choosing basic need category, % choosing as priority 1	Of HHs choosing basic need category, % choosing as priority 2	Of HHs choosing basic need category, % choosing as priority 3	Of HHs choosing basic need category, % choosing as priority 4	Of HHs choosing basic need category, % choosing as priority 5
Agricultural inputs	3% (n=6)	50%	33%	17%	-	-
Basic shelter maintenance	19% (n=24)	50%	17%	8%	25%	-
Rent	3% (n=5)	40%	-	20%	20%	20%
Heating (fuel)	39% (n=76)	22%	32%	22%	16%	8%
Utilities (electricity, gas, fuel for cooking)	49% (n=95)	32%	20%	33%	12%	4%
Domestic cleaning items	2% (n=4)	25	75%			
Household non-food items	2% (n=3)	33%	67%	-	-	-
Food	36% (n=70)	41%	31%	13%	13%	1%
Drinking safe water	<1% (n=1)	-	100%	-	-	-
Water Supply (water used for purposes other than drinking)	<1% (n=1)	100%	-	-	-	-
Personal hygiene items	10% (n=20)	55%	35%	10%	-	-
Medication	50% (n=98)	32%	31%	20%	13%	4%
Clothing and shoes	33% (n=64)	39%	39%	13%	6%	3%
Education materials	5% (n=10)	40%	40%	20%	-	-
Transportation	2% (n=3)	67%	-	33%	-	-
Mobile \ Internet communication	1% (n=2/195)	-	50%	50%	-	-
Other	20% (n=40)	43%	33%	18%	5%	3%

(e) Timeline of spending MPCA

Households were promped to report if the MPCA was completely spent, and if yes, how long it lasted. The following indicators were then calculated: 1) Average duration of MPCA distribution; and 2) Duration of MPCA distribution broken down into time categories (e.g. more than 4 weeks, between 3 and 4 weeks,etc.).

[51] DG ECHO Thematic Policy Document No 3 Cash Transfers

The majority of surveyed households (76%) had used the entire disbursement of MPCA, despite the endline not representing three full months after MPCA disbursement. Indeed, the MPCA was fully spent by beneficiary households within the first 4 weeks of receiving assistance on average. The most frequently reported full use were representatives of households with children under one year of age and households whose members were injured or killed as a result of disasters – indicating that for such households the MPCA amount was particularly insufficient. Further, among those households that had fully spent the MPCA at the time of the endline survey, 20% of households spent all of the MPCA within one week following disbursement, another 20% within the two to three weeks, and another 34% of households spent all of the MPCA they received within the first four weeks following disbursement. Thus, almost three quarters (74%) of all beneficiaries fully spent their MPCA within the first month of receiving it.

Table 5. Households spending (complete or partial) of MPCA (self-reported), by household category, at endline

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

Table 6. Degree of needs fulfillment enabled by MPCA (self-reported and calculated), by household category, at endline

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

(f) Reducing household vulnerabilities by shifting coping strategies through MPCA

Both before receiving the MPCA and after using it, households were asked whether they had relied upon particular coping strategies in the previous 30 days due to lack of resources. During the endline stage, households were also asked whether receiving the MPCA helped them avoid (either fully or partially) relaying on such strategies – regardless of if that strategy was chosen by that household either in the endline or baseline.

Disbursement of MPCA appeared to coincide with an increase in reliance on coping strategies, which aligns with 37% of households reporting at the endline that they could meet 25% or less of their basic needs. However, the increased reliance on coping strategies may have been due to contextual factors rather than the ineffectiveness MPCA – particularly given households self-reported it was helpful and relevant. During the baseline, 62% of households reported that their household used coping strategies, with this figure increasing to 76% at the end of the study. Among the most vulnerable households, single headedhouseholds that have child(ren) or older adults (60% at the baseline (n=29/48) and 81% at the endline (n=26/32)), and households displaced from the territory of active hostilities and not receiving IDP payments (85% at the baseline (n=11/13) and 83% at the endline (n=10/12)) most often relied on at least one coping strategy. Such data may indicate a deterioration in the financial situation of households despite MPCA. However, it could also relate to the rising inflation since the beginning of summer 2024 and the corresponding increase in financial barriers inhibiting meeting household needs,[52] particularly given monthly income per capita at the baseline remained constant (around 2,831 UAH). Thus, disbursement of MPCA also coincided with a decrease in purchasing power of beneficiary housholds. Facing such challenges, households may have been forced to use coping strategies despite MPCA distribution.

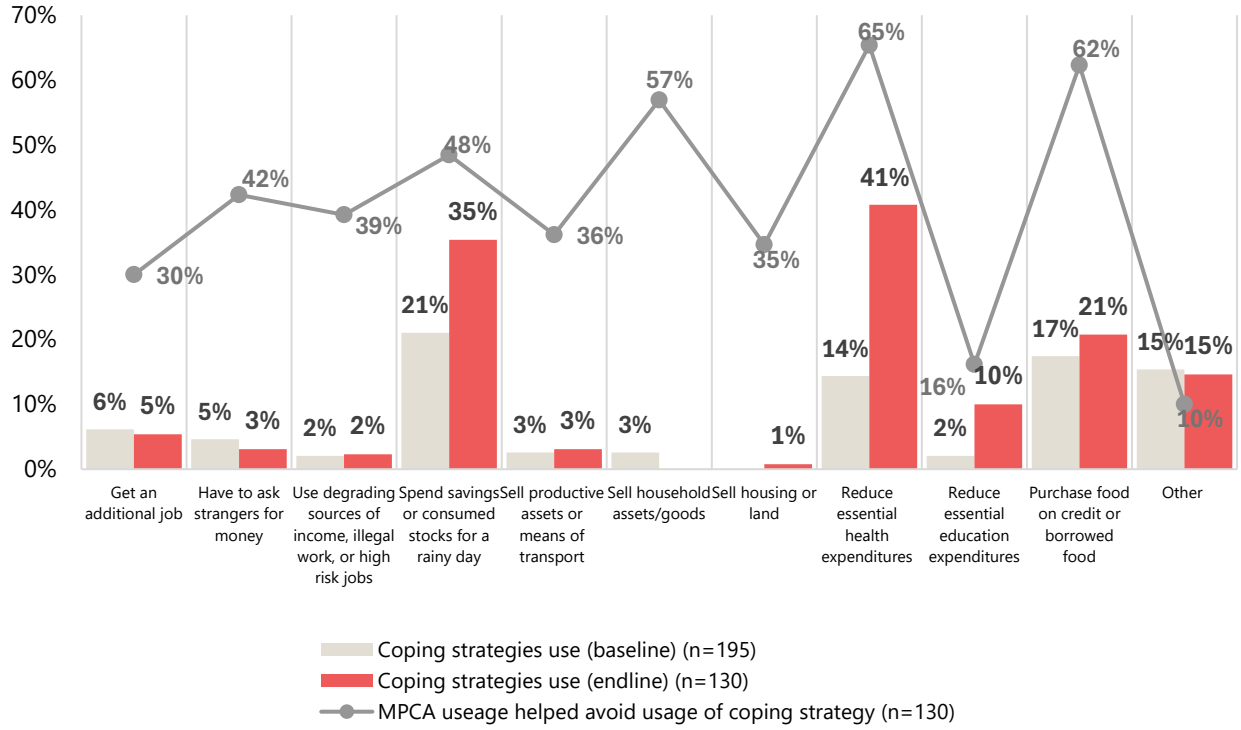
[52] JMMI Market Overview December 2024

Indeed, **MPCA may have played a significant role in ensuring a decent standard of living for beneficiary households during such challenges**. Overall, per coping strategy, at the minimum 30% of households in the baseline reported that MPCA supported them in avoiding negative coping.

The most noticeable increase in coping behavior was associated with a reducing essential health expenditure - from 14% to 41%. Combined with data indicating that 45% of households reported medications were an unmet basic need in the baseline, it appears that households were prioritizing other areas of spending at the expense of health expenditures. At the same time, 65% of all households indicated that MPCA helped them to fully or partially avoid a reduction of essential health expenditures. Thus, MPCA may have helped some households avoid a (complete) reduction, as well.

Further, households increasingly reported **relying on savings or reserves** between the baseline and endline (21% to 35%, respectively), while 49% of all households indicating that MPCA helped to avoid the need to spend saved resources. The number of households that had to **buy food on credit or take a debt to buy food** also slightly increased from 17% to 21%, with 62% of all households indicating that they did not resort to this strategy because of MPCA usage. Other types of coping strategies were less frequently reported.

Figure 2. Frequency of hosueholds reporting use of coping strategies at baseline and enline and frequency reporting MPCA reduced coping strategies use at endline, overall [53]



Further, among vulnerable households, MPCA appeared to reduce their reliance on particular coping strategies as well. For example, **MPCA often helped households with people with disabilities of group 1 or 2 (n=9/10),** single **headed households that have child(ren) or with adult members 60 years old or older (n=13/24) and households with partial or complete damage to the place of residence (n=37/53) to avoid the need to reduce health expenditures.** Further, regarding purchasing food on credit, MPCA also signficantly supported households displaced from the territory of active hostilities and not receiving IDP payments (n=10/12), and households with partial or complete damage to their residence (n=40/53) from relying on this coping strategyhouseholds

[53] 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.

(g) Evaluation of MPCA: Household satisfaction, relevance of MPCA to meeting household need and level of coverage baseline and endline

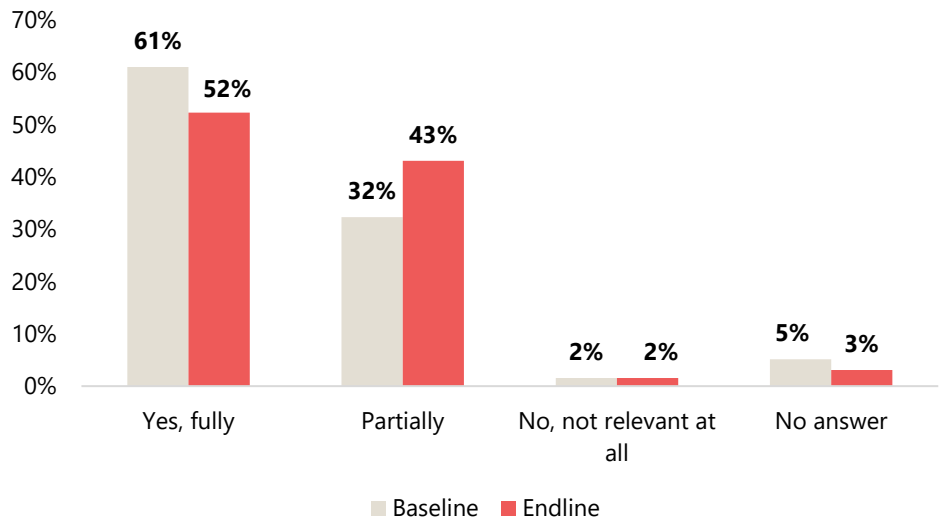
During the endline, households were prompted to report their level of satisfaction with the MPCA received.

At the baseline, households answered questions regarding how relevant they predicted the MPCA would be to address their needs. At the endline, households were prompted to answer how relevant the MPCA actually was to addressing their needs. Households' answers were categorized by enumerators into 1) Yes, fully relevant, 2) Yes, partially relevant, 3) or No, not relevant at all. If households report partially, they were then prompted to provide how relevant they believed the MPCA was (endline) or would be (baseline) in percentages (e.g. it would be 50% relevant). To produce an average percentage of MPCA relevance to household needs per round, all answers were then averaged with all answers "Yes, fully" assigned a value of 100%, "No, not relevant at all" 0%, and for households who chose the answer "Partially" the corresponding percentage provided in the follow-up question.
Further, households were asked to evaluate the degree to which the MPCA received covered their basic needs. Households answers were then categorized by enumerators into the following categories: 1) Yes, fully, 2) Yes, partially, 3) or No, not at all. If households report partially, they were then prompted to provide what percentage of their basic needs the MPCA covered. To produce an average percentage of MPCA coverage for basic needs, all answers were then averaged with all answers "Yes, fully" assigned a value of 100%, "No, not at all" 0%, and for households who chose the answer "Partially" the corresponding percentage provided in the follow-up question.
Households were also prompted to report in the endline if they had additional needs which required additional assistance, and if so, what those needs were.

More than 93% of MPCA beneficiaries expressed satisfaction with the cash amount received. After using the MPCA, roughly one-third (33%) of households reported that they were very satisfied with the amount of MPCA after having received it, while 60% indicated they were satisfied. Only 3% and 2% of households, respectively, indicated they felt neutral or dissatisfied with the amount of MPCA received.

Households reported overall that the MPCA met their needs. Before receiving the assistance, 61% of households said that MPCA is 100% relevant to the needs of the household and 32% said that it is partially relevant; Overall, 97% of households thus felt that MPCA was relevant to meeting their needs. After having received MPCA, 52% of households said that the MPCA corresponds to their household needs fully - a decrease from 61% in the baseline – and 43% said that it partially did. Only in a few cases did households say that the MPCA did not correspond to their needs at all. Thus, while expectations of households regarding MPCA were quite high, 95% of households did report that at least some of their needs were met by MPCA and thus potentially could be construed as 100% relevant – outperforming expectations.

Figure 3. Relevance of MPCA to households' needs (self-reported) at baseline and endline, overall



Further, 42% of households stated that MPCA fully covered their needs, while 56% noted that MPCA partially covered their needs. On average, households reported that MPCA covered 75% of their needs during its usage period. This result closely matches the household assessments stating that MPCA would meet their needs at the baseline stage. In terms of household categories, the highest average reported was for the following categories of households: as households with three or more children under 18 years of age, households with children under one year of age, and households whose members were injured or killed because of hostilities. In comparison, the lowest indicator was shown by households, included in Q4 based on their eligibility criteria score.

Despite high satisfaction with MPCA overall and calculated high average levels of need coverage, 68% of households indicated that after receiving MPCA, they still had additional needs that could require further cash or in-kind assistance. This was reflected in similar data in the study which indicated unmet needs remain despite having received MPCA. Among the households that indicated additional needs requiring assistance after receiving MPCA, the most frequently needed assistance were medication, solid fuel for heating and food items/kits, as indicated by 51%, 33% and 30% of households, respectively. Housing repair kits/material, personal winter items, hygiene items/kits and healthcare assistance were also commonly reported.

The need for additional modalities of assistance was more common for the most vulnerable households. **Households belonging to the first quartile reported this need least frequently** (60%, n=15/25) **–** followed by the second quartile (66%, n=19/29), the third quartile (67%, n=20/30) and the fourth quartile (80%, n=24/30).

Table 7. Households reporting unmet needs, by household category, at endline

Household category	Yes	No	Do not know
Overall (endline) (n=114)	68%	31%	1%
Households with **three or more children** under 18 years of age (n=5)	40%	60%	-
Households with **children under one year** of age (n=6)	33%	67%	-
Households with **pregnant women** (n=1)	-	-	-
Households with people with **disabilities** of group 1 or 2 (n=9)	56%	44%	-
Households with people with severe **chronic diseases** (n=109)	69%	30%	1%
Households where **all adult members are 60 y.o.+** (n=20)	75%	20%	5%
Households **headed by women** (n=23)	57%	39%	4%
Single headed Households with child(ren) or older people (60 y.o.+) (n=29)	62%	38%	-
Households **displaced** from the territory of active hostilities and **not receiving IDP payments** (n=11)	64%	36%	-
Households with partially or fully **damaged place of residence** (n=48)	67%	31%	2%
Households whose members **were injured or killed because of hostilities** (n=15)	73%	27%	-
Eligibility criteria score			
Q1 households (n=25)	60%	36%	4%
Q2 households (n=29)	66%	34%	-
Q3 households (n=30)	67%	33%	-
Q4 households (most vulnerable) (n=30)	80%	20%	-

Table 8. Of households reporting needs requiring additional assistance, type of basic needs requiring additional assistance (cash or in-kind) (self-reported), overall, at endline

Category of basic needs	Endline overall (n=77)	Q1 (n=15)	Q2 (n=19)	Q3 (n=19)	Q4 (n=24)
Medication	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%
No answer	1%	-	5%	-	-

(h) Evaluation of MPCA: Applicability to need types and potential expanding of MPCA

In the endline, households were asked if MPCA could meet all types of needs, as well as to report whether potential expansions could help MPCA better meet their currently unmet needs.

Households more often reported that MPCA could meet all types of needs after having received MPCA. Before receiving MPCA, 35% of households indicated they can meet all types of needs with MPCA. Since all households were receiving MPCA for the first time during the baseline data collection phase, 29% were unable to answer the question. At the endline stage of data collection, after using MPCA, 62% of households reported that the assistance is capable of meeting all types of their household needs

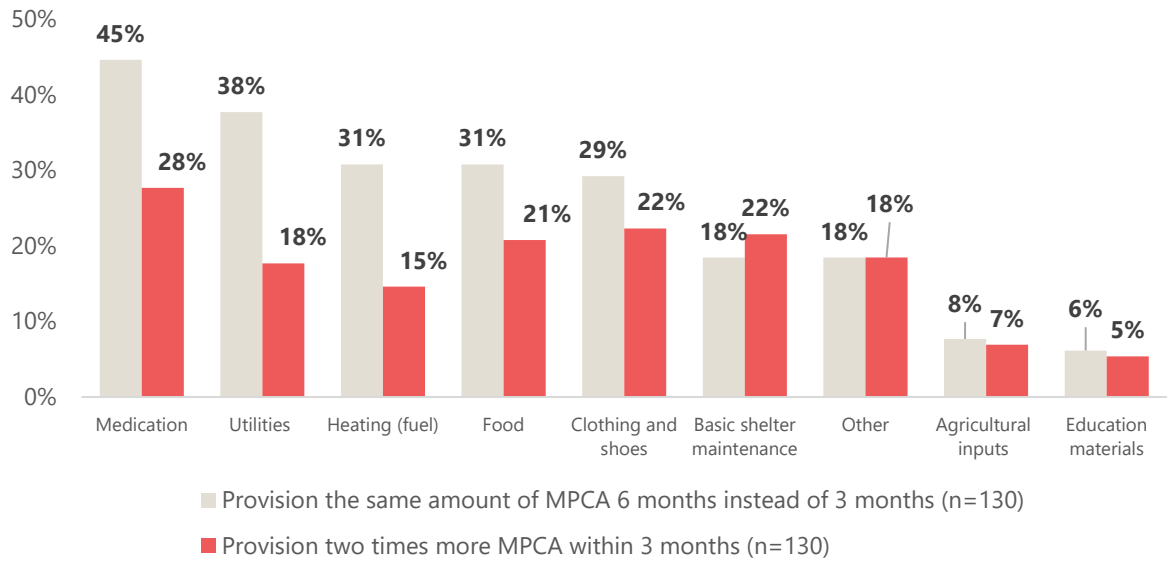
At both stages, the most frequently mentioned that is impossible to meet basic shelter maintenance needs, reported by 12% and 13% of householdshouseholds in the baseline and endline, respectively. At the same time, 10% of households in the baseline and 12% of households in the endline indicated other expenses that they could not meet, which mainly included specialized health care services, such as dental care, surgeries or examinations, and high-cost residential renovation and infrastructure services.

Table 9. Basic needs households considered impossible to meet with MPCA, overall, at baseline and endline

Category of basic needs	Baseline (n=194)	Endline (n=129)
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%

When reporting which additional household needs could be met if the period of cash assistance were extended from three to six months, or if the assistance amount were doubled within the current three-month period, households most frequently reported medication, utilities and heating fuel, food, clothing and shoes, basic shelter maintenance, and other expenditures. However, medication, utilities and heating fuel, food, and clothing and shoes were already top areas of MPCA spending – indicating that perhaps modifications to MPCA would produce a more comprehensive response to such need. Only shelter maintenance and other expenditures, which were not commonly reported as MPCA spending, would be potentially more commonly and newly met by such an expansion. Among other expenditures, households most frequently mentioned expenses related to high-cost specialized healthcare, home appliances, high-cost residential renovation and infrastructure services, high-cost specialized agricultural needs, debt or loan repayment, and home furniture. This may indicate that theseneeds that require complementary sector-specific humanitarian assistance programs, particularly in healthcare.

Figure 4. Basic needs that could be potentially met with modification of MPCA programming, overall, at baseline and endline



(i) Evaluation of MPCA: Preferred assistance modalities

Households most commonlty reported MPCA as the most desired form of aid to address their current needs. At the baseline stage, prior to receiving MPCA, 69% of households chose it as the most helpful form of assistance. After disbursement of MPCA, this proportion increased to 78%. Thus, households continued to households prefer this form of humanitarian assistance. The second most popular option was cash for specific needs, chosen by approximately 33% in the baseline and–35% of householdshouseholds in the endline.

Between the baseline and endline, households' preferences for receiving food packages and hygiene products notably increased. Specifically, while only 6% of households selected food packages at the baseline stage, 22% did so at the endline stage. – more than tripling. Similarly, the share of households selecting hygiene products increased notably from 5% at baseline to 18% at endline – again more than tripling.

Table 10. Preferred modality of assistance to meet current household need, overall, at baseine and endline

Modality of assistance	Baseline (n=195)	Endline (n=130)	Change %
Multi-purpose cash	69%	78%	9%
Cash for specific needs	33%	35%	2%
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%	3%
Voucher for accommodation/rent	1%	2%	1%
Vouchers for hygiene products	1%	2%	1%
Do not know	4%	2%	-2%
Other	2%	3 %	1%
No answer	1%	1%	0%

CONCLUSION

Since 2022, humanitarian organizations in Ukraine have provided the largest volume of MPCA compared to other countries, emphasizing its critical importance in Ukraine. However, due to worsening economic conditions, **the overall ability of vulnerable households to meet their needs remains limited, increasing MPCA's significance in supporting them**.

As a result, the necessity for households receiving MPCA to avoid the usage of coping strategies has risen. During the research period, **reliance on coping strategies of MPCA-beneficiaries increased, with the proportion of households not needing any coping strategy declining from 38% to 24%, reflecting deteriorating financial capacity and rising inflation**. The most notable increase occurred in reduced health spending, climbing from 14% to 41%, although 65% reported that MPCA helped them avoid this fully or partially. Savings usage also rose from 21% to 35%, but nearly half managed to avoid it due to MPCA. **Vulnerable groups, including single headed households with children or older people and households displaced from the territory of active hostilities and not receiving IDP payments, most frequently adopted coping strategies. MPCA was particularly effective for these groups in preventing reduced health spending, food-related debt, and the use of savings.**

Household purchasing patterns, unmet needs, and corresponding MPCA utilization exhibit a stable structure regarding priority needs over time. Households most frequently and greatly spend on food, utilities, and medicine. Specifically, at the endline, 88% of surveyed households reported expenditures on food, representing on average 35% of their total spending; 84% spent on utilities, averaging 20%; and 68% regularly spent on medication, averaging 22%. Additional significant needs include heating fuel and clothing and shoes. Correspondingly, **commonly reported unmet needs also encompass heating, utilities, medicine, clothing and shoes.** Households with three or more children under 18 years of age and households displaced from the territory of active hostilities and not receiving IDP payments experience the greatest level of unmet needs.

Assessed households primarily used MPCA to cover expenses related to utilities, medication, food, heating, and clothing and shoes. On average, 57% of households spent 25% of the MPCA received to cover utility expenses. Similarly, around 54% of households allocated 24% of the MPCA received to cover medication costs. 45% of households reported spending 26% of their MPCA on food. Expenditures on heating fuel were made by 40% of households, spending 48% of the MPCA received. Clothing and shoes were also key expenditures categories, with 32% of households spending around 22% of their MPCA on them.

After receiving MPCA support, 68% of households reported remaining unmet needs requiring further assistance. The need for additional assistance grew with the households' eligibility criteria score, rising from 60% among the least vulnerable group (Q1) to 80% among the most vulnerable (Q4). The most frequently cited additional assistance items were medicine (51%), heating fuel (32%), food (30%), housing repair materials (26%), winter clothing (23%), hygiene products (21%), and healthcare (21%).

Around 93% of MPCA beneficiaries expressed satisfaction with the amount of cash received, estimating that it covered approximately 75% of their needs. MPCA remained the most preferred type of humanitarian assistance, with this preference increasing from 69% before receiving assistance to 78% after using it. Cash assistance for specific needs was the second most popular type of humanitarian aid, preferred by 33% of households before receiving MPCA and 35% after its use. Additionally, preference for in-kind assistance such as food packages and hygiene products increased, with preference for food packages rising from 6% to 22%, and for hygiene products from 5% to 18%, highlighting emerging additional needs alongside cash assistance.

In conclusion, MPCA plays a crucial role in meeting the needs of households, and it is also the preferred form of assistance for recipients. According to the beneficiaries, MPCA is highly relevant to their needs and thus allows them to meet them in a convenient way. At the same time, additional complementary humanitarian assistance may be required for the beneficiaries surveyed, most often to meet the needs for expensive medical care and housing-related assistance.

ENDNOTES

1. Cash and voucher assistance, OCHA
2. The State of the World's Cash 2023, CALP
3. Multipurpose cash assistance, CALP
4. CALP, Multipurpose Cash Outcomes Indicators and Guidance, 2022
5. Bailey, Sarah, and Paul Harvey. "State of evidence on humanitarian cash transfers." *Overseas Development Institute Background Note* (2015)
6. Telford, John, John Cosgrave, and Rachel Houghton. "Joint evaluation of the international response to the Indian Ocean tsunami." *Synthesis report* 110 (2006
7. Pelzer, Beate, Jan Weuts, and C. Gourbin. "Multipurpose cash transfers in humanitarian contexts: Ideas, priorities, consequences." *Université catholique de Louvain, Louvain-la-Neuve* (2018).
8. Grootenhuis, Floor, and Muriel Calo. "Testing New Ground. Multisector Cash Interventions in Mangaize Refugee Camp Niger." *Cash Learning Partnership* (2016)
9. The Great Bargain, 2016
10. Pelzer, Beate, Jan Weuts, and C. Gourbin. "Multipurpose cash transfers in humanitarian contexts: Ideas, priorities, consequences." *Université catholique de Louvain, Louvain-la-Neuve* (2018)
11. Shelter Considerations for Minimum Expenditure Basket Development and Multi-Purpose Cash Assistance Program Design: A Guidance Note, June 2023
12. Gentilini, Ugo. *The Other Side of the Coin: The Comparative Evidence of Cash and In-Kind Transfers in Humanitarian Situations?*. World Bank Publications, 2016
13. Harvey, Paul, and Sara Pavanello. "Multi-purpose cash and sectoral outcomes: A review of evidence and learning." *Study commissioned by UNHCR in collaboration with members of the Advisory Board. May. UNHCR (UN Refugee Agency), Geneva* (2018).
14. Lash, Juliette, et al. "Incorporating cash-based interventions into food assistance programs in humanitarian settings." *Frontiers in Public Health* 11 (2023)
15. Pega, Frank, et al. "Unconditional cash transfers for assistance in humanitarian disasters: Effect on use of health services and health outcomes in low-and middle-income countries." *Cochrane Database of Systematic Reviews* 9 (2015).
16. Siddiqi, Arjumand, Akshay Rajaram, and Steven P. Miller. "Do cash transfer programmes yield better health in the first year of life? A systematic review linking low-income/middle-income and high-income contexts." *Archives of Disease in Childhood* 103.10 (2018): 920-926.
17. DG ECHO Thematic Policy Document No 3 Cash Transfers
18. Shelter, Cash and Markets CoP Meeting 3 October 2024 Presentation
19. CALP, Multipurpose Cash Outcomes Indicators and Guidance, 2022
20. Churchill, Sefa Awaworyi, et al. "Unconditional cash transfers, child labour and education: theory and evidence." *Journal of Economic Behavior & Organization* 186 (2021): 437-457.
21. Baird, Sarah, et al. "Relative effectiveness of conditional and unconditional cash transfers for schooling outcomes in developing countries: a systematic review." *Campbell systematic reviews* 9.1 (2013): 1-124.
22. Summary of findingsEvidence-building for cash and markets for WASH in emergencies , 2020
23. International Red Crossand Red Crescent Movement Guidelines for cash transfer programming, 2007
24. CALP, Guidance notes: cash transfers in livelihood programming. 2020
25. NRC 6 reasons why we are putting cash directly in people's hands
26. Ukraine Cash Working Group Factsheet (as of 25 March 2022)
27. Ukraine: UNHCR Ukraine Cash Assistance Factsheet (31 January 2024)
28. Cash and Voucher Assistance (CVA) - Ukraine 2024 Response Analysis Snapshot (January to December 2024)
29. Protection Analysis Update The Critical Need for Protection amongst Armed Conflict and Violence July 2024
30. Ukraine Cash Working Group: Rapid MPCA Operational Guideline (as of 10th of December 2024)
31. Ministry of social policy https://aid.edopomoga.gov.ua/terms
32. CWG Ukraine Dashboard Multi-Purpose Cash Assisstance Achievements Overview
33. Cash and Voucher Assistance (CVA) - Ukraine 2024 Response Analysis Snapshot (January to December 2024)
34. JMMI Dashboard Ukraine
35. JMMI Market Overview December 2024