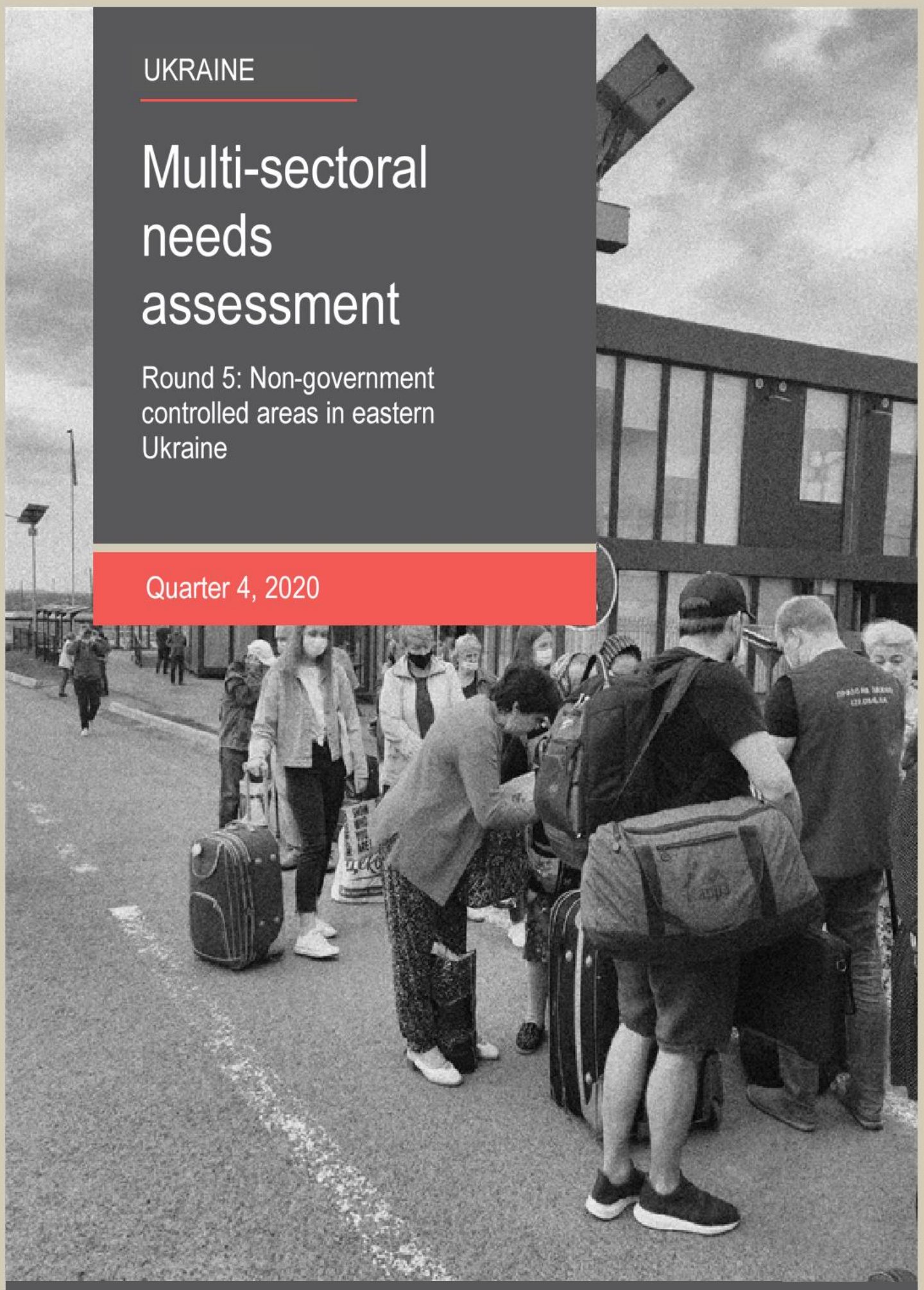
UKRAINE

Multi-sectoral needs assessment

Round 5: Non-government controlled areas in eastern Ukraine

Quarter 4, 2020



REACH Informing more effective humanitarian action

Assessment conducted in the framework of:

OCHA

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About REACH

REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT). For more information please visit our website: www.reach-initiative.org. You can contact us directly at: geneva@reach-initiative.org and follow us on Twitter @REACH_info.

Executive Summary

In 2021, almost eight years since the beginning of the dual political and internal armed crisis in Ukraine, and a year into the COVID-19 pandemic, an estimated 3.4 million people are still in need of humanitarian assistance (Office for the Coordination of Humanitarian Affairs (OCHA), 2021). In eastern Ukraine, the movement of goods and persons looking to access financial, legal and other basic services has been largely reliant on the passage through designated entry-exit checkpoints (EECPs) along the 'Contact line', separating government-controlled areas (GCA) and non-government-controlled areas (NGCA). Further compounding this and other challenges presented by the conflict, in March 2020, Ukraine registered its first case of COVID-19. **As a result of this outbreak, EECPs were closed, a decision that was likely to directly affect the estimated half a million NGCA residents who used to cross the 'Contact line' to enter GCA on a monthly basis**. Following the first wave of the COVID-19 outbreak, only two of the originally five operational EECPs reopened, contributing to further isolation for NGCA residents from the rest of Ukraine (OCHA, 2021).

To support evidence-based programming in the region, in quarter 4 2020 REACH conducted a fifth Multi-Sectoral Needs Assessment (MSNA 5) in close coordination with humanitarian actors.[1] **The assessment sought to respond to questions on where within NGCA of Donetsk and Luhansk Oblasts and within which sectors the households most frequently reported humanitarian needs during the data collection period**. MSNA 5 particularly sought to answer this question in response to the additional pressures created by COVID-19 and the closure of the EECPs. The information and analysis produced can be used to understand and assess the existing needs and level of needs prevailing in each area, as well as the possible causes behind and the probable future needs. In pursuing these questions, **this report aims to inform the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2021**, under the framework of the Inter-Cluster Coordination Group (ICCG). More specifically, the humanitarian milestones that are expected to be informed include the HNO Sectoral Analysis Support and the HNO Joint Analysis Workshop.

The assessment builds on REACH's experience in implemented MSNAs in NGCA in 2016, 2017, 2018, and quarter 1 2020 (MSNA 4). In approaching MSNA 5, REACH sought to improve on existing methodologies by reducing burden on the respondent through the reduction in the length of interview and adjustments to some core indicators. **As a consequence, comparability with MSNA 4 findings or other prior rounds of MSNAs in NGCA is limited.** Therefore, it should be considered while reading this report that the follow are indicative of the current reporting period only: (1) composite indicators (i.e. Food Security Index (FSI)) (2) indicator-by-indicator if changes were made to the data collection tool between MSNA 4 and 5. Where core indicators, or individual items, have not changed comparison between MSNA 4 and MSNA 5 is possible (a list of comparible indictors will be made available in late summer 2021). **No changes were made to the sampling strategy or data collection methods used for MSNA 5.**

Further to this, all findings should be read keeping in mind that access to NGCA is restricted and data collection is complex. Following previous MSNAs, humanitarian partners observed that accessible populations within NGCA are to varying degrees not entirely representative of the residential population. Given this known issue, **MSNA 5 (like the previous MSNAs) used a mixed-method research design and the following report seeks to clearly triangulate various data sources to create a more robust analysis based on a tiered approach**. This comprises four information sources to enable:

1. General situation overview using interviews with 403 households representative of the population in settlements of over 20,000 people. In September 2020, these urban areas were estimated to represented 77% of NGCA population.[2] Households were contacted at random through telephone surveys (conducted by the Kyiv International Institute of Sociology (KIIS)). **These interviews are used in this report to provide an broad overview of the humanitarian trends in NGCA;**
2. Area-based profiling of eight geographic entities (with each area made up of several raions – see map 1 below) via 1,625 telephone interviews with households requesting assistance through the Donbas SOS hotline (conducted by Donbas SOS). This sample is representative of hotline households in eight assessment areas cross NGCA (Donbas SOS)[3] but is **used to understand geographic variation in key indicators across NGCA**;

[1] This includes but not limited to OCHA as well as the relevant Clusters who provided inputs to the research design based on information needs.
[2] Telephone numbers are drawn from a telephone listing which was representative of the population in 2014. Since this time, there has been sample loss year-by-year as phone numbers become inactive. Most recent estimates suggest that over 90% of the population in the NGCA live in settlements of over 20,000 people.
[3] Users of the Donbas SOS (DSOS) hotline are known to be more likely to have multiple sources of income, significantly lower levels of food insecurity, and are less likely to be receiving humanitarian assistance. However, they are also the most accessible source of geographically-disaggregated data in the NGCA. Response from this group is therefore used in analysis of geographic variation of humanitarian needs in the NGCA rather than to estimate the proportion of NGCA residents in need. For further information, see the section on Analysis.

3. **More robust analysis of areas in which response rates were predicted to be low** (South Donetsk and Central Luhansk), via 101 community key informant interviews (KIIs) conducted by Right to Protection (R2P), at EECPs;
4. **Understanding of the motivations, concerns, and behaviors of NGCA residents crossing the 'Contact line'**, through 768 random individual interviews at EECPs.

Despite triangulation and cross-checking the different data sources, however, **the findings presented in this report should be considered representative only for NGCA population groups targeted** by this research' sampling strategy: NGCA residents crossing the 'Contact line' back into NGCA, households who have called the Donbas SOS' hotline and urban households in Donetsk and Luhansk Oblasts NGCA.

Data collection was carried out between 10th October and 22nd December 2020. The reader should bear in mind while reading this report that data collection took place during a reported upsurge in COVID-19 cases in NGCA, with the number of recorded cases doubling between October 29 (7,944) and December 29 (16,957). This may have impacted on response to question on access to medical and education services, and/or employment patterns in the 30 days prior to data collection, as restrictions on movement were put in place to prevent the spread of the disease. . More information on the methodology is provided later in the document, including more details on the sampling strategy, stratification, and confidence levels.

The resulting dataset produces findings representative of the population groups surveyed with either:

- 95% confidence level (CL) and 5% margin of error (MoE) for surveys conducted remotely by phone (KIIS), or 95% CL and 7% MoE when disaggregated by Oblast.
- 95% CL and 7% MoE for surveys conducted remotely by phone (Donbas SOS) when disaggregated by assessment area.
- 95% CL and 5% MoE for individual interviews conducted in-person at EECPs (R2P). Note: findings from KIIs are indicative not representative.

Key Findings

The **main findings of the assessment suggest that the financial situation of households in the assessed areas in late 2020** (MSNA 5) may have deteriorated slightly in comparison to early 2020 (pre-COVID-19,MSNA 4). The COVID-19 outbreak put additional financial strain and stress on the conflict-affected population **but evidence suggests that people and communities have been able to adapt to changing circumstances** as the proportion of households reporting no need for humanitarian assistance in the 3 months following data collection increased between MSNA 5 (34%) and MSNA 4 (20%).

Food security and livelihoods (FSL): Findings show that that there has been an increase in the proportion of urban households who report 65% or more of their expenditures consisting of food items between MSNA 4 (22%) to MSNA 5 (46%) (KIIS). There was also **an increase in the proportion of households reporting the use of coping strategies, with an increase in 8 of the 10 comparable variables between MSNA 4 and MSNA 5** (KIIS). Amongst urban households, 30% reported that they were in need of assistance to access **food** (KISS). Amongst households with school-age children (6-17 years of age), 19% reported that at least one member had to stop work to stay home with children during school closures due to COVID-19. Pensions delivered by de-facto authorities in NGCA were the most-reported source of income in the 30 days prior to data collection, reported by 60% of urban households (KIIS). A change in the proportion households receiving GCA pensions was evident, with a 9 percentage point decrease in the proportion of hotline households reporting receipt on a GCA pension in the 30 days prior to data collection between MSNA 4 and MSNA 5 as reported by hotline households (MSNA 4: 39%; MSNA 5: 31%). There was a corresponding 9 percentage point increase in hotline households reporting receipt of NGCA pensions (MSNA 4, KIIS: 54%; MSNA 5, KIIS: 63%). **This may indicate that households whose access to GCA pensions are affected by the closure of the EECPs turn instead to NGCA pensions. Geographic analysis of hotline user responses in MSNA 5 suggests that households in Donetsk City and Donetsk East may have higher food security needs than** average (see Table 16 in the conclusion).

Health: **In light of the COVID-19 pandemic, access to healthcare may have changed**. Thirty percent (30%) of urban households reporting that one or more member had required treatment for a chronic illness in the eight months prior to data collection reportedly received no care or reduced care during this period (KIIS). Reducing medical costs was one of the most-reported coping strategies by urban households (17%), while **16% of urban households reported a need for humanitarian assistance in relation to health** (KIIS).

Water, sanitation and hygiene (WASH): Seventy percent (49%) of urban households reportedly experienced water stoppage of 2 days or longer in the 12 months prior to data collection (KIIS), and **11% experienced a lack of drinking water once a month or more** (KIIS). A comparison between key WASH indicators between MSNA 4 and MSNA 5 was

not possible, however **geographic analysis on hotline user responses in MSNA 5 suggested that households in Luhansk West and Luhansk South, followed by Donetsk North and Luhansk Centre may have higher water-related needs than average** (see Table 16 in the conclusion).

Education: Around **one-fourth (27%) of households with school-age children (6-17 years of age) reported that children had been absent from school in the 30 days prior to the interview** (KIIS). Households with children who were absent reported that the school was closed for security reasons (21%) and that the **child did not attend due to fear of COVID-19 (30%)** (KIIS). Problems with distance learning were the most-reported concerns for the services within schools (12%), noting that 63% of households with school-age children reported no problems (KIIS).

Protection: Hostilities and civilian casualties continued on a downward trend, reaching their lowest annual numbers since the beginning of the conflict. Amongst interviewed households in urban areas, 7% of households reported that one or more members ages 14 years or over did not have an ID or passport, while **9% of households with children 0 – 4 years reported that the child(ren) did not have a birth certificate** (KIIS). Five percent (5%) of urban households reported a need for legal assistance (KIIS). **Geographic analysis on hotline user responses in MSNA 5 suggested that households in Donetsk South, Donetsk North and Luhansk West may have higher protection needs than average** (see Table 16 in the conclusion).

Shelter: Thirty percent (30%) of urban households reported current damages to their shelters (KIIS). Around **one-quarter (24%) of urban households reporting damage to their shelter reported not having been able to address this damage**, and 13% reported that they needed assistance with shelter repair (KIIS).

EECPs saw a major drop in crossings (-90%), and stays in GCA saw an increase in length, with over half of respondents at crossings reporting that their stay had been over one week (R2P). In previous years, most respondents (approximately 90%) reported staying under one week in GCA. Respondents also reported that they crossed less often: 63% crossing once every two months in MSNA 4, and 28% reporting the same in MSNA 5. **Reasons for crossing were primarily financial in MSNA 4, but in MSNA 5, there was a 42% increase in the proportion of respondents who reported crossing the 'Contact line' for social reasons, such as visiting family and friends.**

CONTENTS

List of acronyms

AAP	Accountability to affected population
CL	Confidence level
CSI	Coping Strategy Index
DSOS	Donbas SOS
EC	European Commission
ECHO	European Civil Protection and Humanitarian Aid Operations
EECP	Entry-exit checkpoint
FCS	Food Consumption Score
FSI	Food Security Index
FSL	Food security and livelihoods
GCA	Government-Controlled Area
HNO	Humanitarian Needs Overview
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
ICCG	Inter-Cluster Coordination Group
KI	Key informant
KII	Key informant interview
KIIS	Kyiv International Institute of Sociology
LSG	Living Standard Gap
MoE	Margin of error
MSNA	Multi-Sectoral Needs Assessment
MSNI	Multi-Sectoral Needs Index
NFI	Non-food item
NGCA	Non-Government Controlled Area
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
OSCE	Organization for Security and Cooperation in Europe
SBGS	State Border Guard Service of Ukraine
SMMU	OSCE Special Monitoring Mission in Ukraine
R2P	Right to Protection
TOUTU	Temporarily Occupied and Uncontrolled Territories of Ukraine
UN	United Nations
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene

Geographical classifications

Oblast (region)	Highest form of governance below the national level
Raions	Second level of administrative unit in Ukraine
Hromada	Third level of administrative unit in Ukraine
Settlement	An informal area or neighbourhood not classified for administrative purposes
Non-government controlled areas	Areas to the east of the 'Contact line' in Eastern Ukraine, currently part of the two self-declared territories: Donetsk People's Republic and Luhansk People's Republic
Assessment area	Defined by the research team based on the level of urbanisation
Entry and exit checkpoints	Official checkpoints along 'Contact line' between GCA and NGCA
'Contact line'	The demarcation line between GCA and NGCA territories

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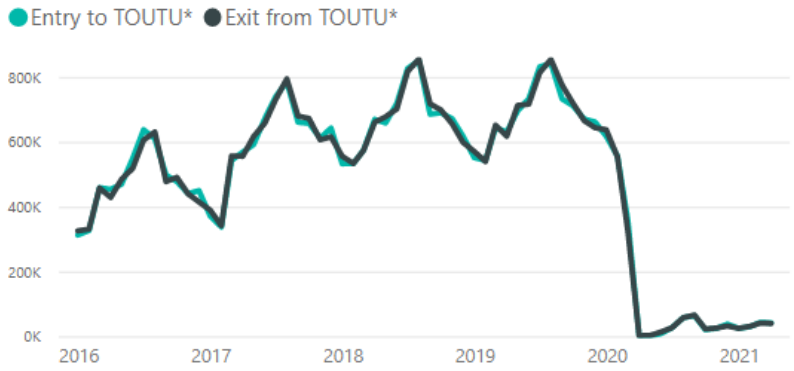
INTRODUCTION

The protracted conflict in Eastern Ukraine, entering its eighth year, continues to cause significant humanitarian needs. According to the 2021 Ukraine Humanitarian Needs Overview (HNO), there are approximately 3.4 million people in need of humanitarian assistance and protection spread between the government-controlled areas (GCA) and areas controlled by non-state actors, collectively known as non-government controlled areas (NGCA). The political separation of the area under the control of GCA and NGCA, divided by the 'Contact line', has caused significant constraints to the movement of people and goods. This has led to NGCA becoming increasingly isolated, with decreasing access to goods and basic services, which continues to affect the population's ability to meet their basic needs.

In March 2020, Ukraine registered its first confirmed case of COVID-19. In a context of compounded socioeconomic and conflict-related challenges, **the outbreak of the pandemic in the country may have had a multiplier effect on pre-existing strains and vulnerabilities**. It also adds another layer of complexity and hardship for the most at-risk groups, and may increase mental health and economic needs (Office for the Coordination of Humanitarian Affairs (OCHA), 2021).

Further to this, in response to COVID-19 further restrictions were placed on the movement of people across the 'Contact line'. Between October and December 2020 (when data collection for this assessment took place), only Novotroitske and Stanytsia-Luhanska entry-exit checkpoints (EECPs) had reopened following the restrictions introduced after the COVID-19 outbreak. In December 2020, approximately 1,000 people crossed into Donetsk NGCA through Novotroitske, while 25,000 people crossed into Luhansk NGCA through Stanytsia-Luhanska. As can be seen in below (**Figure 1**), this is a considerable drop as compared to the crossings in the previous years. **The full effects that EECPs closure had, and may continue to have, on the population of NGCA remains to be known.**

Figure 1 Crossings by month (entry/exit) in Luhansk or Donetsk NGCA, 2016-2021



Source: State Border Guard Service of Ukraine (SBGS), 2021. *TOUTU: Temporarily Occupied and Uncontrolled Territories of Ukraine

Table 1 EECP crossings into NGCA at Novotroitske and Stanytsia-Luhanska

	January 2020	December 2020
Novotroitske	105,000	1,000
Stanytsia-Luhanska	146,000	25,000

Source: SBGS, Border Control Points: people's monthly crossing, 2021

Multi-Sectoral Needs Assessments (MSNAs) in NGCA

The MSNA in NGCA seeks to respond to questions on where within NGCA of Donetsk and Luhansk Oblasts and within which sectors households most frequently reported humanitarian needs during the data collection period. Since 2016, REACH has conducted an annual MSNAs in NGCA. Key findings from previous years are:

- **The MSNA in 2016 showed that there was significant damage to critical infrastructure due to the conflict, difficulties in meeting basic needs** that led to an uptake in negative coping strategies, demand for food assistance and considerable levels of displacement.
- MSNA 2 (2017) showed that due to the continued conflict and a trade ban between GCA and NGCA introduced in March 2017, **NGCA was becoming increasingly isolated. Barriers to accessing basic services were increasing** along with the population's inability to afford food, non-food items (NFIs) and utilities. Unemployment remained a critical issue and protection concerns saw little improvement.

- MSNA 3 (2018) found that **87% of households reported a need for assistance**, the most reported need for assistance amongst households were in access to food (62%), hygiene (39%), related to livelihoods (30%) and healthcare (32%). Results showed that the majority of people crossing EECPs are residents of NGCA crossing into GCA for temporary trips, often to access financial and administrative services, particularly relating to receiving pensions and government payments, the issuing of documents, withdrawing cash, and visiting relatives. Security risks still affected much of the highly populated and urbanised region.
- Eventually, MSNA 4 (quarter 1, 2020) identified signs of improvements across multiple sectors as compared to previous years with **the total proportion of urban households reporting a need for assistance reducing to 80%** (41% of urban households reporting a need for food assistance, 17% need of medical assistance, 19% livelihoods assistance, and 11% hygiene). There was also a noticeable drop in ceasefire violations and conflict-related civilian casualties, indicating an improving security environment. The number of crossings between NGCA and GCA remained high, highlighted the connectedness of the two areas. However, household economic security was found to be fragile, with many relying on unsustainable coping strategies.

In addition to continued insecurity, and limited humanitarian access, restrictions on the movement of civilians between GCA and NGCA, have caused significant gaps in information on the current humanitarian situation in NGCA. This assessment (MSNA 5, 2020) was designed to again revisit the questions listed above and to achieve a better understanding around the effects of COVID-19 and the subsequent closure of the EECPs.

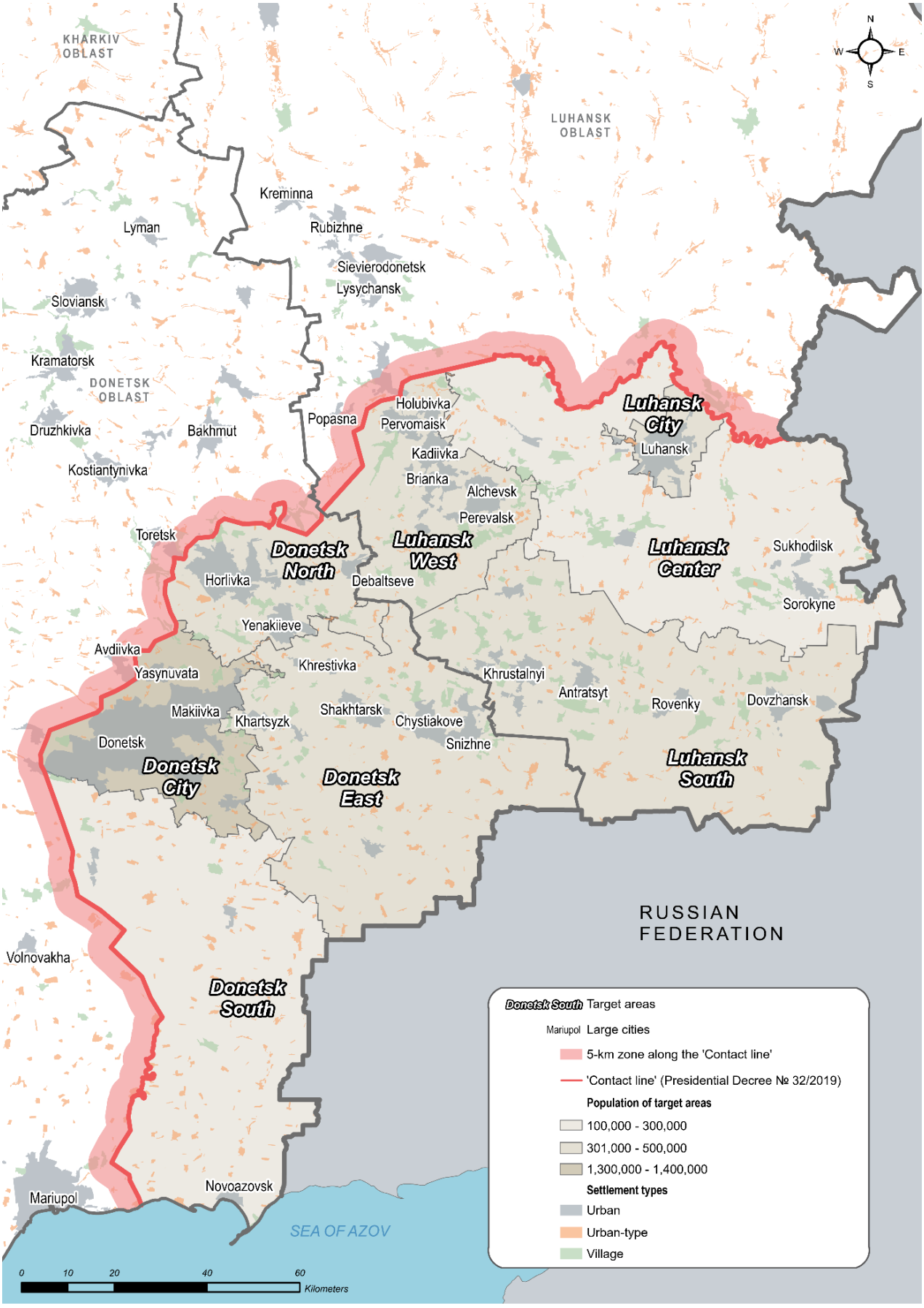
To address these information gaps and increase the volume of robust data available to the response planning, REACH puts forward this brief report summarising the findings from the MSNA 5 data collection exercise. Specifically, one of the stated goals of this activity is to inform the various OCHA-led processes that are the HNO and the Humanitarian Response Plan (HRP) in-country. This involves regular cooperation with and inputs from humanitarian Clusters that are interested in bridging information gaps related to their main areas of focus.

This report is a strategic-level document meant to promote increased awareness and understanding of the general situation in NGCA, particularly in the following sectors. The structure of this report follows these sections:

1. Economic and food security
2. Health
3. Water, sanitation and hygiene
4. Education
5. Protection

METHODOLOGY

Map 1 Assessment areas and population density (REACH GIS, 2021)



The MSNA general objective is to inform the Humanitarian Programme Cycle (HPC) for 2021, through making data on the humanitarian needs amongst conflict-affected populations in NGCA of Ukraine available, with a particular focus on 1) providing an overview of needs, 2) location where higher proportions of households experience need, and 3) changes in need over time.The fourth quarter (Q4) 2020 MSNA in NGCA (MSNA 5) set out to meet the following specific objectives:

- Understand the types of needs (in terms of livelihoods and food security; health; water, sanitation and hygiene; education; protection' and shelter) facing households in different geographic entities of NGCA,
- Understand the main barriers to accessing basic services in NGCA,
- Understand the characteristics, motivations and issues facing households that cross the 'Contact line',
- Understand where households along the 'Contact line' access basic services and opportunities for cross- 'Contact line' programming.

To address the challenge in obtaining robust data on the restricted-access NGCA, the MSNA 5 2020 consisted of a variety of data collection methods with several population groups. These different sample frames and the possibility to refer to several data sources have helped strengthen the confidence in findings as well as allow the systematic cross-check of data. **Map 2** (page14) helps to visualise the different data collection methods and the geographies used for this assessment.

Household surveys

Prior to this round of NGCA MSNA, the assessment comprised two separate household survey questionnaires geared to understanding different aspects of the household economy and humanitarian needs. **In MSNA 5 2020, the MSNA household questionnaire was standardised across the two data collection methods and various key indicators were updated to improve the quality of the survey.** This resulted in changes, such as in the addition or removal of questions, alterations of the wording of questions, addition or removal of answer options, or different definitions of subsets and limits on classification of overall scoring methods. **For this reason, responses in MSNA 5 2020 are largely non-comparable with previous rounds of data collection.** The questionnaire was designed to focus on core data necessary for strategic-level planning, including: demographics, food security scores, income and expenditures, humanitarian assistance, and utility challenges. The questionnaire was administrated to the head of household, or someone able to respond on behalf of the household, and was limited to 30 minutes per interview.

1. Urban household telephone surveys

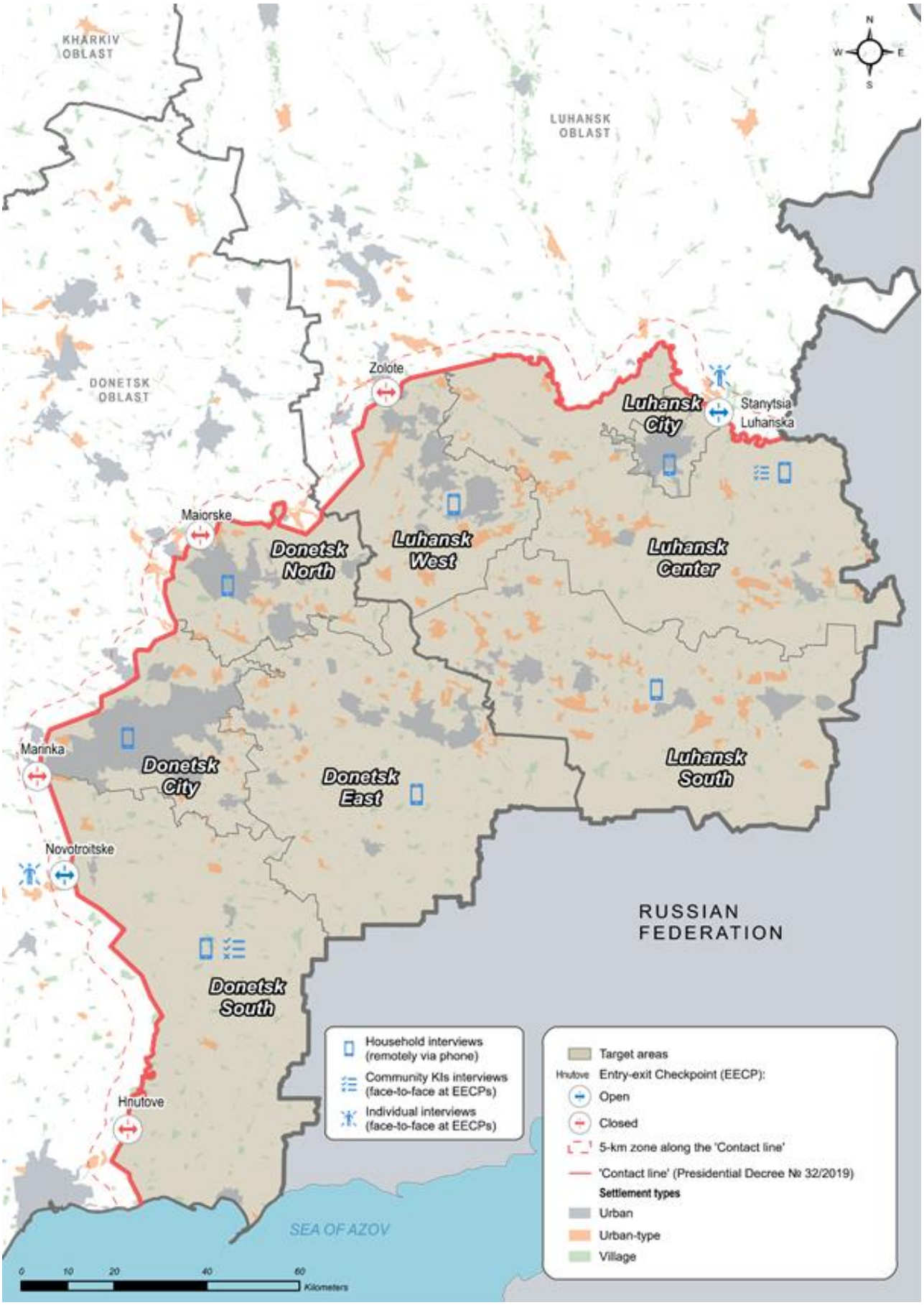
Between 29th October and 8th November 2020, **REACH collected 403 surveys with households in urban areas with 20,000+ residents via the telephone**. These surveys were completed by the Kyiv International Institute of Sociology (KIIS) with a sample drawn from their database of mobile phone numbers, which was representative of the population in 2014. Since this time, there has been sample loss year-by-year as phone numbers become inactive. The KIIS sample is representative of urban households in Donetsk and Luhansk NGCA with a 95% confidence level and a 7% margin of error. Selection of participants was done via a probability (stratified simple random) sampling method. **This report draws heavily from the resulting dataset.**

Most recent estimates suggest that over 77% of the population in NGCA lives in settlements of over 20,000 residents (State Statistics Service of Ukraine, 2021). Given this, **the data collection method is used to provide broad overview findings on the humanitarian situation in NGCA.** It should be acknowledged, however, that due to the age of the telephone database, an unknown number of the population is excluded from the sample frame. Therefore, to strength and add a geographic dimension to the analysis, REACH undertook a second household survey with users of the Donbas SOS hotline.

2. Household surveys with NGCA residents who have accessed Donbas SOS hotline

REACH collected a total of 1,625 household-level surveys between 20th October and 22nd December 2020. These surveys were completed by Donbas SOS remotely via telephone. Donbas SOS (DSOS), a national non-state organisation, has been running a hotline providing advice to populations across Ukraine and in NGCA for several years, usually on subjects such as the conditions for crossing the 'Contact line' and the procedure for accessing pensions or documentation. Interviews were conducted with hotline users who called during the data collection period. A total of approximately 200 respondents were surveyed across 8 assessment area. Areas were defined based on proximity to the line of contact and level of urbanisation (seen in **Table 2** and **Map 1** (page 15 and 12)).

Map 2 NGCA activities in assessment areas (REACH GIS, 2021)



The data are representative of households, in each area, who have called the Donbas SOS humanitarian hotline (seeking assistance) with a 95% confidence level and a 7% margin of error.

Table 2 MSNA 5 Target Entities

Assessment area	Percent of the population living in urban areas	In proximity to the contact line
Donetsk City	99%	Yes – adjacent
Donetsk North	89%	Yes – adjacent
Donetsk East	98%	No – inner NGCA
Donetsk South	56%	Yes – adjacent
Luhansk City	80%	Yes – adjacent
Luhansk Center	100%	Partially
Luhansk West	93%	Yes – adjacent
Luhansk South	98%	No – inner NGCA

Note: It is known that users of the Donbas SOS hotline are more likely to have multiple sources of income, significantly lower levels of food insecurity, and are less likely to be receiving humanitarian assistance (see Annex 1); however, hotline household surveys are also the most accessible source of geographically-disaggregated data in NGCA. Therefore, **response from this group is used in analysis of geographic variation of humanitarian needs in NGCA rather than to estimate the proportion of NGCA residents in need**.

This report draws heavily from the resulting dataset.

Individual interviews with NGCA residents crossing EECPs

REACH collected, in partnership with Right to Protection (R2P), **768 individual-level surveys with NGCA residents waiting to cross back into NGCA between 10th October and 23rd November 2020**. Given restricted operation of the EECPs during data collection, as a result of COVID-19 containment measures, data collection occurred at only 2 EECPs (Stanytsia-Luhanska and Novotroitske). The number of interviews conducted at each crossing point was distributed proportionally, reflecting the alterations in the number of crossings since the reopening of EECPs following the first wave of the COVID-19 outbreak (OCHA, 2021). Thus, 95% of interviews were conducted at Stanytsia-Luhanska and 5% at Novotroitske.

The final analysis results were weighed by the number of respondents surveyed at each EECP. The sample is representative of NGCA residents crossing the 'Contact line' back into NGCA with a confidence level of 95% and a margin of error of 5%. Participants were surveyed about their household characteristics, core humanitarian indicators, main needs and underlying drivers of vulnerability, as well as individual motivations for crossing the 'Contact line'.

This report draws on this dataset in the 'Crossing dynamics section'.

Key Informant Interviews (KIIs)

REACH collected **101 community-level surveys between 23rd October and 25th November 2020. These surveys were completed with R2P at two official EECPs** (Stanytsia-Luhanska and Novotroitske), as outlined above. This activity targeted NGCA residents crossing the 'Contact line' from two geographical entities in NGCA, specifically *Donetsk South* and *Luhansk Center*, as defined by REACH. Specifically, recruitment of participants was done on the basis of primary knowledge and usage of services based in the settlement of origin (also referred to as "area of knowledge" in MSNA 4, corresponding to the raion and municipal levels).

With the exception of a case study referred to in the COVID-19 zoom-in (page 37), this report does not use the resulting dataset given its limited geographic scope.

Analysis

Analysis in the main body of this report in largely based on the KIIS and Donbas SOS samples. In order to better understand their function within the research design, REACH under took a comparative analysis of respondent characteristics (see Annex 2). In this comparison between KIIS (Vodaphone subscribers in urban areas, previously a representative of general population prior to the conflict and demise of the Vodaphone network in the NGCA) and Donbas SOS (a sample of people who called Donbas SOS during the data collection phase), it was found that **there is little difference between them in terms of:**

- **many demographic traits (age, gender, expenditure, employment), and**
- **% in receipt of an NGCA pension**.

However, a **significant difference does exist in the proportion of DSOS 'hotline households' reporting receipt of a GCA pension (16 percentage points higher**). The DSOS sample is **also significantly less likely to be moderately or severely food insecure and to have exercised emergency level coping strategies in the 30 days prior to data collection.** It then perhaps naturally follows that the DSOS sample were also **significantly less like to report having received humanitarian assistance in the last 12 months.** This, perhaps, plays towards the idea that hotline households are more linked to the GCA and have better socio-economic outcomes than the urban (KIIS) households. **It seems likely that they will likely differ more from general population than the KIIS sample which was at one point a representative sample of the area.**

For this reason, REACH followed an analysis plan in which **the DSOS dataset is only used to provide some indication on geographic variation rather than an overview of the situation in NGCA**. The two sample are triangulated in the following way:

- the smaller KIIS sample, which is representative of approximately 77% of the NGCA population, is used to provide a broad overview of the situation using descriptive statistics, and
- the larger DSOS sample is used to focus on geographic variation, discussing the number of percentage points that hotline households, in each assessment area, are above / below the average. This is done in order to show where needs *may be* higher or lower.

Challenges and limitations

Each of the data collection methods explained above are representative of different NGCA populations. Readers should be aware that:

1. The household-level telephone survey using KIIS data focuses on urban centers in Luhansk and Donetsk NGCA. As such, results are not representative of people living in rural areas or of total population figures for NGCA.

2. A further limitation to this method is that due to the limited availability of data in the telephone number database, household interviews were conducted exclusively over mobile phones. These telephone numbers were gathered prior to the conflict, and do not include numbers from new service providers that are run by de-facto authorities and are not able to connect to GCA phone networks. Due to this, both households without access to mobile phone service and households that have switched providers within the six years prior to the assessment are likely to be underrepresented in the sample. However, the assessment focuses on urban settlements with much higher rates of mobile phone penetration than in rural areas, and therefore, there is less risk of bias than there would be in a study including rural areas.

3. The in-person individual survey of people crossing EECPs is representative of NGCA residents crossing EECPs from NGCA to GCA but not of the entire NGCA population.

4. Community KIIs at EECPs were conducted with residents of the assessed settlements; however, all indicators from these interviews assess issues on the settlement level rather than on the household level. KI responses are not generalisable to the population but rather are indicative and an overview of the situation in the assessed settlements in the area.

5. The telephone surveys of populations who have accessed the Donbas SOS humanitarian hotline are representative of populations that access this humanitarian hotline and not of the entire NGCA population. These populations reside in both urban and rural settlements; however, the analyses do not differentiate by settlement size or whether a respondent is from an urban or rural settlement.

6. All findings should be read keeping in mind that access to NGCA is restricted and data collection is complex. The data was collected during the COVID-19 pandemic, and while restrictions were put in place, so these need to be considered when the reader is analysing the data.

7. Some key indicators are not possible to compare to 2018 or MSNA 4 2020 data due to a restructuring of the surveys. When data is presented, it is noted if it contains non-comparable data.

FINDINGS

Food security, livelihoods, and economic security

The following section seeks to provide a summary of the economic situation of communities and households in NGCA of Luhansk and Donetsk Oblasts, with household interviews conducted by the KIIS and interviews with Donbas SOS hotline households (used to understand differences between the assessment areas). Reportedly, NGCA experienced similar restrictions on the non-essential work as other parts of Ukraine during periods of the year with high numbers of infections.

Livelihoods

Of households interviewed by the KIIS, **51% reported that no member of the household worked (Figure 2)**.[4] In contrast, 39% had a member who was working in a full-time capacity. As can be seen in

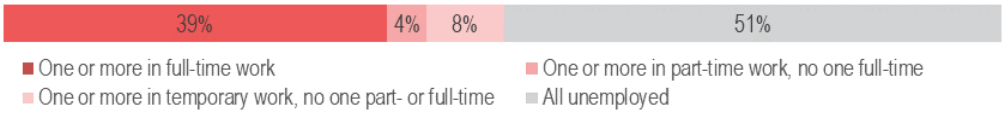


Figure 3 below, analysis of Donbas SOS data suggests that it may be that more households in Donetsk North have full-time workers in residence, as a higher proportion of hotline households in this area reported having one member or more in full-time work (+6 percentage points (pp) above the average). **The lowest proportion of households reporting at least one member in full-time work was in Donetsk East (-7pp)**.

Figure 2 Proportion of urban households that reported one or more members in any type of employment at the time of data collection (KIIS)[5]

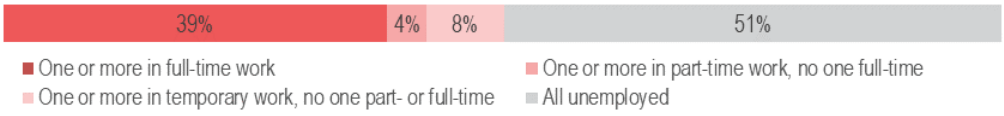


Figure 3 Variation by area in the proportion of hotline households that reported one or more full-time workers in residence at the time of data collection (DSOS)

Percentage points above / below the average (36%)

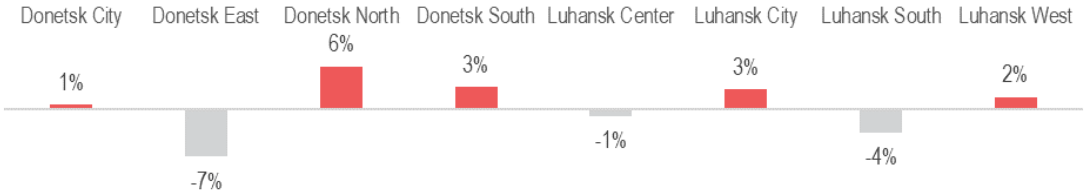
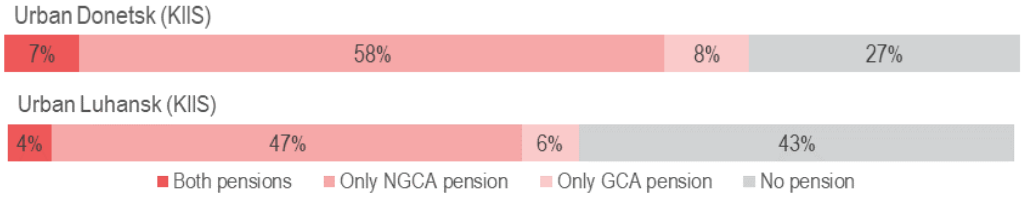


Figure 4 Proportion of urban households by reported pension status in the 30 days prior to data collection (KIIS)



Another primary source of income for assessed households were pensions. As can been seen in Figure 4, the majority of those receiving a pension provided by the de-facto authorities. In Donetsk NGCA, 58% of the urban households (KIIS) reported receiving a NGCA pension in the 30 days prior to data collection, while in Luhansk a lower proportion of assessed households report receiving a NGCA pension (47%). A small proportion reported receiving both NGCA and GCA pensions (NGCA Donetsk: 7%; NGCA Luhansk: 4%).[6] **It is possible the lower proportion of urban households reporting receipt**

[4] Note, this includes both those looking for work and those who are retired, and therefore possibly entitled to a pension.
[5] Sum of values greater than 100% due to rounding.
[6] In contrast, 25% of hotline households reported receiving both NGCA and GCA pensions. This should be taken into consideration when reading the following sections. For this reason, as explained in the methodological section, analysis of the Donbas SOS dataset focuses on the degree to which assessment areas differ from on the NGCA average.

of a pension in Luhansk NGCA is related to a relatively higher proportion reporting one or more members in work (Donetsk NGCA: 44%; Luhansk NGCA: 58%).

Access of elderly populations to GCA pensions was a primary concern expressed amongst the humanitarian community following the closure of the EECPs due to COVID-19. Between MSNA 4 (pre-COVID) and MSNA 5, a decrease in the proportion of hotline households reportedly accessing GCA pensions was observed (see **Table 3**, -9 pp) however an increase was found in the proportion of hotline households reporting in the receipt of NGCA pensions (+9pp).[7] **It may be that as GCA pensions become less available to some households due to the EECP closure, a higher proportion of households seek to access NGCA pensions.**

Table 3 Change in the proportion of households reporting receipt of GCA or NGCA pension within the 30 days prior to data collection between Q1 and Q4 2020

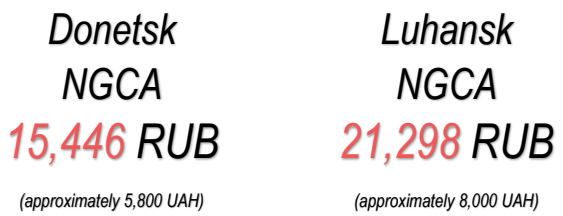
	Urban households (KIIS)	**Hotline households** (DSOS)
GCA pension	Not available	**9pp** ▼
NGCA pension	Not available	**9pp** ▲

Income

Note that average income reported for MSNA 5 2020 is not comparable to that reported in previous years due to the changes in the MSNA questionnaire. Because of these changes, any improvement or reduction in income may be the result of these updates, rather than a change in the measured phenomenon. This section should be read as a standalone assessment on the situation in MSNA 5.

Average monthly income reported by urban households at the time of data collection was found to be 15,446 Russian Rubles (RUB) (approximately 5,800 Ukrainian hryvnia (UAH)) in Donetsk NGCA and 21,298 RUB (8,000 UAH) in Luhansk NGCA.[8] **This is roughly in line with the estimated household income in the 30 days prior to data collection for MSNA 4** (Donetsk NGCA: 14,746 RUB; Luhansk NGCA: 19,334 RUB).

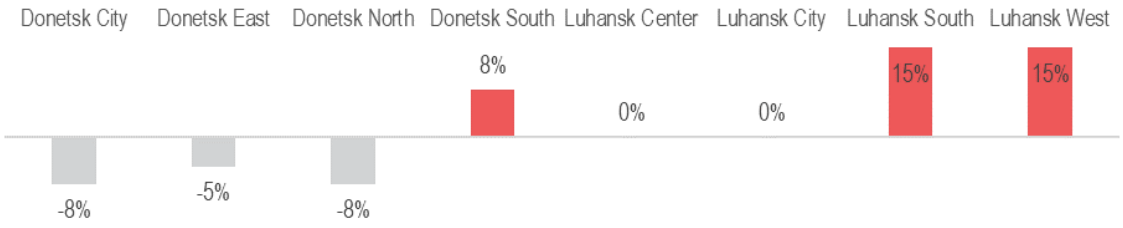
Figure 5 Average monthly income found for total urban household income in the 30 day prior to data collection (KIIS)



As can be seen in **Figure 6**, according to interviews with hotline households, **areas with the lowest monthly household income may include Donetsk City, and Donetsk North**. In these two areas, hotline households reported average incomes that were 8 percentage points (-8pp) lower than the average. By contrast, hotline households in Luhansk South and Luhansk West reported an average income 15 percentage points above the average (+15pp). This could be connected to higher employment in Luhansk as a higher proportion of households reported one or more members working in Luhansk (see above). **Further investigation into the cost of living in NGCA is needed**, preliminary analysis on reported expenditure by urban households shows a high level of spending in the 30 days prior to data collection for both Donetsk and Luhansk NGCA (92% and 83% of income).

Figure 6 Variation by area of the average monthly income at the time of data collection reported by hotline households (DSOS)

Percentage points above / below the average (Average income: 15,732 RUB)



Expenditure on food

Between MSNA 4 and MSNA 5, the proportion of households reported expenditures consisting of 65% or more of their total household expenditure on food items increased in both Donetsk NGCA (MSNA 4: 22%, MSNA 5: 46%) and Luhansk

[7] The sub-population of hotline households will potentially have been more affected by loss of access to NGCA pensions. This is due to a far higher proportion of hotline users reporting this as a source of income – with 25% reporting that they received both NGCA and GCA pensions and 6% reporting that they received a GCA pension only, as seen in **Annex 2**).

[8] Exchange rate (InforEuro), European Commission (europa.eu), accessed June 2021, exchange rate for December 2020.

NGCA (MSNA 4: 21%, MSNA 5: 31%). This may be linked to an increase in food prices, a trend highlighted in the ACCESS consortium's Market Monitor, which found that the price of food increased by 30% on average between February 2020 and February 2021. **Given the large increase in reported food expenditure and prices, and lack of significant increase in average monthly income reported by urban households in MSNA 4 and MSNA 5 (see page 18), it may be that households are relying more on coping strategies or cutting back on non-essential purchases to cover costs.** The following section will explore this in greater detail.

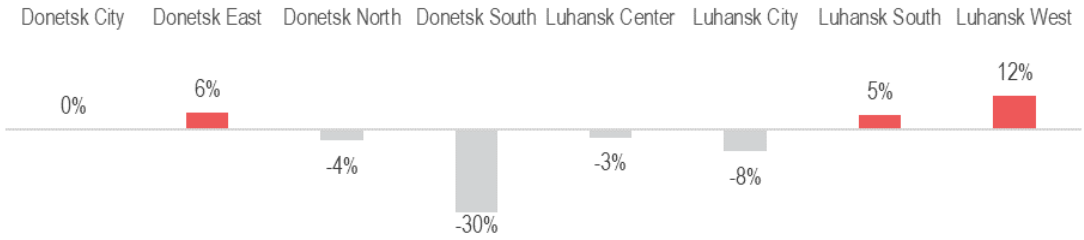
The highest proportion of hotline households who reported expenditures consisting of over 65% of total household expenditure on food items was found in Luhansk West (+12 pp above average).

Table 4 Proportion of urban households who reported expenditures that consisted of more than 65% of total household expenditure is spent on food items in the 30 days prior to data collection (KIIS)

	Donetsk NGCA		Luhansk NGCA	
Expenditure on food greater than 65% of reported expenditure	MSNA 4	MSNA 5	MSNA 4	MSNA 5
	22%	46% ▲	21%	31% ▲

Figure 7 Variation by area in the proportion of hotline households who reported expenditures that consisted of more than 65% of expenditure is spent on food items in the 30 days prior to data collection (DSOS)

Percentage points above / below the average (30%)



Coping strategies

Note that the coping strategy index (CSI) calculated for MSNA 5 is not comparable to those found in previous years due the changes in the CSI definition (See **Table 5**). Because of these changes, any increase or reduction in the proportion of households reporting each of the coping strategies may be the result of these updates, rather than a change in the measured phenomenon. The CSI should therefore be read as a standalone indicator for Q4 2020; however, a comparison is made below to show change in variables whose definitions did not change between the two periods.

Based on the updated definition of the CSI, the proportion of urban households (KIIS) reporting the need to engage in crisis or emergency coping strategies in the 30 days prior to data collection was 25% in Donetsk NGCA and 37% in Luhansk NGCA, as demonstrated in **Table 5**.

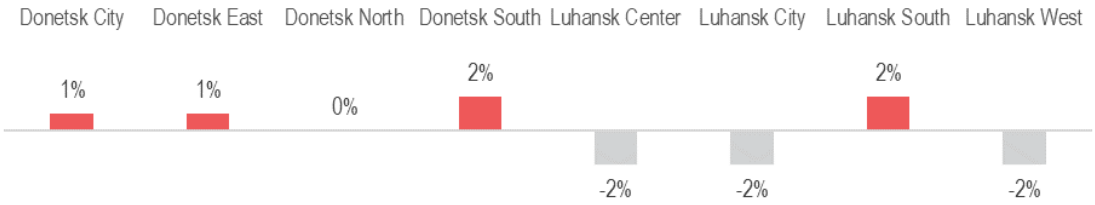
Table 5 Proportion of urban households by type of coping strategy reportedly used in the 30 days prior to the interview (KIIS)

	Donetsk NGCA	Luhansk NGCA
None	49%	38%
Stress	26%	25%
Crisis	19%	32%
Emergency	6%	5%

This trend is reversed in the hotline households as a slightly higher proportion reported the use of crisis or emergency coping strategies in areas within Donetsk NGCA (see **Figure 88**, between 0 to +2 pp above the average), as compared to Luhansk NGCA where the proportion of households reporting having used these strategies was –2pp lower than average in 3 out of the 4 assessment areas (Luhansk Center, Luhansk City, Luhansk South, Luhansk West). However, this is perhaps expected given the proportion of hotline households that reported receiving a GCA pensions. **With the ongoing closure of the EECPs in Donetsk, it may be that hotline households in Donetsk with their higher receipt of GCA pensions were more likely than general population with urban areas to require the use of coping strategies.**

Figure 8 Variation by area in the proportion of hotline households that reported using crisis or emergency coping strategies in the 30 days prior to data collection (DSOS)

Percentage points above / below the average (14%)



While direct comparison between the CSI calculated for MSNA 4 and MSNA 5 is not possible, a comparison of the individual indicators that feed into the CSI suggest that **overall there was an increase in the proportion of households who reported using mostly individual coping strategies** (as can be seen in **Table 6**). Between MSNA 4 and MSNA 5, the proportion of households (KIIS) that reported relying upon a coping strategy increased in 8 of the 10 comparable variables (3 of 4 stress indicators, 2 of 2 comparable crisis indicators, and 2 out of 3 comparable emergency indicators).

With this in mind, humanitarian and recovery actors should bear in mind when planning activities that households in NGCA appeared, at the time of data collection, to be experiencing greater financial strain than in Q1 2020.

Table 6 Proportion of urban households by coping strategy reportedly used in the 30 days prior to data collection, MSNA 4 to MSNA 5 2020 (KIIS)

Level of coping	ACTION	MSNA 4	MSNA 5
Stress	Sold household assets/goods (radio, furniture, TV)	6.0%	6.2% ▲
	Spent savings	27.0%	38.6% ▲
	Purchased food on credit or borrowed food	9.0%	6.6% ▼
	Needed but not able	*3.0%*	*6.4%* ▲
	Sent household members to eat/live with another family or friends	2.0%	4.4% ▲
Crisis	Sold productive assets or means of transport (sewing machine, car, etc.)	3.0%	5.3% ▲
	Withdrew children from school or kindergarten	NA	9.2%
	Reduced essential health expenditures compared to previous month	NA	16.9%
	Reduced essential health and education expenses	30.0%	NA
	Household member(-s) moved elsewhere in search of work	3.0%	8.2% ▲
Emergency	Sold house or land	1.0%	2.4% ▲
	Entire household migrated	1.0%	2.1% ▲
	Household member(-s) used degrading, illegal, or high-risk work	3.0%	2.3% ▼

Note: the actions in grey-coloured font are not comparable between MSNA 4 and MSNA 5. Items in italicised text are not included in the CSI calculation, but are considered relevant due to external factors potentially impacting the households' ability to carry out the action (e.g., needed a loan to purchase food, but loans were unavailable).

Food Consumption Scores (FCS)

Note that the FCS calculated for MSNA 5 are not comparable to those calculated in previous years due the changes in the MSNA questionnaire. Because of these changes, any improvement or reduction in food consumption may be the result of these updates, rather than a change in the measured phenomenon. This section should be read as a standalone assessment on the situation in MSNA 5.

As can be seen in **Table 7**, amongst assessed urban households, an estimated 3% were found to have borderline and poor FCS. Households with lower FCS may be more at-risk of developing vitamin or mineral deficiencies, and those with chronic conditions, such as diabetes, may need to use food as part of treatment, compounding vulnerabilities and complicating choices on how to allot household expenses.

Table 7 Proportion of urban households by calculated FCS in the 30 days prior to data collection (KIIS)

Sample size	359
Acceptable	96%
Borderline	2%
Poor	1%

Note: 11% of households did not recollect frequency of consumption of 1+ items and were not assigned an FCS. It may be likely that this group overlaps with "Borderline" or "Poor" FCS score more so than with 'Acceptable', given lower frequency of consumption is more likely to result in issues of recall.

It should be noted, however, that 11% of households were not given an FCS, as the respondents did not know the frequency of consumption for certain food types, such as grains, eggs, fruits, roots and tubers, leaves, meats, dairy products, fats and oils, sugars, or condiments. It is possible that in these cases the respondent's recall was affected by low frequency (e.g., those that consumed the food type less frequently were less certain of whether they had consumed the product in the seven days prior to the interview). If this is the case, **the proportion of households found to have an unacceptable FCS may be slightly underestimated**. As seen in **Table 8** Average number of days in the week prior to data collection that urban households reported particular food groups (KIIS) – difference between household allocated an FCS and those missing an FCS due to one or more missing values, the lower average number of days of consumption for 10 of the 11 food items for this subset lends weight to this interpretation (note however the small subset of 44 households without a FCS). Another indication that food consumption scores may have deteriorated since MSNA 4 is the increased proportion of households reporting the use of crisis and emergency coping mechanisms (as discussed in the previous section).

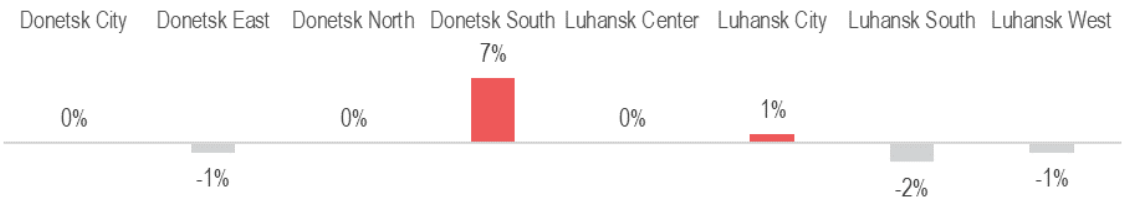
Table 8 Average number of days in the week prior to data collection that urban households reported particular food groups (KIIS) – difference between household allocated an FCS and those missing an FCS due to one or more missing values

	Households with FCS (sample = 359)	Household without FCS (Sample = 44)
Sugar	5.8	5.9 ▲
Oil	6.2	5.5 ▼
Vegetables	5.5	5.3 ▼
Fruits	5.2	4.5 ▼
Cereals	6.3	6.0 ▼
Roots	6.2	6.0 ▼
Pulses	3.1	2.5 ▼
Meat	4.7	3.8 ▼
Eggs	4.4	3.7 ▼
Dairy	4.5	4.3 ▼

Geographic analysis of FCS amongst the sample of hotline households suggests that despite being a predominately rural area, households in Donetsk South are more likely than those in urbanised neighbouring areas like Donetsk City to have borderline or poor FCS (+7pp above the average).

Figure 9 Variation by area in the proportion of hotline households that are estimated to have borderline or poor FCS in the 7 days prior to data collection (DSOS)

Percentage points above / below the average (3%)



Food Security Indicator (FSI)

Note that the food security scores calculated for MSNA 5 are not comparable to those found in previous years due the above-mentioned changes in the MSNA questionnaire. Because of these changes and their implications for the FSI calculations, any improvement or reduction in food security or consumption scores may be the result of these updates, rather than a change in the measured phenomenon. This section should be read as a standalone assessment

on the situation in MSNA 5. Scores are calculated on reported rates of food preparation and consumption in the home in the seven days prior to data collection.

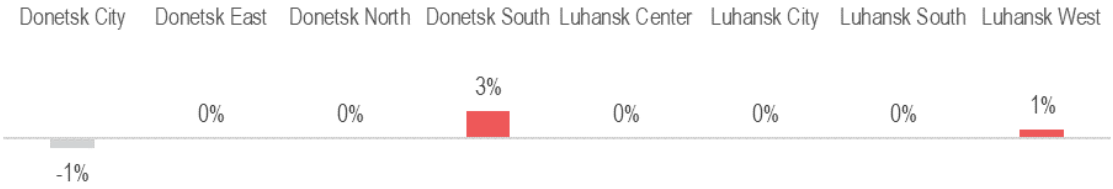
Overall, using the new calculation, 9% of households were found to be moderately or severely food insecure (**Table 9**). Geographic analysis of the food security amongst hotline households suggests that, while there is little variation in the level of insecurity across NGCA, hotline **households in Donetsk South and Luhansk West were slightly more likely to have a moderate or severe food insecurity status** (+3 pp and +1 pp respectively, see **Figure 10**).

Table 9 Proportion of urban households by level of calculated food security (FSI, KIIS)

Food secure	**34%**
Marginally food secure	**57%**
Moderately food insecure	**8%**
Severely food insecure	**1%**

Figure 10 Variation by area in the proportion of hotline households with calculated moderate or severe food insecurity (DSOS)

Percentage points above / below the average (4%)



In reviewing the factors leading to food insecurity, it appears that it may be worth humanitarian and recovery actors considering the higher FCS in the case of Donetsk South (see page 21) and the high food expenditures particularly in Luhansk West (see page 19).

Health

The following section seeks to provide a summary of perceived access to healthcare and health concerns amongst communities and households in Luhansk and Donetsk Oblasts of NGCA.

Amongst the 51% of households (KIIS) who reported trying to access healthcare services in NGCA in the 8 months prior to data collection (i.e., approximately April to November 2020, around the start of the COVID-19 outbreaks), **28% reported that they had encountered difficulties in accessing the required service** (**Figure 11**). As seen in **Table 10** below, this subset of 53 households reported that the primary reasons for these difficulties were the irregular presence of doctors (31%), the cost of medicine (25%), low supplies of required medications (14%) and the closure / lack of services due to COVID-19 (23%).[9]

Figure 11 Proportion of urban households that reported trying to access healthcare in the 8 months prior to data collection that encountered difficulties (KIIS, subset = 202)

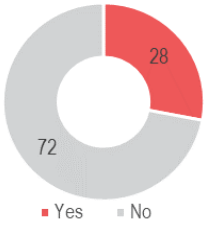


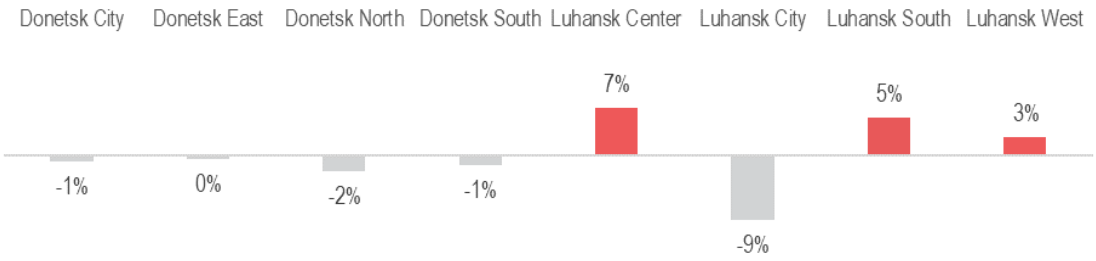
Table 10 Top 4 reported reasons for difficulties in access to healthcare amongst urban households who had attempted to access it in the 8 months prior to data collection (KIIS, subset=53)

Difficulty in Accessing Healthcare	Overall
Irregular presence of doctors	31%
Cost of medicine	25%
Closure / lack of services due to COVID-19	23%
Lack of needed medicines	14%

Based on geographic analysis, undertaken on the responses of hotline households (Donbas SOS) and displayed in Error! Reference source not found., it appears that households who had sought care in the 8 months prior to data collection (subset = 903) and who were most likely to report having experienced difficulties in accessing care were in Luhansk Center (+7pp above average), Luhansk South (+5pp above average), and Luhansk West (+3pp above average).

Figure 12 Variation by area in the proportion of hotline households that reported difficulties in accessing healthcare in NGCA in the 8 months prior to data collection (DSOS, subset = 903)

Percentage points above / below the average (44%)



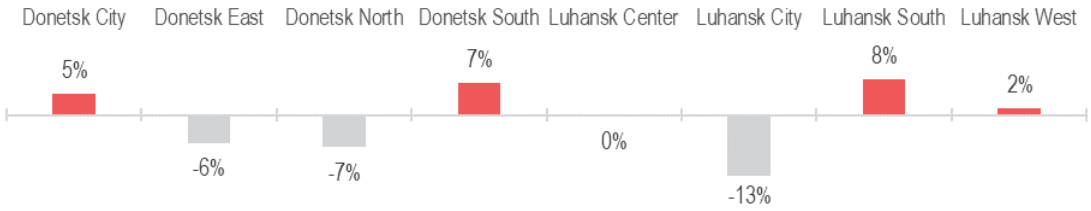
Irregular presence of doctors

The **irregular presence of doctors was the most-frequently reported concern regarding barriers to healthcare access** by KIIS and Donbas SOS respondents. The geographic analysis of Donbas SOS hotline households response (see **Figure 13**) shows that these concerns were reported by a higher proportion of households in Luhansk South (8 pp above the average), Donetsk South (7pp above the average), and Donetsk City (5pp above the average). This may particularly impact those with chronic conditions, who may need to have a refill of prescriptions issued by a doctor, as well as those with a long distance to travel, who may delay getting needed care if there is doubt on the presence of a doctor.

[9] Multiple answers permitted. Findings may exceed 100%.

Figure 13 Variation by area in the proportion of hotline households reporting irregular presence of doctors as a difficulty in accessing required healthcare in the 8 months prior to data collection (DSOS, subset=394)

Percentage points above / below the average (26%)



Cost and availability of medications

Notably, the cost and availability of medications were amongst the most-often reported barriers by both community and household representatives. Amongst those households who reportedly had accessed healthcare (KIIS), it is estimated that the average household spending on healthcare was of 2,557 RUB (Donetsk NGCA: 2,369 RUB (approximately 883 UAH); Luhansk NGCA: 2,871 RUB (approximately 1070 UAH) in the 30 days prior to data collection (**Figure 14**).[10] **Reduction in healthcare expenditures was one of the most-reported coping strategies** (KIIS – Donetsk NGCA: 15%; Luhansk NGCA: 17%).

Figure 14 Average monthly expenditure on healthcare amongst urban households who reportedly had accessed healthcare in the 30 days prior to data collection (KIIS)

Based on geographic analysis, undertaken on the responses of hotline households (Donbas SOS) displayed in **Figure 15**, it appears that the cost of medication may be a difficulty for those in Donetsk North (13pp above the average) and Luhansk South (7pp above the average). Difficulties as the result of a low supply of medications were reported more frequently by hotline households in Donetsk South (16pp above average) and Donetsk City (10pp above average). and of these concerns are quality-of-life issues that impact how households manage regulation of medication and account for time to collect medication, may involve visiting multiple or more distant pharmacies to find sufficient or affordable stock. Both

Figure 15 Variation by area in the proportion of households using the hotline that reported the cost of medication as a difficulty in accessing required healthcare in the 8 months prior to data collection (DSOS, subset=394)

Percentage points above / below the average (25%)

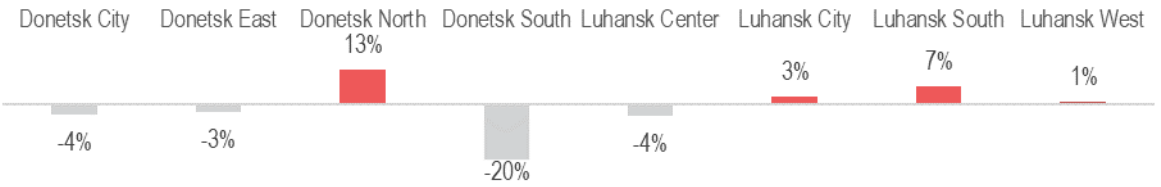
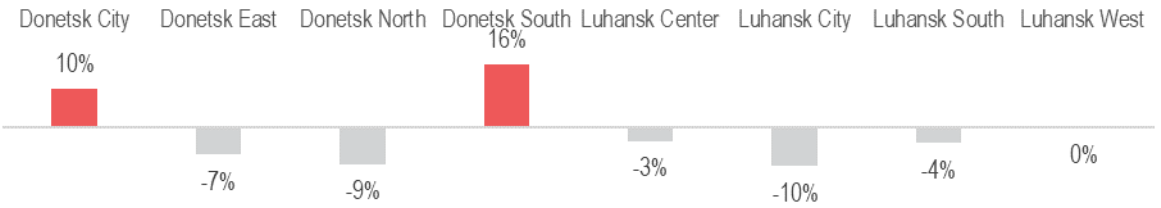


Figure 16 Variation by area in the proportion of households using the hotline that reported a lack of medication as a difficulty in accessing the required healthcare by area in the 8 months prior to data collection (DSOS, subset=394)

Percentage points above / below the average (37%)



[10] Exchange rate (InforEuro), European Commission (europa.eu), accessed July 2021, exchange rate for December 2020.

Closure or lack of services due to COVID-19

In addition to this, amongst the 79% of households (KIIS) that reportedly had one or more members with a chronic condition that required regular treatment and/or medication, one-quarter (25%) reported to either not have been able to continue this treatment (8%) or reduce treatments (17%) in the 8 months prior to data collection. As seen in **Table 11**, this concern was most reported in Luhansk (40%).

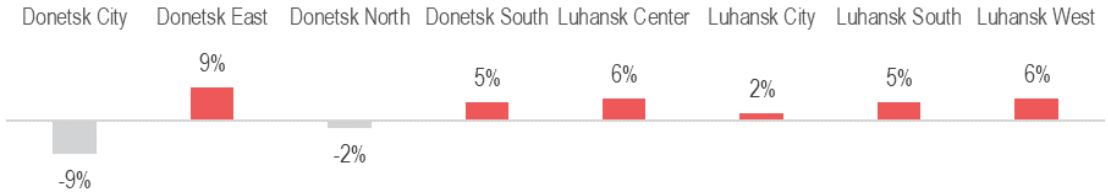
Table 11 Proportion of urban households with at least one member with a chronic condition that reported changes in seeking/accessing treatment for chronic conditions in the 8 months prior to data collection (KIIS, subset=58).

	Donetsk NGCA	Luhansk NGCA
None or reduced	20%	40%
None over 8 months	*9%*	*6%*
Some, but not all treatments received	*11%*	*34%*
Yes - all regular treatments	80%	60%

Looking at geographic variation across NGCA (**Figure 17**), responses amongst hotline households suggest that the fear of COVID-19 was perhaps experienced more in Donetsk East (+9pp above average), Luhansk Centre and Luhansk West (+6pp above average).

Figure 17 Variation by area in the proportion of hotline households that reported fear of COVID-19 as a difficulty in accessing the required healthcare in the 8 months prior to data collection (DSOS, subset=394)

Percentage points above / below the average (11%)



Paediatric health

Regarding healthcare for children, 18% of urban households (KIIS) reported that one or more household members had required child health services in the year prior to data collection (Donetsk NGCA: 12%; Luhansk NGCA: 27%). Amongst this subset, **76% of urban households needing child health services were able to access all or some of those required** (Donetsk NGCA: 63%; Luhansk NGCA: 85%), while 20% reported not being able to access these, with large variations to be found between the two (Donetsk NGCA: 37%; Luhansk NGCA: 8%).

Mental health services

Urban households reported to KIIS that they have access both to non-specialised (30%) and specialised (34%) mental health services. For both types of services, this subset of urban households (subset=127) indicated that all age groups (including children) were able to access these to a great extent (Donetsk NGCA: 79%; Luhansk NGCA: 80%).

Age-restricted access for urban households favoured adults and seniors (adults 18-59: 11% in Donetsk NGCA; 4% in Luhansk NGCA, subset =127) (adults 60+: 12% in Donetsk NGCA; 6% in Luhansk NGCA, subset=127). As to why mental health services are not accessible, the most commonly-reported reason by urban households in Donetsk NGCA was that they are simply unavailable (35%). This was the least-commonly reported reason in Luhansk NGCA (13%), and instead, urban households reported not knowing where to find services (35%). In Donetsk NGCA, 29% reported the same, and 15% reported that it is unaffordable, compared to 24% in Luhansk NGCA.

In Donbas SOS' dataset, unavailable access (subset=307) was mostly described to be due to hotline households not knowing where to find it: 64% to 80% of this subset did not know where to access said services.

While the services may be available, the **high proportion of households that reported that they did not know where to access the service** could impact the decisions of whether or not to pursue this form of medical treatment.

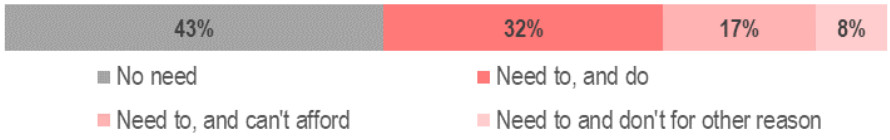
Water, sanitation and hygiene (WASH)

This section seeks to summarise differences between the reported WASH situation for respondents of the MSNA in Q4 2020 (MSNA 5). The analysis is based on household interviews conducted by KIIS and Donbas SOS.

Water

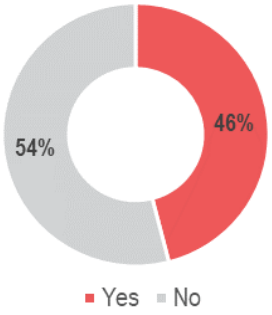
Of households interviewed by KIIS, **57% of reported that that they purified or had a need to purify their water** (Error! Reference source not found.**8**) with 32% of households who reported purifying their water, 17% of households reportedly not able to afford purification, and 8% who reported not purifying their water for other reasons. It appears that households in Donetsk South may be more likely to express a need to purify water, as geographic analysis of the Donbas SOS sample shows that *hotline households* in this area were 16 percentage points above the average (+16pp) to report this need. This was followed by Donetsk City and Donetsk East (+5 pp respectively). The proportion of households who reported a need to purify water and not being able to do so due to unaffordability was highest in Donetsk East (+4 pp above average).

Figure 18: Proportion of urban households by reported need to purify water and the reason for not doing so (KIIS, subset=270)



Amongst the urban households interviewed by KIIS, **46% had experienced water stoppage of 2 days or longer in the 12 months prior to data collection** (i.e., from approximately November 2019 to November 2020). Similarly, 70% of households reportedly stored water in case of water shortage (KIIS). It appears, based on geographic analysis of the Donbas SOS data, that the highest proportion of households experiencing water stoppages may be in Luhansk West, where the proportion of hotline households reporting this experience was 19 percentage points higher than average (+19 pp). This was followed by hotline households in Donetsk North (+8 pp). Also of note, households in Luhansk South reported longer periods of water stoppage that their households had experienced (30%, as compared to 17% for Luhansk West and 8% overall).

Figure 19 Proportion of urban households that reported experiencing water stoppage of 2+ days in length in the 12 months prior to the interview (KIIS)



In line with this, the proportion of hotline households in Luhansk West who reported storage of water in case of shortage was 20 percentage points higher than average (+20 pp), followed by +11pp in Donetsk North. It appears, in line with this expectation, that in areas where water stoppage is more prevalent, households are more likely to prepare for this eventuality (as can be seen in **Figure 21**).

Figure 20 Proportion of urban households that reported experiencing a lack of drinking water one or more days a month (KIIS)

11%

Perhaps related to stoppages and storage of water, 11% of households accessed through KIIS reported that they had experienced a lack of drinking water on one or more days per month in the 12 months prior to data collection. Geographic analysis conducted on the Donbas SOS sample suggests this may again be experienced by a higher proportion of households in Luhansk West, as hotline households in the area were 4 percentage points (+4pp) more likely than average to report a monthly lack of drinking water. This was followed by Luhansk South, at +3pp more than average.

Amongst households contacted through the KIIS, a higher proportion (23%) reported not having enough water for personal hygiene as well as for other domestic purposes – excluding cooking and drinking (27%). Geographic analysis, using the Donbas SOS sample, suggests that this may be experienced at higher proportions in Luhansk West (1.5 times more likely than average) and Luhansk South (2 times more likely than average).

Figure 21 Variation by area in the proportion of hotline households that reported they experienced water stoppage and practiced the storage of water in the 12 months prior to the interview (DSOS)

Percentage points above/below average (67%, and 64% respectively)

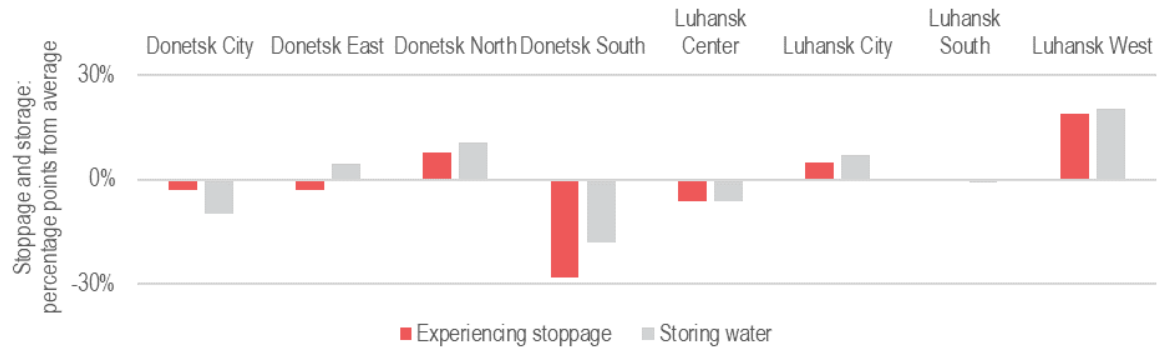


Figure 22 Variation by area in the proportion of hotline households reportedly not connected to centrally-supplied water and with a lack of drinking water in the 12 months prior to the interview (DSOS)

Percentage points above / below the average (15% and 8% respectively)

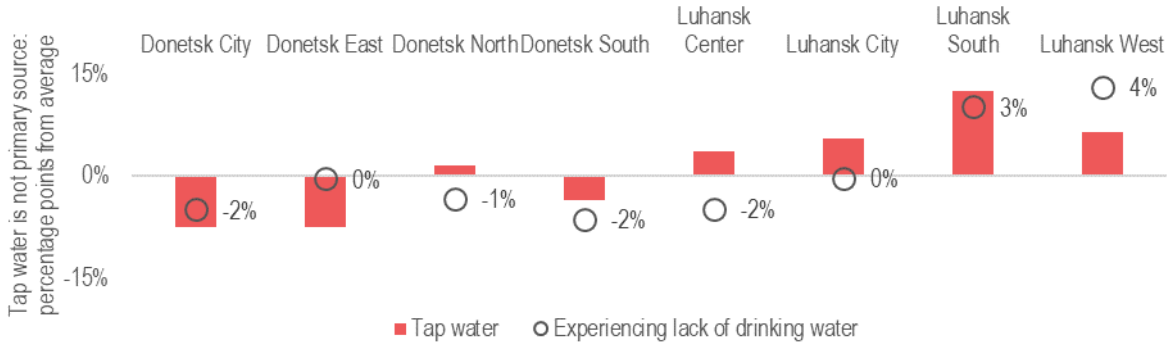


Table 12 Three most-reported sources of dirnking water, as reported by hotline households at the time of data collection

Donetsk City	Donetsk East	Donetsk North	Donetsk South	Luhansk Center	Luhansk City	Luhansk South	Luhansk West
Purchase at kiosk (water for bottling)	Tap water (central supply)	Purchase pre-bottled water	Public well or borehole	Purchase at kiosk (water for bottling)	Purchase at kiosk (water for bottling)	Purchase at kiosk (water for bottling)	Purchase at kiosk (water for bottling)
Tap water (central supply)	Purchase at kiosk (water for bottling)	Purchase at kiosk (water for bottling)	Tap water (central supply)	Tap water (central supply)	Trucked water	Personal well	Trucked water
Purchase pre-bottled water	Purchase pre-bottled water	Tap water (central supply)	Personal well	Personal well	Tap water (central supply)	Public well or borehole	Tap water (central supply)

NOTE: Source reliant on stores (or trucking service) / available on property (or public well)

Sanitation

Amongst households interviewed by KIIS, 64% reported having toilets that flushed into the central sewerage system. Based on a geographic analysis of households that were interviewed by Donbas SOS, it appears that households in Luhansk Center and Luhansk South were least likely to report having a toilet connected to the sewer (-17pp and -20pp, respectively, as compared to the average), followed by Donetsk South and Donetsk East (-9 and –10pp, respectively). In these areas, households reported with greater frequency that they used toilets connected to a pit latrine or used pit latrines with slabs.

Hygiene

Among Donbas SOS' assessed sample frame, 76% of households reported that women in their households faced no specific barriers in accessing hygienic menstrual items. Between 7% (DSOS) and 12% (KIIS) of households did, however, mention that cost of items was a barrier, whether to purchase a preferred item or any item.

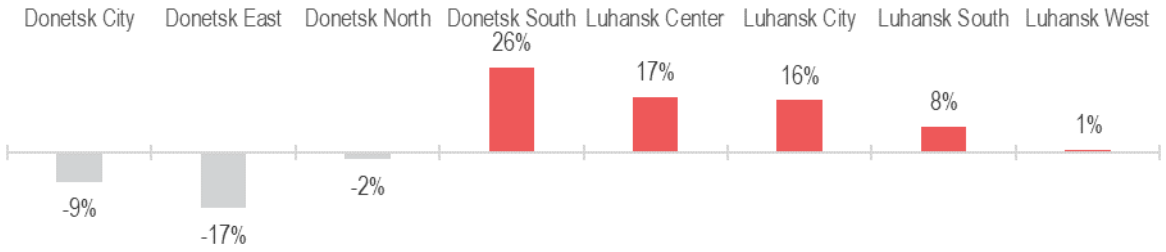
Education

This section examines access to education in NGCA to identify the primary issues facing populations and to provide a geographic context to understand which areas experience greater need. The questions primarily focused on primary and secondary education facilities for children aged 6-17, which would represent school-aged children.

According to interviews with KIIS, 26% of households in Donetsk NGCA reported having one or more children in residence of school age (6 – 17 years), and 36% of households in Luhansk reported the same. At the time of data collection, reported **school absenteeism amongst this subset of households was relatively high**, with 21% reporting that children had missed school in Donetsk NGCA and 54% in Luhansk NGCA. As can be seen in **Figure 23**, there are indications that children from households in Donetsk South were most likely to miss school during this period as the proportion of hotline households in this area reporting this was 26 percentage points above the average (+26 pp). Hotline households in Luhansk Center and Luhansk City also reported this in higher proportions (+17 pp and +16 pp, respectively).

Figure 23 Variation by area in the proportion of hotline households with school-aged children that reported that one or more children had missed school in the 30 days prior to the interview (DSOS, subset=256)

Percentage points above / below the average (57%)



The primary reasons for absenteeism, according to household response (KIIS), appeared to be related to school closures (schools closed for security reasons (21%),[11] other school closures (15%)) and COVID-19 / health-related reasons (fear of COVID-19 (30%), health issues (8%)).[12] In relation to absenteeism and school closure due to COVID-19, it may be worth noting that, in October 2020, 86% of households reported having access to the internet via a computer (REACH Knowledge, attitudes and practices (KAP) assessment 2020). When asked about problems that children were experiencing with their learning, 12% of households with children of school age reported problems with distance learning. It may therefore be worth examining the impacts of school closures and if households have sufficient resources to pursue home-schooling.

Expanding on other issues related to quality of education and access to services provided within schools, most households reported no issues (Donetsk NGCA: 61%, Luhansk NGCA: 64% (KIIS)). This suggests that there are geographic patterns in access and perceptions of safety, whether from security concerns related to shelling, shooting, or mines, or health security concerns from COVID-19.

Table 13 Top 4 most-reported issues / concerns with the quality or service within schools, by proportion of households (KIIS, subset=112)

	Issue
1	Problems with distance learning during COVID-19 (12%)
2	Quality of teaching staff (9%)
3	Non-recognition of educational certificates outside of NGCA (9%)
4	Quantity of teaching staff (8%)

Most households reported being able to afford all needed school supplies (Donetsk NGCA: 86%; Luhansk NGCA: 91%) (KIIS). This pattern was maintained in the Donbas SOS data, with the exception of Luhansk Center, where three in four households could reportedly afford all needed school supplies, which is of concern, and may impact absenteeism from school. Types of school supplies, such as pencils, pens, notebooks, laptops or computers, etc., were not recorded in these datasets, which may require further investigation by programming to determine future assistance.

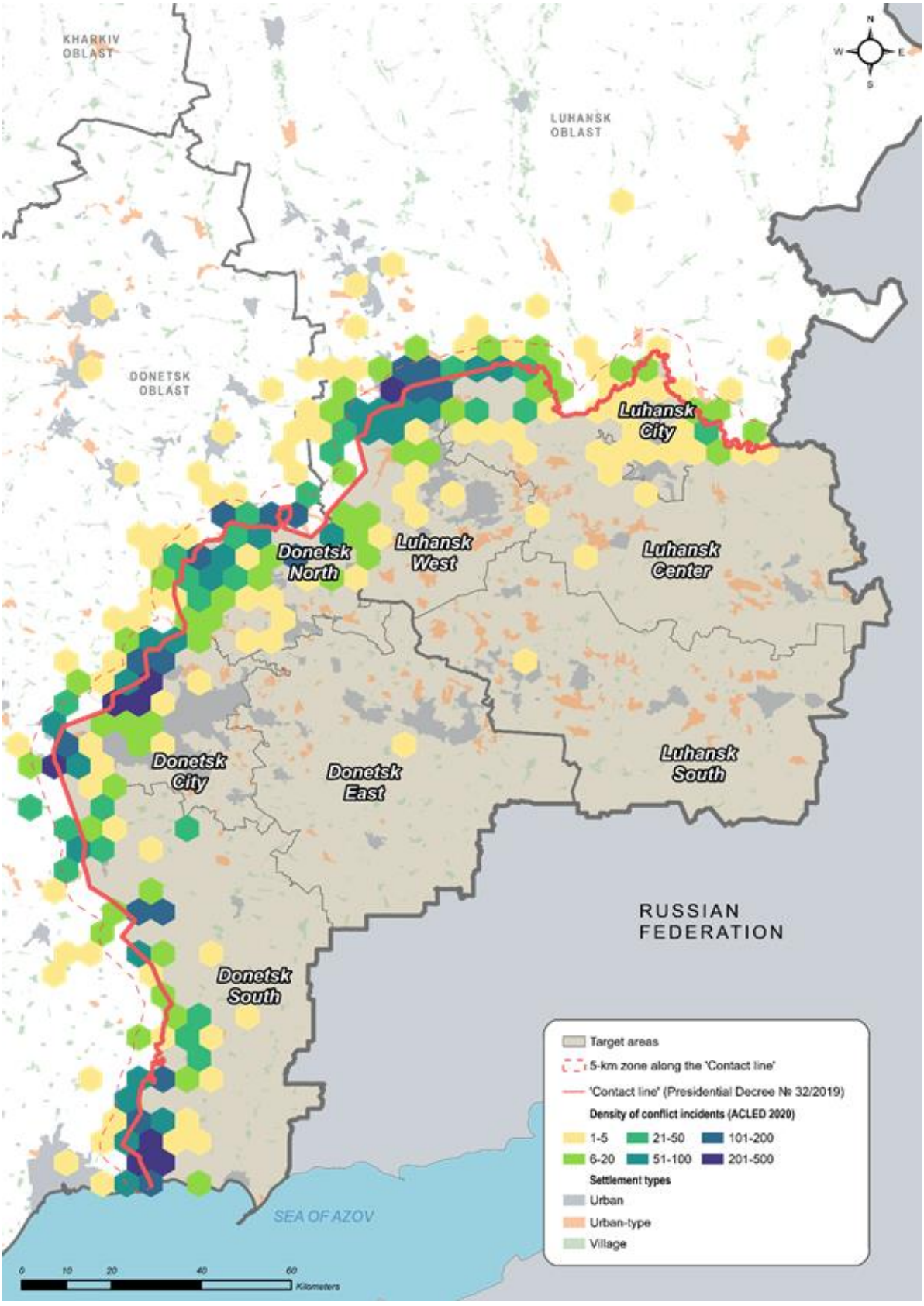
[11] NOTE: It has been reported that schools sent **a note to parents saying that COVID-19 was a threat to security** and that schools would therefore be closed. No households reported damaged schools. It is assumed that most responses in this category related to COVID-19.
[12] Multiple answers permitted. Proportions can exceed 100%.

Protection

This section examines the physical and social protection issues faced by populations in NGCA, focusing on conflict incidents, perceptions of safety, freedom of movement and documentation.

Security

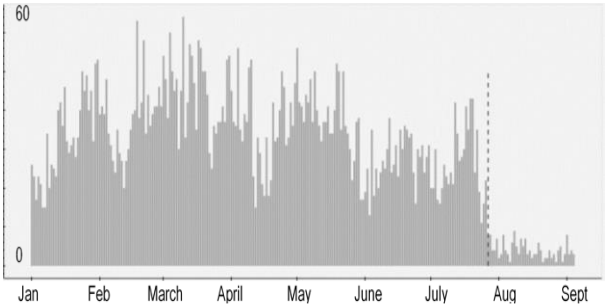
Map 3 Density of conflict incidence in Eastern Ukraine/NGCA, January – October 2020



Across 2020, the Organization for Security and Cooperation in Europe (OSCE) reported 24 civilian fatalities and 105 injured, which is consistent with numbers from 2019 (27 fatalities and 140 injured). The OSCE reported 4 fatalities in the Q1 2020 and 3 fatalities in the Q1 2021. Two of the three fatalities were from small arms and light weapons, 1 was from mines or unexploded ordnances, and 0 were from shelling. **The annual numbers from 2020 are the lowest since the beginning of the conflict** (OSCE, 2021).

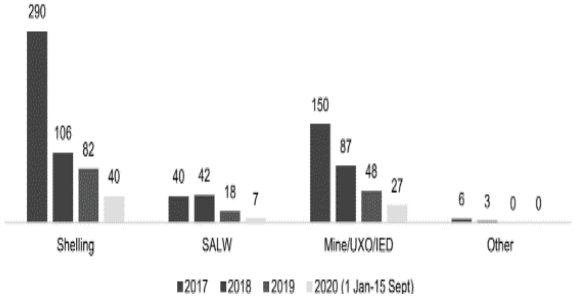
Map 3 shows conflict density throughout 2020. Although incidents occurred along the entirety of the 'Contact line' in 2020, they most frequently occurred in the areas around Mariupol in Donetsk South, Donetsk City, and Zolote in Luhansk West. Overall, the number of incidents decreased following a renewed ceasefire agreement signed in July 2020 as can be seen in **Figure 24**. Along with the decrease, a **reduction in the number of civilian casualties was seen** (**Figure 25**). At the time of data collection in November / December 2020 this reduced level of conflict incidence still held.[13]

Figure 25 Number of armed conflict, shelling, and explosion incidence in Eastern Ukraine, Jan to Sept 2020



Source: EuromaidanPress, based on ACLED data

Figure 24 Number of civilian casualties 2017 - 2020

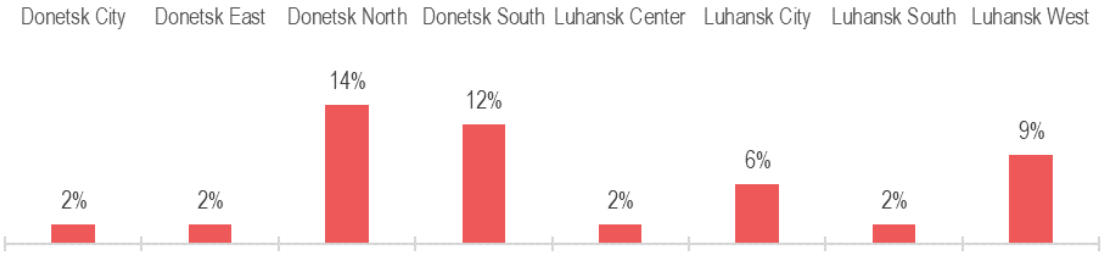


Source: OSCE

Given this, it is perhaps unsurprising that the rate of reported concerns about security incidents were low for most urban households. In Luhansk NGCA, where nearly all households (96%) reported to KIIS that they had no significant security concerns, and no households reported issues with travel security in healthcare (0%) or as one of the top three most-significant problems with the food market that the households use (0%). In Donetsk NGCA, concerns included mined fields (18%), shelling in the vicinity of the settlement (10%), and criminals (6%), but the same rates of reported issues with travel security in healthcare (0%) or as one of the top three most-significant problems with the food market that the household uses (0%). The reported security incident rate is a major change from Q1 2020, when KIs identified shelling in the vicinity of their settlement as a main concern at a rate up to 82% of respondents in Donetsk North and up to 15% of respondents in Luhansk City.

While data on security concerns was not collected in the MSNA 5, returning to data collected during round 4 of the MSNA in NGCA (Q1 2020), it should be noted that security was reported as a top concern by 19% of community KIs. Landmines, a threat that persists after the inciting incident, listed in **Figure 26** ceasefires, reportedly were of particular concern to residents in Donetsk North, Donetsk South, and Luhansk West, all of which border the 'Contact line'.

Figure 26 Proportion of KIs that reported landmine fields as a concern for their settlement (MSNA 4, R2P KIIs)



Two percent (2%) of urban households have reported to KIIS that they were affected by a safety or security incident in the 6 months prior to data collection. Physical threats or intimidation were reported by only 1%. Physical violence resulting in injury was not reported in Donetsk NGCA and reported at a rate of less than 1% in Luhansk NGCA. There were not significant differences between regions within oblasts, even in the areas close to the 'Contact line'. 97% of households reported in Donbas SOS interviews in December 2020 that they had not experienced a security incident in the 6 months

[13] NOTE: In the first quarter of 2021, the OSCE reported an increase of ceasefire violations by 130% compared with the previous quarter, but there were a low number of explosions attributable to weapons that should have been withdrawn according to the Minsk agreements.

prior to the interview, and those that reported experiencing an incident generally did not have it result in physical violence (0%). There were no reported differences in responses between genders.

Freedom of movement

Freedom of movement restrictions not related to mines or unexploded ordnances were also reduced by two-thirds, from 344 restrictions in Q1 of 2020 to 107 restrictions in Q1 of 2021[14,15]. Most of these restrictions were denial of access (57%), but other impediments jumped from 9% to 28%. Over 90% of these restrictions were on NGCA side of the 'Contact line' in both 2020 and 2021. Some of these restrictions could be attributable to the COVID-19 pandemic, but this particular issue should not be assumed to account for all changes.

Documentation

Of the urban households interviewed (KIIS) that have children under the age of 14 in residence (subset = 138), 9% reported that one or more of these children did not have a birth certificate. Of the households where children did have a birth certificate 21% were registered only in Donetsk NGCA or Luhansk NGCA. Amongst all households interviewed (KIIS), 7% had a member of 14 years or older in residence who reportedly did **not** have a valid national ID or passport.

Social protection

Amongst urban households (KIIS), **5% of households reported that they did not receive any pension or social benefit that they were entitled to**. Within this subset (20 households), 20% claimed that they were eligible for an GCA pension, 60% a NGCA pension, and 20% claimed eligibility for both.

Table 14 Proportion of urban households by reported pension / benefits status (KIIS)

Reported Pension Status	Overall
Received at least one pension(s) and/or social benefit(s)	72%
Didn't receive any pension or benefit, but not eligible	24%
Didn't receive any pension or benefit, and is eligible	5%

[14] OSCE, Special Monitoring Mission to Ukraine, Trends and Observations, Jan-Mar 2020.
[15] OSCE, Special Monitoring Mission to Ukraine, Trends and Observations, Jan-Mar 2021.

Shelter and NFIs

This section examines the condition of shelter for households and their contents in NGCA to identify the primary issues facing populations and to provide a geographic context to understand which areas experience greater needs or complications. The questions primarily focused on shelter damage and repairs, as well as heating and access to winterisation items.

Damage to shelter

Out of the over 55,000 residential buildings damaged by military activities on both sides of the 'Contact line', it is estimated that 1,000 households in GCA and 7,500-9,000 households in NGCA continue to have a humanitarian need for repair of their shelters in 2021.[16]

Figure 27 Proportion of urban households that reported damage to their dwelling at the time of data collection (KIIS, subset = 403), and proportion of this subset that reported the damage not being addressed (KIIS, subset=115)

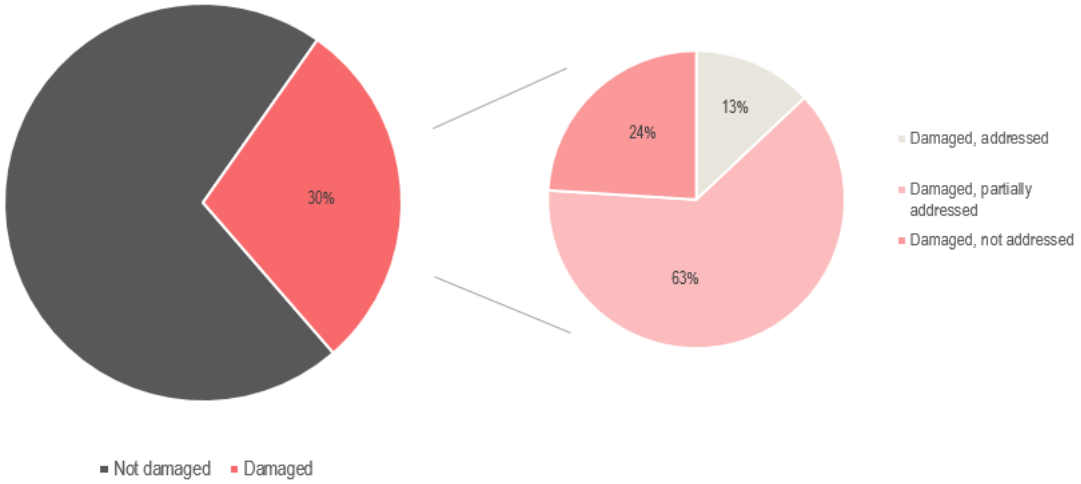


Figure 28 Variation by area in the proportion of hotline households that reported damage to their dwellings at the time of data collection (DSOS)

Percentage points above/below the average (22%)

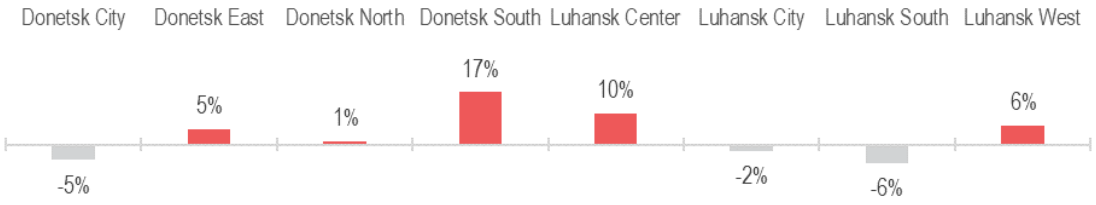
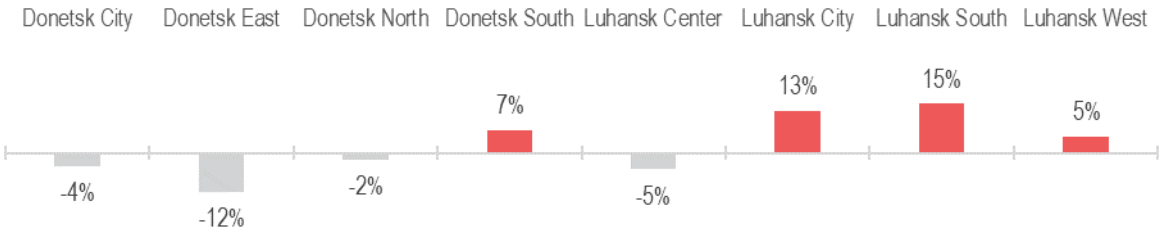


Figure 29 Variation by area in the proportion of hotline households that reported an inability to address damage caused by conflict (DSOS, subset=365)

Percentage points above/below the average (30%)



[16] OCHA, Humanitarian Needs Overview 2021.

In KIIS interviews, **30% of households reported *some* damage to their homes**: e.g.,. cracks in walls (both large and small), broken and cracked windows, roof damage (cracks and openings or partially collapsed), and rarely, utility damage (gas, water, sewage, or electricity service disrupted). While some (11% of households as reported to Donbas SOS) of these damages may be minor, they affect the residents' ability to heat, cool, and secure their homes, and may pose a significant danger if the structural problems are to worsen. Partially-collapsed roofs and large cracks in the walls may render the structure inhabitable. The proportion of households living in damaged dwellings appears to be higher outside of the "city" designations: 20% of Donbas SOS hotline households in both Donetsk and Luhansk cities reported damages, whereas in Donetsk South, 40% of households reported damage, and in Luhansk Center, 32% reported the same.

Fifty-three percent (53%) of the subset of households (KIIS) reporting damage to their home reported that materials were too expensive to repair the damage to their homes[17]. Other concerns were that repair services were unaffordable (39%) or unavailable (25%). This may be compounded by the COVID-19 pandemic, which impacted the ability of many to perform work in-person.

Heating and winterisation

Urban and hotline households both reported favouring mains heating, gas, and coal as their primary source of heating (**Table 14**). Hotline households (subset of 288) that reported using coal also reported that anthracite coal was the most common (82%). **Eighty-six percent (86%) of hotline households reported to Donbas SOS that their household had never gone without heating in the previous winter**, and urban households reported to KIIS the same at a rate of 80%.

Households from Donetsk NGCA were also more likely to report to KIIS that fewer winter items were available in shops, including winter clothes, winter shoes, and winter blankets. In KIIS interviews, **most households reported having sufficient winterisation items**, with the most common items lacking being warm winter boots (15%), wool scarf (10%), winter jacket (8%), and warm gloves (8%). In MSNA 4, 90% of households reported having sufficient winterisation items.

Table 14 Primary sources of heating, as reported by urban and hotline households to KIIS and DSOS

	KIIS		Donbas SOS							
	Donetsk NGCA	Luhansk NGCA	Donetsk City	Donetsk East	Donetsk North	Donetsk South	Luhansk Center	Luhansk City	Luhansk South	Luhansk West
Mains heating	48%	21%	69%	35%	70%	36%	9%	54%	14%	28%
Gas	24%	54%	23%	27%	17%	48%	70%	47%	51%	58%
Coal	27%	29%	10%	34%	11%	24%	20%	1%	34%	10%
Electricity	5%	3%	2%	6%	29%	38%	5%	2%	5%	4%
Wood	18%	15%	4%	7%	8%	13%	7%	1%	5%	6%
Briquettes	1%	2%	0%	0%	0%	8%	0%	0%	0%	0%

[17] Multiple answers permitted. Findings may exceed 100%.

EECP crossing dynamics

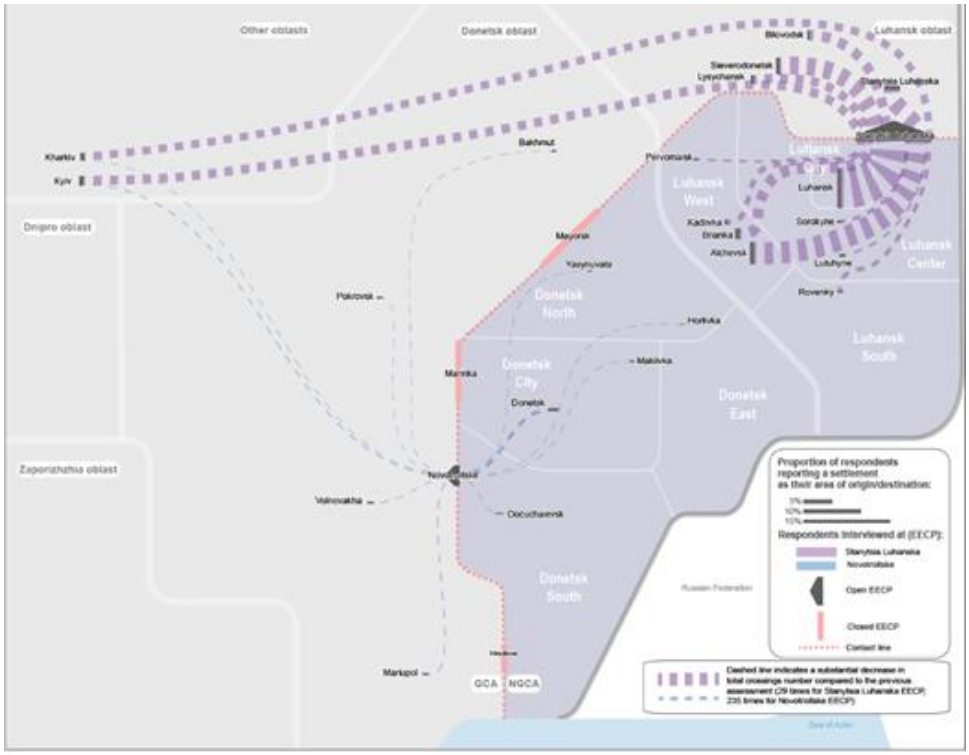
The section aims to identify trends of crossing the 'Contact line' through EECPs, such as number of crossings, length of stay in GCA, and barriers to crossing. It is informed by secondary data review and primary data collected by R2P at Novotroitske and Stanytsia-Luhanska EECPs, in Donetsk and Luhansk Oblasts respectively, through individual interviews with NGCA residents returning to NGCA after a visit to GCA of Ukraine. As mentioned in the introduction, 95% of interviewees were crossing at Stanytsia-Luhanska EECP and 5% at Novotroitske EECP, and crossings have reduced to less than 1% of what they were in Q1 of 2020 at Novotroitske, and 17% at Stanytsia-Luhanska.[18]

Overall, **crossings at EECPs were significantly reduced**, whereas the length of the stay in GCA generally showed an increase, and an increase of people stating their reason for crossing the 'Contact line' was to visit family and friends was also seen.

In terms of demographic composition, 62% of crossings were made by females, with an average age of all crossings of 55 years old, and a median age of 61 (R2P, Q4 of 2020, individual surveys at EECPs). This pattern has not significantly changed since the Q1 of 2020, in which 64% of crossings were made by females and 63% of crossings were made by persons aged 60+.

Map 4 illustrates the crossing dynamics for NGCA residents returning after visiting GCA, showing the primary areas of origin and areas of destination for populations returning to NGCA in December 2020. The most common Oblasts to visit for those returning through the Novotroitske EECP were Donetsk (41.2%), Dnipropetrovsk (23.5%), and Kyiv (17.6%).

Map 4 Crossing Dynamics from NGCA to GCA (REACH GIS, 2021)



Respondents to the individual interviews at the EECPs had reportedly **stayed longer in GCA prior to returning**. Fourteen percent (14%) of respondents reportedly stayed in GCA for shorter durations, such as between one week to one month. This is possibly due to the lower number of crossings at Novotroitske (see **Table 1** in the Introduction), with NGCA residents in GCA prior to or just after the outbreak of COVID-19 potentially having faced challenges in returning home. Also, considering the new restrictions on EECPs crossings, along with other movement restrictions imposed after the outbreak in both GCA and NGCA, it may be assumed that residents of NGCA have adapted attitudes and behaviours, anticipating that going back to GCA may be increasingly complicated.

[18] REACH, Ukraine Multi-Sectoral Needs Assessment, Non-Government Controlled Areas of Donetsk and Luhansk Oblasts, February 2020.

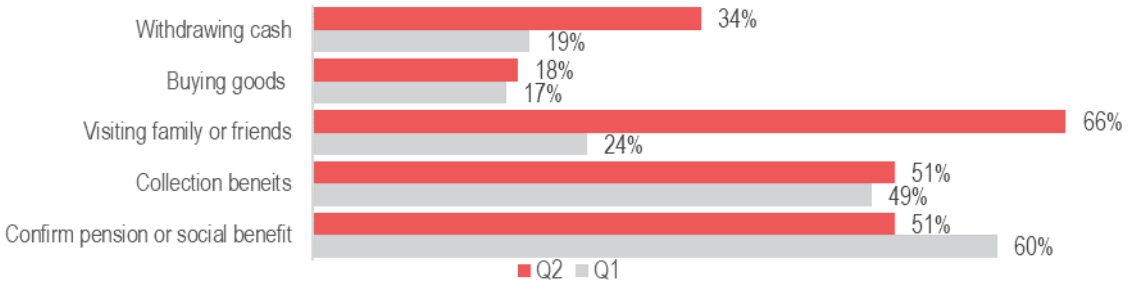
Table 15 Length of Stay in GCA, as reported by NGCA residents returning through open EECPs, 2020 (R2P)

	Novotroitske		Stanytsia-Luhanska	
	Q1	Q4	Q1	Q4
> 1 - 1 day	69%	0% ▼	56%	2% ▼
2 – 6 days	22%	1% ▼	39%	23% ▼
1 week to 1 month	7%	14% ▲	4%	55% ▲
1 – 6 months	1%	54% ▲	1%	20% ▲
6+ months	0%	31% ▲	0%	1% ▲

In contrast, those crossing at Stanytsia-Luhanska were much more likely to report stays in GCA of shorter durations than those from Novotroitske: one week to one month (55%), 2-6 days (23%), or 1-6 months (20%). Short-term, errand-focused reasons for visiting (**Figure 31**) were reported at higher proportions at the Stanytsia-Luhanska crossing as compared to Novotroitske, such as buying goods / food (Stanytsia-Luhanska: 18%; Novotroitske: 1%).

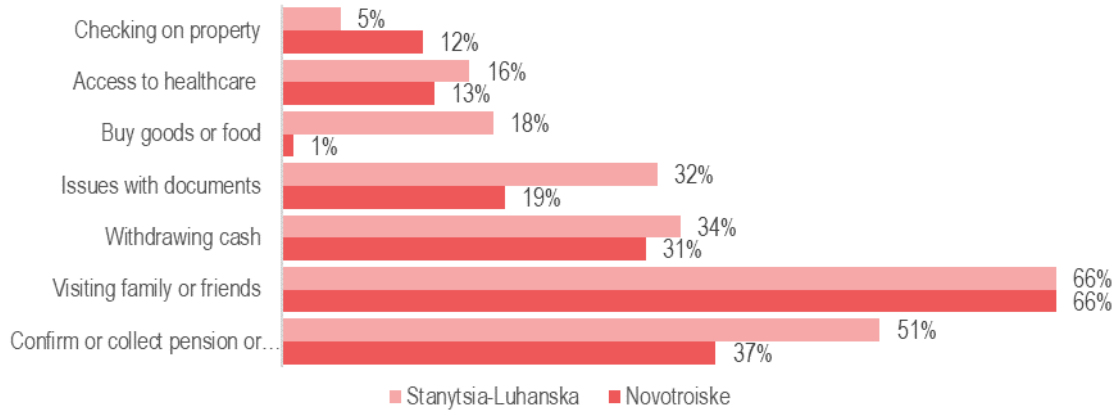
In MSNA 4 (Q1 in **Figure 30** Proportion of NGCA residents at the 'contact line' reporting the reason for visiting GCA, January-February 2020 and October-November 2020), the top reasons reported by respondents to travel to GCA were to confirm social benefits (between 50 and 70%), and visiting family and friends (between 13 and 28%)[19]. In MSNA 5 (Q2 in Figure 30 Proportion of NGCA residents at the 'contact line' reporting the reason for visiting GCA, January-February 2020 and October-November 2020), NGCA residents stated that their main reason for crossing the 'Contact line' is to visit family and friends as opposed to confirming or collecting benefits. In the MSNA 5 questionnaire, confirming benefits and collecting benefits were consolidated into a single response, rather than kept separate as they were in MSNA 4.

Figure 30 Proportion of NGCA residents at the 'contact line' reporting the reason for visiting GCA, January-February 2020 and October-November 2020



Travel to GCA was reported to be less common than the previous year: from the Novotroitske EECP, 60% of respondents reported traveling every 6-12 months, followed by 20% reporting a visit every 2 months. From the Stanytsia-Luhanska EECP, 48% of respondents reported traveling every 6-12 months, and 37% every 2 months. During the previous data collection exercise in Q1, this was reported to be 63% crossing once every two months.

Figure 31 Reasons for visiting GCA, as reported by NGCA residents returning through open EECPs[20]



[19] Multiple responses permitted, findings may exceed 100%.
[20] Multiple responses permitted, findings may exceed 100%.

Zoom-in on COVID-19

The COVID-19 pandemic is further compounding the effects of the ongoing conflict. As of June 2021, the number of confirmed cases of COVID-19 had surpassed 2.2 million in the country (Ministry of Health of Ukraine, 2021). The population in Ukraine is particularly vulnerable to the COVID-19 outbreak, due to both an ageing population and high rates of chronic illness such as multidrug-resistant tuberculosis, heart disease, or diabetes. Between GCA and NGCA of Donetsk and Luhansk Oblasts, elderly individuals account for almost one third (32%) of people in need – the highest proportion among humanitarian crises worldwide (OCHA, 2020).

Important: MSNA 5 was conducted in the winter 2020 period and findings may only reflect the situation as was at that time. Consider that trends in terms of access to healthcare and hygiene, health-seeking behaviours, and that of the epidemiological status may have evolved considerably.

MSNA 5 found that among KIs who stated being familiar with the state of healthcare services in their settlement (94%), the most commonly identified problems in their settlements, additionally created by the COVID-19-related restrictions would include **general issues with travel and in particular fear of contracting COVID-19 during movement on public transportation** (34%) and due to movement restrictions (32%). Of particular significance are the 28% of KIs who also reported preferring not to visit a hospital due to fear of COVID-19.

Prior to the COVID-19 outbreak, the three most-commonly identified problems by KIs in their settlement were the cost of medicine (44%), the lack of variety of medicine (32%), and the lack of equipment (23%).

Note: KIs covered only certain areas assessed (Donetsk South, Luhansk Central) and cannot be generalised to the whole NGCA.

During the winter 2020 at the time of data collection, less than a fifth of households reported that any member of their household had experienced COVID-19-like symptoms, based on KIIS (17%) and Donbas SOS (14%) sample frames. Among these, between 80% and 90% reported not performing a COVID-19 laboratory detection test in response to the symptoms. Also quite notably, over a quarter of that same subset (27%) in both Donbas SOS' and KIIS' sample pools reported going to the hospital but not being admitted.

For further information on the perceived impacts of COVID-19, refer to the **Health**, **Livelihoods/Employment** and **Education** sections, containing an additional level of detail.

COVID-19 will continue to be a major factor over 2021, likely to worsen the situation of the most at-risk groups. Its effects will be felt not only in the health sector, but from across the socioeconomic spectrum in its entirety. In this perspective, future assessments focusing on continued monitoring of the situation would need to be conducted in the near future in order to identify more severe needs, if any, as well as to reach an appropriate level of preparedness and prevent a potential overload of the aid response and being overwhelmed.

Zoom-in on Accountability to Affected Populations

One of the objectives of the yearly MSNA is to focus on the degree to which aid providers practice accountability to affected populations (AAP). As outlined throughout this report, access restrictions to NGCA render efforts to strengthen accountability to affected populations even more challenging. Amongst assessed households in urban areas (of 20,000 people or more, KIIS), **17% of households reported having received humanitarian aid in the year prior to the interview**. The findings that follow are therefore reported on by only a fraction of respondents, with limited possibility to generalise these to the wider population (indicative only).

Among households who have received humanitarian aid in the 12 months prior to data collection the most commonly reported types of assistance received are in-kind food (between 42% - Donbas SOS, and 72% - KIIS) as well as other NFIs (31-34%). To a much lesser extent, cash (between 10 and 28%) and medical assistance (15%) are the two next most commonly reported types of assistance.

MSNAs 3 and 4 had found that, respectively, 19% and 16% of respondents had received humanitarian aid in the 12 months preceding data collection, a comparable finding with that of MSNA 5 – despite a noticeable slight downward trend. Food (19%-27%) and healthcare (16%-27%) are consistently identified by households of both KIIS and Donbas SOS' household surveys as the main types of assistance that would be needed in the three months following data collection. As a comparison, MSNA 3 had found that 13% of households had humanitarian assistance needs, with food (62%), hygiene (39%), and medical (32%) needs most commonly reported. MSNA 4 found that 20% of households had humanitarian assistance needs, among which 41% reported food as the main humanitarian need, followed by needs related to livelihoods (19%), and medical needs (17%).

Between 17-41% of households report to KIIS that they have received aid from international humanitarian organisations, and between 25-46% of households reported receiving aid from local de facto institutions, indicating that international non-governmental organisations (INGOs) reportedly play the larger role in delivering assistance to the population residing in NGCA, a finding consistent with that of the previous MSNA, with 28% and 34% respectively.

Organisations from which aid was reportedly received by urban households in the last 12 months (subset=57)[21]	KIIS	
	Donetsk NGCA	Luhansk NGCA
International humanitarian organisations	37%	53%
Local humanitarian agencies	28%	27%
'De facto' institutions in NGCA	26%	22%
Government institutions of Ukraine	13%	9%
Religious institutions	0%	20%
Other organisations and companies	1%	0%

Access to NGCA is restricted and data collection is complex as a result as recent discussions within the humanitarian community within Ukraine attest. The cumulative impacts of government-imposed restrictions on the movement of civilians between GCA and NGCA, continued insecurity, and limited humanitarian access have caused significant gaps in humanitarian actors properly assessing and understanding the situation in NGCA. Through different assessments, methodologies, target areas, and scopes of research, REACH tries to promote a better understanding of the humanitarian needs of the conflict-affected populations.

It may be of interest for the reader to consult findings from the Humanitarian Situation Monitor (HSM) assessment led by REACH in 2020-2021, which gathered information in NGCA across multiple rounds and provides more detailed findings on AAP. In particular, information on communication preferences, respondents' primary sources of information as well as aid modality preferences may be found.

[21] Multiple responses permitted. Findings may exceed 100%.

CONCLUSION

This fifth MSNA attempts to provide a snapshot of the current humanitarian situation in NGCA as the conflict enters its eighth year. The intention of this report is to create more awareness and understanding of the general situation for households residing in NGCA, and to highlight any key areas or sectors of concern in which households may need assistance or require more monitoring. This report uses a data-driven approach to providing important information on NGCA using limited data collection methods, as access to NGCA is restricted and the COVID-19 pandemic put further restrictions on in-person data collection. The findings not only highlight the populations' current needs, but also point in the direction of where these needs might go in the context of the surrounding circumstances.

Despite a reduction in hostilities throughout 2020 (see section on protection), a key finding of NGCA MSNA 5 was that there appeared to be an **increase in the proportion of households experiencing financial stress** between MSNA 4 and MSNA 5, as for instance, there was between the two rounds of data collection:

- an increase, for urban households, in the proportion who reported using coping strategies (i.e., 3 of 4 comparable stress indicators, 2 of 2 comparable crisis indicators and 2 out of 3 comparable emergency indicators).
- an increase in the proportion of urban households who reported spending 65% or more of total household expenditure on food items.

It is possible that the outbreak of COVID-19 and restrictive measures undertaken to contain its spread, may be influencing this downward trend. COVID-19 was cited, for instance, as a primary reason for not seeking needed medical care and for school absenteeism. While, the reported use of these coping mechanisms is relatively low, households may be vulnerable to emergency or unexpected events, which could add to further use of coping strategies and financial stress. These areas could be considered in future targeting and programming frameworks. **Note, however, given changes to the MSNA 5 questionnaire time series analysis on sectors has not been performed**.

The MSNA 5 also sought to provide an overview of geographic variation across key food security and livelihoods, health, WASH, education, protection, shelter and accountability to affected populations indicators A comparative table is provided over the next page **Table 16**). Through this table we can see for instance that:

- In both of the two selected **livelihoods indicators**, employment and average income, the average proportions for households in Donetsk East (hotline households) were lower than the average for NGCA, suggesting that these are potentially areas of particular interest for livelihoods programming;
- In 4 of the 5 selected **food security indicators**, the average proportions for households in Donetsk East and Donetsk City (hotline households) were lower than the average for NGCA, while the proportions for 3 of 5 of these indicators in Donetsk South and Luhansk South (hotline households) were lower, suggesting that these are potentially areas of particular interest for food security interventions;
- In terms of **difficulties in accessing health care**, the average proportions of households in Luhansk Center, Luhansk South, and Luhansk West were lower than the average for NGCA, suggesting that these are potentially areas of particular interest for health focused actions;
- In 3 of the 3 selected **WASH indicators**, the average proportions of households in Luhansk West and Luhansk South (hotline households) were lower than the average for NGCA, while the proportions for 2 of 3 of these indicators in Donetsk North and Luhansk Center (hotline households) were lower, suggesting that these are potentially areas of particular interest for WASH;
- Below-average response on selected security and shelter questions was observed for households in areas where security incidence has been seen in higher density in recent years: Donetsk South, Donetsk North, and Luhansk West;

Further exploration of these issues in these geographic areas could be consideration for future programming.

Table 16 Comparison by area across key indicators

		Urban households	Hotline households	Assessment areas: above / below the average for hotline households							
				Donetsk South *More rural area close to CL*	Donetsk City	Donetsk North	Luhansk West	Luhansk City	Luhansk Center	Donetsk East	Luhansk South
					More urbanised areas close to the CL					*Inner NGCA*	
Livelihoods	One or more members employed in prior 30 days	51%	57%	+	+	+	+	+	-	-	+
	Average household income	17628	15732	+	-	-	+			-	+
	Number of indicators the area is below average in				1 of 2	1 of 2			1 of 2	2 of 2	
Food security	Experienced difficulty in accessing food at stores	10%	34%	-	+	-	-	-	+	+	-
	Spending 65% or more on food	40%	30%	-	+	-	+	-	-	+	+
	Crisis or emergency coping strategies in practice	30%	14%	+	+	-	-	-	-	+	+
	Borderline or poor food consumption score	3%	4%	+	+	-	-	+	+	-	-
	Moderate or severe food insecure score	**9%**	**4%**	+	-	+	+	+	-	+	+
	Number of indicators the area is above average in			3 out of 5	4 out of 5	1 out of 5	2 out of 5	2 out of 5	2 out of 5	4 out of 5	3 out of 5
Health	Difficulty in accessing healthcare (subset)	28%*	44%*	-	-	-	+	-	+	-	+
WASH	Experiencing water stoppage of at least 2 days	39%	41%	-	-	+	+	-	-	-	+
	Not enough water for personal hygiene	23%	5%	-	-	-	+	+	+	-	+
	Not enough water for drinking	13%	6%	+	-	+	+	-	+	+	+
	Number of indicators the area is above average in			1 out of 3		2 out of 3	3 out of 3	1 out of 3	2 out of 3	1 out of 3	3 out of 3
Education	Child(ren) miss school in the 30 days prior to interview (subset)	37%*	57%*	+	-	-	+	+	+	-	+
	Inability to afford all needed school supplies (subset)	9%*	6%*	-	+	-		-	+	+	-
	Number of indicators the area is above average in										
Security	Security as a concern for the community (R2P, KII – MSNA 4)	19%		+	-	+	+	+	-	-	-
	Landmine contamination in settlement (R2P, KII – MSNA 4)	6%		+	-	+	+		-	-	-
	Number of indicators the area is above average in			2 out of 2		2 out of 2	2 out of 2	1 out of 2			
Social protection	Household with child (> 4 yrs) reporting no birth certificate (subset)	9%*	n/a	-	-	-	-	-	-	-	-
	All or some member (14+) reported to not have a national ID	10%	n/a	-	-	-	-	-	-	-	-
	Didn't receive any pension or benefit, although eligible for it	5%	n/a	-	-	-	-	-	-	-	-
Shelter	Damage to dwelling (not necessarily conflict related)	30%	22%	+	-	+	+	-	+	+	-
	Inability to address damage (subset)	24%*	30%*	+	-	+	+	+	-	-	+
	Number of indicators the area is above average in			2 out of 2		2 out of 2	2 out of 2				
AAP	Received humanitarian assistance	14%	9%	+	+	+		-	-	+	-

ANNEXES

Annex 1: Donetsk and Luhansk NGCA Geographic Areas and Raions

Table 17 Donetsk NGCA Geographic Areas and Raions

Donetsk City	Donetsk East	Donetsk North	Donetsk South
Donetska	Amvrosiivskyi	Bakhmutskyi	Boikivskyi
Makiivska	Khartsyzka	Debaltsevcka	Dokuchaievska
Marinskyi	Kirovska	Horlivska	Marinskyi
Starobeshivskyi	Makiivska	Shakhtarskyi	Novoazovskyi
Yasynuvatska	Shakhtarska	Yasynuvatskyi	Starobeshivskyi
Yasynuvatskyi	Shakhtarskyi	Yenakiivska	Volnovaskyi
	Snizhnianska		
	Torezka		
	Yenakiivska		
	Zhdanivska		

Table 18 Luhansk NGCA Geographic Areas and Raions

Luhansk City	Luhansk Center	Luhansk West	Luhansk South
Luhanska	Kirovska	Alchevska	Antratsytivskyi
	Krasnodonska	Briankivska	Antratsytska
	Luhanska	Kirovska	Dovzhanskyi
	Lutuhynskyi	Perevalskyi	Krasnolutska
	Novoaidarskyi	Pervomaiska	Rovenkivska
	Slovianoserbskyi	Popasnianskyi	Sverdlovska
	Sorokynskyi	Stakhanovska	
	Stanychno-Luhanskyi		

Annex 2: Significance testing on the difference between urban (KIIS) and hotline (DSOS) households

Indicator	Value	KIIS	DSOS	Significance
Gender	female	67%	68%	Not significantly different
Weighted age		56 years	58 years	Not significantly different
HH income		17628	15732	Not tested
HH expenditure		15486	14758	Not significantly different
Percent expenditure of food over 65%		40%	39%	Not significantly different
One or more people in HH employed fulltime	yes	41%	36%	Not significantly different
NGCA pensions	yes	57%	64%	Not significantly different
GCA pension	yes	13%	29% ▲	Significantly different
Moderate or severe food insecurity	yes	9%	4% ▼	Significantly different
Livelihoods CSI = 4	yes	5%	3% ▼	Significantly different
Received assistance	yes	14%	9% ▼	Significantly different