

Multi-Sectoral Needs Assessment (MSNA): Gender Focus Brief

March 2023 | Ukraine

CONTEXT & RATIONALE

The escalation of the war in Ukraine on 24 February 2022 instigated mass displacement and heightened humanitarian needs,^{1,2} while exacerbating pre-existing gender-based vulnerabilities across the population.³ In this context, REACH partnered with World Food Programme (WFP) to launch a Multi-Sector Needs Assessment (MSNA). The objective of the MSNA was to provide an overview of the humanitarian situation in Ukraine, establish a baseline for future assessments of household-level needs, and confirm calculations underpinning the 2023 Humanitarian Needs Overview, as well as to understand the demographic profile of affected areas, the magnitude and severity of needs, and

barriers to assistance. Additionally, to further assess how the current situation differs for women and men, and with the technical input of the Gender in Humanitarian Action Working Group, REACH conducted a targeted analysis of needs along gender lines. Given the MSNA's household-level unit of analysis for most indicators, REACH primarily explored differences between female and male-headed households, with additional investigation into households with intersecting vulnerabilities, in order to understand whether these groups experience more severe needs or increased barriers to assistance that might necessitate particular targeting decisions and modalities.^{4,5}

EXECUTIVE SUMMARY

Assessed female-headed households often reported similar types of needs compared to male-headed households, but with higher levels of need when all sectors are combined; female-headed households were more likely to report Extreme or Extreme+ needs across sectors (46%), compared to male-headed households (38%).

- Both female-headed households and male-headed households reported **food, provision of medicine, and healthcare services** as their top priorities, but female-headed households reported each priority more highly.
- In many cases, intersecting factors of **disability, age, or displacement** heightened vulnerability; female-headed households with these factors often had higher needs than female-headed households without them.
- Female-headed households reported using **cheaper food** more highly than male-headed households (59% vs. 50%).
- **Reducing healthcare expenditures to cope** was higher among older female-headed households (25%), and female-headed households including a member with a disability (33%), who also reported **medicine and healthcare as top priorities** more than other groups.
- Female-headed households reported **lower average monthly income** (9,872 UAH) than male-headed households (12,819 UAH), and were more reliant on **less stable income sources** such as **pensions** (58% vs. 45%).
- Among assessed households, 53% of female-headed households were either **single, divorced, or widowed**, compared to 26% of male-headed households, which may influence gaps in income and income-related needs.
- Female-headed households that rented housing were more likely to be **unable to afford rent and utilities** than male-headed households who rented (20% vs. 13%).
- **Livelihood support** may help in overcoming livelihood/income challenges likely driving other needs for **working-age women**, who reported it more highly as a priority.
- A large proportion of vulnerable households most affected by income challenges includes older persons and those with disabilities, for whom **flexible cash assistance** may be more appropriate than employment assistance.
- Female-headed households reported a **greater need for information** than male-headed households, particularly information on how to register for aid (24% vs. 18%).
- **Awareness of services for gender-based violence (GBV) survivors** was low across all assessed areas: **63%** of households reported not knowing about their area's GBV services, and not knowing about GBV services was the most-reported answer for all demographic groups.
- Across Ukraine, **33% of rural households** confirmed that **no GBV services were available** in their area compared to 9% in urban areas, while in the **East region**, 27% of households report that no such services were available.
- In certain cases, male-headed households with additional **age, disability, or displacement-related** vulnerabilities were reported as similarly or more in need than female-headed households without these vulnerabilities.
- Assistance seemed to correspond to female-headed households' higher level of need: **39%** of assessed female-headed households **self-reported receiving assistance** of some kind, vs. 29% of male-headed households.

ASSESSMENT SCOPE AND COVERAGE

Map 1: MSNA geographic coverage by data collection modality

Number of interviews conducted per macro-region

Total	13,449
North	3,466
East	2,029
South	1,432
West	3,246
Center	2,029

Dates of data collection:

10 October - 23 December



METHODOLOGY OVERVIEW

The assessment used a mix-method approach to access both physically accessible and inaccessible territories across Ukraine. This comprised 12,804 face-to-face interviews conducted by REACH in accessible areas of Ukraine and 645 telephone interviews (CATI), overseen by WFP, in areas that were inaccessible due to the security situation. In total, 13,449 household interviews were conducted between 10 October and 23 December 2023 across 55 raions in 22 oblasts.⁶ CATI interviews resorted to modified tools that excluded some questions, due to lack of phone coverage in target areas and decreased time available for interviews. The sample was stratified across purposively selected raions (districts) to take into account both urban and rural areas, and Conflict Affected Raions (CAA). In CAAs, a sample was drawn for findings representative at the raion-level with a 95% confidence level and 5% margin of error; in the rest of Ukraine the sample was drawn for a 7% margin of error.⁷

Findings aggregated to either overall or macroregion level do not factor in the situation in raions that are not covered by data collection, and should thus be considered **indicative rather than representative** of the situation in each respective area. To note, because the 2022 MSNA was a baseline, over-time comparisons to the situation before the escalation were not possible.

This brief also uses scores drawn from REACH's Multi-sector Needs Index (MSNI) analysis, which relies on two core components: the living standard gap (LSG) and the multi-sector needs index (MSNI), which categorise sectoral and overall severity using a scale ranging from

1 ('None/Minimal') to 2 ('Stress'), 3 ('Severe') and 4/4+ ('Extreme and Extreme+'). "Living Standard Gap (LSG)" signifies an unmet need in a given **sector** where the LSG severity score is 3 ('Severe') or higher, based on the LSG Indicators Framework. This framework was developed by REACH in consultations with Ukraine's Humanitarian Clusters and Sub-Cluster Coordinators, World Food Program and various Working Groups operating in the country, who helped set the thresholds and composite indicators of sectoral severity of need. The MSNI is then a measure of the respondent household's **overall** severity of **intersectoral** humanitarian needs (expressed on a scale of 1-4+), based on the highest severity of any of the sectoral LSG severity scores identified in each household. The full methodology behind the calculation of the MSNI and individual sectoral composites can be found in the [MSNA Methodology Overview](#).

Limitations

- Because the MSNA is a broader assessment aimed at assessing overall needs at the household level, it may **not have captured intra-household dynamics**, such as those that may exist between men, women, boys, and girls within a single household.
- Women were well-represented in the enumeration teams; 31% of enumerators were male and 69% were female. However, given that the MSNA methodology used random sampling that did not target respondents by gender, and primarily used in-person data collection, it was **not logistically feasible** to ensure that enumerators were always the **same sex as the respondent**, which may have influenced responses for certain topics.

DEMOGRAPHICS

Within the sample of households assessed in the MSNA:ⁱ

- **57%** of households reported themselves as **female-headed** while **43%** reported themselves as **male-headed** households.⁸
- **65%** of respondents self-reported as **female** while **35%** self-reported as **male**. Respondents who said that they could respond on behalf of the household could complete an interview even without being the self-identified head of household.
- Among households headed by someone aged **18-59 years old**, 60% were female-headed and 40% were male-headed households.
- Among households headed by someone aged **60 or over**, 67% were female-headed and 33% were male-headed households. Among assessed respondents, the **average age** of women was **54.1** and the average age of men was **51.2**, with both indicators partially reflecting the longer life expectancies of women in Ukraine.⁹
- 14% of female-headed households and 24% of older female-headed households included a **member with a disability**, compared to 11% of male-headed households and 20% of older male-headed households.¹⁰
- Proportions of female vs. male **individual household members** were similar between displaced, returnee, and host community households (with 54-55% female members and 45-46% male members for each group).
- Among **displaced households**, 57% were female-headed, vs. 43% who were male-headed; among **returnee households**, 59% were female-headed vs. 41% who were male-headed.
- 34% of female-headed households and 28% of male-headed households had **retired members not working**.
- 8% of female-headed households and 7% of male-headed households had **unemployed members** who wanted or were looking for work.
- 34% of female-headed households and 41% of male-headed households had **members employed in paid work** (31% and 35%, respectively, in a permanent paid position with a weekly, monthly, or annual wage).¹¹
- **53%** of female-headed households were either **single, divorced, or widowed**, compared to **26%** of male-headed households.

ⁱ The high proportion of women, and especially of older women in Ukraine, is likely to have impacted many demographic indicators. On top of this, MSNA sampling may have over-sampled older women in particular even above the proportions naturally present in the Ukrainian population, based on a methodology which favored individuals who were at home during working hours.

LGBTIQ+ AND ROMA POPULATIONS

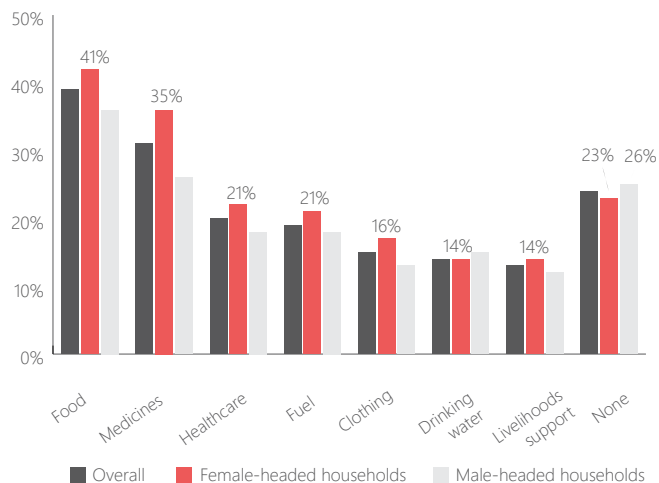
Across 33,047 individual household members within households assessed in the MSNA, 0.2% were reported as a "member of a minority group, i.e. Roma or LGBTIQ+," equivalent to 67 individuals. This proportion and total are **likely greatly under-reported**, and should be interpreted with extreme caution. Cultural sensitivities may have contributed to under-reporting, but the methodological approach likely exacerbated this issue. The MSNA used random sampling, which is not ideal for capturing minority groups in sufficient proportions for reporting. In addition, the MSNA used the household as the unit of analysis, relying on the head of household to provide information, including on the small number of questions asked about individual household members; under this model there is a high potential for under-reporting of LGBTIQ+ individuals if the head of household is not aware of other household members' identity or does not want to report other household members as LGBTIQ+. While the head of household model employed by the MSNA is useful in capturing representative information about a broad range of multi-sectoral needs of households 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. Acknowledging these methodological limitations, a sample of 67 (which consists of both Roma and LGBTIQ+ individuals taken together, and not able to be distinguished) is too small to rigorously report on, and as such, the specific needs faced by either Roma or LGBTIQ+ individuals are not able to be addressed in this report.

PRIORITY NEEDS AND ASSISTANCE

Self-reported priority needs and vulnerabilities

When asked about their top 5 priority needs, female-headed households' answers were largely in line with those of male-headed households, with both reporting **food, provision of medicine, and provision of healthcare** services as their top priorities. However, while the type and order of priority needs was similar for both, the proportion of female-headed households that reported these top priority needs was higher than that of male-headed households for nearly all sectors. For example, 42% of female-headed households reported food as a priority need, in comparison to 36% of male-headed households. Female-headed households also reported needing medicines (36%) and other healthcare (22%) in higher proportions than male-headed households (25% and 18%, respectively).

Figure 1: Top reported priority needs, by household type

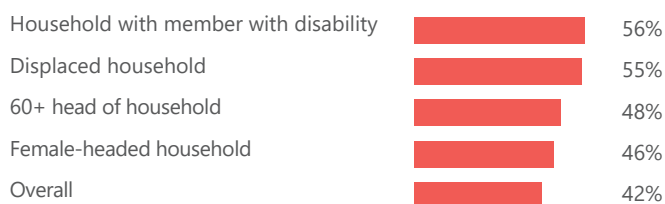


Self-reported/perceived priority needs for both household types had mixed overlap with the sectors reporting the most Severe, Extreme, or Extreme+ needs as measured in REACH's Multi-Sectoral Needs Index (MSNI), namely livelihoods, shelter and non-food items (SNFI), and food security. The MSNI analysis' Livelihoods and SNFI needs may have been somewhat captured in self-reported medium-priority needs of fuel, clothing, and livelihoods support, though the highest self-reported priority assigned to food security did not match MSNI analysis. Nonetheless, MSNI findings corroborate a somewhat worse severity of need among female-headed households aggregated across sectors. On the one hand, proportions of female-headed vs. male-headed households in categories of Severe need or worse were relatively similar (79% vs. 75%). On the other hand, **46% of assessed female-headed households reported Extreme or Extreme+ needs**, compared to 38% of male-headed households, indicating more severe needs for households headed by women.¹²

Alongside gender, other factors such as age and disability often played an equal or greater part in predicting levels

of need (both self-reported and as measured by the MSNI). For example, overall **56% of households with a member with a disability** and **48% of households headed by someone aged 60 or over had Extreme and Extreme+ needs** per MSNI scoring, compared to 46% of female-headed households. These factors often intersect to create particularly vulnerable households, such as households headed by women aged 60 or older, female-headed households that included a member with a disability, and in some cases displaced female-headed households, as detailed in the following sections.

Figure 2: Households with Extreme or Extreme+ level of need per MSNI, by household type

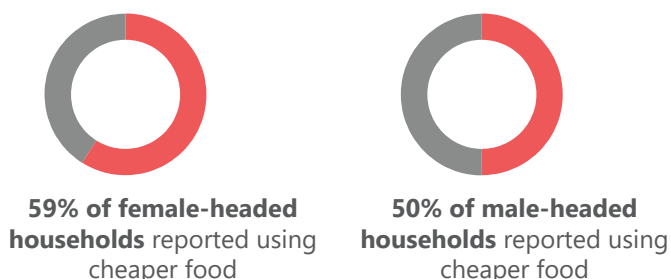


Notably, **among possible top five priority needs, support or services for gender-based violence (GBV) were reported minimally**, even when looking at female-headed households or other vulnerable groups. This is despite the fact that availability of GBV services and/or awareness of such services appear to be greatly lacking in Ukraine (see Protection Concerns and GBV Services on page 9). The broader context of the war and the many additional associated needs may be contributing to women themselves deprioritising such GBV services when asked about their top five priorities. While such a trend is difficult to verify more broadly, interviews from HIAS' "[Gender-based Violence and Sexual and Reproductive Health Rapid Assessment Report](#)," conducted in select areas of Ukraine, indicate that "there is such a high level and scope of need among war-affected people in Ukraine that women were reported to feel guilty about asking for assistance and resources to meet their own needs."

Food as a priority need

Food was a top reported priority for both female- and male-headed households, and certain food insecurity indicators centered on cost and coping appeared to be higher for female-headed households. Although the proportion of all households falling into MSNI Extreme or Extreme+ categories of food insecurity across Ukraine is reportedly minimal (2%), 24% of households fell into the Severe category, which may better capture the short-term concerns causing households to list food as a priority. The high priority given to food as a need may also be an expression of underlying livelihood challenges, with 19% of assessed households nationwide falling into Extreme and Extreme+ categories in the livelihood sector. Food represents an immediate need on a daily basis, and although **most households (including female-headed ones) are reportedly not currently engaging in very severe food or livelihood coping strategies**, households may be having a harder time putting preferred food on the table than they previously were, with female-headed

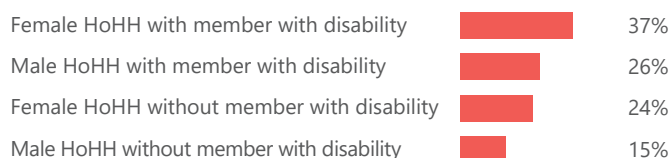
households struggling slightly more. For example, for both female- and male-headed households, using less preferred and less expensive food was the most commonly reported strategy for coping with insufficient funds for food, **but this strategy was used by 59% of female-headed households**, compared to 50% of male-headed households.



Additionally, female-headed households were more likely to report using this strategy all 7 days of the week when compared to male-headed households (27% vs. 18%). And although **restricting adult food consumption so small children could eat** was not widely reported, **16% of female-headed households reported using this strategy**, in contrast to 9% of assessed male-headed households, who were less likely to be single heads of households with children.

When looking at intersecting vulnerabilities, **displaced female-headed households and female-headed households including a member with a disability** reported the highest perceived need for food assistance. At 50% and 49%, respectively, these two groups had the highest self-reported need for food across all intersecting vulnerability groups at the national level. Age also impacted self reports of needing food, with 47% of older female-headed households reporting this priority need, compared to 38% of working age (18-59) female-headed households. These same groups were also more likely to report the most common coping mechanism of using cheaper foods, with **female-headed households including a member with a disability reporting use of this strategy all 7 days of the week most often at 37%**. Male-headed households that included a member with a disability also reported using this strategy all week in high proportions (26%), suggesting that men with disabilities may still be a vulnerable group in need of targeting. While income gaps tied to both gender and other vulnerabilities (detailed in later sections) is a likely explanation for differences in perceived food needs and measures of coping specifically,

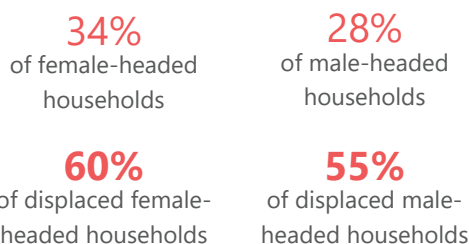
Figure 3: Use of buying cheaper food as a coping strategy 7 days/week, by head of household type



FUEL AND CLOTHING

After food and healthcare, fuel and clothing were reported as the highest priorities at the time of data collection, **likely driven by winter needs:**

Reported missing at least one winterization item for at least one household member:



44% of displaced female-headed households reported lacking **winter jackets, boots, or clothes**

13% of female-headed households reported lacking **fuel** and **19%** lacked **winter clothing/outerwear**

they also showcase broader trends in which the intersection of gender with other vulnerabilities drives higher needs than gender alone.

Health as a priority need

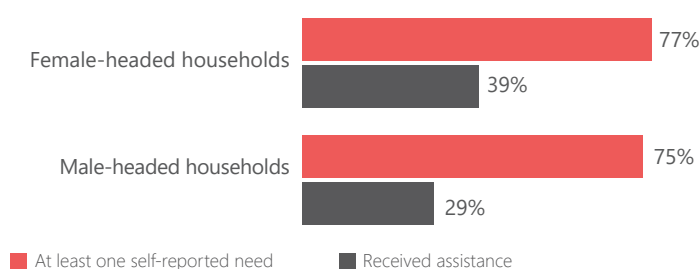
In the health sector, the trend of age and disability overtaking but also intersecting with gender persisted. Health needs (medicines and healthcare) were ranked second and third among the priority needs reported most often for both female- and male-headed households overall. However, elder-headed households and households that included a member with a disability **listed provision of medicines as their highest priority**, above food, and at rates much higher than other groups: 49% of households including a member with a disability and 45% of elder-headed households reported provision of medicines as a priority need, versus 31% of the general population. This is fairly in line with other health findings, wherein 41% of households with a member with a disability and 35% of households headed by someone 60 or over had medical problems which caused them to consider getting healthcare, compared to 29% and 27% of female- and male-headed households, respectively. Although gender alone was less influential, female-headed households with additional vulnerabilities expressed higher perceived need for medicines or healthcare, with **female-headed households including a member with a disability reporting provision of medicines as a priority most highly among all groups (50%)**, followed by households headed by older women (47%), likely related to women’s higher life expectancies.

Head of household sex did not seem to greatly influence healthcare-seeking behaviour or type of healthcare desired. In particular, **services such as antenatal care, abortion care, and medical GBV services were not highly reported as specific healthcare desires** (each was reported below 1%, including by female-headed households). However, low reported desire for sexual and reproductive health (SRH) services may not necessarily be due to a lack of need for such services. HIAS' December 2022 assessment recorded reports of women limiting SRH service usage out of perceived necessity, as well as cases of health facility capacity being redirected to conflict-related healthcare, which may suggest a broader environment in which SRH concerns are seen as a lower priority by both men and women, adding possible context to this finding.¹³ This being said, among the households that had unmet healthcare needs, female-headed households were **11% more likely** than male-headed households to report **unavailability of a specific service as a barrier to care**, even as inability to afford consultations or medicine was the top reported barrier for both household types. This finding suggests that even if services specific to women were not widely desired, women may face other challenges getting the specific type of care they want.

Assistance received

Gaps between perceived need and assistance received reportedly did exist, but generally the magnitude of the gap was lower for vulnerable groups—including the gap for female-headed households. For both female- and male-headed households, a large proportion of households in each group reported having needs but not receiving assistance. However, **female-headed households reported receiving assistance more often (39%) than male-headed households (29%)**. In addition, other vulnerable groups reported even more highly that they had received assistance, e.g. 37% of elder-headed households, 45% of households including a member with a disability, and 82% of displaced households. Overall, this **suggests that the assistance has been fairly on-target in terms of differing metrics and rankings of vulnerability** (with possible over-targeting of displaced households). Perhaps as a result, satisfaction levels were fairly high and varied minimally by gender (with 3% of female-headed households and 4% of male-headed households reporting dissatisfaction) or by other vulnerability profiles.

Figure 4: Self-reported need vs. assistance received, by head of household sex



LIVELIHOODS AND INCOME

Livelihoods, income, and employment

The MSNI's Livelihoods Living Standards Gap, a measure of sectoral severity of need, was one case in which a clear divergence between proportions of female- vs. male-headed households with critical needs emerged. Similar proportions of female- and male-headed households were found to have Severe livelihood needs (23% vs. 21%)—however, 23% of female-headed households were found to have needs in the Extreme category, compared to 14% of male-headed households. This divergence was particularly driven by female-headed households' lower income levels as well as lower expenditures.



As noted in the 2022 Rapid Gender Analysis,¹⁴ in which women were less likely to be engaged in the workforce than men even as the escalation drove more women to seek jobs than before, MSNA findings on primary sources of income reflect the influence of gender, as well as age, on relied-upon sources of income. Female-headed households were more reliant on socially-derived, potentially less stable sources such as pensions and, to a lesser extent, assistance from NGOs, the government, or the community. **Pensions in particular were a much more frequently-reported primary income source for female-headed households** (58% of female-headed households vs. 45% of male-headed households). It is important to note that this high proportion for female-headed households is partially due to the larger share of older women represented in both the MSNA sample and in the Ukrainian population generally, as 95% of older female-headed households relied on pensions as a primary income source, in comparison to 23% of working-age female-headed households. However, the high proportion of women and female-headed households relying on pensions as a primary income source **may still be a cause for concern when considering the gender pension gap**, even if such reliance is a natural outcome of the demographics of the aging population in Ukraine.¹⁵

Male-headed households, meanwhile, were **more likely to report regular work as a primary source of income** (50% vs. 42% of female-headed households). Although male-headed households reported 4-5% higher reliance on more precarious types of work such as casual/daily labor or informal employment compared to female-headed households, these two types of income sources were still reported much less often by male-headed households (10% and 13%, respectively) compared to regular work, suggesting that a larger share of male-headed households have fairly stable types of income sources.¹⁶

Table 1: Average total monthly income, average total monthly expenditures, and average net income (monthly income - monthly expenditures), by household type

	Average monthly income (UAH)	Average monthly expenditures (UAH)	Average net income (Income - Expenditures) (UAH)
60+ female HoHH	6,875.13	8,237.33	-1,362.20
Female HoHH with member with disability	7,973.39	10,669.02	-2,695.63
60+ male HoHH	9,110.69	9,684.95	-574.26
Male HoHH with member with disability	9,661.11	11,759.41	-2,098.30
Female HoHH	9,872.36	11,668.78	-1,796.42
Female HoHH with no member with disability	10,103.00	11,191.10	-1,088.10
Overall	11,188.75	12,681.33	-1,492.58
18-59 female HoHH	12,605.80	14,799.98	-2,194.18
Male HoHH	12,818.81	13,935.15	-1,116.34
Male HoHH with no member with disability	13,380.16	13,564.23	-184.07
18-59 male HoHH	14,999.26	16,435.97	-1,436.71

Following from the difference in income sources, **average monthly incomes for female-headed households (9,872 UAH) were notably lower than that of male-headed households (12,819 UAH)**. This is likely the partial result of the fact that female-headed households were reportedly more likely to be single, divorced, or widowed (and thus more likely to be a single-income household). However, income gaps were not only an issue for female-headed households. Age and disability also influenced average monthly incomes, in some cases more than gender.

Households headed by women aged 60 or over reported the lowest monthly average incomes (6,875 UAH, vs. 12,681 UAH for the general population), followed by female-headed households including a member with a disability (7,973 UAH). However, older male-headed households as well as male-headed households including a member with a disability also reported lower average monthly income compared the general population; older male-headed households also reported somewhat lower average incomes than female-headed households. So while gender clearly influenced income, particularly when coupled with other vulnerabilities, **age and disability were the greatest downward drivers of average monthly income**. Ultimately however, households that combined gender and age or disability appeared to be the most vulnerable economically.

Expenditures and net income

Notably, all demographic groups reported negative net income (i.e. spent more per month than they made on average), but certain spending trends appeared associated with demographics. **Female-headed and male-headed households with a member with a disability** had the first (-2,696 UAH) and third (-2,098 UAH) largest income-expenditure gaps, respectively, likely driven by much higher reported expenditures on medicines and healthcare compared to households that did not include members with disabilities. Separately, although **working-age female-headed households** reportedly

had incomes slightly higher than the average for the general population, they also reported **the second largest income-expenditure gap** (-2,194 UAH) of all vulnerable groups. This may be partially attributable to working-age households being more likely to rent than own their accommodation and thus having higher monthly costs, with working-age female-headed households lacking the higher incomes of male-headed households in the same age range that would enable them to cope with these costs. Lastly, older female-headed households, who had the lowest average monthly income, also reported the lowest average monthly expenditures. Although their average net income was in fact slightly better than that of the general population, such low expenditures are still likely to be an indicator of need if driven by very low incomes.

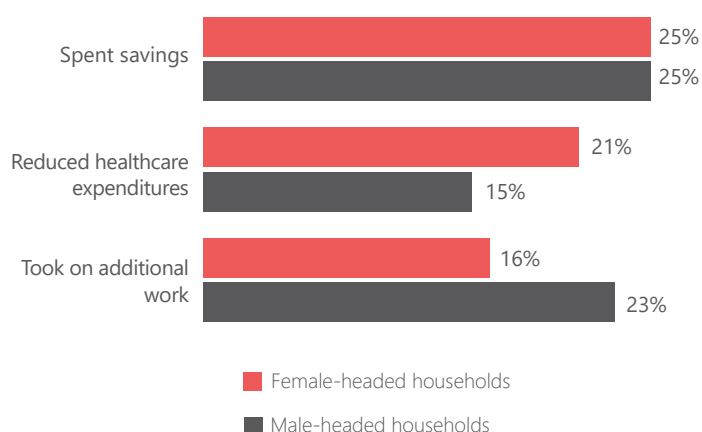
Livelihood coping strategies and debt

The proportion of households engaging in any livelihood coping strategies did not vary greatly by head of household sex, and many livelihood coping strategies were similar between male- and female-headed households, including the most reported coping strategy of spending savings. However, some gendered differences did occur: female-headed households were somewhat more likely to report spending less on healthcare as a coping strategy (21% vs. 15% for male-headed households). Perhaps concerningly, **reducing healthcare expenditures to cope was higher among older female-headed households (25%), and especially female-headed households including a member with a disability (33%),** who may have higher chronic healthcare needs that they are now spending less on in order to have money for more immediate needs. This trend was especially high in the South, where **half (50%)** of female-headed households with a member with a disability reported reducing healthcare expenditures to cope.

Female-headed households were more likely to report spending less on healthcare as a coping strategy.

On the other hand, **male-headed households were more likely to report taking on additional work as a coping strategy** (23% vs. 16% for female-headed households). Although working-age male-headed households reported this strategy most often (28%), older male-headed households past retirement age also reported using this coping strategy (14%). Meanwhile, groups such as older or female household heads, or households including members with disabilities were more likely to report that this coping strategy was not applicable to them, especially when these factors overlapped (though this could indicate that “additional” work is not conceptually possible for households not previously employed).

Figure 5: Top 3 livelihood coping strategies, by head of household sex



While female-headed households including a member with a disability were a noted population of concern, disability appeared to impact male-headed households as well. **Male-headed households including a member with a disability reported spending savings in higher proportions** (32%) than female-headed households, and in the South, 25% of male-headed households including a member with a disability reported borrowing food or money to pay for food—much higher than the overall average for this strategy and on par with reporting on other more common and less severe coping strategies like spending savings or taking on additional work.

Displacement also drove very high levels of coping, as 32% of displaced female-headed households and **40% of displaced male-headed households reported spending savings, the highest of any intersecting vulnerability group reporting this strategy.** Meanwhile, 24% of displaced male-headed households overall reported borrowing food or money for food. Men’s coping overall may be partially explained by the fact that mechanisms such as taking on additional work or spending savings imply being able to get work or having savings to spend—means which other groups may not have at their disposal. Nonetheless, male-headed households do appear to be facing some increased vulnerability associated with livelihoods challenges and coping, particularly when disability or displacement are added factors.

On the other hand, taking on new debt following the February 2022 escalation was reported by approximately

RENT

Overall, female-headed households were about as likely as male-headed households to rent (10% vs. 11%) instead of owning their accommodation (82% vs. 81%). Displacement status had the greatest impact on ownership, with nearly half (47%) of displaced households renting, and working-age households were also more likely to rent than households headed by those aged 60 or over (15% vs. 4%). However, those female-headed households that *did* rent their accommodation were somewhat more likely than male-headed households to report **lacking formal rental agreements** (49% vs. 43%), heightening vulnerability for this particular group even as documentation for home owners of either sex was a minimal concern.

Additionally, the female-headed households who rented were more likely to report **inability to afford monthly living costs** (rent and utilities) compared to male-headed households: 20% of renting female-headed households reported this issue in comparison to 13% of renting male-headed households, possibly in relation to the gender income gap. And while age and displacement did not make much difference in inability to pay monthly living fees compared to gender, **33% of female-headed households including a member with a disability couldn’t pay rent**, in comparison to 25% of male-headed households with a member with a disability.

Displaced households (female- or male-headed) did not report much higher inability to pay rent compared to female-headed households generally, despite reporting accommodation and rent support as priority needs much more often (16% and 20%) than female-headed households. However, 13% of displaced female-headed households reported taking on debt to pay for rent, much higher than the percentage for the general population (3%). As such, the higher priority given by displaced households to accommodation support may be justified, and **displaced female-headed households may represent an appropriate target for rent assistance** alongside female-headed households with members with a disability.

Finally, average monthly rent expenditures were lower for renting female-headed households (4,820.19 UAH) compared to renting male-headed households (5,368.28 UAH)—however, rather than indicating lower housing needs, this may indicate income constraints **causing female-headed households to spend less on lower quality housing.**

Figure 6: Top groups taking on new debt as a coping strategy, by head of household type

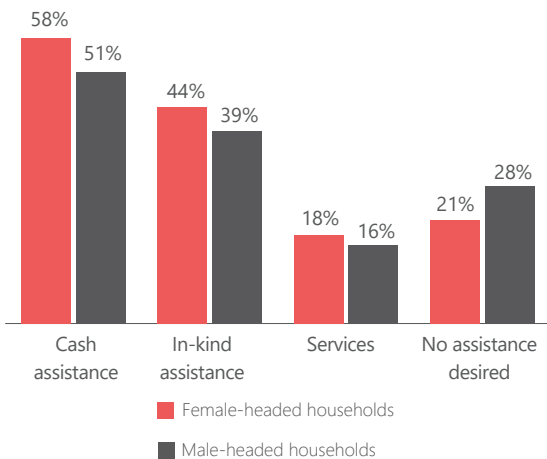


11% more female-headed households than male-headed households at the national level (39% vs. 28%), especially among **working-age female-headed households** (45%), as well as **displaced** (49%) and returnee (44%) female-headed households. Displaced and returnee female-headed households may be borrowing more money than other groups to replace abandoned assets, or as previously noted, to afford rent. For both male- and female-headed households taking on any debt, food was the most-reported reason for doing so, after preferring not to say. Ultimately, the escalation appears to be driving or exacerbating many households' ability to afford the cost of their basic needs, with differences in what means of coping are available to use fairly contingent upon underlying vulnerabilities including age, disability, displacement status, and gender.

Cash and livelihood assistance

When asked about preferred modalities of assistance, the majority of both female- and male-headed households reported **cash assistance as their top choice** (58% vs. 51%), followed by in-kind assistance (44% vs. 39%), with services as the least preferred option (18% vs. 16%).

Figure 7: Top reported modalities of assistance desired, by head of household sex¹⁷



Some variation by region was observed, with female-headed households in the West reporting somewhat higher desire for services while in the East and South in-kind goods were more desirable in a context of conflict, but in all cases cash assistance was the top choice. Reports of cash assistance as the top choice also persisted regardless of age, displacement, or disability. Notably however, **displaced and especially displaced female-headed households' desire for in-kind assistance was higher than that of other groups**, potentially owing to loss of assets incurred during displacement.

Livelihood support may help in overcoming livelihood and income challenges likely driving other food, health, and rent needs for working-age women.

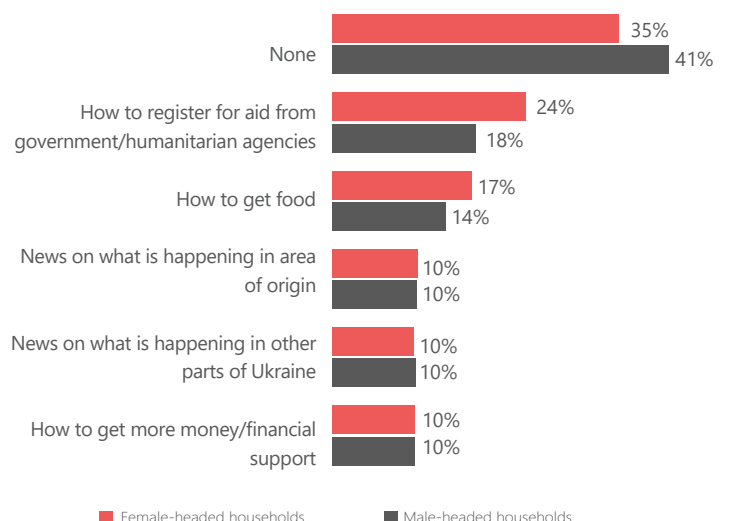
Although the centrality of livelihoods and income to the current crisis potentially suggests employment assistance as a mode of intervention, **cash assistance may be a more expedient option for many of the household types seemingly most impacted.** A significant proportion of households most affected by livelihood and income challenges concerns older persons and those with disabilities, for whom interventions such as flexible cash assistance may be more appropriate in lieu of employment assistance. These groups were also some of the most likely to report struggling with affordability of needs such as preferred food and healthcare, and perceiving high need in these sectors, adding to the appeal of cash assistance. Displaced households may also be dealing with a sense of temporary crisis in which flexible cash assistance, supplemented by in-kind goods such as clothing and WASH NFIs, is preferred over assistance in obtaining jobs that might be left behind once returns are feasible. Nonetheless, livelihood support and employment assistance were reported by working-age female-headed households in particular as among their top 5 priority needs as a whole, especially in the West, Center, and East. As such, livelihood support may help in overcoming livelihood/income challenges likely driving other food, health, and rent needs for working-age women.

INFORMATION NEEDS AND PREFERENCES

Registration awareness and beneficiary information gaps

When asked what type of information they needed most, male- and female-headed households reportedly wanted similar types of information, but with some differences in the level of information needs.

Figure 8: Top reported types of information desired, by head of household sex



The top 3 information needs for **both** groups were information on how to register for aid from the Government of Ukraine or humanitarian agencies, information on how to get food, and news on what is happening in areas of origin, but female-headed households were somewhat more likely to report the former two options, and were 6% less likely than male-headed households to say that they did not need any information, suggesting a **slightly higher need for information among female-headed households**.

Interestingly, **female-headed households had higher rates of registration** in comparison to male-headed households for a few **specific registration processes**, possibly indicating stronger encouragement to apply for (and therefore awareness of) particular means of assistance among female-headed households. Displaced female-headed households were more likely to have registered all household members as displaced (79% of displaced female-headed households vs. 63% of displaced male-headed households), and female-headed households were somewhat more likely to have registered any shelter damage from the conflict with Ukraine's "Diia" service (34% vs. 25%). Male-headed households could be avoiding certain registration processes due to conscription fears, lowering their registration rates in comparison. However, these differences could also suggest that any humanitarian communication campaigns targeting female-headed households who have particular, concrete needs for assistance (e.g. displacement or shelter damage) have been relatively successful, although female-headed households throughout the broader population may feel less informed about registration for assistance as a whole.

When looking into intersecting vulnerabilities, disability drove higher perceived need for information, with female-headed households including a member with a disability reportedly most in need of information (75%). These households also expressed a greater desire than the general population for information on **how to get healthcare or medical attention** (12% vs. 5%), this group's third-highest information priority.

Figure 9: Reported desire for at least one type of information, by head of household type



Displaced female-headed households were in fact even more likely to report needing information at 80% of households, suggesting that this group faces the largest information gap. As with households including a member with a disability, displaced male-headed households were close behind overall at 75%. They were also slightly more likely to report needing information on **how to get food** in comparison to non-displaced female-headed households (29% vs. 27%), reporting this as their **top information need**, above information on registration. As such, displaced households in general may be especially

prone to information gaps, with gender influencing which types of information are needed most.

Information on how to access sexual and reproductive health or on how to prevent or get help after a personal attack or harassment was **very minimally reported as a priority need** (below 1% for each, even for female-headed households). As with the low priority given to GBV support services, this finding may be driven by deprioritisation of women's needs as conflict and livelihood challenges prevail. Stigma and cultural reluctance to address sexual assault, exemplified by HIAS' reporting of some women rejecting psychosocial support for GBV even when offered, may also play a role in dampening interest in information about preventing or getting help after an assault.¹⁸

Information and communication access, modalities, and preferences

Head of household sex was found to be somewhat associated with preferred communication modalities, but more so when combined with age. The intersection of sex and age revealed the largest differences: **working-age female-headed households had a pronounced preference for phone call communication** (41% vs. 33-35% for other age-sex groups), while **households headed by those aged 60 and over reportedly preferred face-to-face communication with an aid worker at home and phone calls in nearly equal measure** (34-35% for each option). The latter group is more likely to be retired and at home, but also reported far lower ownership of internet-enabled smartphones compared to other age-sex groups: only 49% of older female-headed households owned smartphones, closely followed by older male-headed households at 53%. Meanwhile, working-age female household heads *may* have a higher-than-average preference for phone calls as a result of increased employment outside the home as a result of the escalation, noted in the 2022 Rapid Gender Analysis.¹⁹

Figure 10: Smartphone ownership of any household member, by head of household type



The preference for phone calls over face-to-face at-home communication was even higher among displaced female-headed households: 58% of these households reported preferring phone calls, compared to 17% who preferred face-to-face at-home communication. Although this split did exist among male-headed displaced households, it was smaller (47% for phone calls vs. 22% for at-home). In the cases of both household types, **higher-than-average preference for phone calls over at-home communication may be associated with the higher likelihood of IDPs to be in a hosted living situation**, reported by 40% of displaced households (with marginal difference between male- and female-headed households).

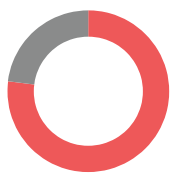
PROTECTION CONCERNS AND GBV SERVICES

Protection concerns for both female- and male-headed households were largely centered on conflict-related risks, with low reporting on gender-based violence (GBV) or broader protection issues specific to women (or girls) among the assessed households, likely due to under-reporting. However, awareness and availability of GBV services was very low across all assessed areas, presenting a clear case for the need for an increase in accessible services or outreach.

Safety and Security

When asked about general safety concerns affecting their households, both female- and male-headed households reported concerns about armed violence or shelling, or attacks on civilian infrastructures, in similarly high proportions, though **a majority of each (60% and 61% respectively) reported that they had no concerns.**

The majority of both male- and female-headed households also reported that there were **no safety concerns specific to women in their area** (73% and 77%, respectively) and reported that **women and girls didn't have any particular areas they avoided due to feeling unsafe** (74% for female-headed households, 67% of male-headed households). In both cases, female-headed households *and* female respondents were more likely to report that there were no women-specific safety concerns or unsafe areas. Meanwhile male-headed households and male respondents were more likely to report that they didn't know, or to estimate concerns or unsafety slightly *more* highly than women.



77% of female-headed households reported that there were **no safety concerns** for women in their area



73% of male-headed households reported that there were **no safety concerns** for women in their area

The concerns for women which *were* most reported by either household type included **being sent abroad for work** (4%) or **for protection from the war** (4%), **being robbed** (4%), or **being injured** (2%). Notably, female-headed households in the South reported some safety concerns/unsafe areas for women more highly compared to other regions. Ten percent of female-headed households in the South listed being injured as a concern (vs. 3% of female-headed households overall), and 8% of female-headed households reported that women or girls avoid checkpoints due to feeling unsafe, indicating the South as an area with higher perceived risk for women.

Female-headed households in the South reported some safety concerns or unsafe areas for women more highly compared to other regions, indicating the South as an area with higher perceived risk for women.

Echoing findings on priority assistance and information needs, **reports of gender-based violence as a safety concern were below 1% even for female-headed households and female respondents.** Given 2019 findings that one in three women had experienced physical or sexual violence while 75% of women had experienced some form of violence since age 15, and considering that such rates of GBV are not likely to have decreased following the escalation of the war, this is **likely to be an under-reported issue.**²⁰ It may be worth noting that other safety concerns that could be considered sensitive, such as arbitrary abduction, arbitrary detention, use of homes by armed actors, etc., were also nearly 0%. These percentages might reflect realistic rates, but such low reporting could also indicate a general reluctance to talk about more sensitive protection concerns. The low reporting on safety issues/unsafe locations specifically for women could also be partially attributable to this trend.

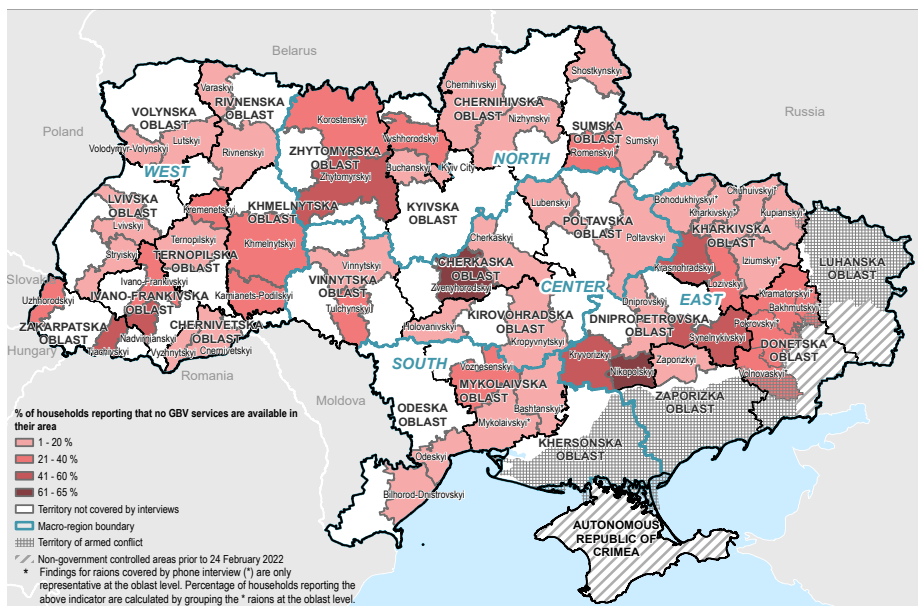
CHILD PROTECTION AND GENDER

At the national level, 3% of households reported having a child under 18 living outside the home ("separated child"), and households' likelihood of doing so did not vary greatly by head of household sex. However, **male-headed households in the East** (9%) and **South** (11%) were more likely to have a **separated child**, compared to female-headed households or to the national average. While noting that children may have been sent away to avoid higher conflict risks, such high proportions remain concerning. Among all households that reported a separated child, **female-headed households reported that children had left as a result of marriage or a romantic relation** much more often compared to male-headed households (24% vs 11%). This constitutes a critical protection concern seemingly more associated with women-headed households. However, **male-headed households** with a separated child made up for this difference in higher reports of **not knowing or preferring not to answer** why the child had left home (32% vs. 19%), which could potentially obscure equally serious protection concerns.

Table 2: Top answers for services related to support for survivors of GBV available in the community, by household type

	Don't know	None available
Overall	63%	17%
Female HoHH	63%	18%
Male HoHH	62%	17%
Urban	67%	9%
Rural	56%	33%
Displaced	70%	13%
Host Community	62%	19%
Returnee	62%	14%
18-59 HoHH	58%	17%
60+ HoHH	69%	18%

Map 2: Proportion of households reporting unavailability of GBV services



Awareness and Availability of GBV Services

Awareness of GBV services available is extremely low among all households, which could indicate a broader lack of awareness on GBV as an issue in Ukraine. When asked in the MSNA whether particular services in support of GBV survivors were available in their area, **most of the population (63% of households) reported not knowing**, and the second most commonly reported answer was that no such services were locally available (17%). This intersects with HIAS' December 2022 findings that in certain assessed areas, GBV service access was constrained by service gaps and particularly referral pathways or entry points, **lack of information and messaging**, and community beliefs and norms that continued to stigmatize GBV survivors.²¹

Awareness or confirmed unavailability only differed by 1% between male- and female-headed households and by 3% between male and female respondents, suggesting that for the general population, women are not necessarily more (or less) aware of GBV services than men. However, displacement in conjunction with gender did have some impact on GBV service awareness. **Male-headed displaced households were particularly likely (74%) to report not knowing whether GBV services were available in their area**, in contrast to 67% of female-headed displaced households, or 61 and 63% for host community and returnee groups. Part of this difference appears attributable to displacement itself, as displaced households who have moved to new location are less likely to be familiar with services available in their new communities. However, the additional factor of having a male head of household seems to correspond to lower GBV service awareness specifically under circumstances of

displacement, which *may* indicate that displaced women are more likely to be targeted for outreach compared to men. While such targeting may seem appropriate, **any survivors of GBV living in male-headed displaced households could face even higher challenges to accessing GBV care or support** than the general population, and as such, displaced men are suggested as a possible target for additional outreach.

Another group that demonstrated especially low awareness of GBV services in their area was **households headed by those 60 and over** (male or female), among whom 69% reported not knowing about GBV services, in contrast to 58% of households headed by working-age individuals.

Shifting to particular areas confirming unavailability of GBV services, **the East region stood out in having 27% of households report that no such services were available in their area**, 10% higher than the overall average. Rural areas also drastically differed from urban areas in this regard; across Ukraine, **33% of rural households confirmed that no GBV services were available in their area**, compared to 9% in urban areas. Urban households were somewhat more likely to be able to report that psychosocial support for women and girls (19%), legal services (14%), or reproductive health services for women and girls (11%) were available in their area, although the majority of urban households (67%) still reported not knowing about these GBV support services. Overall, rural areas as well as the East region may need particular scale-up efforts in GBV service provision, while the country as a whole would benefit from awareness-raising on the GBV services that are available.

CONCLUSION

One year on from the February 2022 escalation, the current humanitarian situation is characterized by a combination of needs, seemingly worsened by pre-existing vulnerabilities. Gender is one driver of these differential needs, especially when **intersecting with other vulnerabilities such as displacement, disability, and age**, which sometimes overtake gender in heightening need. Responses from the affected population on assistance received suggest the response has targeted these vulnerable groups with some level of success, and satisfaction with aid is high across all demographics.

But despite seemingly accurate targeting, the magnitude of aid may be falling short, and needs nevertheless persist. **Livelihood and rent challenges**, as well as long-term **income gaps** that have increasing impact in the current circumstances, are notable among women and other vulnerable groups. And although coping strategies thus far are not too severe, pockets of less sustainable coping mechanisms, driven especially by intersecting vulnerability, exist. Perception of need from vulnerable beneficiaries themselves, especially centered on food and healthcare,

likely express a struggle to afford these essential needs. Livelihood assistance may help alleviate these concerns in the case of working-age groups, especially female-headed households; however, **many of the vulnerable groups affected both prefer and would likely be better served by cash assistance**, particularly female household heads who are older, dealing with displacement, or who have or are taking care of someone with a disability.

Finally, although female-headed households largely emphasized conflict-related protection concerns and de-emphasized protection concerns specific to women, including GBV, **lack of awareness of GBV services was very high** and constitutes a clear information gap. Though noting that information on registration for assistance and accessing food were the most reported information needs, in line with top self-reported priorities' emphasis on sustenance and health needs over other concerns, the breadth of the awareness gap for GBV services likely necessitates an increase in outreach, which may reveal more GBV and women-specific concerns that are under-reported.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

ENDNOTES

PAGE 1

¹ [IOM-DTM, Ukraine Internal Displacement Report, General Population Survey Round 12, January 2023.](#)

² [OCHA, Ukraine Humanitarian Response, Situation Report, February 2023.](#)

³ [UN Women, CARE, Rapid Gender Analysis of Ukraine, 4 May 2022.](#)

⁴ “Gender” and “sex” are used interchangeably in this report, as are “woman”/“female” and “man”/“male,” though not with any intention to take a stance on whether or not there are differences between these terms. Rather, this use of terminology is intended to reflect the fact that although MSNA tools included language asking for individual and head of household “sex,” ultimately the analysis rests on respondents’ own interpretation and self-report of their and other household members’ sex, which includes the possibility of a self-reported gender/gender identity. No particular explanation of any possible difference between “sex” and “gender (identity)” was included in the survey script.

⁵ “Vulnerability” is used throughout the report to mean any characteristic that causes a person or household to be more at risk of or less able to cope with current and/or future shocks, or to meet their basic needs, fairly similar to the [Disaster Risk Reduction concept of vulnerability](#) and also used in [other humanitarian assessments](#). Under this model, “vulnerabilities” can include factors that reduce coping capacity purely as a result of legal and/or social marginalisation or externally-imposed environment (gender, disability, ethnicity, etc.), factors such as past experiences of shocks which can decrease future resilience (displacement, prior experience of violence, etc.), and many others. While noting that other equally valid definitions exist, this concept of “vulnerability” is of particular relevance to humanitarian work, which has a vested interest in responding to any group or person whose lowered resilience/higher risk may drive higher needs. Additionally, this report focuses on vulnerability factors of gender, age, disability, and displacement status, but many other vulnerabilities may exist in Ukraine under this definition; this report does not presume to comprehensively capture all vulnerabilities which may be worth exploring.

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⁶ For the face-to-face component, findings are representative at the raion level with the following level of precision (depending on geographic areas): West, Center - 95% level of confidence, 7% margin of error; North, East, and South - 95% level of confidence, 7% margin of error. For the telephone interview component, findings are representative at the group of raions level: Selected raions within Donetska oblast - 95% level of confidence, 7% margin of error; selected raions within Kharkivska and selected raions within Mykolayivska oblasts - 95% level of confidence, 7% margin of error.

⁷ The sample size per stratum was based on pre-escalation population figures from the State Statistics Service.

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⁸ “Head of household” was ultimately a designation based on respondent understanding, based on the question “do you consider yourself the head of the household, a person who takes an active part in decision-making for the household?”

⁹ The most updated life expectancy at birth for women in Ukraine is 76, compared to life expectancy at birth for men, which is 66. See World Bank’s [Life expectancy at birth, male \(years\) - Ukraine](#) and [Life expectancy at birth, female \(years\) - Ukraine, \(2020\)](#).

¹⁰ Disability findings throughout the report were drawn from MSNA analysis based on the Washington Group Short Set (WGSS); in this analysis a household member “with a disability” refers to any individual household member who was reported as being “unable to do” or experiencing a “lot of difficulty” doing any of the tasks in the WGSS (seeing, hearing, walking/climbing stairs, remembering or concentrating, communicating, and/or self-care such as washing or dressing).

¹¹ Paid work included permanent paid work, temporary paid work, and daily labor. Other employment answer options, including one for unpaid care work, were available, but not widely reported and with very small differences between male- and female-headed households.

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¹² [REACH, 2022 MSNA Bulletin, Key Findings, February 2023.](#)

PAGE 6

¹³ [HIAS, Ukraine Assessment Report: Gender-based Violence and Sexual and Reproductive Health Rapid Assessment Report, December 2022.](#)

¹⁴ [UN Women, CARE, Rapid Gender Analysis of Ukraine, 4 May 2022.](#)

¹⁵ Ibid.

¹⁶ Respondents could select multiple options for this question.

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¹⁷ Respondents could select multiple options for this question, though they could not answer “do not want assistance” in combination with other answers.

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¹⁸ [HIAS, Ukraine Assessment Report: Gender-based Violence and Sexual and Reproductive Health Rapid Assessment Report, December 2022.](#)

¹⁹ [UN Women, CARE, Rapid Gender Analysis of Ukraine, 4 May 2022.](#)

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²⁰ [Organization for Security and Co-operation in Europe \(OSCE\), OSCE-led survey on violence against women: Well-being and safety of women Ukraine results report, 2019.](#) For further discussion, see p. 11 of [HIAS, Ukraine Assessment Report: Gender-based Violence and Sexual and Reproductive Health Rapid Assessment Report, December 2022.](#)

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²¹ [HIAS, Ukraine Assessment Report: Gender-based Violence and Sexual and Reproductive Health Rapid Assessment Report, December 2022.](#)