

Multisectoral Needs Assessment (MSNA) 2022

Protection Findings

March 2023

REACH Informing
more effective
humanitarian action



Protection Key Takeaways

- About **one in six HHs were found to have Protection Living Standards Gaps**, and a notable proportion of HHs had Extreme LSGs in Protection (**11% of all assessed HHs**), particularly in the East and South macro-regions.
- **Armed violence and shelling was the most significant protection concern** for more than a quarter of assessed HHs, particularly for those in the conflict-affected East, South and North macro-regions. This issue is exacerbated with the inadequate access to public bomb shelters reported by the majority of HHs.
- **A half of HHs with children were reportedly not aware of social services available for children**, while a small but alarming number of HHs reported having children living outside of their homes, particularly in the South and East macro-regions.
- **1,748 HHs (8% of all assessed HHs) reported concerns about sexual, physical or verbal harassment or economic violence against women**, while about two-thirds were reportedly not aware of gender-based violence services in their area.
- The majority of HHs that reported the presence of landmines and unexploded ordnance (UXO) as a main safety and security concern reported that they had reduced their access to livelihoods, while a **majority of the same HHs reportedly had not received briefing or training for explosive ordnance education risk**.
- HHs with certain demographic characteristics were found to more frequently have Protection needs, particularly **female-headed HHs, urban HHs for risks (except for landmines/UXO), and rural HHs for lack of awareness**.



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Donor and Partners

Donor:



Partners:



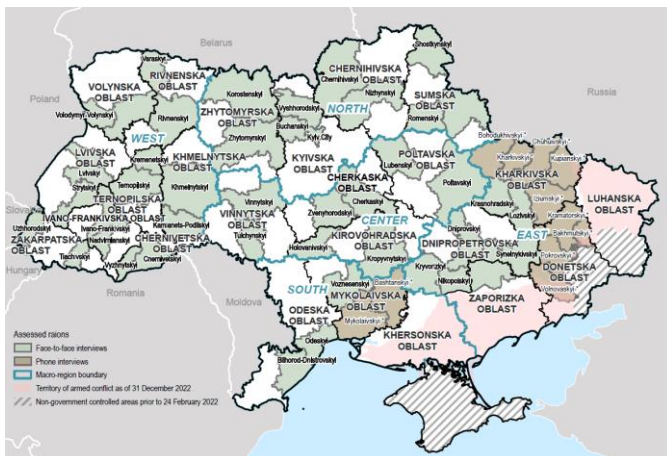
Complementary
assessments:





01 Methodology and Sampling

Coverage



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

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

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

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

For reference, the CATI 'grouped' raions were in Donetsk oblast (Bakhmutskiyi, Kramatorskiy, Pokrovskiy, Volnovaskiy), Kharkivska oblast (Bohodukhivskiy, Chuhuivskiy, Iziumskiy, Kharkivskiy, Kupianskiy), and Mykolaviska oblast Bahstanskyyi and Mykolaivkiy.

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

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

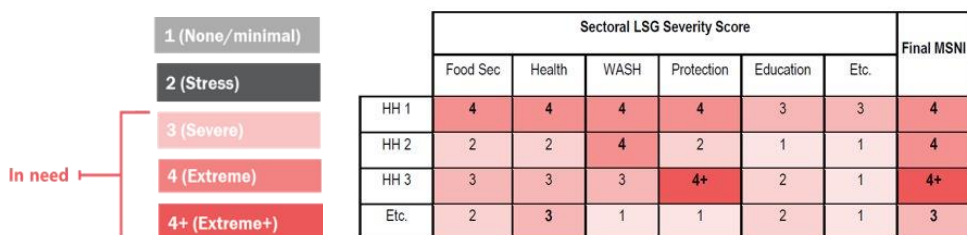
Demographically, the sample consisted of 8,712 (65%) female and 4,737 (35%) male respondents. These respondents were varied in age; 675 (5%) aged 18 to 25 years old, 4,725 (35%) aged 26 to 50 years old, 3,510 (26%) aged 51 to 65 years old and 4,590 (34%) aged 65+ years old. In terms of displacement,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

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

Analysis Framework

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

- The MSNI is a measure of both the magnitude and severity of unmet humanitarian needs across sectors, measured through Living Standard Gaps (LSGs)
 - The *magnitude* is the total proportion of households affected (with at least one LSG)
 - The *severity* is measured on a 5-point scale with the highest LSG forming the MSNI



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

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

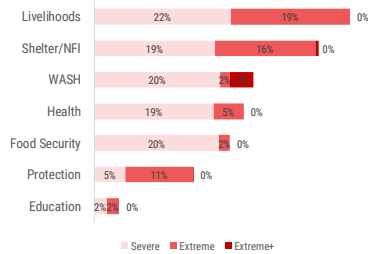
As shown in the example in the figure to the right, the highest severity score across the three households (HH) is taken to determine the MSNI.

Living standard gaps (LSGs) by sector

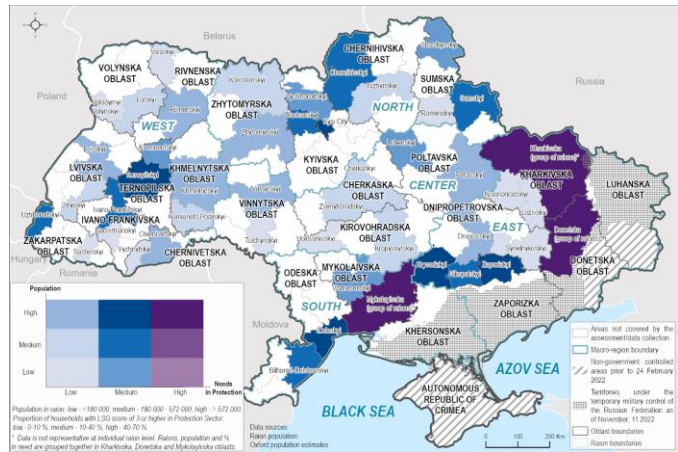
Sectors with the highest proportion of households found to have Severe or Extreme LSG severity scores were:

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

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



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





02

Protection Living Standard Gap Analysis and Drivers

Analysis Framework

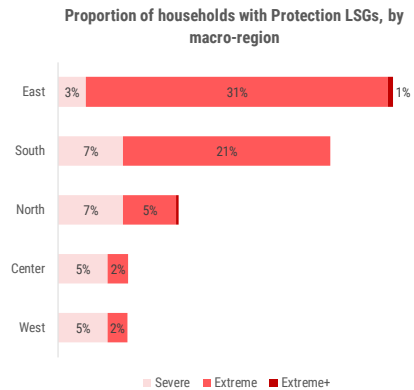
Protection Living Standard Gap Framework

Critical indicators:

1. % of HHs with at least one child not residing in the HH
2. % of HHs lacking ownership/ inability to pay rent/with conflict-related damage
3. % of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living
4. % of HHs with at least one HH member without an ID document

16% of assessed households nationally were found to have Severe, Extreme or Extreme+ Protection LSGs.

Findings suggest needs are most common in regions affected directly by the conflict, with 34% of interviewed households in the East and 28% of interviewed households in the South found to have Severe, Extreme, or Extreme+ Protection gaps (LSG score 3, 4 or 4+).



The Protection Living Standard Gap (LSG) framework consists of 4 composite critical indicators. The first examines the presence of children not residing in the HH; the second examines housing, land and property (HLP) issues of ownership, rent and conflict-related damage; the third examines concerns of harm, physical threat and discrimination; and the fourth examines the presence of HH members with identification.

The following are the % of HHs with Severe, Extreme and (where relevant) Extreme + severity levels in the critical indicators;

1. HHs with at least one child not residing in the HH – 1%
2. HHs lacking ownership/inability to pay rent/with conflict-related damage – 8%
3. HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living – 9%
4. HHs with at least one HH member without an ID document – 2%

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



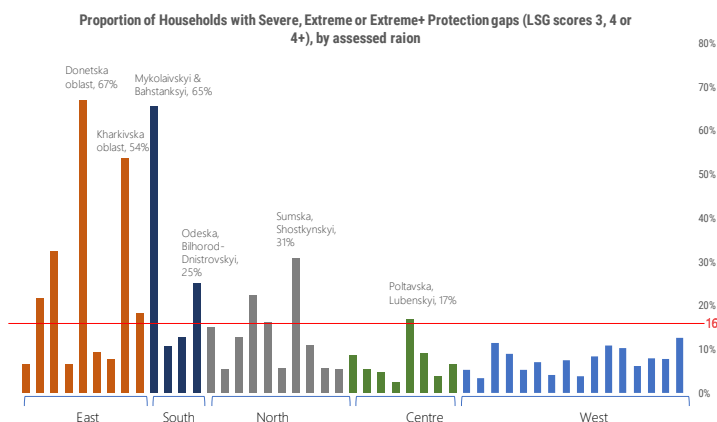
Here you have a map of the proportion of HHs falling into Severe, Extreme or Extreme+ severity levels of Protection LSGs when implementing the Protection LSG framework.

Overall, the Protection LSG was one of the main drivers of the MSNI. There were three areas (one f2f sampled and two CATI sampled) with higher Protection LSGs than all other areas; Bilhorod Dnistrovskiy (67%), Mykolaivska (65%) and Kharkivska (54%).

It is also noteworthy that, other than Bilhorod Dnistrovskiy, only two raions had Extreme+ Protection LSGs at all, meaning that HHs currently lived in shelters with unrepairable damaged or unsafe for living. These were Buchanskyi and Chernihivskiy, both with 1%.

Localised Protection Living Standards Gaps

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

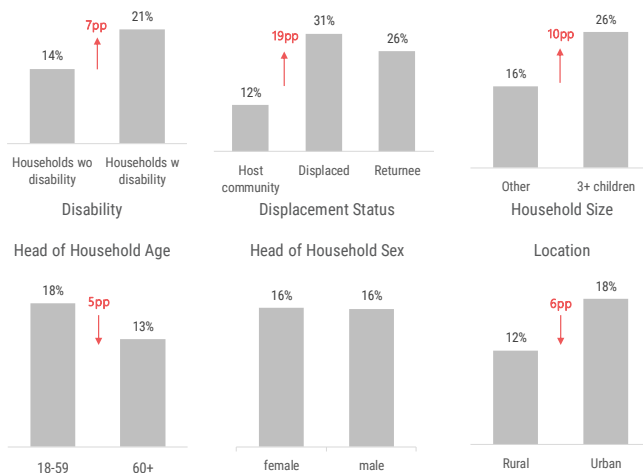


Here you have a graph of the localised Health living standard gaps, in which the proportion of HHs with Severe, Extreme and Extreme+ needs can be observed.

Overall, the average proportion of HHs across the raions sampled was 16%, with the South region having the highest regional average and the West region having the lowest regional average.

Severe or Extreme needs by demographic

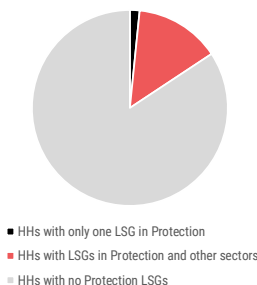
Response to Protection needs should consider the following:



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

Protection LSG Needs Profile

% of HHs by co-occurrence of Protection LSGs



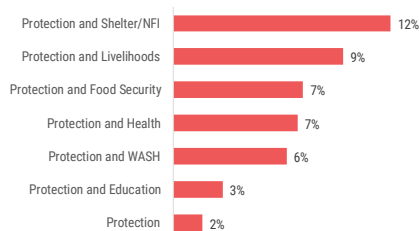
The most common combination of LSGs found among HHs with Protection LSG was the combination with a Shelter/NFI LSG (12% of HHs had concurring LSGs in these two sectors). Shelter/NFI was also the sector with the second highest proportion of HHs found to have unmet needs (LSG), compared to the other assessed sectors.

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

14% of assessed HH were found to have severe or extreme LSGs in Protection and at least one other sector.

2% of assessed HHs were found to have a severe or extreme LSG only in Protection.

% of HHs with Protection and Other LSGs





03 Protection Indicator Analysis

Protection Analysis

Household protection concerns

% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in the last 3 months, by top 4 categories reported (n=13,449)

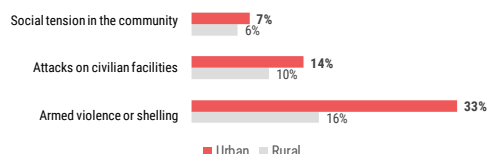
	Armed violence/Shelling	Attacks on Civilian Facilities	Social tension in the community	Presence of military actors
West	10%	16%	9%	4%
Center	17%	7%	5%	1%
North	37%	18%	8%	1%
South	39%	9%	4%	3%
East	43%	7%	3%	1%
Overall	27%	12%	7%	2%

Findings suggest there are regional differences in the types of protection concerns reported as potentially affecting the household.

In the East, South and North, the proportion of HHs reporting armed violence/shelling as a risk was higher than the country average.

HHs in the North and West also reported Attacks on civilian facilities such as schools and hospitals as a concern more often while social tensions in the community were more often reported in the West and North compared to the country average.

% of HHs reporting concerns from any harm, physical threats or discrimination in the area where they are living in the last 3 months, by top 3 categories reported and type of household location (n=13,449)



Urban HHs more commonly reported safety and security concerns than rural HHs.

54% of urban HHs reported no safety or security concerns, compared to 71% of rural HHs.

In the South, urban HHs reported attacks on civilian facilities (schools and hospitals) as a concern more often than rural HHs (11% compared to 3%). In the East, social tensions were more often reported as a concern by rural HHs (14%) compared to urban (7%).

What are the main safety and security concerns affecting your HH, if any?

Regarding concerns of harm, physical threats, or discrimination, HHs noted the fear of armed violence or shelling, attacks on civilian facilities, and social tension in the community. In the East, a comparatively high proportion of HHs reported armed violence and shelling as a concern, while the East also had the lowest proportion of HHs reporting not having any concern (51%, compared to the county average of 60%).

Disaggregation by type of settlement suggest that overall, urban HHs reported concerns from harm, physical threats, or discrimination more frequently, with some difference over the proportion in the top 3 categories reported, as illustrated in the graph to the right. This pattern is particularly visible in the East, especially considering the armed violence or shelling, in which the disparity between rural and urban HHs is 29%. Conversely, concerns about attacks on civilian facilities were reported more frequently by urban HHs (14%) than rural HHs (10%).

Data from the **CCCM Vulnerability Index** indicates that IDP HHs living in Collective Sites (CS) have similar concerns, with the top three main perceived threats in the three months prior to data collection being the same as those reported by surveyed HHs in the MSNA. On average, 16% of HHs in rural collective sites reported facing at least one safety and security concern, compared to 25% of HHs in urban sites.

Protection Analysis

Household protection concerns

Overall, **only 1% of HHs (n=105) reported the presence of landmines / UXOs as a main (top 5) safety and security concern**

- 41% of those HHs (n=105) reported knowing of at least one person either killed or injured by explosive ordnance.
- 57% of those HHs (n=105) noted that landmines or UXO has reduced the communities's access to livelihoods.
- 64% of those HHs (n=105) indicated having received no training or briefing on explosive ordnance risk.

The highest proportions of HHs reporting presence of landmines/UXOs were found in the following Northern raions:

- **Buchanksyi (6%)**
- **Vyshhorodski (4%)**
- **Chernihivskyi (3%)**

In these locations, % of HHs reporting having been trained/briefed on explosive ordnance risks, among HHs who reported presence of landmines (n=105)

Raions	No	Yes, adequate briefing	Yes, but more education required	Don't know
Buchanskyi (n=22)	67%	18%	15%	0%
Vyshhorodskyi (n=15)	54%	34%	0%	12%
Chernihivskyi (n=13)	92%	0%	8%	0%
Overall (n=105)	64%	26%	9%	0%

Is the presence of landmines/UXO in your community making it difficult for people to earn a living?

1% of HHs (n=105) reported the presence of landmines and UXO as a security concern, of whom 57% reported that the presence of landmines and UXO was affecting the livelihoods of people in their community. When disaggregated by rural and urban, the presence of landmines and UXO appears to be a greater concern for rural HHs (63%) than urban HHs (54%), however, the samples for both of populations were small (rural n=55, urban n=50).

Has any civilian(s) you know or heard of being injured or killed by landmines/Unexploded Ordnance (UXO) in your community?

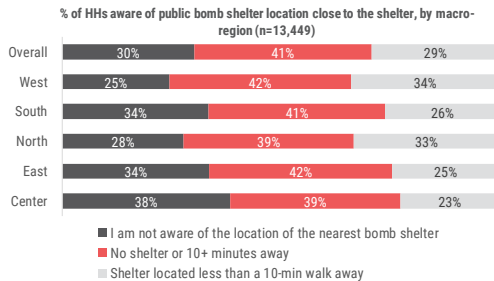
Moreover, 41% of the assessed HHs who reported landmines or UXO in their community as their main security concern (n=105) indicated that at least one person had been killed or injured by an explosive ordnance in their community.

Have you been briefed or trained on the risks from landmines/Unexploded Ordnance (UXO)?

In terms of accessibility of explosive ordnance risk education, the figures indicate low coverage of training or briefing for HHs overall, especially raions from the North region.

Protection Analysis

Public bomb shelters

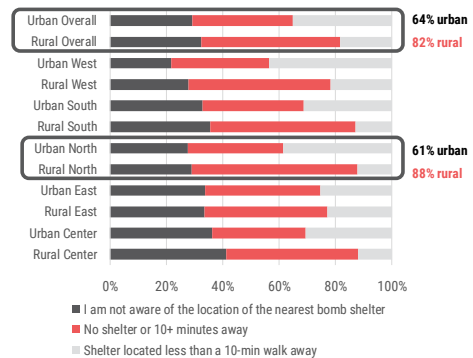


71% of HHs reported not knowing the location of the nearest public shelter, no having a public shelter, or having a public shelter over 10 minutes' walk away, despite this being established in Ukrainian law*.

Findings suggest that awareness of availability of nearby public bomb shelters is lowest in the Center, East, and South.

*Under the [State Building Regulations B.2.2-5:97 "Buildings and Structures. Protective structures of civil protection."](#)

Awareness and presence of public bomb shelters over 10 minutes walking distance by region and type of settlement, by type of household and macro-region (n=13,449)



Rural HHs were considerably more likely to not have or be unaware of a public bomb shelter in their settlement (67%) than urban HHs (37%). This rural-urban disparity was particularly prevalent in the Center (71% rural, 38% urban) and East (71% rural, 44% urban) regions.

Where is the location of the nearest official, public bomb shelter?

Overall, 71% of the HHs reported not knowing the location of the nearest public bomb shelter, not having access to a public bomb shelter available within 10 minutes' walk away from their home, or there not being any public shelters available.

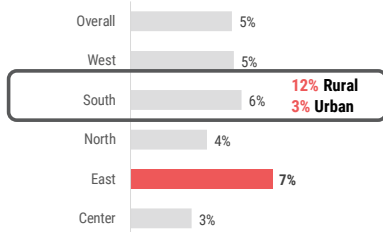
What do you usually do when there is an air raid alert (i.e., whether at home, at work, out for shopping, etc.)?

Only 23% of the overall HHs assessed reported seeking a public shelter or secure basement in response to air alerts. When disaggregated by rural/urban, in the North only 1% of rural HHs seek a public bomb shelter compared to 16% of urban HHs. Furthermore, 54% of rural HHs reported doing nothing in response to air alerts, compared to 31% of urban HHs.

Protection Analysis

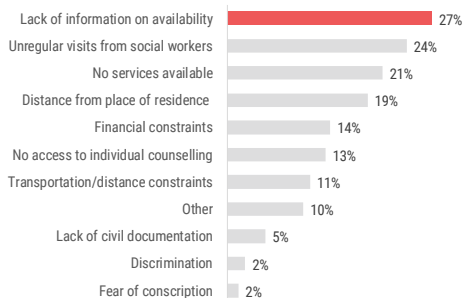
Government social services access

% of HHs reporting experiencing barriers to accessing social services provided by the government, by macro-region



Lack of information about service availability (especially in the South region) and **unregular visits of social workers** from State institutions (mainly in the West region) were the most reported barriers to government social services access

Most reported barriers among HHs who reported having experienced barriers accessing social services provided by the government (n=688)



Does anyone in your HH experience barriers in accessing social services provided by the government (e.g., home-based care support, support to families with many children, counselling)?

A small proportion of HHs reported facing barriers while accessing social services provided by the government. The East had the highest proportion of HHs reporting having faced barriers compared with other regions and when disaggregated by urban/rural the proportion of rural HHs in the South presented the greatest disparity with urban HHs (12% against 3%, respectively), while in the East no substantial differences were found.

If yes, what are the main THREE barriers to accessing social services provided by the government? (n=688)

Those HHs who reported having faced barriers in accessing social services (n=688) most cited the lack of information on availability of the services (27%) as a main barrier. This barrier was most frequently reported in the South, by 46% of HHs in the South who had reported barriers (n=105).

In the East, a considerable disparity between rural and urban HHs who reported barriers (n=73 and 65, respectively) was found regarding the lack of information on availability of social services, with 35% of urban HHs reporting this compared to 4% of rural HHs.

‘Social workers from state institutions not visiting the settlement often’ was the second most reported barrier, with particularly high figures found in the West. Disaggregation by HoHH age shows that 60+ headed HHs reported irregular visits from social workers more frequently than 18–59 year headed HHs.

Data from the **CCCM Vulnerability Index** shows that in collective sites, 8% of HHs reportedly experienced barriers to accessing social services provided by the government. The most frequently cited barriers were the unregular visits by social service workers, distance from the site to social service centre (TSNAPs, Departments of Social Protection, etc.) and the lack of information on the availability of the services.

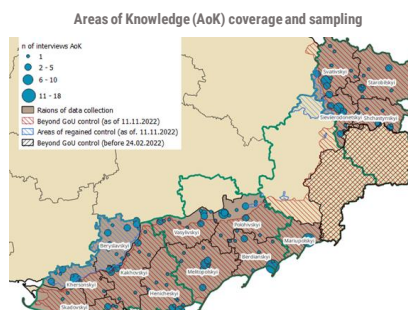
Area of Knowledge Analysis

Methodology

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

Protection Findings

- 40% of respondents reported being aware of or having heard of civilians who have been injured or killed by landmines/UXO in their settlement.
- 30% of the households reported concerns with armed violence/shelling or the presence of military actors or looting of private property or social tension in the community or unlawfully occupied property by others.



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

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



04

Child Protection Indicator Analysis

Child Protection Analysis

Child protection concerns

3% of HHs reported having at least 1 child (<18 years old) living outside the home. This increases to 6% in the South and 5% in the East macro-regions.

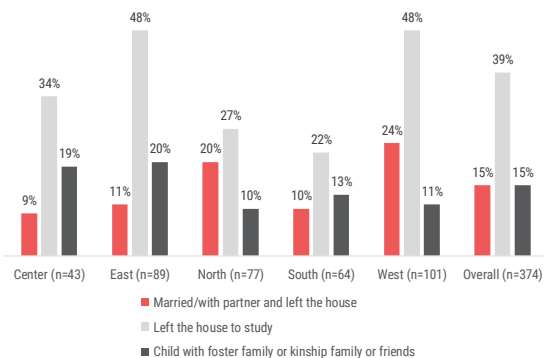
When disaggregated by HoHH sex, male-headed HHs in the South (11%, 69 out of 627) and East (9%, 120 out of 1,331) reported children living outside of the home considerably more often.

But reported reasons for children to be outside the home appear more critical among interviewed HHs in the West (24% married and left home) and North (20%).

of children (<18 years old) not residing in the household, by top 5 raions (n=362)

Raions	Oblast	# of separated children
Zhytomyrskyi	Zhytomyrska	12
Bilhorod-Dnistrovskyi	Odeska	10
Krasnohradskyi	Kharkivska	10
Sumskyi	Sumska	9
Uzhhorodskyi	Zakarpatska	8

Reported reasons why children are not currently living in the HH, by % of HHs reporting at least one child is not living in the HH (n=374)



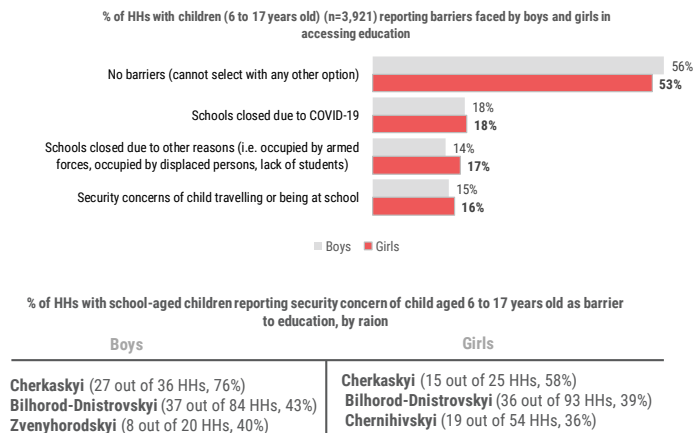
Does your HH have any child, son, or daughter (<18 years) not currently living in the HH?

Overall, there is a small proportion of interviewed HHs reporting having at least one separated child (<18 years old). The oblasts with the highest proportion of HHs reporting having a separated child were Mykolaivska and Odeska oblasts.

This trend looks similar for HHs assessed living in collective sites, with the **CCCM Vulnerability Index** showing that 2% of the HHs interviewed had at least one separated child (<18 years old) (especially in Zakarpatska, Khmelnytska, Mykolaivska, and Poltavaska oblasts). In the assessed CSs, the main reported reason for separation was children moving to be cared for by a foster family, kinship family, or friends.

Child Protection Analysis

Child protection concerns



Among HHs with children (6-17 years old), 15% and 16% reported safety and security concerns as a barrier to education for boys and girls, respectively. This was particularly reported in the North, especially in Cherkaska, Zhytomyrska, and Mykolaivsa oblasts.

The four main barriers for both girls and boys to access schools reported by HHs were **school closures due to COVID-19**, **security concerns for children travelling to school**, **school closures to conflict-related reasons** (occupied by armed forces/displaced persons or lack of students) and **security of children while travelling to school or being at school**.

In your view, do boys face any barriers in accessing education? Please select the top five barriers you perceive

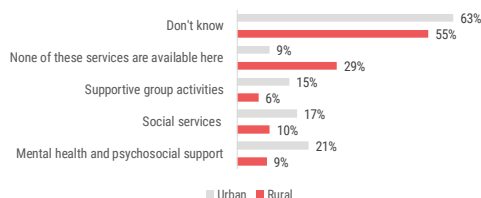
These questions were asked to households reporting the presence of at least one school-age child in their household (HHs with boys n=1,958, HHs with girls n=1,963). Some of the main barriers reported by households with school-aged boys and girls accessing elementary education were related to safety and security concerns, with little difference in concerns reported for boys and girls.

Overall, for boys, security concerns related to boys traveling to school (primarily in the Center) and schools being closed due to other reasons (i.e. occupied by armed forces, occupied by displaced persons, lack of students). Findings were similar for school-aged girls, with security concerns of children traveling to school and schools closed due to other reasons (i.e. occupied by armed forces, occupied by displaced persons, lack of students) being reported as barriers to accessing education.

Child Protection Analysis

Awareness and availability of social services for children

% of households reporting awareness and availability of well-being services for children (n=13,449), by urban/rural



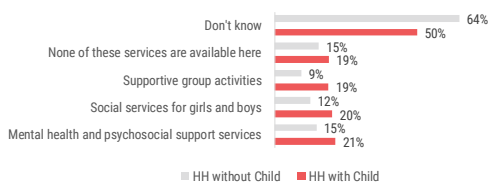
When disaggregated by rural/urban, urban HHs reported all services as available more frequently than rural HHs, with 29% of urban HHs reporting no services were available compared to 9% of rural HHs.

In comparison, when disaggregated by HHs with and without children, HHs with children reported all services as available more frequently than those without children, however, HHs with children did also report no services were available more often than HHs without.

Overall, 60% of HHs reported not being aware of social services available for children. The proportion of HHs reporting not being aware of such services was particularly high in the South macro-region.

Only 24% of HHs reported that social services such as mental health psychosocial support services, social services, and support group activities were available for children in their communities.

% of HHs reporting social services for children available in their community (n=13,449), by HHs with/without children



Are the following services related to children's well-being available in your community?

Overall, 60% of HHs reported not being aware of social services available for children. The proportion of HHs reporting not being aware of such services was particularly high in the South macro-region.

Only 24% of HHs reported that social services such as mental health psychosocial support services, social services, and support group activities were available for children in their communities. Furthermore, when disaggregated by rural/urban, all services were reported as available more frequently by urban HHs than rural HHs, with 29% of urban HHs reporting no services were available compared to 9% of rural HHs.

In collective sites, according to the **CCCM Vulnerability Index**, 44% of interviewed IDP HHs in sites reported that services related to children's well-being were available on the site. Looking at types of services, 33% of HHs reported that mental health and psychosocial support services were available, 22% that social services for girls and boys were available, and 25% that supportive group activities (play, MHPSS exercises) for girls and boys were available.

Child Protection Analysis

Awareness and availability of social services for children

% of HHs reporting barriers to social services for children in their community, of HHs who reported social services available to children (n=10,176)

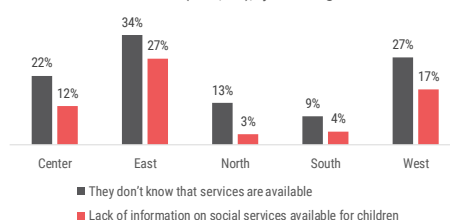


Overall, the two most frequently reported barriers to social services for children were **lack of awareness of the services available** (22%) and **lack of information on the child protection services** (awareness of service existence) (13%). Comparatively, in the East region, a higher frequency of both barriers were reported by interviewees.

A higher proportion of HHs reported being unaware of social services available for children in Kharkivska (45%), Khmelnytska (43%) and Zakarpatska (43%) oblasts.

45% of the households reported some barrier to accessing social services for children in their community. The main reported barrier was a lack of awareness and information available.

% of HHs reporting barriers to social services for children in their community, of HHs who reported social services available to children (n=10,176), by macro-region



What are the barriers, if any, to accessing these services?

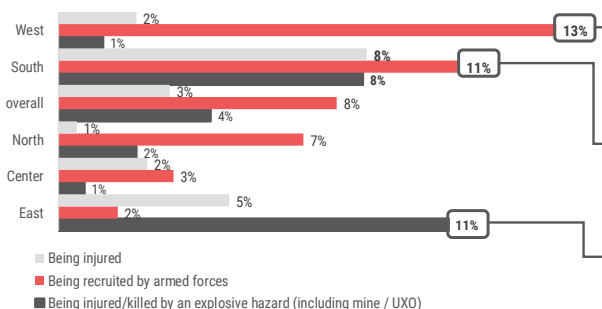
Among those HHs who reported social services were available, roughly half (54%) reported facing no barriers to accessing such services. Lack of awareness and lack of information were the most reported barriers.

When disaggregated by rural/urban, rural HHs more often reported a lack of awareness of social services for children as a barrier to accessing such services. In particular, in the North rural HHs were almost twice as likely (21%) to report a lack of awareness of social services for children as a barrier to accessing such services as urban HHs (11%).

Child Protection Analysis

Safety and security concerns for children

% of households by main safety and security concern for boys/girls, by % of HHs (n=13,434)



Overall, two-thirds (66%) of HHs reported not having any safety concerns for children and only 19% reporting presence of at least one concern.

High % of HHs reporting recruitment concerns in West driven by male-headed (17%) and urban HHs (15%)

Highest overlap of concerns in South, particularly among surveyed female-headed and urban HHs—female-headed HHs most reported concerns for recruitment in South (12%)

High % of HHs reporting concerns about injury by explosive hazards in the East, particularly by urban HHs (15%)

What do you think are the main safety and security concerns for boys/girls in this area?

Overall, most (66%) HHs reported not having any safety/security concerns for girls and boys, with 19% reporting presence of at least one concern. The most reported concerns were children being recruited by armed forces, being harmed or killed by explosive hazards, or being injured more generally.

According to the **CCCM Vulnerability Index**, most HHs (94%) interviewed collective sites had no concerns specific to the site or its surround area for the safety and security of boys or girls.



05

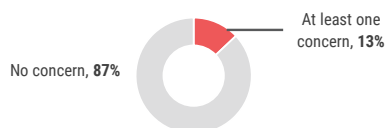
Gender-Based Violence Indicator Analysis



GBV Analysis

Security concerns for women*

% of HH reporting security concerns for women (n=13,449)



% of HH by type of safety or security concerns for women reported, by region (n=13,449)

	Being sent abroad to find work	Being sent abroad for protection	Being robbed	Being injured
Center	2%	2%	5%	2%
East	0%	1%	3%	1%
North	5%	8%	2%	0%
South	2%	3%	5%	7%
West	6%	4%	6%	3%
Overall	4%	4%	4%	2%

Overall, **13% of HHs reported protection concerns for women and 6% reported perceived unsafe areas which women and girls try to avoid:**

2% reported train stations

2% reported bus terminals

2% reported social/community areas

1% reported check points, recruitment or enlistment offices and other areas where armed men gather

Disaggregation by HoHH shows higher frequency: particularly commonly reported by 8% of female-headed HHs in the South macroregion

* The MSNA methodology has limited capacity to appropriately capture under-reported issues linked to the protection of women, including gender-based violence.

What do you think are the main safety and security concerns for women in this area, if any?

13% of HHs indicated some safety and security concern to women in their living area. Most reported concerns for women included being sent abroad for work (4%) or for protection (4%), being robbed (4%), or being injured (2%). These concerns were more frequently reported in the North, South and West macro-regions.

Are there any areas in your location that women and girls try to avoid because they feel unsafe? If yes, what areas (or places) do women and girls in your community try to avoid or feel unsafe about?

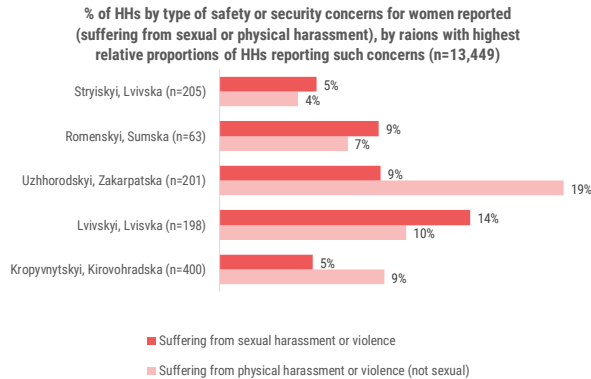
When asked about unsafe areas in their communities avoided by women or girls, only 6% reported the presence of such areas. The top areas were train stations, bus terminals, social or community areas and checkpoints, the latter of which was particularly commonly reported by female-headed HHs in the South.

The CCCM Vulnerability Index findings suggest that an overwhelming majority of the HHs (98%) in sites could not identify any safety and security concerns for women on the site and the area surrounding the site, nor in areas on the sites or surrounding the site that women and girls try to avoid because they feel unsafe. These findings seem to chime with the similarly high proportion of HHs in collective sites reporting not having any safety and security concerns for children.

Just added this for triangulation, I think it's good to link this finding.

GBV Analysis

Security concerns for women



Sexual and physical harassment was particularly commonly reported as a concern for women by HHs in Lvivska, Zakarpatska and Sumska oblasts.

Overall, **1,748 households (8%)** reported concerns about sexual, physical or verbal harassment or economic violence against women.

3% (n=403) reported concerns about physical harassment or violence;

2% (n=269) about sexual harassment

2% (n=269) about verbal harassment

1% (n=134) about economic violence

What do you think are the main safety and security concerns for women in this area, if any?

MSNA data shows that few households (8%) reported sexual, physical, verbal and economic harassment as a perceived threat to women across the country. With a raion zooming data shows that sexual and physical harassment concerns were more frequently cited by households in Lvivska, Zakarpatska and Sumska oblast, in the specific raions indicated in the chart on the top left.

Notably, female-headed HHs in the South reported some safety concerns/unsafe areas for women more commonly compared to HHs interviewed in other regions or male-headed HHs in the South. Ten percent of female headed HHs in the South listed being injured as a concern (compared to 3% of female-headed HHs overall), and 8% of female-headed HHs reported that women or girls avoid checkpoints due to feeling unsafe, suggesting that the South was a macro-region of particular risk for women.

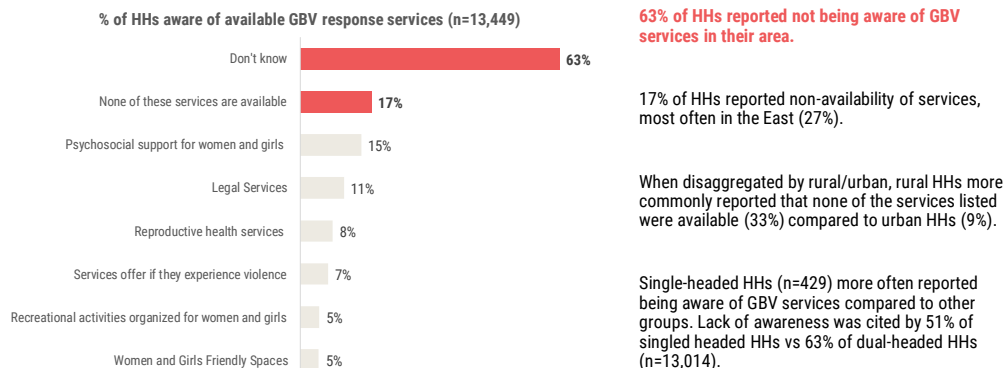
Finally, although female-headed HHs largely emphasized conflict-related protection concerns and de-emphasized protection concerns specific to women including GBV, lack of awareness of GBV services was incredibly high and constitutes a clear information gap.

While the HoHH model employed by the MSNA is useful in capturing representative information about a broad range of multi-sectoral needs of HHs across the general population of Ukraine, it is not well-suited for capturing the needs of specific minority groups, especially those whose identity may be sensitive and/or subject to challenging intra-household dynamics. In this sense, keep in mind that a randomized HH-level interview has limitation to provide information on the GBV and access to GBV response services. More appropriate tools could be employed to capture under-reported issues linked to the protection of women against all kinds of violence.

The breadth of the GBV services awareness gap likely necessitates informational outreach, which may reveal more GBV and women-specific concerns that might have been underreported.

GBV Analysis

GBV response service awareness and availability



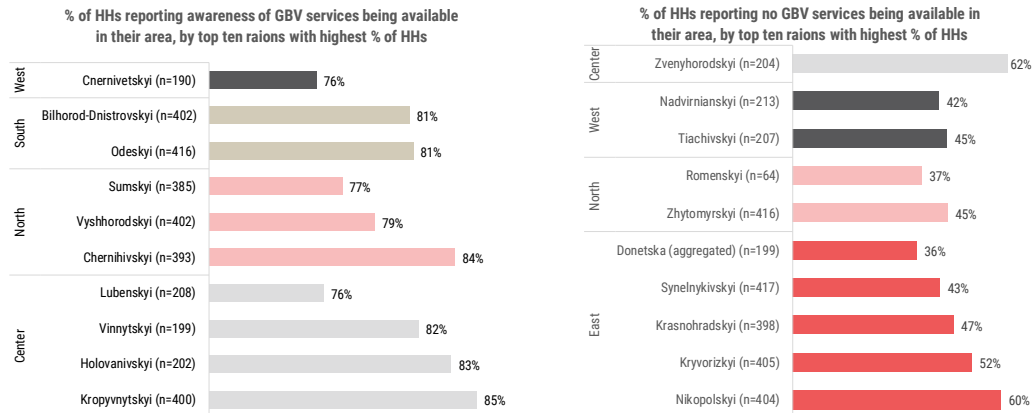
Are the following services related to support survivors of Gender Based Violence available in your community?

Awareness of GBV services was considerably low among households (63% reported do not know any GBV response service available). A lack of awareness on services available could indicate a broader lack of awareness on GBV as an issue in Ukraine. The second most commonly reported answer was that no such services were locally available (17%).

Overall, rural HHs had a considerably high proportion of HHs reporting that none of the services were available in their areas (33% in rural HHs against 9% in urban HHs - a gap of 25pp). The most reported service available to GBV response was psychosocial support, less frequently reported in the East compared with other macro-regions.


GBV Analysis

GBV response service awareness and availability



Are the following services related to children's well-being available in your community?

In the graph on the left in the graph on the right we see the top ten raions with the greatest proportions of HHs reporting a lack of awareness of GBV services while in the graph on the right we see the top ten raions with the greatest proportion of HHs that reported no GBV services being available in their area. Overall, we see that the proportions of HHs lacking awareness are greater than the proportions of HHs reporting GBV services are unavailable. Regionally, the Center has the highest number of raions in the top ten (4 raions) with HHs reporting lack of awareness of GBV services while the East has the highest number of raions in the top ten (5 raions) with HHs reporting that no GBV services are available.



06 Mine Action Indicator Analysis

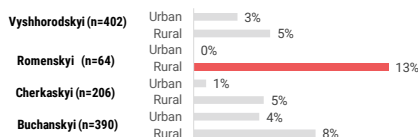
Mine Action Analysis

Concerns about Landmines and Unexploded Ordinance (UXO)

% of surveyed HHs reporting presence of landmines or UXO as one of their top 5 main safety and security concerns, by macro-region

	Presence of landmines/UXO
West	0%
Center	0.6%
North	0.7%
South	1.1%
East	1.1%
Overall	0.9%

Raions with the highest % of HHs reporting presence of landmines/UXO as one of their top 5 main safety and security concerns



Presence of landmines and UXO was reported as a security or safety concern by 1% of HHs overall.

When disaggregated by rural/urban, Rural HHs more commonly reported landmine/UXO presence among their main security concerns than urban HHs, with the greatest disparity found in Romenskiy raion (see chart on the left).

% of surveyed HHs reporting presence of landmines or UXO as one of their top 5 main safety and security concerns, by raion

North	Buchanskiy (n=390)	6.3%
North	Vyshhorodskiyi (n=402)	4.2%
North	Chernihivskiyi (n=393)	3.1%
South	Odeskyyi (n=416)	1.6%
East	Kharkivska (n=234)	1.8%
East	Donetska (n=199)	1.0%
East	Kryvorizkiy (n=405)	0.8%
North	Kyivska (n=220)	0.5%
South	Mykolaivska (n=212)	0.8%
East	Nikopol'skiy (n=404)	0.8%
Center	Romenskiy (n=64)	0.5%
East	Synelnykivskiyi (n=417)	0.7%
North	Varaskiyi (n=207)	0.7%
South	Voznesenskyyi (n=402)	0.5%

Firstly, it is important to flag here that the sample used to create these findings, related to household perceived concerns about landmines/UXO presence in their area, and should not be taken as proxies of actual presence of landmines/UXO

Is the presence of landmines/UXO in your community making it difficult for people to earn a living?

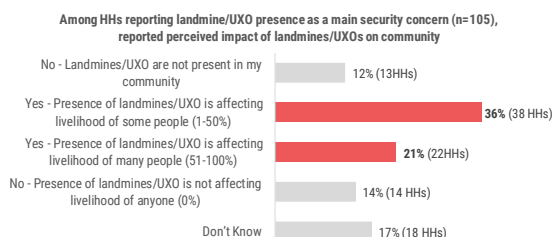
1% of HHs (n=105) reported the presence of landmines and UXO as a security concern, with HHs in Buchanskiy, Vyshhorodski and Chernihivskiy raions most frequently reporting this concern

Mine Action Analysis

Impact of landmines and UXO

Among the 1% of HHs who reported presence of landmines and UXO as a main (top 5) safety and security concern (n=105), 57% reported that the presence of landmines or UXO reduced access to livelihoods of the community.

When disaggregated by rural/urban, rural HHs reported the impact of these landmines and UXO on their livelihoods more frequently than urban HHs, in particular in Romenskyi raion (13% of rural vs 0% urban).



Perceived presence of landmines or UXOs reportedly reduced access to livelihoods in communities and caused cases of injuries or death in raions across the North macro-region.

41% of the HHs reporting landmines or UXO in their community as a main security concern (n=105) indicated that at least one person in their community had been killed or injured by Explosive Ordinance.

AoK findings - 40% of respondents (107 of 268) reported being aware of or having heard of civilians who have been injured or killed by landmines/UXO in their settlement.

There was a low proportion of HHs with concerns of landmines and UXO (36%, or 38 out of 105 HHs) reportedly having received briefing or training for explosive ordnance education risk. Most HHs (64%, or 67 out of 105 HHs) noting not have received any training or briefing.

Is the presence of landmines/UXO in your community making it difficult for people to earn a living? (i.e. There are landmines/UXO on agricultural land, blocking resources such as water, firewood, industrial/workplace site, etc ...)

Firstly, it is important to flag that these indicators measure concerns about perceived presence of landmines rather than actual presence or density of landmines and are based on the small subset of HHs who reported presence of landmines/UXO as a top 5 main security concern. Findings should therefore be approached with caution and triangulated with other data sources where possible.

Among all 105 HHs who reported perceiving the presence of landmines as a main security concern, 57% of the households (n=105) indicated that the perceived presence of landmines negatively affected livelihoods in their community.

Has any civilian(s) you know or heard of been injured or killed by landmines/Unexploded Ordnance (UXO) in your community?

Among those 105 HHs who reported presence of landmines or UXOs as a main concern, 41% indicated that at least one person was killed or injured by an EO in their community. Data from **Areas of Knowledge (AoK)**, conducted in hard-to-reach areas, similarly suggests that a considerable proportion of respondents were aware of injuries or deaths caused by landmines or UXO in their settlement.



07

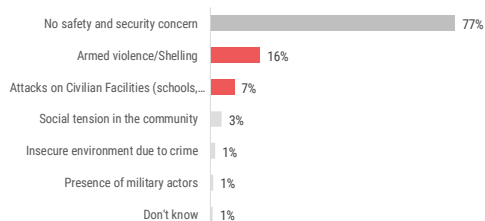
Collective Site Population Indicator Analysis

Collective Site Monitoring: HHs in Collective Sites

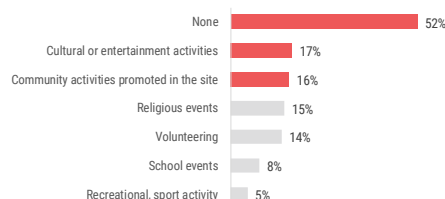
Camp Coordination – Camp Management Vulnerability Index

- Adapted MSNA methodology and indicators to Collective Sites population
- 3,617 HHs (comprising 8,472 IDPs)
- 877 Collective Sites (CSs) in 21 oblasts
- Non-representative – Indicative results only
- Factsheet available in [English](#) and in [Ukrainian](#)

Main safety and security concerns at the site and surrounding areas, % of interviewed HHs in CSs



Participation of at least one HH member in any social activity with people living outside the CSs, % of interviewed HHs in CS



Three oblasts with highest proportion of HHs reporting safety and security concerns (all types): **Zaporizka** (77%), **Dnipropetrovska** (54%), and **Kyivska** (40%).



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

The CCCM Vulnerability Index adapted the MSNA methodology and indicators to the population of IDPs living in collective sites. Note that some **indicators are specific to the CCCM Vulnerability Index**. A dedicated Factsheet with sectoral Vulnerability Scores and the overall CCCM Vulnerability Index, alongside a dataset with the results for every indicator (at the overall, rural-urban disaggregation, and oblast levels), is available following this [link](#).

The results from the CCCM Vulnerability Index are indicative only.

In terms of coverage, 3,617 HHs were interviewed in face-to-face interviews, for a total of 8,472 IDPs. 877 collective sites were assessed in 21 government-controlled oblasts (all oblasts except Khersonska, Luhanska, Donetsk, parts of Zaporizka). Sixty per cent (60%) of IDPs were women, and 40% men, with the age disaggregation as follows: 6% 0-5; 21% 6-17 years old; 48% 18-59; 25% above 60 years old.

Protection

The main reported safety and security concerns for HHs in collective sites were related to the ongoing hostilities. Armed violence or shelling was a main concern according to 16% of HHs, followed by attacks on civilian facilities such as schools or hospitals. Overall, surveyed HHs in urban CSs reported facing one or more security concerns more commonly (25%) compared to HHs in rural CSs (16%). The oblasts with the higher percentages of HHs reporting any safety and security concerns were Zaporizka (77%), Dnipropetrovska (54%), and Kyivska (40%), likely due to HHs' concerns regarding missiles and other shellings.

Findings on the main security concerns seem to generally align with the MSNA findings: armed violence and/or shelling (16%); attacks on civilian facilities (schools, hospitals) (7%); and social tension in the community (3%) were the main reported security concerns. Overall, safety and security concerns were considerably less commonly reported by surveyed HHs in CS than HHs interviewed for the MSNA, which may be due to the fact that IDPs have fled the places they considered the most dangerous towards places they considered of relative safety.

Overall, although indicative, findings seem to suggest that HHs in CS generally consider them to be safe, with lower proportion of HHs surveyed in CS reporting having security concerns for boys, girls, or women than HHs in the settlements.. An overwhelming majority of interviewed HHs living in collective sites could not identify a security concern specific to the collective site or its surrounding area either for boys or girls. Similarly, 98% of HHs in collective sites could not identify any areas on the site or the area surrounding the site that women and girls try to avoid because they feel unsafe (94% in general population).

Fifty-two per cent (52%) of HHs in collective sites reported *not* participating in social activities with members of the host community outside the collective site. The main reported reasons by the HHs in CS who reported not participating in social activities with members of the host community were a lack of interest (52%), lack of relevant information (17%), and lack of opportunity (no community activities scheduled) (15%).

Collective Site Monitoring: HHs in Collective Sites

25% of surveyed HHs in CSs reported not having access to any GBV response service (35% don't know). **25% of HHs in CSs** reported there were no MHPSS available to children (31% don't know)

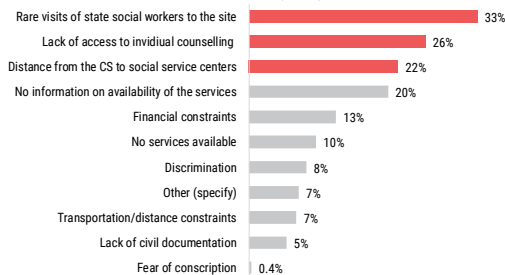
Barriers to accessing children's well-being services, % of HHs in CSs who reported at least one barrier (n=160)



5% of the HHs had at least one member who was reportedly missing one core document (national passport, pension card, birth certificate, etc.). In addition, 2% reported having a member who lost two or more critical documents.

8% of surveyed HHs in CSs reported having faced barriers in accessing social services provided by the government

Barriers to accessing government social services, % of HHs in CSs reporting at least one barrier (n=276)



Surveyed HHs living in CS reported lacking core documents more commonly than HHs in the settlements interviewed for the MSNA, however, the proportion of HHs reporting such documents was still relatively low in the CS too (5% of HHs reported missing one core document, national passport, pension card, birth certificate, etc.). In addition, 2% reported having lost two or more critical documents.

Only 2% of interviewed HHs in CS reported having a son or daughter (<18 y.o.), not currently living with the HH.

Children's well-being services encompass MHPSS, social services, and support group activities. They were reported as available on site by 33%, 22%, and 25% of the surveyed HHs respectively (25% indicated that none were available, and 31% did not know)

For any questions on these findings
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