UKRAINE

Multi-Sector Needs Assessment

Government Controlled Areas of Donetsk and Luhansk Oblasts within 20 km of the Line of Contact

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Cover photo depicts a street in a rural settlement in Donetska oblast, Government-Controlled Area. © REACH 2020

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EXECUTIVE SUMMARY

Context

In early 2021, the east of Ukraine will enter its eighth year of armed conflict. Civilian populations of Donetsk and Luhansk oblasts (collectively referred to as Donbas) continue to experience ongoing ceasefire violations along the 428 kilometres of the contact line. The protracted nature of the conflict has led to a significant loss of lives, concerns over the protection of civilians, and significant damage to critical infrastructure in conflict-affected areas. Eastern Ukraine has also become one of the most mine contaminated regions of the world, with the Organisation for Security and Cooperation in Europe's Special Monitoring Mission to Ukraine (OSCE SMM) having observed more than 10,000 land mines on both sides of the contact line since 2018. Mines/explosive remnants of war (ERWs) are also the leading cause of civilian deaths since 2017 (81).[1]

On the 22nd of July 2020, the Trilateral Contact Group on Ukraine (TCG)[2] agreed on a ceasefire that took effect on the 27th of July, which was largely effective through the remainder of 2020. From the 1st of January 2020 to the 27th of July, there were 7,200 security incidences resulting in 77 fatalities. From the 27th of July to the 5th of December the number of security incidences decreased to 829 which resulted in 25 fatalities.[3] In total, the Office of the United Nations High Commissioner for Human Rights (OHCHR) reports that, between April 2014 and July 2020, there were 3,367 civilian deaths due to the conflict and estimates the number of civilians who have been injured by the conflict at more than 7,000.[4] From the beginning of 2021 the security situation started to deteriorate with an increase of military presense in the region, intensification of military clashes and use of heavy weapons, that may indicate a possibility of return to the pre-ceasefire conflict dynamic.[5]

The ongoing conflict, coupled with the COVID-19 pandemic could exacerbate the situation that households living in proximity to the contact line are already in. As a primary effect of such ongoing conflict, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 3.4 million people will be in need of humanitarian assistance in 2021.[6] Secondarily, within the context of protracted conflict, many younger working-age people have left the region, leaving the area within 20 km of the contact line with a higher concentration of people with vulnerabilities than in other parts of the country.

Rationale and Methodology

To support an evidence base for the planning of humanitarian assistance as part of the Humanitarian Programme Cycle (HPC) for 2021, REACH conducted a Multi-Sectoral Needs Assessment (MSNA), building on assessments conducted in 2016, 2017, 2018 and 2019[7] in collaboration with the Humanitarian Country Team (HCT), the Inter-Cluster Coordination Group (ICCG), and OCHA.

The data was collected between 29 July and 15 August 2020, through a stratified sample of 1,610 households. The sample of households was selected to be statistically representative of populations in each settlement type (rural and urban) and by distance to the contact line (0-5 km and 5-20 km) with a 95% confidence level and 5% margin of error for each stratum (subsets may have a larger margin of error).

For an exploratory comparison of needs in different sectors between the different geopgraphic strata please see the interactive dashboard.

Data was analysed using an analytical framework proposed by REACH for 2020 MSNAs. The framework incorporated some elements of the draft Joint Inter-sectoral Analysis Framework (JIAF), functioning as an interim

[1] OSCE, Thematic Report, November 2020. Available online
[2] The TCG is a platform where representatives from Ukraine, Russian Federation, and the Organisation for Security and Co-operation in Europe (OSCE) discuss the resolution of the conflict in East Ukraine
[3] Humanitarian Data Exchange (HDX)/ACLED, Ukraine conflict data updated 05/12/2020. Available online
[4] OHCHR, Report on the human rights situation in Ukraine, 2020. Available online
[5] UNOCHA, Ukraine: Humanitarian Snapshot, March 2021. Available online
[6] UNOCHA, Humanitarian Response Plan 2021. Available online
[7] Reports from 2019 available here, 2018 available here, 2017 available here, and 2016 available here.

solution proposed by REACH for inter-sectoral analysis within the MSNA until the officially endorsed JIAF is available. The REACH analytical framework involved generating a Multi-Sector Needs Index (MSNI) score to estimate the severity of household needs by measuring their overall humanitarian conditions vis-à-vis their living standard gaps (LSGs).[8] The approach involved categorizing households as either in minimal (1), stress (2), severe (3), or extreme (4) severity of need, with a higher MSNI score indicating more severe needs.

Key Findings

Multi-Sector Needs

Across assessed areas within 20 km of the contact line, **31% of households (equalling an estimated 81,341 households) were found to have severe or extreme levels of multi-sectoral humanitarian needs** corresponding to an MSNI score of 3 or 4. The MSNI captures what households are reporting (through the lens of Cluster-prioritised indicators) and does not directly capture some of the systemic effects of conflict.

A slightly greater proportion of households living within 5 km of the contact line were found to face severe or extreme levels of multi-sectoral humanitarian needs: 35% of households in 0-5 km urban areas and 33% in 0-5 km rural areas. **The severity of needs was found to be somewhat lower in areas further from the contact line**, with 29% of urban households and 20% of rural households between 5-20 km from the contact line experiencing severe or extreme levels of severity of need. **Although the severity of need was more likely to be higher nearer to the contact line, the projected population affected appears to be lower**.

Overall, **severe and extreme needs were primarily driven by corresponding severe LSGs in Food Security and Livelihoods** and **Water, Sanitation and Hygiene (WASH)**. Twelve per cent (12%) of households overall were found to have severe or extreme LSGs in the two sectors, constituting 40% and 39% of households with an MSNI score of 3 or 4, respectively. There was, however, some variation between assessed areas in terms of primary drivers of severe or extreme need. In rural areas, while Food Security and Livelihoods was still the most common primary driver of high MSNI scores, health, instead of WASH, was the second most common sector to drive severe or extreme need.

Of the 31% of households with severe or extreme needs, **no households had LSGs in all sectors combined, only 1% of households had LSGs in three sectors combined, 5% in two sectors combined, and 25% had an LSG in a single sector.** Most households are covering most of their needs, and may face some gaps, but when there are gaps they are mostly in a single sector.

Vulnerability

Demographic, socio-economic, and health-related vulnerability characteristics were found to affect considerable proportions of people living within the assessed area, amongst both heads of household and other household members. **Nearly three-quarters (74%) of heads of household were found to have at least one vulnerability characteristic.** Among these heads of household, the most commonly reported vulnerabilities were being an older person above the age of 60 (48% of household heads), having a chronic illness that affected their quality of life (46%), and having a disability (10%).[9]

Only 28% of household members across the assessed area were reportedly engaged in paid work. Similarly, **67% of heads of household were reported being economically inactive**. Through the lens of high rates of vulnerability, this suggests a relatively high household dependency ratio and a potential additional burden on economically active household members.

[8] LSGs are gaps a household has in meeting their basic needs in one sector or more, understood by looking at accessibility, availability, quality, use and awareness of essential goods and services. LSG scores go from 1 – 4, with 1 being no/minimal, 2 stress, 3 severe, and 4 extreme

[9] Household could select multiple options.

Protection & Security Needs

Shelling and small arms fire remained ongoing in the assessed area, particularly within 5 km of the contact line where 97% of armed clashes in the GCA occurred from January to December of 2020.[10] On the 22nd of July 2020, the Trilateral Contact Group on Ukraine (TCG)[11] agreed on **a ceasefire that took effect on the 27th of July**, and thus far has been effective. From the **1st of January 2020 to the 27th of July, there were 7,200 security incidences resulting in 77 fatalities**. From the **27th of July to the 5th of December the number of security incidences decreased to 829 which resulted in 25 fatalities**.[12]

Households living within **5 km of the contact line** are almost **twice as likely to report knowledge of an incidence relating to mines/ERW** in the twelve months prior to data collection than households in the 5-20 km area, similar to 2019. The **proportion of households** reporting that **land mines do not affect their everyday lives has decreased** since 2019, from 57% to 42% in 2020, **while the proportion who reported their everyday lives were severely affected has doubled**, from 9% to 18%.

With high levels of vulnerability and ongoing risks due to conflict, mental health and post-trauma rehabilitation services are also important considerations for those responding to the crisis. Only **24% of households reported being able to access mental health care services if needed and 27% reported being able to access post-trauma rehabilitation services if needed.** This is important considering that the United Nations (UN) reports that more than one-in-five people in conflict zones suffer from a mental illness, including depression, anxiety and post-traumatic stress disorder.[13] **Of the households who reported mines/ERW severely affect their everyday lives, 86% stated the reason being for their psychological safety.**

Food Security and Livelihoods Needs

Using the World Food Programme's (WFP) Consolidated Approach to Reporting Indicators (CARI[14]) as methodology for calculating Food Security Index, a slightly higher proportion of households were found to experience food insecurity in the assessed area than in 2019. **Overall, 12% of households were found to be moderately or severely food insecure, up from 8% in 2019 (13% in 2018).**

Households residing in 0-5 km rural areas were slightly more commonly found to be food insecure than households in remaining strata, at least six percentage points more. The higher proportion of food secure households in strata other than 0-5 km rural may potentially relate to improved access to arable land due to reduced conflict incidence further from the contact line, and access to functioning markets in urban areas.

The increase in the proportion of households that were found to be moderately or severely food insecure since 2019 could be reflected in the noticeable **increase in the proportion of household expenditure on food, 22% in 2019 and 49% in 2020[15]**. However, given that data collection was conducted shortly after the nationwide COVID-19 restrictions, it is more difficult to interpret food expenditure share this year.

Food consumption patterns have stayed approximately the same since 2019, with **11% of households found to have poor or borderline Food Consumption Scores (FCS)**[16], a slight increase from the 9% found in 2019 in the assessed area, but a decrease from the 14% found in 2018.

In total, **nearly half (43%) of households reported resorting to coping strategies categorised as Crisis or Emergency in the 30 days prior to data collection[17]**. However, it should also be noted that this assessment was conducted in July and August; with financial burdens on households generally being higher in winter periods, it can

[10] Data analysed from INSO conflict incidence database, 2020.
[11] The TCG is a platform where representatives from Ukraine, Russian Federation, and the Organisation for Security and Co-operation in Europe (OSCE) discuss the resolution of the conflict in East Ukraine
[12] Humanitarian Data Exchange (HDX)/ACLED, Ukraine conflict data updated 05/12/2020. Available online
[13] UN News, One-in-five suffers mental health condition in conflict zones, 2019. Available online
[14] For information on the Consolidated Approach to Reporting Indicators of Food Security (CARI). Available online
[15] CARI includes expenditure on food (from total expenditure) to calculate the food security index.
[16] For more information on Food Consumption Scores, please see the World Food Programme's Food Consumption Score Guidelines. Available online
[17] It should be noted that all MSNA FCS calculations are aligned with Cluster and response-wide analyses that use higher thresholds. This is usually reserved for countries that have a high oil/sugar diet and with little variation in consumption of different food types, thereby increasing the threshold for "acceptable" food consumption to ≥42 instead of ≥35.

be forecasted that the use of such coping strategies might reasonably increase in that period. Notable livelihoods-related coping strategies used in the 30 days prior to data collection included reducing essential health care expenditures (38% of all households) and purchasing food on credit or borrowing food (28% of all households).

WASH Needs

In the context of Ukraine, WASH concerns relate closely to public infrastructure and systemic insufficiencies, and therefore remain difficult to fully capture through a household-level survey. As the water system is integrated between GCA and NGCA, **shelling along the contact line creates risks for millions of residents on both sides of the contact line regarding access to water.** Indeed, according to a study by the WASH Cluster, there were forty-eight incidences that affected water and waste water infrastructure between January and June 2020.[18] This risk is amplified as heating infrastructure in many urban areas relies on piped hot water, meaning that **water cuts in winter periods could leave affected households without sufficient heating** in a region that experiences harsh winter conditions.

On the household level, the proportion of households who reported experiencing a lack of drinking water supply in the twelve months prior to data collection was 35%, and 6% reported this happened on a daily basis. **Within 5 km urban areas, 45% of households reported experiencing drinking water shortages**. Due to integrated infrastructure across the contact line, water shortages in urban areas, where people commonly rely on a centralised system rather than a well or borehole, will likely remain a concern as long as shelling of critical infrastructure continues.

Regarding water safety, 41% of households reported treating their drinking water, an increase from 34% in 2019. Of households that reported not treating their water (59%), **85% reported there is no need, while 14% reported that they could not afford to. Twenty-four percent (24%) reported treating water by boiling, which is insufficient to address potential chemical contamination due to industry and farming.**[19]

Shelter/Non-Food Items (NFI) Needs

Twenty-six percent (26%) of households reported that their shelter lacked insulation from cold, with households in rural areas being more likely to state such, a significant proportion considering the harsh winters experienced in Ukraine. Conflict-related damage to infrastructure[20], including personal accommodation, continues to be reported in areas experiencing active conflict. **Almost one-quarter (22%) reported that their primary shelter was damaged due to the conflict at some point, 6% of these stating that the damage was severe enough that they had to re-locate. Households in 0-5 km rural areas most commonly reported conflict-related damage to their shelter (47%) and having to re-locate due to the damage (11%).**

Nearly half of households (46%) reported having experienced electricity shortages in the 30 days prior to data collection. However, 38% (of all households) stated that the electricity shortages they experienced were infrequent. Forty-one percent (41%) of households reported using wood for heating, while 32% reported using coal; the relatively **high proportion of households using wood or coal for heating underlines the importance of winterisation aid to be provided to households, especially those in rural areas (just 2% use central heating) due to the higher costs of coal and other fuels**.

Education Needs

Among those households with school-aged children (20% of all households), **14% reported that at least one of their children could not attend school for at least one month** during the academic year (excluding closures due to COVID-19), with **the majority stating that the main reason for absence were health-related issues**. **Twenty-five percent (25%) of households with school-aged children reported problems with distance learning** (such as poor internet connection) due to school closures for COVID-19, **the highest proportion being in 0-5 km rural areas, where 47% reported such**. Finally, **almost half (42%) of households that accessed education facilities reported being unable to buy all supplies needed by children in education, a notable increase from 27% in 2019.**

[18] WASH Cluster Ukraine Alert Bulletin, issue 15. March 2021. Available online
[19] Groundwater management in Ukraine and the EU. European journal of sustainable development, 2019. Available online
[20] Armed conflict in Eastern Ukraine: The damage caused to the housing of the civilian population. Kharkiv human rights publisher, 2019. Available online

Healthcare Needs

Of the households with at least one member who tried to access healthcare in the twelve months prior to data collection (56%), 76% reported difficulties accessing healthcare, with households living in 0-5 km areas the most likely to report this. The stratum with the **highest proportion of households reporting difficulty in accessing healthcare was households in rural areas within 5 km of the contact line, where 87% of households reportedly needing healthcare** reported such problems. **Three of the five most frequently cited difficulties in accessing healthcare were related to costs, with the cost of medicine remaining to be the most commonly reported barrier to healthcare, reported by 85% of households who tried to access health care in the 12 months prior to data collection** throughout all strata.

Of note, 38% of households reported reducing spending on essential health care as a coping strategy, the same proportion as 2019.

Overall Conclusions

Across the GCA region of Donetsk and Luhansk oblasts, **31% of households (equalling an estimated 81,341 households) were found to have multi-sectoral needs**. Households within 5 km of the contact line were found to more commonly have such needs; **35% in 0-5 km urban areas and 33% in 0-5 km rural areas**. The proportion of households with multi-sectoral needs was found to be somewhat lower in areas further from the contact line, with **29% of urban households and 20% of rural households between 5-20 km from the contact line** experiencing severe or extreme severity of need. Although the **higher severity of need was more likely to be more widespread nearer to the contact line, the projected population affected is lower**. However, it should be noted that findings suggest no common experience of overlapping, co-occurring needs; **no households had LSGs in all sectors combined, only 1% of households has LSGs in three sectors combined, 4% in two sectors combined, and 25% had an LSG in a single sector**

Overall, **severe and extreme needs were most frequently primarily driven by LSGs in Food Security and Livelihoods and WASH** (40% and 39% of households with a MSNI score of 3 or 4, respectively). There was, however, some variation between assessed areas in terms of primary drivers of needs. **In rural areas, while Food Security and Livelihoods emerged as the most common primary driver of high MSNI scores, Health was the second most common sector to drive needs, while WASH emerged as the second most common sector to drive needs in urban areas.**

Protection continues to be an issue for most households, especially those with 5 km of the contact line. Households within 5 km of the contact line **more commonly reported knowing of at least one incident related to mines/ERWs** in their settlement, while they were also **more likely to report that mines/ERWs severely affected the everyday life**. Relatively low proportion **of households reported being able to access mental health care and post-trauma rehabilitation services if needed.**

Households' economic situation also continues to be a concern, as in 2019, with **a large proportion of households reporting cost of health care as an obstacle to accessing health care (for those who tried to access health care), cost of food as an obstacle to accessing food markets, cost of school supplies (for households with school-aged children), and households reporting reducing expenditure on essential healthcare, spending savings, and borrowing food as a coping strategy.**

Contents

List of Acronyms

CARI	Consolidated Approach for Reporting Indicators
ECHO	European Civil Protection and Humanitarian Aid Operations
ERW	Explosive Remnant of War
FCS	Food Consumption Score
FSC	Food Security Cluster
GCA	Government Controlled Area
HCT	Humanitarian Country Team
HH	Household
HNO	Humanitarian Needs Overview
HoH	Head of Household
HPC	Humanitarian Programme Cycle
HRP	Humanitarian Response Plan
IASC	Inter-agency Standing Committee
ICCG	Inter-Cluster Coordination Group
IDP	Internally Displaced Person
IOM	International Organization for Migration
LSG	Living Standard Gap
MSNA	Multi-Sector Needs Assessment
MSNI	Multi-Sector Needs Index
ND	Non-Displaced
NFI	Non-Food Items
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organization
NMS	National Monitoring System
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
ODK	Open Data Kit
OHCHR	Office of the United Nations High Commissioner for Human Rights
PwD	Persons with Disabilities
UN	United Nations
UNHCR	United Nations High Commissioner for Refugees
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene

Geographical Classifications

5 km area	An area defined for this assessment which refers to a buffer of 5km applied from the contact line
5-20 km area	An area defined for this assessment which refers to a buffer of 5-20 km applied from the contact line
Donbas	An area encompassing the Donetsk and Luhansk Oblasts
Oblast	An oblast is a type of administrative division Ukraine. It is the first level sub regional administrative region. The term is analogous to "state" or "province"
Raion	A raion is a type of administrative division of Ukraine. It is the second level sub regional administrative region. The term is analogous to “district” or “commune”

List of Figures, Tables and Maps

INTRODUCTION

In early 2021 the east of Ukraine will enter its eighth year of armed conflict. This conflict is characterised by complicated negotiations between the warring sides and slow progress towards its resolution. Civilian populations of Donetsk and Luhansk oblasts (collectively referred to as Donbas) continue to experience ongoing and widespread ceasefire violations along the 428 kilometres of the contact line. The protracted nature of the conflict has led to a significant loss of lives, major concerns over the protection of civilians, and significant damage to critical infrastructure in conflict affected areas. The active conflict presents critical protection risks due to severe mine and explosive remnants of war (ERW) contamination,[21] systematic shelling close to civilian property and utility infrastructure, and heavy presence of military in densely populated areas. As highlighted in the humanitarian response plan (HRP)[22] this requires specific attention from humanitarian actors as the conflict affects the everyday life of civilians including: freedom of movement, access to employment and services, and protection from violence. In late 2020, the Office for the Coordination of Humanitarian Affairs (OCHA) estimated that 3.4 million people would be in need of humanitarian assistance in 2021[23]. The primary impacts of the conflict on the eastern oblasts of Donetsk and Luhansk: i) predominantly affect residents within 5km of the contact line, ii) disrupt the socio-economic fabric of the region due to the physical separation between government-controlled areas (GCA) and non-government controlled areas (NGCA)), iii), in pre-COVID times, increased movement of people from NGCA to GCA to solve administrative, social protection, and cash access challenges and iv) caused conflict related causalities and security risks for the residents of Eastern Ukraine.

On the 22nd of July 2020, the Trilateral Contact Group on Ukraine (TCG)[24] agreed on a ceasefire that took effect on the 27th of July, and thus far has been effective. From the 1st of January 2020 to the 27th of July, there were 7,200 security incidences resulting in 77 fatalities. From the 27th of July to the 5th of December, the number of security incidences decreased to 829, which resulted in 25 fatalities.[25] The Office of the United Nations High Commissioner for Human Rights (OHCHR) reports that, between April 2014 and July 2020, there were 3,367 civilian deaths due to the conflict and estimates the number of civilians who have been injured by the conflict at more than 7,000.[26]

The contact line has physically separated the most densely populated area of Ukraine into two distinct geographies with large urban centres now located in NGCA, while their urban peripheries remaining in GCA. This separation has significant implications on the ability of GCA residents in the periphery of NGCA cities to access critical services and markets, predominantly healthcare and employment markets, with repercussions on household economic security. The administrative division between both territories has had significant implications on NGCA residents' ability to receive their Ukrainian pensions, solve documentation issues and access financial services from Ukrainian bank holdings. As a result, before the closure of the Entry/Exit Checkpoints (EECPs) due to COVID-19, there were approximately 900,000 crossings monthly[27] between NGCA and GCA to address these issues, putting pressure on administrative, social and financial services in the cities including Stanytsia Luhanska, Bakhmut, Kurakhove, Volnovakha and Mariupol.

In addition to the closure of EECPs, the already-vulnerable population in Eastern Ukraine may face further challenges due to the outbreak of COVID-19. The restrictions on movement of people and goods that posed significant risks to civilian populations in Donetsk and Luhansk oblasts have intensified in connection with the COVID-19 pandemic, causing a drastic drop in the number of people crossing along the contact line[28]. Of particular concern, over a third of the conflict-affected population (36%) are above the age of 60, with many also suffering from chronic illnesses, who may be particularly vulnerable to COVID-19. As of the 31st of December, 1,055,047 laboratory confirmed cases of COVID-19 were registered in the country, with 18,533 COVID-19 related deaths. As of 31st of December there are 36,391 confirmed cases in Donetska oblast and 10,508 in Luhanska oblast (GCA).[29]

[21] Mine action Ukraine. Protection cluster, 2019. Available online
[22] UNOCHA, Humanitarian Response Plan 2021. Available online
[23] UNOCHA, 2021: Humanitarian Response Plan: At a Glance. Available online
[24] The TCG is a platform where representatives from Ukraine, Russian Federation, and the Organisation for Security and Co-operation in Europe (OSCE) discuss the resolution of the conflict in East Ukraine
[25] Humanitarian Data Exchange (HDX)/ACLED, Ukraine conflict data updated 05/12/2020. Available online
[26] OHCHR, Report on the human rights situation in Ukraine, 2020. Available online
[27] UNHCR, Checkpoints: People's Monthly Crossings. Available online
[28] UNOCHA, Ukraine. Crossing Points – Snapshot: September 2020. Available online
[29] UNICEF/REACH, Statistical data on COVID-19 in Ukraine. Available online

Further to challenges presented by the conflict, following the outbreak COVID-19 and subsequent measures to contain the disease, Ukraine has experienced an economic downturn and increased rates of unemployment. As of 30 June 2020, the International Monetary Fund (IMF) forecasted Ukraine's gross domestic product (GDP) would contract by 7.7% in 2020 and predictions of a significant increase in the proportion of Ukrainians classified as living in absolute poverty.[30,31] In light of these developments, the pandemic is likely to further damage the eastern conflict area's already fragile economic condition, compounded by years of conflict-related economic downturn.[32] In locations close to the contact line, 45% of respondents to an ACTED assessment on the impact of COVID on beneficiaries in the GCA reported a decrease in purchasing power.[33] COVID-19 is thus expected to further strain the ability of vulnerable conflict-affected populations to access notably adequate livelihoods, and basic food and non-food items in the immediate future. In GCA, this will likely further compound existing vulnerabilities, and negatively impact previously non-vulnerable populations. Meanwhile, concerns still exist around health outcomes following the relaxation of confinement on 22nd May.[34] For the residents of the GCA along the contact line this is of particular concern as 40% of the population is over the age 60 years.[35]

Similar to previous years, the general objective of this Multi-Sectoral Needs Assessment (MSNA) is to understand and analyse the multi-sectoral humanitarian needs of populations living in conflict affected parts of the government-controlled areas of Ukraine, so as to inform the Humanitarian Needs Overview (HNO) and the Humanitarian Response Plan (HRP) for 2021. Since 2016, with the support of REACH, yearly MSNAs in the GCA of Donetsk and Luhansk have been conducted to inform the HNO and HRP. These have been coordinated under the framework of the inter-cluster coordination group (ICCG), with technical inputs from the information management working group (IMWG) and NGO partners, in line with goal 5 of the Grand Bargain commitments.[36] Capitalizing on these assessments, REACH conducted a follow-up data collection exercise which included comparable indicators, questions and sampling strategy to monitor key changes in humanitarian needs in HRP priority areas of GCA, which focus on areas within 20 km of the contact line.

The 2020 MSNA evaluated proportions of households in need of humanitarian assistance (and the level of severity of needs) using indicators previously defined in coordination with cluster coordinators from the water, sanitation, and hygiene (WASH), Education, Shelter/NFI, Health, and Food Security and Livelihoods clusters[37], and in line with the draft version of the joint inter-sectoral analysis framework (JIAF) as much as feasible. This enabled an analysis of inter-sectoral severity of needs of households residing in urban and rural areas within 20 km of the contact line. Findings of this study served to inform the HPC including the 2020 update to the HNO and the 2021 HRP.[38]

This MSNA report first outlines the assessment methodology, including the geographical scope, sampling strategy, data collection methods and limitations, followed by the drivers of the crisis and the primary and secondary effects of the crisis in order to understand its scale and the subsequent impacts. The following section will present multi-sector findings, based on households' multi-sectoral needs index (MSNI) scores, as well as the key sectoral findings, including households' living standard gap (LSG) scores of 3 or 4 in the following sectors: i) Protection[39], ii) Shelter/NFI, iii) Health, iv) Food Security, v) WASH and vi) Education.

[30] The IMF forecasting a 7.7 contraction of the Ukrainian economy in 2020. See online
[31] UNICEF, Available online
[32] OCHA, Humanitarian Response Plan 2020 – Revised requirements due to COVID-19 Pandemic. Available online
[33] ACTED, June 2020. Findings still to be published. The 45% can be further broken down into 53% of respondents in urban and 39% of respondents in rural areas.
[34] Prime Minister noting on 17 June that a large proportion of the population had taken the reduction in quarantine measures as an abolition of quarantine, leading to a significant increase in transmission. See online.
[35] REACH, Analysis of Humanitarian Trends, 2020. Available online
[36] Goal 5 of the Grand bargain Commitments: 'Improve joint and impartial needs assessments'. Available online
[37] After consultation with the Protection cluster it was agreed that Protection would not be included in the LSG/MSNI methodology
[38] In order to ensure comparability with previous years of assessment, large urban centres such as Mariupol and Lysyschansk were excluded from the sampling frame. These cities were originally excluded to ensure sufficient coverage of rural and small urban areas along the contact line, as otherwise a representative sample would have skewed results towards issues encountered only in the big cities
[39] After consultation with the Protection cluster, LSGs in Protection were not calculated, and therefore not included in the MSNI.

METHODOLOGY

Specific objectives and research questions

The 2020 Ukraine MSNA was conducted to support evidence-based decision making for the 2021 humanitarian planning cycle process and to enable planning among key humanitarian actors through the provision of updated information on multi-sectoral needs and priorities for crisis-affected populations in Ukraine. The overall objective of this assessment is to understand and analyse the multi-sectoral humanitarian needs of populations living in conflict affected parts of the GCA of Ukraine so as to inform the HNO and the HRP for 2021. For more information on specific objectives and research questions please see the terms of reference here.

Scope

This assessment assessed areas in GCA within 20 km of the 428 km contact line of Donetsk and Luhansk oblasts. It further differentiated between areas within 5 km of the contact line and between 5 and 20 km of the contact line. Within each of these areas, the assessment further disaggregated by settlement type, including strata for urban areas and rural areas. The area along the contact line has been selected due to the severity of the impact in this region and the findings of previous reviews of humanitarian data in Ukraine regarding the most impacted populations.

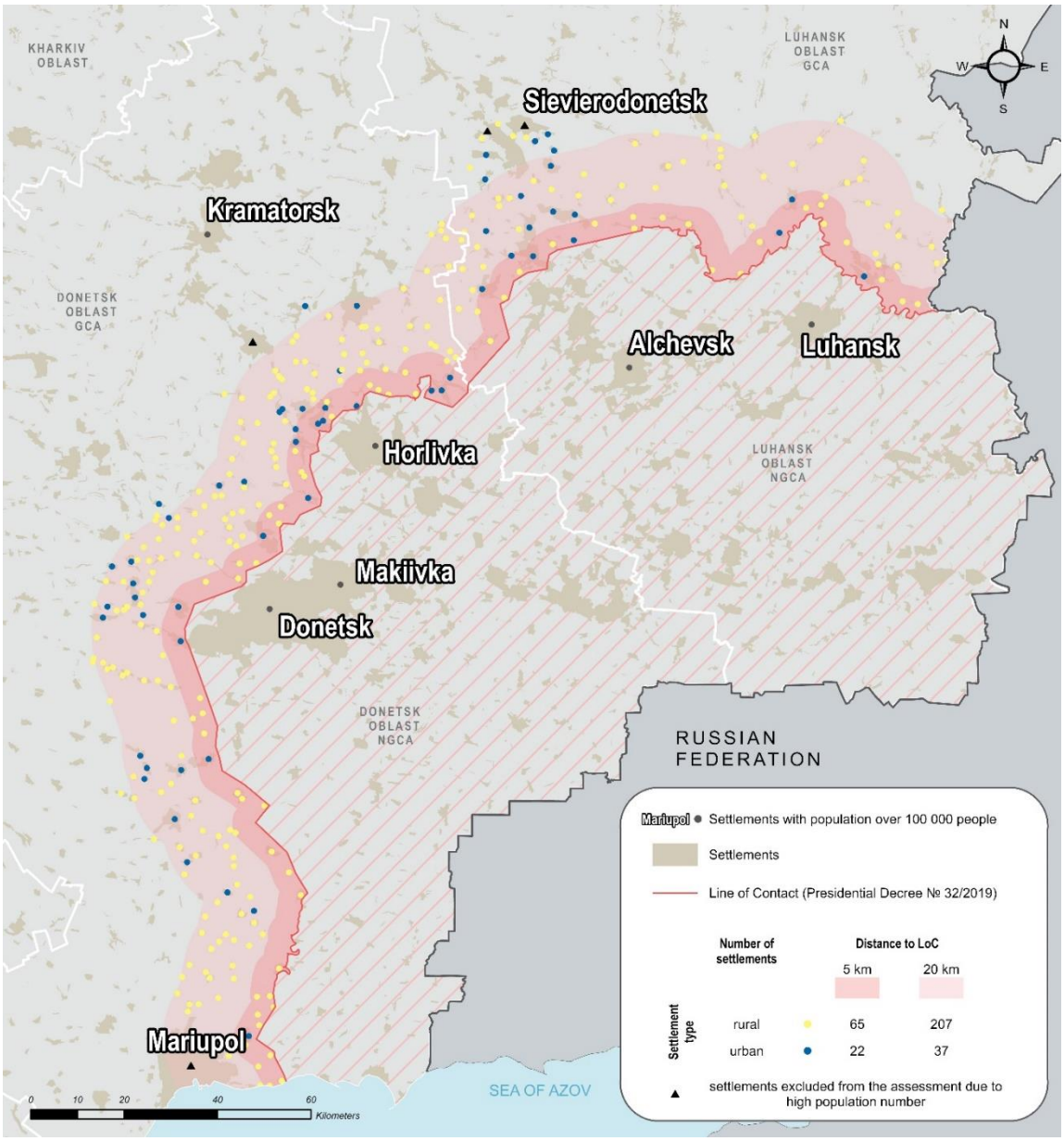
The populations of interest in this study are defined as:

Displaced and non-displaced households residing in settlements smaller than 100,000 people and located within 20 kilometres of the contact line.

The sectors covered in this assessment are:

- Protection
- Shelter & Non-food items (NFIs)
- Health
- Food Security and Livelihoods
- Water, Sanitation and Hygiene (WASH)
- Education

Map 1: Assessment coverage



Sampling strategy

Households were sampled to be statistically representative of urban and rural households between 0-5 km and 5-20 km from the contact line. In order to ensure comparability with previous years of assessment, large urban centres such as Mariupol and Lysyschansk have again been excluded from the sampling frame. These cities were originally excluded to ensure sufficient coverage of rural and small urban areas along the contact line, to prevent over-representation of populations in urban centres.

Households were selected in order to create a representative sample of the general population (95% confidence level, 5% margin of error for each stratum) ***within*** the strata presented in table 1 below.

Table 1. Summary of the sampling strategy

Strata	Number of settlements	Population	Number of HH interviews
0-5 km urban	22	211857	404
0-5 km rural	65	39003	399
5-20 km urban	37	230712	404
5-20 km rural	207	89408	403
Grand Total	335	570980	1610

Population data was taken from the official data provided by the State Statistics Service of Ukraine, which is updated on a yearly basis using birth, death and migration data. This data was used to weight a computerized random point selection within each region using QGIS, meaning that within each stratum, areas with higher density are proportionally more likely to be selected for interview, thereby reducing the likelihood of a computer-selected point being in an uninhabited area. Enumerators on the ground identified the household at each selected point or located the nearest household to the point to conduct data collection in the case that the randomly selected location is uninhabited, or in case the respondent at the selected location refuses or was unable to participate. The potential interviewee was asked if they are the head of the household or if they are part of the decision-making process for household affairs and can answer on behalf of the household. If the respondent answered in the positive, and was 18 years old or older, the interview was conducted.

Data collection

Data was collected using the KOBO platform, and enumerators were trained on the use of KOBO and relevant interviewing techniques, as well as how to ensure protection of vulnerable populations, prior to data collection.

Data collection took place between the 29th of July and the 15th of August 2020, and covered 1610 households in GCA of Donetsk and Luhansk Oblasts. Interviews were conducted Tuesday to Saturday inclusive to increase the chances of working household members being interviewed. The decision to pursue face-to-face interviewing was taken taking into account the then epidemiological situation in the assessment area. The cabinet of ministers of Ukraine's resolution 'About the establishment of quarantine for the purpose of prevention of distribution on the territory of Ukraine of an acute respiratory disease COVID-19 caused by coronavirus SARS-COV-2'[40] states that a region with a significant prevalence of COVID-19 is a region in which one of the following features is present:

- bed occupancy in health care facilities designated for hospitalisation of patients with a confirmed case of COVID-19 is more than 59%;
- the average number of polymerase chain reaction tests and enzyme-linked immunosorbent assay is less than 24 per 100,000 population in the last seven days;
- the rate of detection of cases of infection with COVID-19 is more than 11%;
- the rate of growth of cases of infection with COVID-19 is more than 10%.

Using these evaluation methods, the Ukraine Public Health Centre (PHC) allocates each raion/oblast with a number from 1 to 4, 1 being that there is no requirement to increase prevention measures and 4 meaning that strict prevention measures are put in place. At the time of data collection, Donetsk and Luhansk were considered level 1. PHC data was monitored daily for any changes. Consultations were held with the Health Cluster Ukraine, which concluded that face-to-face surveys could be conducted in Donetsk and Luhansk oblasts.

Enumerators received training on how to conduct face-to-face interviews safely, were supplied with gloves and masks for themselves and for the interviewee, and were expected to adhere to strict health and hygiene protocols to reduce the likelihood of transmission between staff members travelling to the field and to survey respondents. Respondents were provided with masks to reduce the risk to enumerators and consequently to other beneficiaries.

[40] The cabinet of ministers of Ukraine's resolution 'About the establishment of quarantine for the purpose of prevention of distribution on the territory of Ukraine of an acute respiratory disease COVID-19 caused by coronavirus SARS-COV-2 from 11th of March, 2020. Available online

To reassure residents in remote settlements, information leaflets handed out by enumerators included reference to the measures taken by REACH to reduce the risk of transmission. Similarly, to allay any concerns, on arriving in remote settlements, the REACH team leader briefed local authorities on REACH and the assessment, and requested permission to post an information leaflet in a prominent public space (such as a community notice board). During the interview, enumerators stood at least 1.5 meters from respondents. Enumerators also completed a questionnaire on their health and wellbeing at the start of each day and reported any interactions with members of the public who appeared unwell. Regular monitoring trips were conducted to ensure that staff were adhering to procedure, and also to ensure that staff were not at risk themselves. IMPACT Ukraine has drafted a Standard Operational Procedure (SOP) outlining COVID-19 mitigation measures to minimize risks to staff and respondents while conducting data collection. This SOP is a living document and will be updated continuously (see Annex I).

Analysis

The main analysis is based on the Multi-sector Needs Index (MSNI), which is developed by REACH and incorporates elements of the draft Joint Inter-Sectoral Analysis Framework (JIAF), an analytical framework being developed at the global level aiming to enhance understanding of needs of affected populations, which measures a progressive deterioration of a household's situation towards the worst possible humanitarian outcome.

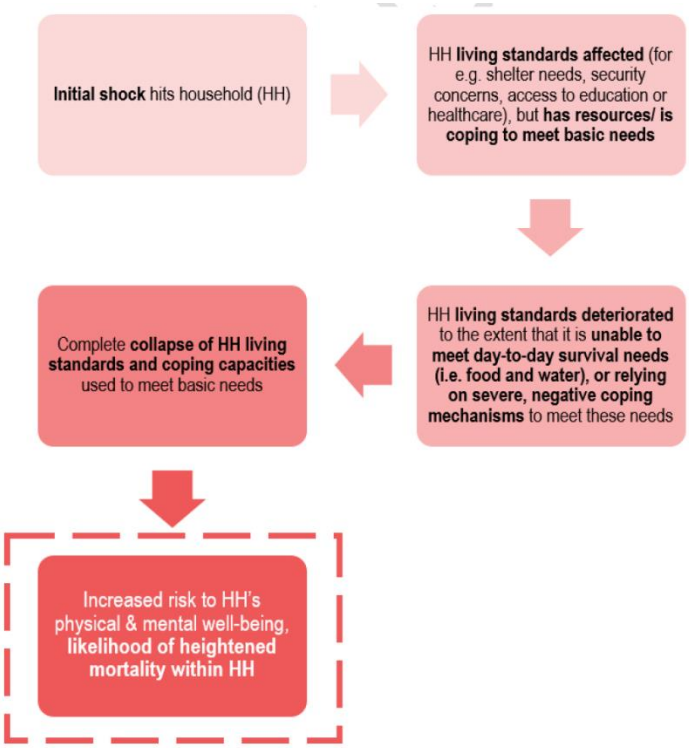
The MSNI measures households' overall severity of needs vis-à-vis their LSGs. Using the MSNI scores, households are categorized as experiencing either minimal (1), stress (2), severe (3), or extreme (4) severity of need (see Annex II). The MSNI thus enables an estimation of the proportion of households in each of the four severity categories (see Figure 1).[41] The MSNI approaches multi-sectoral needs from a big-picture perspective. Regardless of whether a household has a very severe LSG in just one sector or co-occurring severe LSGs across multiple sectors, their final MSNI score will be the same. While this approach makes sense from a response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude and severity between households (Annex III).

The quantitative analysis in this report aslo looks at households with pre-existing vulnerabilities, and households that have to resort to using negative coping strategies. The following elements are included in the analysis:

- **Living Standard Gap (LSG):** signifies an unmet need in a given sector, where the LSG severity score is 3 or higher.
- **Capacity Gap (CG)**: signifies negative, unsustainable coping strategies that are used to meet needs. Households not categorised as having an LSG may be maintaining their living standards through the use of negative coping strategies.
- **Pre-existing vulnerabilities:** signify the underlying processes or conditions that influence the degree of the shock and influence exposure, vulnerability or capacity, which would subsequently exacerbate the impact of a crisis on those affected by the vulnerabilities.
- **Severity:** signifies the "intensity" of needs, using a scale that ranges from 1 (minimal/no need) to 4/4+ (extreme needs).
- **Magnitude:** corresponds to the overall number or percentage of households in need.
- The **Multi-Sectoral Needs Index (MSNI)** is a measure of the household's overall severity of humanitarian needs across sectors (expressed on a scale from 1 to 4, based on the highest severity of sectoral LSG severity scores identified in each household).

[41] While the JIAF severity scale includes five classifications ranging from 1 (none/minimal) to 5 (catastrophic), for the purpose of the MSNA, only a scale of 1 (none/minimal) to 4 (extreme) is used. This is because data that is needed for a score of 5 (catastrophic) is primarily at area level (e.g. mortality rates, malnutrition prevalence, burden of disease), which is difficult to factor into household level analysis. Additionally, as global guidelines on the exact definitions of each class are yet to be finalized, and given the response implications of classifying a household or area as class 5 (catastrophic), REACH is not in a position to independently verify if a class 5 is occurring.

Figure 1: Rationale behind the severity scale



Based on the severity scale, LSG scores (per sector) were then produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology was identified, building on the Multi-Dimensional Poverty Index (MPI) aggregation approach. Using this method, each household was assigned a "deprivation" score according to its deprivation in the component indicators. The deprivation score of each household was obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relied on the categorization of each indicator on a binary scale: does ("1") /does not ("0") have a gap. The threshold used to determine whether a household was considered to have a particular gap or not was determined in advance for each indicator together with all clusters except Protection. The MSNI therefore summarises households with elevated LSG scores across all sectors excluding the protection sector. For more information on the identification of LSGs, please refer to Annex IV. For sector specific LSG calculations please see Annex V.

Secondary data

In addition to the primary data collected, the assesment also involved a secondary data review analysing completed and ongoing assessments to take into account information recently collected on Donetsk and Luhansk GCA. This included reports issued in 2017, 2018, 2019 and the beginning of 2020 by REACH partners and stakeholders. This secondary data review enabled REACH to identify gaps in the currently available data and to make sure that data collected within the 2020 MSNA will be complementary to previous assessments and those conducted by partners. To fill the gaps identified in the secondary data, REACH collected and analysed primary data using both quantitative and qualitative data collection methods.

Ethical considerations

Strict adherence to the 'Do no harm' principle was followed and therefore potentially sensitive questions were omitted.

Before beginning the survey with the target population, enumerators first explained what the survey was about, why it was being conducted and asked for consent to continue conducting the survey. No persons under the age of 18 were surveyed for this MSNA.

REACH follows IMPACT Initiative's guidelines outlined in their 'Personally Identifiable Information Standard Operational Procedure' document, which details how personal information can be used and shared, as well as ensures the protection and confidentiality of personal data as well as sensitive data. This document has three main goals:

- Minimisation of personally identifiable information: Ensure as little personally identifiable information as possible is collected and stored.
- Limited, controlled storage and internal sharing of personally identifiable information: Minimise the number of devices and servers holding personally identifiable information, by limiting the number of access points it passes through.
- Personal ownership and accountability: Assign formalised and limited access rights for all datasets that contain personally identifiable information, to specific individuals.

Challenges and limitations

The following limitations should be considered when reading the findings of this report:

- MSNI scores cannot be compared to 2019 as the methodology has changed.
- Due to changes in design and evolution of MSNA indicators each year, comparative analysis between different rounds of the MSNA should be considered indicative, and where possible, triangulated with other relevant sources.
- The relatively low number of IDP households compared to non-displaced households (due to household status not being part of the sampling frame) limits the generalizability of findings on IDP households.
- Despite the data being complemented and cross-checked with secondary data review and direct observations, there is a possibility of bias as findings reflect individuals' perceptions and are self-reported.
- The protracted conflict could potentially lead to under-reporting of risks that have become normal for the population.
- To ensure the safety of both the enumerators and respondents, the length of the questionnaire was limited, retaining core indicators and omitting some of the non-core indicators and response options, which may have limited the depth of the analysis.
- Data on the individual level was reported by proxy by one respondent per household, rather than by the particular individual household members themselves, and therefore might not accurately reflect lived experiences of individual household members, who also might be more vulnerable.
- Findings related to a subset of the overall population may have a wider margin of error, potentially yielding results with lower precision. Any findings related to subsets are indicated as such throughout the report.
- Certain indicators may be under-, or over-reported due to the subjectivity and perceptions of respondents. For instance, respondents might have the tendency to provide what they perceive to be the "right" answers to certain questions (i.e. social desirability bias).
- While household-level quantitative surveys seek to provide quantifiable information that can be generalised to represent the populations of interest, the methodology is not suited to provide in-depth explanations of complex issues. Thus, questions on "how" or "why" are best suited to be further explored through additional qualitative research methods.
- Since "households" are the unit of analysis, intra-household dynamics (including for instance intra-household power relations across gender, age, disability) cannot be captured. Users are reminded to supplement and triangulate household-level findings with other data sources.

FINDINGS

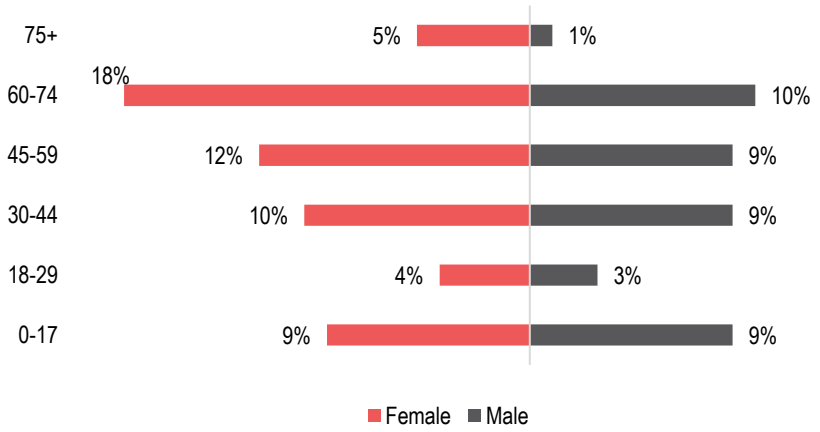
Demographics

This section highlights some key demographic characteristics of the population living within assessed areas of GCA of Donetsk and Luhansk oblasts, including population density analysis, gender and age composition of households, profiles on heads of households, and issues relating to displacement.

Population Composition

Combining all strata, the age demographics of the population stand out. The proportion of the population under 18 years old is 18% while the proportion of population aged 60+ (pensioners) is 34%, highlighting the large proportion of the population that are traditionally economically inactive. Overall, 58% of household members are female (4% percentage points more than all of Ukraine), and 71% of heads of household are female. Forty-eight percent (48%) of heads of household are aged 60+, and of those only 12% are male. The much higher proportion of female head of households than males could be attributed to life expectancy being higher for females than males (77 compared to 67)[42]. According to official, nationwide demographic statistics, the proportion of the population of Ukraine that is aged 65+ is 17%[43], while this survey found that 25% of the population within 20 km of the contact line were 65+. This apparent over-representation of elderly population may be indicative of the ability and desire of younger people to leave the areas near the contact line in search of opportunities, and of the inability or aversion to leaving their homes for the older generation.

Figure 2: Proportion of household members per age category and gender



Looking at households' total average monthly income (including all benefits), the data suggests that household income has remained approximately the same since 2019. Taking all strata into account, the average monthly income in 2018 was 4,728 Ukrainian hryvnia (UAH), in 2019 it was 6,216 UAH, and in 2020 it was 6,253 UAH. Table 2 shows a slight increase in household's income for those households residing in the 5-20 km strata, while there appears to have been a slight decrease for those households residing in the 0-5 km strata. Since the first MSNA in Ukraine's GCA in 2018, households in the 0-5 km rural stratum were consistently found to have the lowest amount of total household income of all assessed strata (Table 2).

Findings on reported income in 2020 stand out, as the assumption would be that household income would have decreased due the COVID-19 pandemic and related restrictions. However, according to the Government of Ukraine's State Statistics Service, there was a growth in the real average wage of almost 10% between December 2019 and December 2020.[44] Although not directly comparable, the State Statistics Services of Ukraine show that the average *wage* of regular employees in Ukraine was 11,987 UAH in November 2020, almost double the total household income among households in all strata in this report. While in most cases, a rapidly aging population means fewer working age people and therefore a supply shortage of qualified workers, which, compounded by

[42] World Bank data. Life expectancy at birth, (total years) Ukraine, 2018. Available online
[43] States Statistics Service of Ukraine, 2020. Available online
[44] States Statistics Service of Ukraine, 2020. Available online

working age population leaving due to a lack of economic opportunities, might contribute to the decrease in income in the East of Ukraine.

Table 2: Household's total average monthly income in UAH since 2018, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	**Total**
2018	4690	3628	5204	4328	4728
2019	6574	4767	6243	5925	6216
2020	5698	4493	7107	6126	6253

Displacement

Overall, the proportion of displaced households that were surveyed does not appear to have changed considerably since 2019, with 7% of overall households surveyed in the 2019 and 2020 MSNA reporting being displaced. In 2020, of those that reported being displaced , only 1% reported being displaced in 2020, and 4% in 2019. Population demographics are different for IDP (in all of Ukraine) and non-displaced communities within 20 km of the contact line. Among the overall IDP population, 19% were reportedly aged 60 and over, while among the non-displaced community this proportion is 34%, which is reflected in the higher reported rate of retired non-displaced household members.[45] However, according to the United Nations in Ukraine, IDPs have incomes considerably lower than average Ukrainian households and spend a significant proportion of their income on rent and utilities.[46]

1. Overview of multi-sectoral needs

Magnitude

Overall, 31% of households were found to have multi-sectoral needs. Twenty-three percent (23%) were found to have extreme needs (i.e. an MSNI score of 4), while 8% were found to have severe needs (MSNI of 3).

Figure 3: Proportion of households per MSNI severity score

Table 3: Proportion and number of households with multi-sectoral needs, by stratum

	0-5 km urban		0-5 km rural		5-20 km urban		5-20 km rural		Total	
Household Population Baseline[47]	*105,297*		*18,149*		*105,204*		*39,949*		*268,599*	
Severe (MSNI of 3)	8%	8,424	14%	2,541	7%	7,364	7%	2,796	8%	21,125
Extreme (MSNI of 4)	27%	28,430	19%	3,448	22%	23,145	13%	5,193	23%	60,216
Multi-sectoral needs (i.e. MSNI of 3 & 4)	35%	36,854	33%	5,989	29%	30,509	20%	7,989	31%	81,341

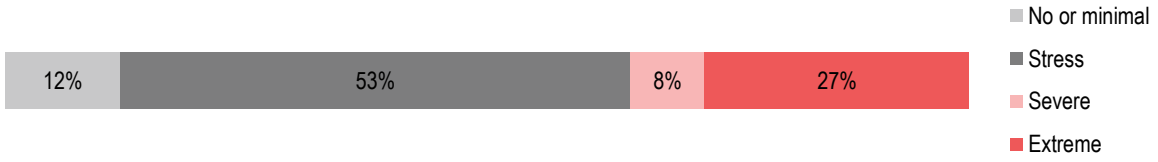
0-5 km Urban

Thirty-five percent (35%) of urban households within 5 km of the contact line were classified as having a multi-sectoral needs; 27% had extreme needs, while 8% had severe needs. Among the households with multi-sectoral

[45] IDP data taken from IOM National Monitoring System Report, July 2020. Available online. IDP data consists of IDPs across the whole of Ukraine. Non-displaced community data taken from REACH humanitarian trends analysis 2019 and consists of data from within 20 km of the contact line.
[46] United Nations Ukraine Briefing note, Inclusion of internally displaced persons, 2020. Available online
[47] Number of households calculated using data from local authorities and State Statistics Services of Ukraine in combination with average household size by strata found in MSNA dataset.

needs, the main drivers of needs were found to be LSGs in WASH (46%) and Food Security and Livelihoods (35%), followed by Shelter/NFIs (21%) then Education, and Health (both at 11%). The slight majority of urban households within 5 km were found to not have any LSGs (65%). Of all households in the 0-5 km stratum, 28% of households were found to have an LSG in only one sector, 6% had co-occurring needs across two sectors, and 1% of households had needs in three sectors.

Figure 4: Proportion of households in 0-5 km urban stratum per MSNI severity score



0-5 km Rural

Of the assessed households in the 0-5 km rural stratum, 33% were found to have multi-sectoral needs. Nineteen percent (19%) had extreme needs while 14% had severe needs. The main drivers of needs in this group were found to be LSGs in Food Security and Livelihoods and Health, accounting for 59% and 28% of rural 0-5 km households with multi-sectoral needs, respectively. The was followed by LSGs in Shelter/NFIs (18%), WASH (14%), and Education (5%). Twenty-seven percent (27%) of households had an LSG in one sector, 4% in two sectors, and 1% in three sectors.

Figure 5: Proportion of households in 0-5 km rural stratum per Multi-Sectoral Needs Index severity score

5-20 km Urban

Twenty-nine percent (29%) of surveyed households in 5-20 km urban areas were found to have multi-sectoral needs; 22% had extreme needs while 7% had severe needs. The main sector primarily driving needs among those households with multi-sectoral needs were relatively similar to those for urban households within 5 km of the contact line who were found to have multisectoral needs, namely WASH (40%) and Food Security and Livelihoods (39%), followed by Shelter/NFI (20%), Health (11%), and Education (1%). Twenty-six percent (26%) of surveyed households were found to have LSGs in one sector, and 3% had LSGs in two sectors.

Figure 6: Proportion of households in 5-20 km urban stratum per Multi-Sectoral Needs Index severity score

5-20 km Rural

Twenty percent (20%) of households in 5-20 km rural areas were classified as having multi-sectoral needs, 13% had extreme needs while 7% had severe needs. Food Security and Livelihoods was found to be the primary driver of multi-sectoral needs among these households (51%), followed by Health (34%), WASH (21%), Shelter/NFIs (11%), and Education (1%). Sixteen percent (16%) of surveyed households were found to have an LSG in one sector, 3% of households had LSGs in two sectors.

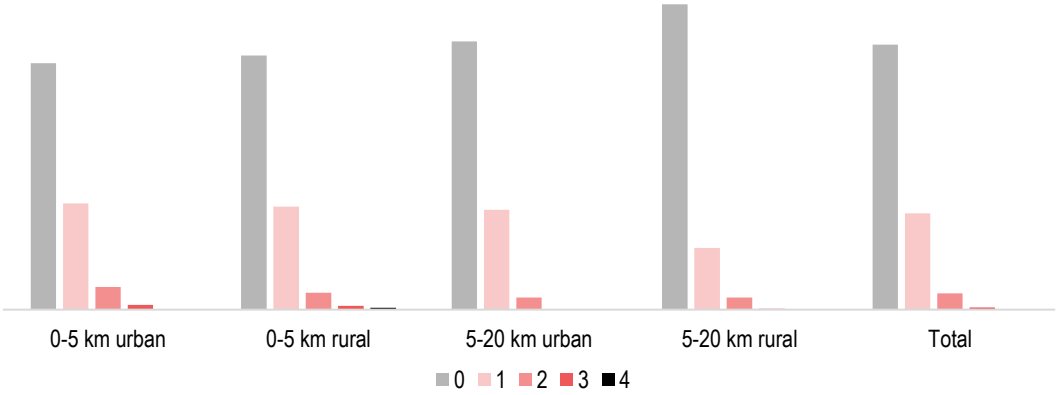
Figure 7: Proportion of households in 5-20 km rural stratum per Multi-Sectoral Needs Index severity score

Summary

The highest proportion of households with multi-sectoral needs were found in the 0-5 km strata, 35% in urban areas and 33% in rural areas. The lowest proportion of households with multi-sectoral needs were found in the 5-20 km rural stratum (20%), followed by households in the 5-20 km urban stratum (28%). Households closer to the contact line were also more likely to have LSGs in more than one sector.

Findings suggest that most households did not commonly have complex needs profiles with co-occurring needs; only 1% of households has LSGs in three sectors combined, 4% in two sectors combined, and 25% had a LSG in a single sector (Figure 8).

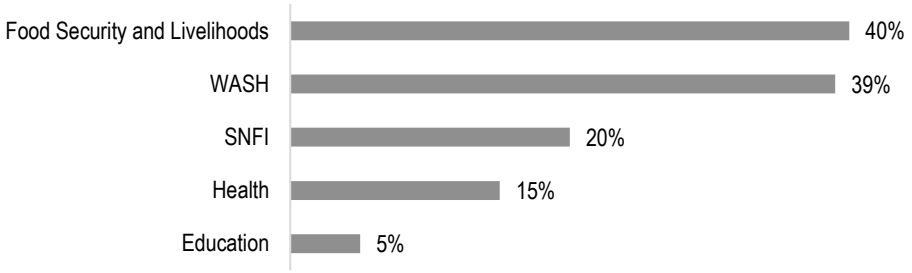
Figure 8: Proportion of households per number of sectoral LSGs, by stratum



	No LSGs	One LSG	Two LSGs	Three LSGs
0-5 km urban	65%	28%	6%	1%
0-5 km rural	67%	27%	4%	1%
5-20 km urban	71%	26%	3%	0%
5-20 km rural	80%	16%	3%	0%
Total	70%	25%	4%	1%

As shown in the figure 9 below, among all households found to have multi-sectoral needs, sectoral needs in Food Security and Livelihoods, and WASH appear to be the main drivers (either by themselves or in combination with other sectoral LSGs), as 40% and 39% of households with multi-sectoral needs were found to have LSGs in these sectors, respectively.

Figure 9: Among households with multi-sectoral needs, proportion of households with sectoral LSGs



2. Pre-existing vulnerabilities

Forty-six percent (46%) of heads of household were reported as having a chronic illness that affects their quality of life, the highest proportion residing in rural areas within 5 km of the contact line (51%). The main chronic illnesses reported were blood pressure disease and cardiovascular disease, 53% and 49% respectively. Only a quarter of heads of household were reported as having no vulnerability. Findings suggest that female heads of household were more likely to have multi-sectoral needs than male heads of households, and more likely to have LSGs in Food Security and Livelihoods, and Shelter/NFIs than male heads of households. As there is a higher proportion of female heads of household than male, this equates to a larger absolute number (Table 4).

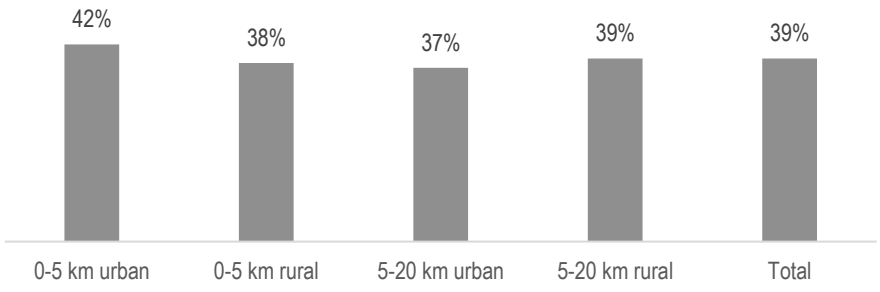
Table 4: Proportion of households, by head of households' profile, with sectoral LSGs and multi-sectoral needs[48]

	WASH LSG	Shelter/NFI LSG	Education LSG	Food Security and Livelihoods LSG	Health LSG	**MSNI 3/4**	**At least 2 sectors**
HHs with (Profile of head of household)							
Female (71%)	12%	**7%**	1%	**13%**	5%	**32%**	5%
Male (29%)	11%	4%	2%	9%	4%	26%	4%
Female 60+ (36%)	9%	**8%**	1%	**16%**	5%	**33%**	5%
Male 60+ (12%)	11%	2%	0%	5%	3%	20%	3%
Chronic illness (46%)	10%	6%	1%	**15%**	5%	30%	4%
Persons with Disabilities (10%)	13%	**9%**	0%	**14%**	4%	35%	2%
HH in debt (22%)	12%	**7%**	3%	**16%**	6%	**36%**	**7%**

[48] Multiple answers were allowed

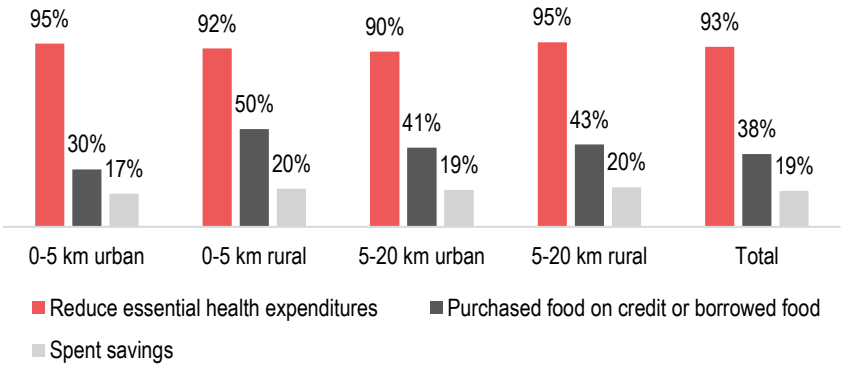
3. Prevalence of negative coping strategies:

Figure 10: Proportion of households that do not have multi-sectoral needs but that do have capacity gaps, by stratum



Overall, as figure 10 shows, 39% of households who had no multi-sectoral needs were found to be resorting to negative livelihood-based coping strategies in the 30 days prior to data collection, with no significant difference found between strata. Negative coping strategies are unsustainable, and the relatively high proportion of those using them highlights the precariousness of their situation, as the ability to engage in such strategies degrades over time, which in turn could indicate a likelihood of increased need in the future, or an inability to endure a sudden shock.

Figure 11: Most commonly reported negative coping strategies (in the 30 days prior to data collection) among households resorting to severe or extreme coping strategies but with no multi-sectoral needs, by stratum



The most common negative coping strategy that households with no multi-sector needs reportedly resorted to was reducing essential health expenditures, which was reportedly used by 93% in the 30 days prior to data collection. There appeared to be no considerable regional variation when it came to households reporting this coping strategy, with the proportion of households without needs reporting using this negative strategy being higher than 90% in all strata – a worrying signal considering the high prevalence of elderly and head of households with chronic illnesses among the assessed population (see Demographics section).

4. Sectoral Needs

Protection

Overall, only 1% of households reported having been directly affected by a security incident in the 30 days prior to data collection, while 17% of surveyed households reported being aware of an incident related to mines/ERWs in their settlement in the year prior to data collection. Additionally, only 42% of households reported that mines/ERWs did not affect their households' everyday life. Findings highlight that some geographic variation exists when it comes to security concerns; households within 5 km of the contact line most commonly reported knowing of at least one incident related to mines/ERWs in their settlement, while they were also most likely to report that that mines/ERWs severely affected the everyday life.

Table 5: Households reporting being aware of an incident related to mines/ERWs in the year prior to data collection, by stratum

0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
21%	**22%**	13%	12%

Table 6: Proportion of households reporting that mines/ERWs affect their everyday lives, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Not at all	**28%**	**24%**	55%	46%
Severely	**25%**	**31%**	10%	14%

Overall, 56% of households stated the they were aware of mine/ERW signs or markings in their settlement, the highest proportion of households reporting this was found in the 0-5 km rural stratum, where 80% of households reported this. The lowest proportion of households reporting the presence of signs were in the 5-20 km urban stratum (45%). It should be noted that findings from this assessment do not allow conclusions as to whether the proportion of households reporting there to be no signs in their settlement should be seen as an indication of the non-presence of mines or rather signals the absence of warning signs in mine-contaminated areas.

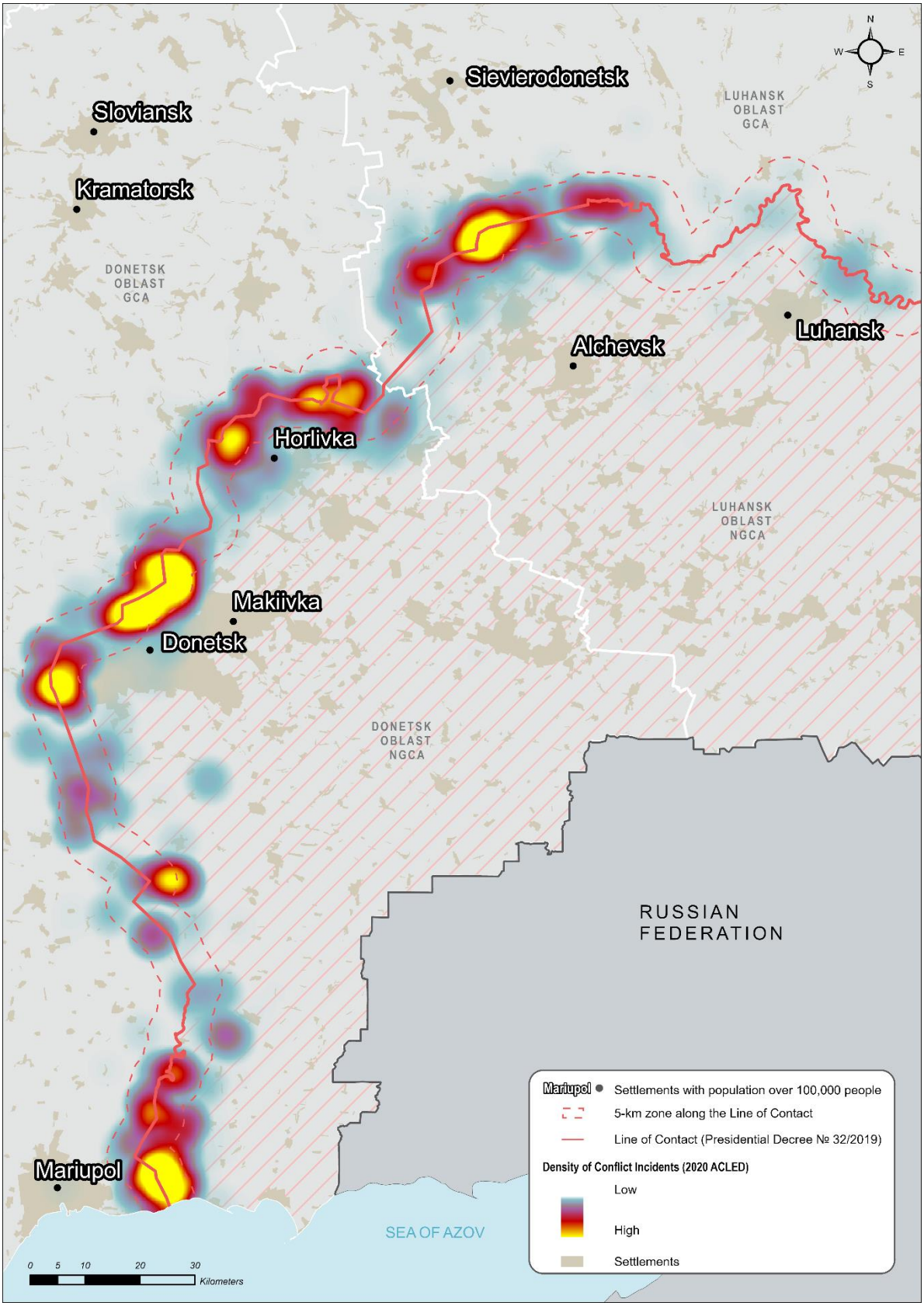
In terms of personal identifyiable documentation, virtually all households (99%) reported having a passport or valid national ID, and the same proportion reported having a birth certificate. However, 11% of households reported needing legal assistance in terms of the issuance of documents (a high of 16% in the 5-20 km rural stratum, low of 10% in the 5-20 km urban stratum).

Table 7: Proportion of households in all strata reporting on key protection indicators, by stratum

		0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Can you access and afford civil/criminal justice system if you need to?	No	58%	**65%**	56%	61%
Are you aware of Mine/ERW signs or marking in the settlement?	Yes	65%	**80%**	45%	54%
To what extent do landmines / UXO affect your households' everyday life?	Not at all	28%	**24%**	55%	46%
	Severely	25%	**31%**	10%	14%
Do you know of an incidence relating to Mine/ERWs in your settlement in the past year?	Yes	21%	**22%**	13%	12%
Have any HH members been affected by a safety or security incident in the last 30 days?	Yes	1%	**2%**	0%	1%

While table 7 shows that the majority of respondents reported not being affected by a safety or security incident in the 30 days prior to data collection, it also highlights that those living closer to the contact line more commonly reported being affected by protection issues, particularly those in the 0-5 km rural stratum.

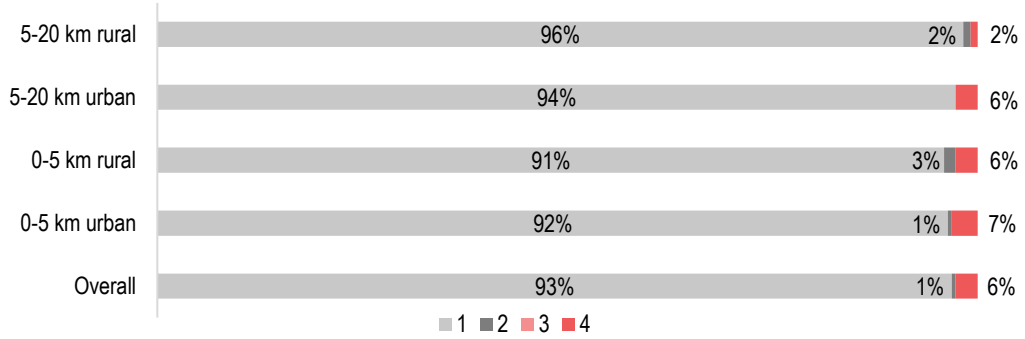
Map 2: Frequency of conflict incidences[49]



[49] Based on conflict event data from Armed Conflict Location & Event Data Project (ACLED)

Shelter/NFIs

Figure 12: Proportion of households LSG severity score[50] for shelter/NFI in each assessed stratum



Overall, 6% of households had an LSG in Shelter/NFIs, which was most commonly driven by households with members who were lacking at least two essential winter NFIs, such as functional clothing, and households reporting having conflict-related shelter damage.

Overall, findings indicate that households did not commonly face shelter-related challenges. The majority of households reported living in a solid finished house or apartment (98%), and overall, 90% of households reported owning the house they were residing in. None of the households surveyed reported living in a collective centre or dormitory. Among those households who reported owning their shelter, 94% reported having a Ukrainian government recognised contract to prove ownership.

Moreover, fifty-seven percent (57%) of households reported that their shelter had no enclosure issues. However, a considerable proportion of households residing in rural areas reported having shelter enclosure issues (53% in 0-5 km and 52% in 5-20 km rural areas). Overall, the main enclosure issue reported was a lack of insulation from the cold, which was relatively commonly reported across all strata (by 26% of all surveyed households).

Households in rural areas more commonly reported a lack of insulation from the cold than households in urban areas; 32% of households in 5-20 km rural areas, and 30% in 0-5 km rural reported this. Households in rural areas were also most likely to report that their shelter leaks during light rain or snow and heavy rain or snow, 49% in both 0-5 km and 5-20 km, compared to 26% in 05 km urban areas and 27% in 5-20 km.

Forty-four percent (44%) of all households reported that they had electricity shortages in the 30 days prior to data collection, with the majority of those who reported shortages stating that such shortages happened infrequently (38% of all households).

Table 8: Proportion of households reporting on key Shelter/NFI indicators, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Shelter has conflict related damage	30%	**47%**	13%	13%
Shelter has enclosure issues	38%	**53%**	43%	52%
At least one member does not have all listed items	72%	**68%**	79%	78%
Electricity shortages	44%	**53%**	42%	49%

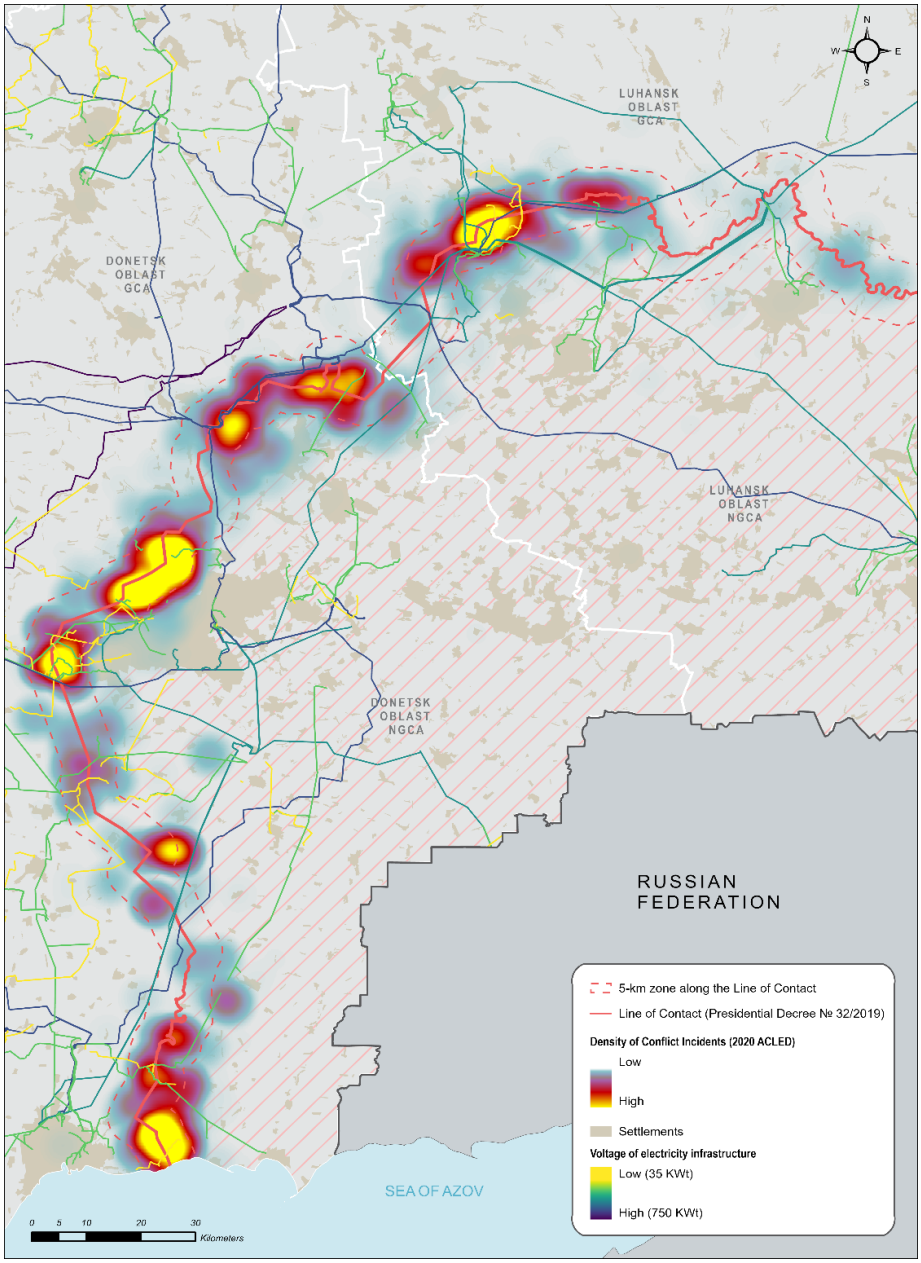
Table 8 highlights that respondents closer to the contact line were found to have higher needs in Shelter/NFIs, and those in 0-5 km rural areas were found to have the highest needs. Residents in the 0-5 km rural strata were the most likely to report their shelter having conflict related damage, most likely to report having shelter enclosure

[50] Using the method used for calculating LSG scores, a severity score of 1,2, or 3 is the result of a sum of several (up to 9) non-critical indicators that together constitute the case of a defined humanitarian need. The score of 4, however, is automatically achieved when only one of the selected critical indicators show a case of need, which may have contributed to the lack of households scoring 3.

issues, and the most likely to report having had electricity shortages in the 30 days prior to data collection (the highest proportion stated that they happened infrequently, 38% of all households).

While these issues may not be a cause for concern throughout the year, they can have serious implications on residents during winter months when temperatures regularly drop to well below 0° celsius.

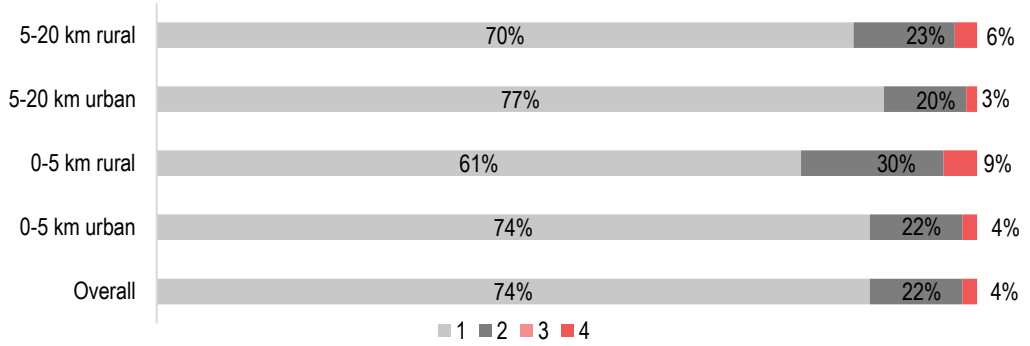
Map 3: Electricity infrastructure and conflict incidences in Donetsk and Luhansk oblasts



Map 3 highlights the interconnectedness of electricity infrastructure between the GCA and NGCA. This critical infrastructure is highly susceptible to damage due to the conflict, potentially affecting six million people residing on either side of the contact line. Between January and December 2020, 97% of armed clashes in the GCA occurred in 0-5 km along the contact line, which might potentially contribute to the relatively more common experiences of electricity shortages by people within the 0-5 km strata.

Health

Figure 13: Proportion of households by LSG severity score[51] for health in each assessed stratum



Overall, 4% of surveyed households were found to have an LSG in Health, with a high of 9% households in 0-5 km rural areas and a low of 3% in 5-20 km urban areas. The primary driver of need for those households with health LSGs was found to be a lack of access to specialised healthcare, including ambulance services, mental health care, and paediatrics.

With regard to mental health services, just under a quarter of all households reported being able to access mental health services if needed (24%), roughly similar across strata, and 27% of housholds reported being able to access trauma rehabilitation services if needed. Households in the 0-5 km rural strata were the least likely to report being able to access mental health services if needed (17%).

Table 9: Proportion of households reporting if they tried to access health care in the 12 months prior to data collection, and if so, the problems they experienced, by stratum.

HH tried to access healthcare in the 12 months prior to data collection:	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Overall
Yes	54%	**63%**	54%	59%	56%
% of whom reported having experience problems:					
Yes	82%	**87%**	68%	76%	76%
Among whom, most commonly reported problems:					
Cost of medicine	85%	**89%**	84%	86%	85%
Distance to facility	44%	**73%**	43%	75%	50%
Cost of travel to facility	27%	**57%**	35%	50%	36%
Cost of appointment	16%	**20%**	22%	19%	19%
Lack of facilities	12%	**25%**	10%	21%	13%
Irregular presence of doctors	14%	**17%**	9%	14%	12%

Table 9 again highlights that households in rural areas in the 0-5 km stratum were more commonly found to be in need for assistance in health care. They are the most likely to report trying to access health care (although it is unknown if this signals a higher need or more willingness) and least likely to report never having problems when accessing health care. As could be expected, a high proportion of households in rural areas reported the distance to the health facilty and the cost of transport as a difficulty (over 70% of households reportedly facing difficulties in rural strata reported distance and over 50% reported cost of travel as an issue, of those who reported trying to access health care). Moreover, approximately double the proportion of households in rural areas reported a lack of

[51] Using the method used for calculating LSG scores, a severity score of 1,2, or 3 is the result of a sum of several (up to 9) non-critical indicators that together constitute the case of a defined humanitarian need. The score of 4, however, is automatically achieved when only one of the selected critical indicators show a case of need, which may have contributed to the lack of households scoring 3.

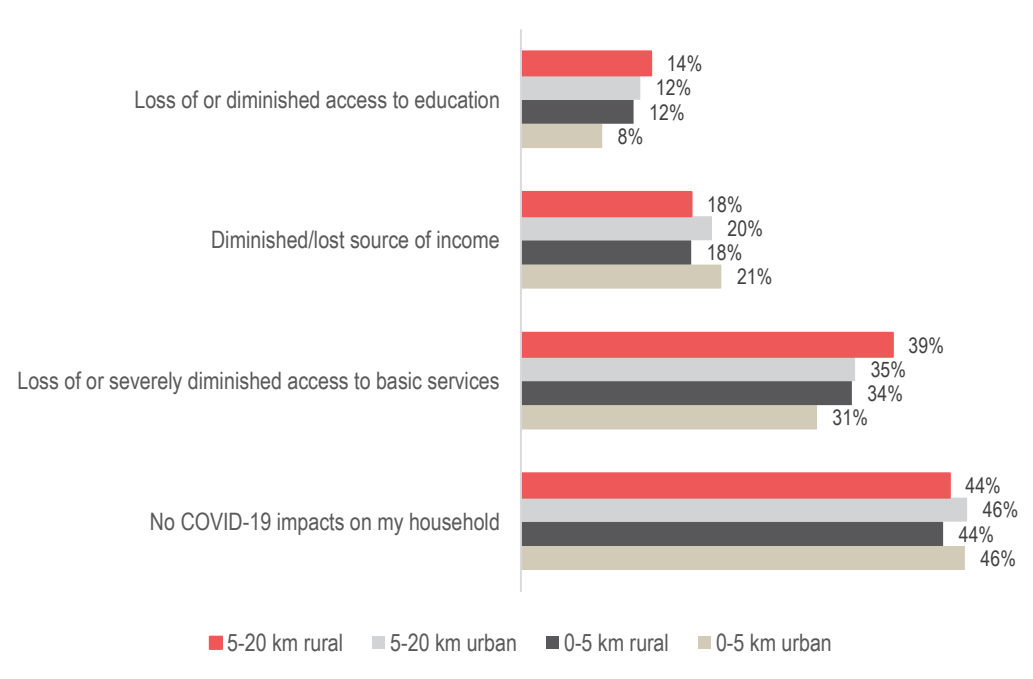
facilities as a difficulty when compared to urban areas (over 20% of households reportedly facing difficulties in rural areas, compared to just over 10% in urban areas)[52].

COVID-19 impact and findings

On the 17th of March, the Government of Ukraine ordered the closure of almost all retail outlets except for grocery stores, pharmacies, banks and gas stations. On the 22nd of May, most restrictions were lifted. Data collection for this MSNA began on the 29th of July, just over two months after restrictions were lifted, and before COVID-19 cases began to rapidly increase during the autumn.

Just under half of all households surveyed reported that COVID-19 did not impact any member of their household. Among those households reporting having been impacted, the most stated impact was a loss of or severely diminished access to basic services.[53] However, more research is needed to know what these services are and how severely the impact affected the household. Although approximately a quarter of households reported a diminished or lost source of income, this survey did not see a change in the total amount of household income or proportion of households reporting unemployment within the households since pre-COVID-19 times.

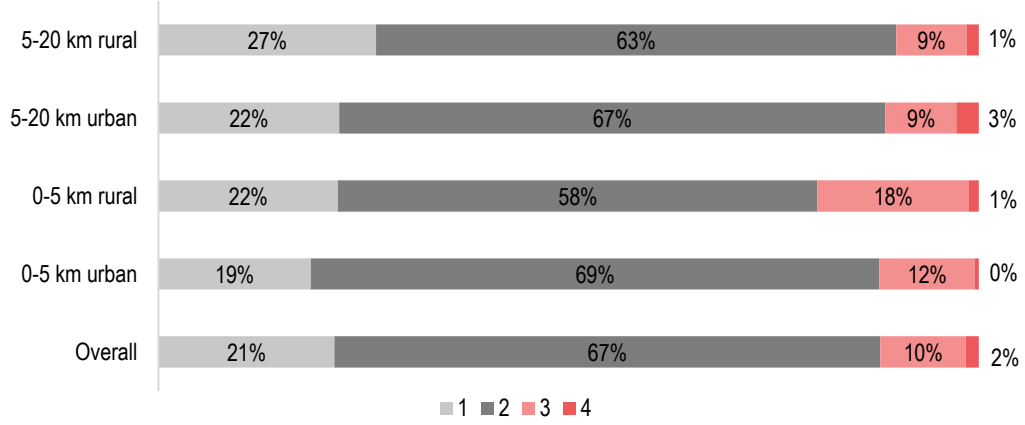
Figure 14: Proportion of households who reported how COVID-19 impacted their household,[54] by stratum



[52] Proportion of households reporting problems accessing health care are a subset of those households who tried to access health care in the twelve months prior to data collection.
[53] Multiple answers allowed
[54] A very low proportion reported impacts such as: limited access to food; restrictions in movement; psychological deterioration; loss or diminished access to clean water and sanitation; sickness, or death of household members. Multiple options could be selected.

Food Security and Livelihoods

Figure 15: Proportion of households by LSG severity score for Food Security and Livelihoods in each assessed stratum



Twelve percent (12%) of surveyed households were found to have an LSG in Food Security and Livelihoods. The Food Security and Livelihoods LSGs were calculated using the Food Security Index.[55] The stratum with the highest proportion of households found to have an LSG in this sector was the 0-5 km rural stratum; 18% of households in this stratum were found to have severe Food Security and Livelihoods needs, and 1% extreme.

Table 10: Proportion of households' total monthly expenditure reportedly spent on food, by stratum, 2020

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Total
Less than 50%	27%	32%	30%	26%	29%
50 - 65%	25%	27%	28%	30%	27%
65 - 75%	19%	12%	21%	17%	19%
More than 75%	29%	29%	20%	27%	25%

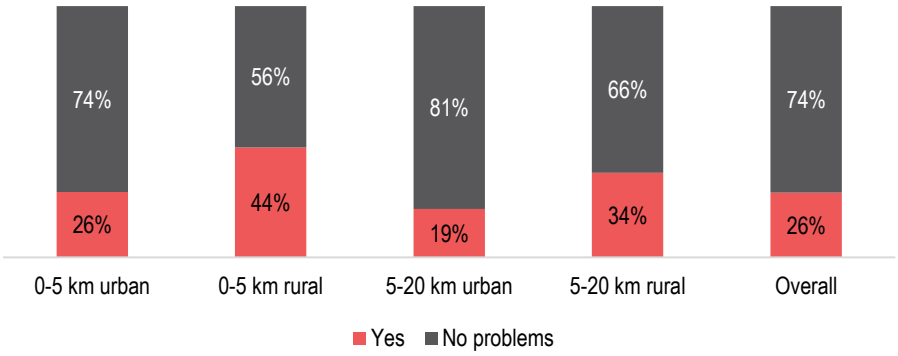
Table 11: Proportion of households' total monthly expenditure reportedly spent on food, by stratum, 2019

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Total
Less than 50%	44%	56%	50%	56%	49%
50% - 65%	32%	26%	29%	23%	29%
65% - 75%	15%	11%	12%	12%	13%
More than 75%	9%	7%	9%	9%	9%

Overall, a quarter of households reported that more than 75% of their total expediture in the thirty days prior to data collection was dedicated to food, (almost 30% in the 0-5 km strata), and a further 19% reported that their expenditure share on food was between 65% and 75%. There was a noticeable increase in the proportion of households whose expenditure on food was more than 75% of total expenditure since 2019. However, this may be partly driven by COVID-19 restrictions and the possibility of reduced spending opportunities in general for households, other than on food.The EU average expenditure on food is 13%.[56]

[55] Food Security Index calculated using the Consolidated Approach to Reporting Indicators of Food Security (CARI) please see here.
[56] Eurostat: How much are households spending on food. 28/12/202. Available online

Figure 16: Proportion of households who reported experiencing problems accessing their usual food market, by stratum



Twenty-six percent (26%) of surveyed households reported experiencing problems when accessing their food markets, households in 0-5 km rural areas being the most likely to report this (44%), households in 5-20 km urban areas the least likely (19%). Of those that reported problems accessing their food market[57], the most common reason given was that items were too expensive, with 82% reporting such. Compard to households in other strata, households residing in the 0-5 km rural stratum most commonly indicated that items were not available and/or that they were of of poor quality, which was 14% and 13% of households respectively. As could be expected, households in rural areas were also the most likely to report distance to their food market as a problem. (Table 12)

Table 12: Main problems in accessing food markets as reported by households who stated they had problems accessing food market, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Overall
Items too expensive	**84%**	**84%**	**83%**	71%	82%
Distance to market	19%	25%	13%	**46%**	21%
Items not available	10%	**14%**	4%	9%	7%
Items of poor quality	10%	**13%**	8%	8%	9%

Overall, 28% of head of households were reportedly engaging in paid employment, a high of 32% in 5-20 km urban areas and a low of 17% in 0-5 km rural areas. Forty-nine percent (49%) of households reported that the head of household was retired, a high of 59% in 0-5 km rural areas and a low of 45% in 5-20 km urban areas. These are very high proportions considering the average proportion of people over 65 in the EU is 19%.[58] Five percent (5%) stated that they were unemployed but actively looking for a job in the 30 days prior to data collection. When asked if their household was in debt, 22% of all households responded "yes", a high of 26% in 5-20 km urban areas and a low of 18% in 0-5 km urban areas. While debt has negative connotations, it is beyond the scope of the assessment to assess whether a household in debt equates to a household in need, or a household that has the means to take on debt.

[57] Multiple answers allowed
[58] Ageing Europe: Looking at the lives of older people in the EU. 2019. Available online

Figure 17: Proportion of households found to be food secure, marginally food secure, moderately food insecure, or severely food insecure as per the food security index (FSI), by stratum

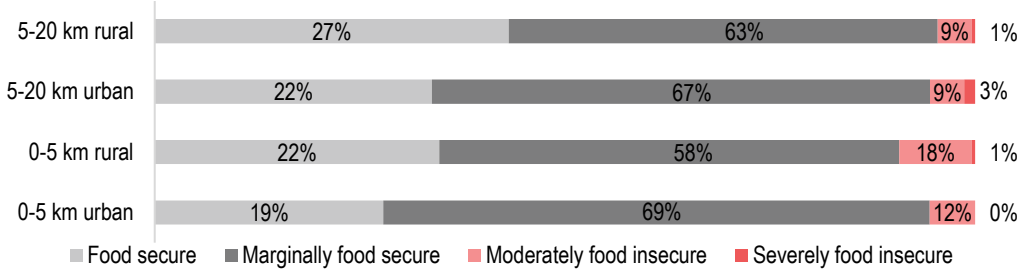


Figure 18: Proportion of households found to have acceptable, borderline, or poor food consumption scores (FCS)[59], by stratum

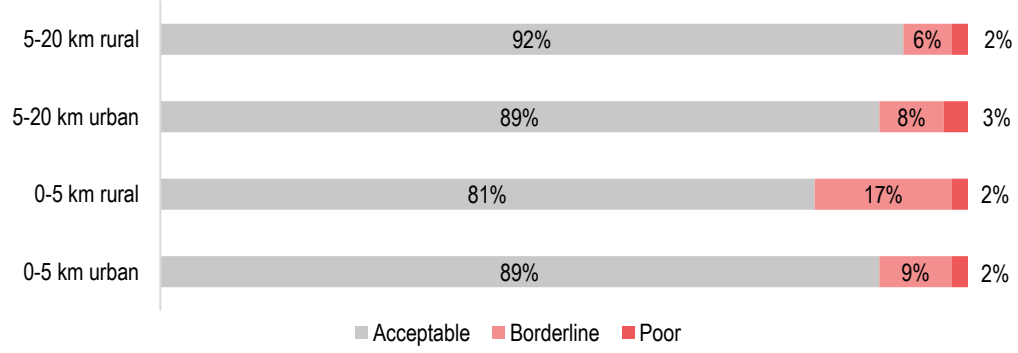


Figure 19 : Proportion of households found to be using none, stressed, crisis, or emergency coping strategies in the 30 days prior to data collection, by stratum[60]

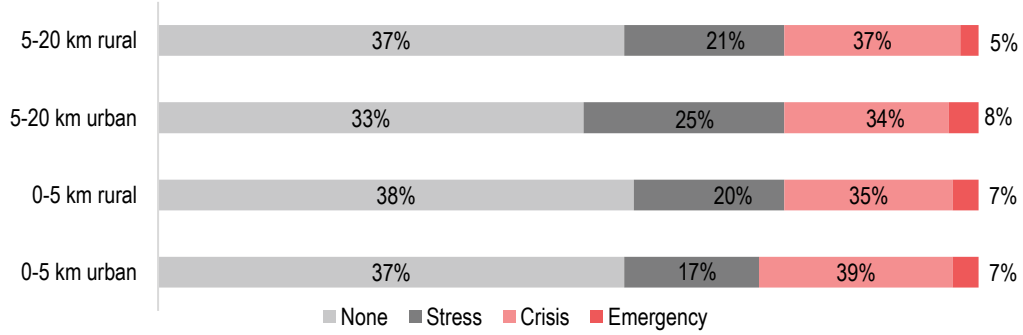


Table 13: Coping strategies used as reported by households, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural	Overall
Reduce essential health expenditures (including drugs)	44%	**42%**	42%	46%	43%
Purchased food on credit or borrowed food	37%	**35%**	30%	46%	35%
Spent savings	22%	**10%**	22%	11%	20%
Used degrading sources of income, illegal work, or high risk jobs	14%	**10%**	13%	15%	14%
Sold household assets	8%	**6%**	3%	6%	5%

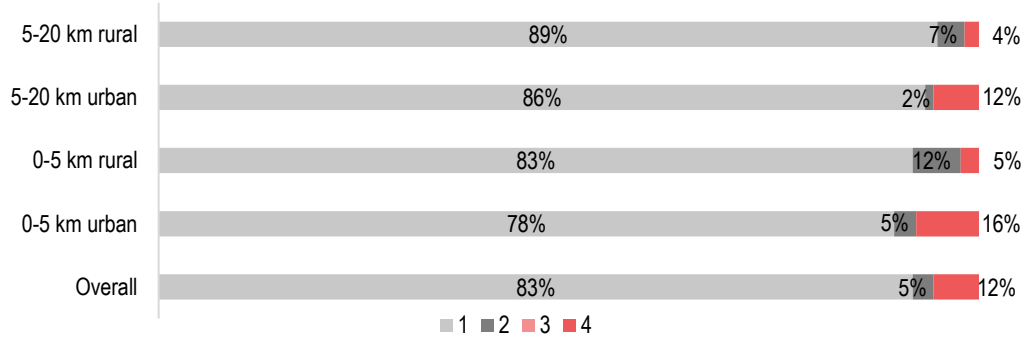
[59] : The FCS is a component of the FSI presented in Figure 17.

[60] The Livelihood Coping Strategy Index (L-CSI) synthesizes responses into four categories: households who did not report relying on any of the coping strategies listed. Stress-level strategies including spending savings to purchase food and basic goods, borrowing money and, purchasing food on credit or borrowing food. Crisis-level coping strategies, including reducing non-food expenses on health and education, withdrawing children from school, and selling productive assets or means of transport. Emergency-level strategies including entire household migrating, selling house or land, and using degrading sources of income, illegal work, or high risk jobs..

Figure 17 shows that respondents residing in the 0-5 km rural stratum are the most likely to be modertately or severely food insecure, which is reflected by the fact that these households were also most commonly found to have borderline or poor food consumption scores (Figure 18). However, although they were the least likely to have to resort to using coping strategies, there was no discernable difference among strata of households who relied on crisis or emergency coping strategies (Figure 19). It should be noted that FCS has been calculated according to the Ukraine Food Security and Livelihoods Cluster guidance, using thresholds of ≥ 42 as a minimum for acceptable food consumption in Ukraine (1 – 28 poor FSC and 28.1 – 42 borderline FCS).

Water, Sanitation and Hygiene (WASH)

Figure 20: Proportion of households by LSG severity score[61] for WASH in each assessed stratum



Overall, 12% of households were found to have an LSG in WASH. Findings suggest that there is a notable difference between households in urban and rural areas, 16% of households in 0-5 km urban stratum had a WASH LSG; 12% in 5-20 km urban stratum; 5% in 0-5 km rural; and 4% in 5-20 km rural. The primary driver of need for those households with a WASH LSG was found to be water access gaps, particularly water shortages of once a week or more. This might explain why the proportion of households in urban areas having a WASH LSG is higher than the proportion households in rural areas with needs in this sector, as a higher proportion of rural households rely on personal well or boreholes rather than a centralised water supply. Forty-eight percent (48%) of households in 0-5 km rural areas and 32% in 5-20 km rural areas reported a personal well or borehole as their main source of drinking water, compared to 12% in 0-5 km urban, and 10% in 5-20 km urban areas.

Regarding water safety, 41% of households reported treating their drinking water, an increase from 34% in 2019. Of households that reported not treating their water (59%), 85% reported there is no need, while 14% reported that they could not afford to. Twenty-four percent (24%) reported treating water by boiling, which is insufficient to address potential chemical contamination due to industry and farming.[62]

Of the 64% of households who reported either having a pit latrine or a flush toilet with individual sewage, 13% reported thay had faced problems because of the need to pump out their sewage. The highest proportion being in 0-5 km rural areas where 20% of households with a pit latrine or individual sewage (84%) reported such problems.

Table 14: Proportion of households reporting on key WASH indicators, by stratum

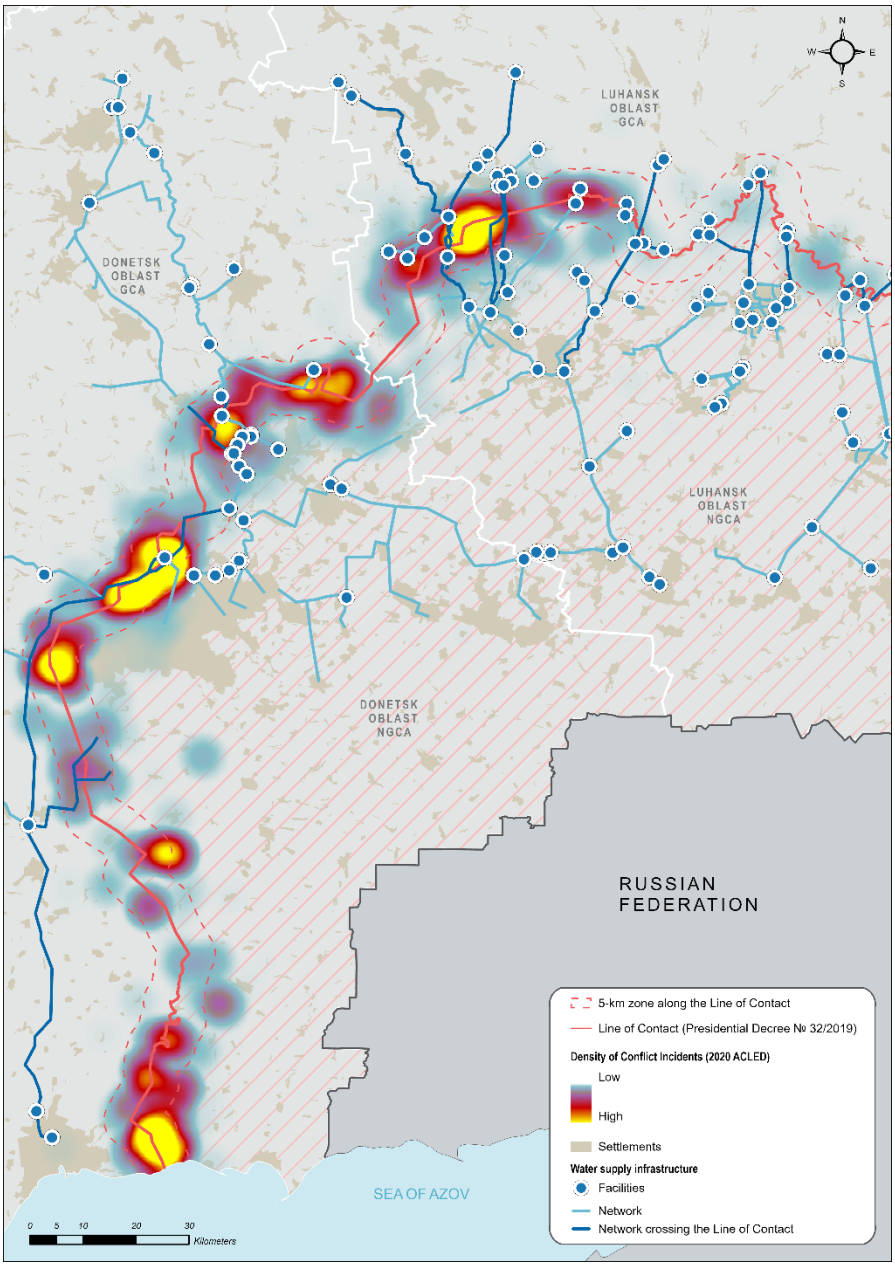
		0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Source of drinking water	Unimproved	38%	21%	42%	28%
Does not purify drinking water	We can't afford necessary means	20%	16%	10%	12%
Lack of drinking water supply	No shortages	55%	72%	71%	72%

[61] Using the method used for calculating LSG scores, a severity score of 1,2, or 3 is the result of a sum of several (up to 9) non-critical indicators that together constitute the case of a defined humanitarian need. The score of 4, however, is automatically achieved when only one of the selected critical indicators show a case of need, which may have contributed to the lack of households scoring 3.
[62] Groundwater management in Ukraine and the EU. European journal of sustainable development, 2019. Available online

Problems pumping off the individual sewage/septic tank?	Yes	16%	20%	10%	10%

Table 14 shows that households in rural areas were more likely to have an improved source of drinking water. This is mainly due to the high proportion of households in rural areas using a personal or public well or borehole to access their drinking water, and a higher proportion of households in urban areas reporting purchasing bottled water or accessing their drinking water from a kiosk. Households in the 0-5 km urban stratum appeared to be the most likely to experience shortages to their drinking water supply, possibly due to their proximity to the contact line and therefore water infrastructure having a higher likelihood of being damaged. Moreover, households closer to the contact line were more likely to report having problems pumping off individual sewage or septic tanks.

Map 4: Water supply network and conflict incidences in Donetsk and Luhansk oblasts

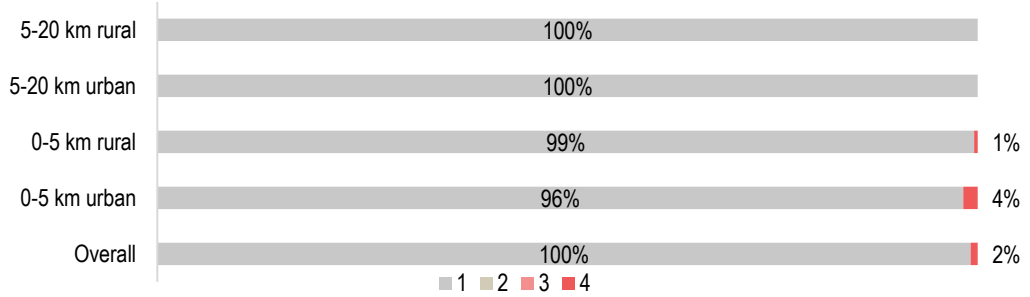


Map 4 again highlights the interconnectedness of critical infrastructure between the GCA and the NGCA, and the high risk of damage by the conflict. In the context of Ukraine, WASH concerns relate closely to public infrastructure

and systemic insufficiencies, and therefore remain difficult to fully capture through a household-level survey. As the water system is integrated between GCA and NGCA, shelling along the contact line creates risks for millions of residents on both sides of the contact line regarding access to water. Indeed, according to a study by the WASH Cluster, there were forty-eight incidences that affected affecting water and waste water infrastructure between January and June 2020.[63] On the household level, the proportion of households who reported experiencing a lack of drinking water supply in the twelve months prior to data collection was 35%, and 6% reported this happened on a daily basis. Within 5 km urban areas of the contact line, 45% of households reported experiencing drinking water shortages. Due to integrated infrastructure across the contact line, water shortages in urban areas, which rely on a centralised system rather than a well or borehole, will likely remain a concern as long as shelling of critical infrastructure continues.

Education

Figure 21: Proportion of households by LSG severity score for Education in each assessed stratum[64]



Overall, 2% of all households were found to have LSGs in Education, 4% in 0-5 km urban areas and 1% in 0-5 km rural areas. No households had Education LSGs in the 5-20 km strata. The primary drivers of need for those households with education LSGs were safety and security concerns on childrens' commute to school and safety and security concerns in the vicinity of their education facilty.

Due to the low proportion of households with school-aged children, the findings are less precise and have a wider margin of error. The proportions in the remainder of this section reverance households that have school-aged children.

Eighteen percent (18%) of households reported having school-aged children, a similar proportion in all strata. Ninety-eight percent (98%) of these households stated that their children attend school, the main reason given for non-attendance being that their child has a disability that the school does not have the infrastructure to accommodate for.

Of concern is that 42% of households reported that they were not able to buy all the school supplies needed by their children, a low of 40% in 5-20 km rural areas and a high of 45% in 0-5 km rural areas. Fourteen percent (14%) of households reported that at least one of their children could not attend school for a period longer than one month (excluding closures due to COVID-19). Although within the margin of error, households in the 0-5 km strata more commonly reported this, 16% in urban stratum, and 18% in rural stratum. This compares to 13% in 5-20 km urban areas and 9% in 5-20 km rural areas. The main reason given for this absence was health issues. Eighty-four percent (84%) of households (of those who reported that at least one child missed school for at least one month) reported the gap being one to two months, while 8% reported two to four months, and 9% more than four months. Thirty-three percent (33%) of those households residing in the 5-20 km rural strata stated that at least one of their children missed at least two months (22% missed two to four months and 11% missed more than four months).

Fifty-three percent (53%) of households reported that their children faced no problems in their schools. However, a quarter of households stated that distance learning was a problem due to the closure of schools for COVID-19, a

[63] WASH Cluster Ukraine Alert Bulletin, issue 15. March 2021. Available online

[64] LSGs in education were calculated using all households surveyed

possible reason being poor internet connectivity. Almost 50% of households in the 0-5 km rural strata stated such (47%), highlighting a problem felt by many rural households in many countries. In Ukraine, schools have reopened but this issue shows that children from rural areas are at a learning disadvantage if schools close again and children are expected to continue with their education from home.

Table 15: Main safety and security concerns on children's commute to school, as reported by households with school-aged children, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
None	72%	79%	**69%**	88%
Wild animals/ stray dogs	12%	11%	**22%**	4%
Shooting	**13%**	1%	0%	0%
Military presence	**9%**	**9%**	2%	2%
Shelling	**7%**	4%	1%	0%
UXOs	1%	0%	1%	0%

Table 16: The main safety and security concerns in the vicinity of education facilities as reported by households with school-aged children, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
None	**80%**	88%	92%	97%
Military presence	**7%**	**9%**	2%	2%
Shooting	**9%**	0%	0%	0%
Shelling	**7%**	1%	0%	0%
Military presence inside of schools	**5%**	3%	0%	1%
UXOs on school grounds	0%	0%	0%	0%

Table 17: Proportion of households, with school-aged children reporting on key Education indicators, by stratum

		0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Problems that children face in their school?	No problems	55%	**41%**	55%	51%
Is your household able to buy all the school supplies?	No	**47%**	**47%**	**43%**	**42%**
Children unable to attend school for more than 1 month (excluding COVID-19 closures) including cumulative gaps?	Yes	**16%**	**18%**	13%	9%

As table 17 highlights, households residing in the 0-5 km rural stratum were the least likely to report that their children faced no problems in their school. However, children from households in the 0-5 km urban stratum were the most likely to face potentially life-threatening problems due to the military conflict, with 5% of households in this stratum reporting that there was a military presence in their school (Tables 15 ad 16). During a conflict, presence of military inside of a school could mark the school as a target. In addition, just under half of households reported not being able to afford all required school supplies, a slightly higher proportion in the 0-5 km strata. Apart from the serious child protection concerns due to the military conflict, of note is the relatively high proportion of households who had school-aged children that had reportedly been unable to attend school for more than one month; households in the 0-5 km strata appeared slightly more likely to report this.

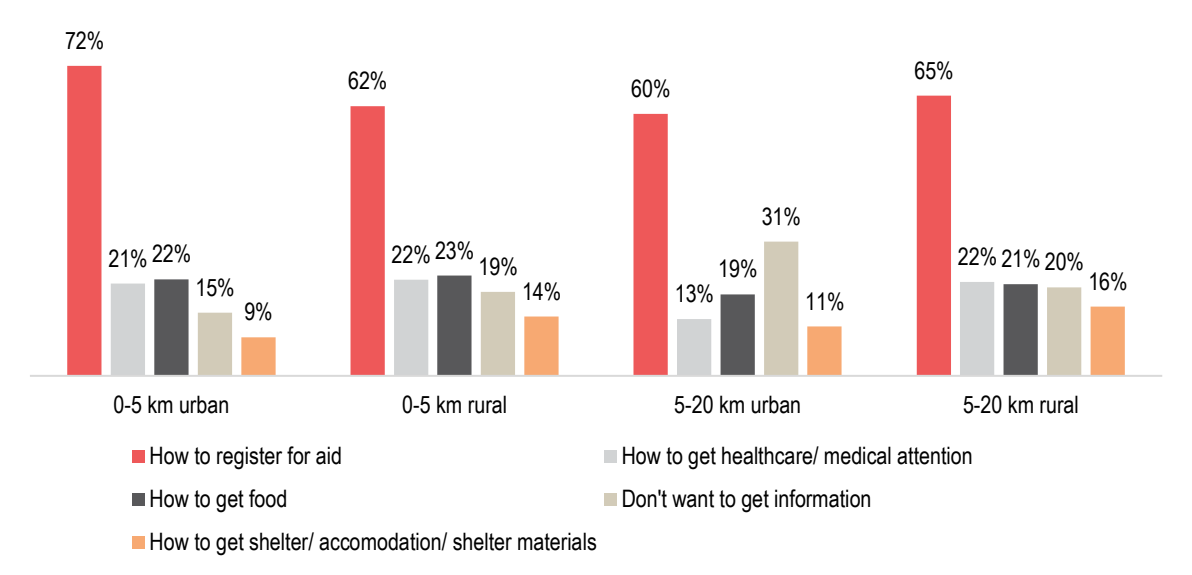
Accountability to affected populations

Table 18: Proportion of households receiving humanitarian aid in 12 months prior to data collection, since 2018, by stratum.

Year	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
2018	46%	65%	11%	23%
2019	47%	65%	10%	29%
2020	32%	57%	10%	22%

The proportion of households reporting receiving humanitarian aid in the twelve months prior to data collection has decreased since 2019. Households residing in the 0-5 km strata were more likely to report receipt of humanitarian aid, and from analysis of the sectoral needs households in these strata were also more likely to have humanitarian needs. Of the households that reported having received aid (23% overall), 21% stared that they had received it in the 30 days prior to data collection, and 91% reported it had been useful to solve their priority needs. However, just over half (56%) of households who received aid reported having been consulted about their needs and preferences before aid was distributed.

Figure 22: Types of information households would like to receive from aid providers,[65] by stratum



The majority of households in all strata reported that they would like to receive information on how to receive aid. Overall, only 5% of households reported that they would like information on how to find work, 3% on how to get water, and 1% would like information on how to provide feedback on aid received (if they were to receive aid). When asked who they would like to receive this information from, 71% stated aid workers from international NGOs, followed by 14% from community leaders, and only 4% from aid workers from local NGOs/civil society. Overall, 65% of all households said they would like to receive information from aid providers through phone calls, 14% would prefer face-to-face, and 12% SMS.

[65] Multiple answers allowed

Table 19: Proportion of households who reported on types of assistance they would prefer to receive, by stratum

	0-5 km urban	0-5 km rural	5-20 km urban	5-20 km rural
Physical cash	68%	84%	54%	71%
In-kind (food)	44%	40%	40%	42%
In-kind (NFIs)	32%	36%	28%	34%
Cash via bank transfer	38%	33%	27%	34%
Services (e.g. healthcare, education, etc.)	19%	16%	19%	18%
Cash via prepaid cards	8%	7%	5%	11%
Vouchers	8%	6%	9%	10%

Table 19 shows that households more commonly reported a preference for cash in some form than any other types of assistance. Of note is that almost a fifth of households (18%) reported that they would like to receive services as assistance, which may highlight that quality of existing services is an issue even if a household does not require any additional income.

CONCLUSION

In order to provide an evidence base for the planning of humanitarian assistance as part of the HPC for 2021, REACH conducted the 2020 MSNA, building on previous MSNA assessments, in collaboration with the HCT, ICCG and OCHA. The general objective of this MSNA was 'To understand and analyse the multi-sectoral humanitarian needs of populations living in conflict affected parts of the government-controlled areas of Ukraine so as to inform the HNO and the HRP for 2021'. The 2020 MSNA evaluated proportions of households in need of humanitarian assistance (and the level of severity) using indicators previously defined in coordination with cluster coordinators from the WASH, Education, Shelter/NFI, Health, and Food Security and Livelihoods sectors, and in line with the draft version of the JIAF as much as feasible. This enabled an analysis of inter-sectoral severity of needs of households residing within 20 km of the contact line.

Based on this analysis, this assessment found that, across the GCA region of Donetsk and Luhansk oblasts, 31% of households (equalling an estimated 81,341 households) were found to have multi-sectoral needs. Households within 5 km of the contact line were found to more commonly have such needs; 35% in 0-5 km urban areas and 33% in 0-5 km rural areas. The proportion of households with multi-sectoral needs was found to be somewhat lower in areas further from the contact line, with 29% of urban households and 20% of rural households between 5-20 km from the contact line experiencing severe or extreme levels of severity of need. Although the severity of need was more likely to be higher among households residing nearer to the contact line, the projected total population affected is lower. However, it should be noted that this survey found no households had LSGs in all sectors combined, only 1% of households has LSGs in three sectors combined, 4% in two sectors combined, and 25% had a LSG in a single sector

Overall, severe and extreme needs were most frequently primarily driven by LSGs in Food Security and Livelihoods and WASH (40% and 39% of households with a MSNI score of 3 or 4, respectively). There was, however, some variation between assessed areas in terms of primary drivers of needs. In rural areas, while Food Security and Livelihoods emerged as the most common primary driver of high MSNI scores, Health was the second most common sector to drive needs, while WASH was the second most common sector to drive needs in urban areas.

As the conflict continues into a protracted phase**,** and the issues resulting from the conflict, including economic, governance, administrative, etc. have taken precedent as actors shift towards recovery, development, and governance approaches to addressing the needs of the wider population, limited changes were found in the humanitarian landscape in 2020. Indeed, findings suggest that the vast majority of households within 20 km from the contact line (70%) were not experiencing gaps in any sector, and only a very small minority (5%) were experiencing co-occurring LSGs in two or more sectors. In this light, the remainder of the report focused on sectoral findings. It is also needs to be mentioned, however, that the security situation in the area may change significantly in case of a possible escalation given the developments in 2021. Such an escalation in a worse case may result in an overall increase of people in need of humanitarian assistance, including flows of internally displaced people and requires appropriate planning and risk management from humanitarian actors operating in the country.

Examing the sectoral findings, the data suggests that households living within 5 km of the contact line are slightly more likely to have sectoral needs than those households who live beyond the 5 km zone. For instance, households within 5 km more commonly reported their shelter being damaged due to the conflict. Households within 5 km rural areas were found to have a lower total household income than those in the other strata, followed by 5 km urban areas. Moreover, households in these areas also more commonly reported awareness of any incidents related to mines/ERWs and more likely to report perceiving that mines/ERWs severely affect their lives. Of the households that tried to access healthcare in the 12 months prior to data collection, households within 5 km were the most likely to report having problems when accessing healthcare. Households within 5 km of the contact line with school-aged children were also the most likely to report security issues directly related to the conflict in and around their school.

Among 20% of households that have school-aged children, over 40% reported not being able to buy all the necessary school supplies; for 26% of households that reported having problems with access to food markets, one of the main problems was the items being too expensive; and of those 76% of households that reported having problems while accessing health care in previous year, over 80% reported the cost of medicine as a problem. In terms of the use of negative coping strategies, almost half of all households reported reducing expenditure on essential health care, over a third reported having to borrow food, and a fifth spent their savings.

Generally, in terms of humanitarian needs and trends from 2019, few changes were observed, although there appeared to be a derterioration in some indicators, such as the reported inability to afford all necessary school supplies and the proportion of households reporting presence of mines/ERWs affecting their daily lives. Overall, there appeared to have been a slight increase in the proportion of households that were found to be moderately or severely food insecure, but this may be the result of households' food expenditure increasing, possibly due to COVID-19 restrictions and the lack of buying opportunities for other goods or products.

Following this, the MSNA data suggests that one of the main issues for households is having little income to pay for required services. Over 50% of households with school-aged children reported not being able to buy all the necessary school supplies; a majority of all households reported a main problem in accessing their food market was the items being too expensive; and over 80% of those who tried to access health care reported the cost of medicine as a problem in accessing health care. In terms of the use of negative coping strategies, almost half of all households reported reducing expenditure on essential health care, over a third reported having to borrow food, and a fifth had spent their savings.

At the time of writing, the 428 km long contact line that divides the GCA and the NGCA continues to separate urban centres in the NGCA from their peripheral towns and villages in the GCA, making areas that were once the outskirts of large cities into isolated, hard-to-reach areas. The conflict has affected service networks, provision of services and, from a household perspective, access to services, worsening pre-existing constraints and creating new challenges for both providers and the population. Moreover, while the conflict is in a protracted phase, the security situation in the area remains precarious, and the scope and severity of needs may change in case of a possible escalation given the developments in early 2021. Such an escalation may drive an overall increase of people in need of humanitarian assistance, including flows of internally displaced people, and hence requires appropriate planning and risk management from humanitarian actors operating in the country.

Overall, findings indicate the need for humanitarian and development actors to continue to act to mitigate against any long-term and cumulative effects of protracted armed conflict on a population with elevated vulnerabilities, particularly in the 5 km area. Such action is important to reduce the risk of future deterioration of humanitarian conditions as households exhaust their abilities to cope with ongoing conflict.

ANNEXES

Annex I: SOP data collection during COVID-19

STANDARD OPERATIONAL PROCEDURE
IMPACT DATA COLLECTION
COVID - 19

Background
As of 30th of April, Covid-19 continues to rapidly spread, with almost 3 024 059 people confirmed to have been infected with the virus in 213 countries, including 208 112 deaths with known epidemiological chain. 1 406 899 COVID-19 cases have been registered in the European Region including 129 311 deaths (including 261 in Ukraine).

SOP objective
To mitigate risks to staff and beneficiaries while conducting data collection we are able to continue our work for as long as possible and to ensure all Do No Harm Measures from the ACTED/IMPACT/REACH side when implementing the Data Collecting in the locations of interventions.
As part of our work, Data collection Team managed by Country Coordinator (CC) comes into regular contact with people in the most at-risk category, i.e. elderly and people with chronic diseases. While it is our responsibility to provide aid, we must do so while minimizing risk we pose to others and that others pose to us.

Obligatory measures to be fullfilled

Prior to data collection

1. The field team and team leaders should install Telegram and follow the official Ministry of Health COVID-19 chat and keep an hourly awareness of official COVID communication especially focusing on development in Donetsk and Luhansk.
2. In the training review standard Ministry of Health safety measures including (available in Ukrainian)
    a. Wash hands at least 10 times per day for 20 seconds (every 1 to 2 hours).
    b. Coughing or sneezing in tissue or flexed elbow.
    c. Do not touch face – particularly eyes, nose and mouth.
    d. Keep at least 1-meter distance from each other whenever possible. Close up contact should be limited to less than 15 minutes

During data collection

1. At the start of each data collection, team leaders to remind enumerators of the Ministry of Health Safety measures and confirm that these have been respected on the day before
2. Each morning prior to data collection, all field teams should measure their temperatures at home and report it to the team leaders. In case of a reading above 38 degrees Celsius call the team leaders and inform them of any fever, cough or shortness of breath. Also Data Collection members should fill in the Health Condition Register every day.
3. During interviews enumerators should:
    a. Ensure appropriate communication with respondents on COVID-19 measures, explaining the measures in place to minimize transmission of the virus
    b. Keep a minimum of at least 1.5 meter between themselves and respondents
    c. Cough and sneeze in their elbow or paper tissue if needed during the interview
    d. Not touch face
4. After the interview enumerators should:
    a. Wash hands with alcohol-based hand sanitizers

b. Report to team leaders any interaction with an interviewee that exhibited the following symptoms

After the data collection

1. At the end of the data collection start date enumerators should:
   a. Thoroughly wash their hands for at least 20 secs
   b. Report to team leaders any health symptoms including fever, cough or shortness of breath
   c. Confirm contact lineation and report of any interaction with an interviewee that exhibited symptoms of fever, cough or shortness of breath
2. Field manager to prepare a daily report on any interaction with interviewee that exhibited symptoms of fever, cough or shortness of breath to be sent to Area Coordinator, Country Coordinator and Country Director.

Please see below the essential responsibilities:

1. To ensure staff, drivers and enumerators are properly informed of all social distancing and hygiene requirements:
Area Coordinator (AC) provides updates of the SOP on the regular base and Field Officers refresh during the briefings the rules for the Data Collection Team Leaders in terms of the protective measures before field trips; Team Leaders (TL) appoint the time for the briefings with the enumerators in advance on the base of the Movement Plan provided in advance;

2. To ensure staff, drivers and enumerators are provided with the masks which according to the new restriction measures should be worn by every person in Ukraine in all public places:
HR ensures/provides the masks to the Filed Officers/Team Leaders as well as the SOP on masks wearing; Field Officers remind to the Team Leaders about obligatory wearing the masks and proper changing the masks before every movement; Field Officers with the support of the LogTeam ensures the availability of the mask in stock; Team Leaders are responsible for the permanent execution of the rules in the field;

3. To ensure staff, drivers and enumerators are provided with the Mission Orders, ID and passport when conducting any humanitarian activities because according to the new Government restrictions every person should respect "self-isolation" rule in Ukraine.
HR ensures/provides the Mission Order to the Data Collection Team; Team Leaders or/and Field Officers remind to the Data Collection Team about obligatory using the Mission Order; AC with the support of the HR ensures the updates of the MO if needed; Team Leaders are responsible for the permanent execution of these rules.

4. To ensure all sites where data collection team interacts with beneficiaries are equipped with sanitizer for use by staff and beneficiaries:
Filed Officers with the support of Log Team ensures availability of the sanitizers in stock and ensure distribution of the needed amount to Team Leaders and Data Collection Team before the trips on the base of the Movement Plan provided by Team Leaders. Team leaders are responsible for the permanent execution of these rules.

5. To ensure appropriate communication with beneficiaries, explaining the measures, to minimize the risk or panic:
REACH/IMAPCT CC and/or AC and/or Field Officers on the regular base inform/update the Team Leaders and the Team Leaders the Data Collection Team on the latest official information about the situation in the country and the measures are taken by the State and organization in order to minimize/mitigate the risks.

6. In coordination with authorities and the relevant clusters, disseminate/inform communities on COVID guidance:
CC/AC/Field Officers on the regular base provide the Team Leaders and they in their turn the Data Collection Team with all available online/offline/ printed COVID information, guidance which they can disseminate in the communities.

7. To ensure appropriate coordination with the contact lineal authorities' own regulations and planning:
Field Officer/Team Leaders on the regular base consult with the contact lineal authorities in order to interact in accordance with their requirements, rules and response plans. Every contact lineal community should be involved with special approach. All activities should be agreed with the authorities in advance and with proper concern. Any specific/sensitive situation should be reported to REACH/IMPACT CC, AC/ Field Officers. If needed AC is responsible for supporting the REACH/IMPACT CC in any representative activities.

8. To ensure that the Data Collection Team Members who could handle any documents/items provided by/to beneficiaries use latex gloves:
Team Leaders are responsible for supervising constant using the protective gloves when handling/processing the hard copy documents or any other needed items from/to beneficiaries; Team Leaders are responsible for providing the Data Collection Team with gloves before field trips; Field Officer with support of Log Team are responsible for ensuring availability in stock.

Annex II. MSNI Severity Scale.

Severity Class	Name	Description	Response objectives
1	None / Minimal	• Living standards are acceptable (taking into account the context): possibility of having some signs of deterioration and/or inadequate social basic services, possible needs for strengthening the Legal framework. • Ability to afford/meet essential all basic needs without adopting unsustainable coping mechanisms (such as erosion/depletion of assets). • No or minimal/low risk of impact on well-being.	Building Resilience & Supporting Disaster Risk Reduction
2	Stress	• Living standards under stress, leading to adoption of coping strategies (that reduce ability to protect or invest in livelihoods). • Reduced quality or stressed social/basic services. • Inability to afford/meet some basic needs without adopting stressed, unsustainable and/or short-term reversible coping mechanisms. • Minimal impact onwell-being (stressed physical/mental well-being) overall. • Possibility of having some contact linealized/targeted incidents of violence (including human rights violations).	Supporting Disaster Risk Reduction & Protecting Livelihoods
3	Severe	• Degrading living standards (from usual/typical), leading to adoption of negative coping mechanisms with threat of irreversible harm (such as accelerated erosion/depletion of assets). Reduced access/availability of social/basic goods and services • Inability to meet some basic needs without adopting crisis/emergency - short/medium term irreversible - coping mechanisms. • Degrading well-being. Physical and mental harm resulting in a loss of dignity.	Protecting Livelihoods & Preventing & Mitigating Risk of extreme deterioration of Humanitarian conditions
4	Extreme	• Collapse of living standards, with survival based on humanitarian assistance and/or long termirreversible extreme coping strategies. • Partial collapse of social/basic goods and services. • Extreme loss/liquidation of livelihood assets that will lead to large gaps/needs in the short term. • Widespread physical and mental harm (but still reversible). Widespread grave violations of human rights. Presence of irreversible harm and heightened mortality	Saving Lives & Livelihoods

Annex III: Estimating overall severity of needs

The MSNI is a measure of the household's overall severity of humanitarian needs (expressed on a scale of 1 – 4+), based on the highest severity of sectoral LSG severity scores identified in each household.

The MSNI is determined through the following steps:

1) First, the severity of each of the sectoral LSGs is calculated per household, as outlined in the annex III and IV.
2) Next, a final severity score (MSNI) is determined for each household based on the highest severity of sectoral LSGs identified in each household.

- As shown in the example in Figure 23 below, household (HH) 1 has a final MSNI of 4 because that is the highest severity score, across all LSGs within that household.

Figure 23: Examples of MSNI scores per household based on sectoral analysis findings

	Sectoral LSG Severity Score						Final MSNI
	Food Sec	Health	WASH	Protection	Education	Etc.	
HH 1	**4**	**4**	**4**	**4**	3	3	**4**
HH 2	2	2	**4**	2	1	1	**4**
HH 3	3	3	3	**4+**	2	1	**4+**
Etc.	2	**3**	1	1	2	1	**3**

Key limitation: regardless of whether a household has a very severe LSG in just one sector (e.g. WASH for HH2 above) OR co-occurring severe LSGs across multiple sectors (e.g. food security and livelihoods, health, WASH, protection for HH1 above), their final MSNI score will be the same (4). While this might make sense from a "big picture" response planning perspective (if a household has an extreme need in even one sector, this may warrant humanitarian intervention regardless of the co-occurrence with other sectoral needs), additional analysis should be done to understand such differences in magnitude of severity between households. To do that, additional analysis outputs have been produced, as shown on page 3.

Annex IV: Identification of LSG

The LSG for a given sector is produced by aggregating unmet needs indicators per sector. For the 2020 MSNA, a simple aggregation methodology has been identified, building on the Multidimensional Poverty Index (MPI) aggregation approach. Using this method, each unit (household for example) is assigned a "deprivation" score according to its deprivations in the component indicators. The deprivation score of each household is obtained by calculating the percentage of the deprivations experienced, so that the deprivation score for each household lies between 0 and 100. The method relies on the categorization of each indicator on a binary scale: does ("1") / does not ("0") have a gap. The threshold for how a household is considered to have a particular gap or not is determined in advance for each indicator. The 2020 MSNA aggregation methodology outlined below can be described as "MPI-like", using the steps of the MPI approach to determine an aggregated needs severity score, with the addition of "critical indicators" that determine the higher severity scores. The section below outlines **guidance on how to produce the aggregation using household-level data.**

1) Identified indicators that measure needs ('gaps') for each sector, capturing the following key dimensions: accessibility, availability, quality, use, and awareness. Set binary thresholds: does ("1") / does not ("0") have a gap;

2) Identified critical indicators that, on their own, indicate a gap in the sector overall;

3) Identified individual indicator scores (0 or 1) for each household, once data had been collected;

4) Calculated the severity score for each household, based on the following decision tree (tailored to each sector);

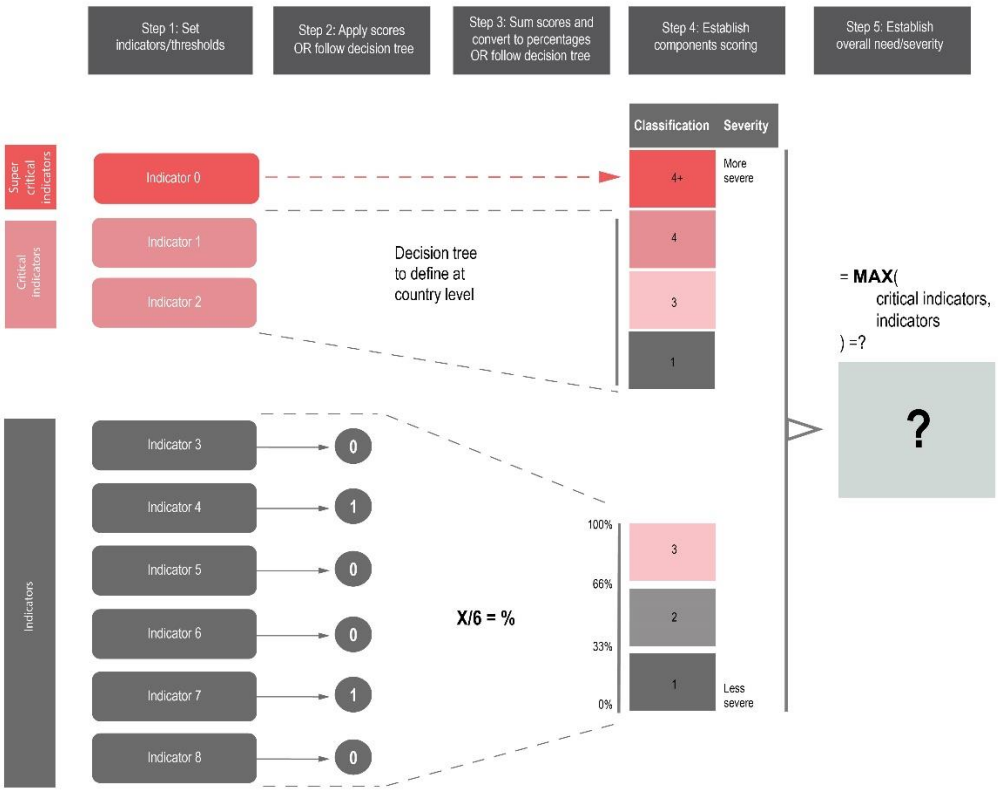
   a. "Super" critical indicator(s): could lead to a 4+ if an extreme situation is found for the household;

   b. Critical indicators: Using a decision tree approach, a severity class is identified based on a discontinued scale of 1 to 4 (1, 3, 4) depending on the scores of each of the critical indicators;

   c. Non-critical indicators: the scores of all non-critical indicators are summed up and converted into a percentage of possible total (e.g. 3 out of 4 = 75%) to identify a severity class;

   d. The final score/severity class is obtained by retaining the highest score generated by either the super critical, critical or non-critical indicators, as outlined in the figure X below;

Figure 24: Identifying LSG per sector with scoring approach – example



5) Calculated the proportion of the population with a final severity score of 3 and above, per sector. Having a severity score of 3 and above in a sector is considered as having a LSG in that sector;

7) Projected the percentage findings onto the population data that was used to build the sample, with accurate weighting to ensure best possible representativeness.

Annex V: Sectoral LSGs indicators

LSG scores were calculated in line with the methodology presented in annex III. The only exception being that no super-critical indicators were collected in the Ukraine 2020 MSNA. Super-critical indicators are those that indicate imminent catastrophe, such as increased mortality. Due to the nature of the Ukrainian crisis, these indicators were not collected. Accordingly, the severity scale used does not go beyond extreme (4).

Shelter/NFI

Indicator	Question	If any of the below are true, HH has a severity score of 4 for Sectoral LSG
% of HHs with access to a safe and healthy housing enclosure unit	What type of shelter does the household live in?	Tent OR make-shift shelter OR none
% of HHs whose shelter solutions meet agreed technical and performance standards	Does the shelter currently have any conflict related damage or defects? Does the shelter have any of the following enclosure issues?	Three of the following issues exist: Conflict-related: Roof partially collapsed; Exterior doors or windows missing; Large cracks or openings in most wall; Some walls fully collapsed; Gas, water or sewage system damaged; Foundation damaged or shifted; Electricity supply line damaged and not functional General: Leaks during light rain or snow OR Total structural collapse/Severe structural damage and unsafe for living
% of HHs with NFIs necessary for winter	Please indicate which of the following items you DO NOT HAVE for every member of your HH	All HH members are missing all three winter items: winter jacket; warm winter boots; thermal underwear
	Mattress	
	Bedsheets	
	Towel	
	Blanket	
	Winter jacket	
	Warm winter boots	
	Thick socks	
	Warm gloves	
	Warm scarf	
	Thermal underwear	
	adult warm clothing	
	child warm clothing	

Average monthly heating bill previous winter cost amongst HHs who pay utility charges	How much was your average monthly heating bill last winter? (UAH)	HH spends >50% of their spending on heating

Indicator	Question	Not Humanitarian Need (0)	Yes Humanitarian Need (1)
% of HHs with access to a safe and healthy housing enclosure unit	What type of shelter does the household live in?	Solid OR finished shelter OR unfinished OR non-enclosed building	Collective shelter
% of HHs whose shelter solutions meet agreed technical and performance standards	Does the shelter currently have any conflict related damage or defects? Does the shelter have any of the following enclosure issues?	Damaged floors OR Opening or cracks in roof or Broken or cracked windows or Exterior doors broken, unable to shut properly or Some cracks in some walls OR none of the above	Three of the following issues exist: Opening or cracks in roof; Broken, cracked windows; Exterior doors broken, unable to shut properly; Some cracks in some walls OR Roof partially collapsed OR Exterior doors or windows missing OR Large cracks or openings in most wall OR Some walls fully collapsed OR Gas, water or sewage system damaged OR Foundation damaged or shifted OR Electricity supply line damaged and not functional
% of HHs whose shelter solutions meet agreed technical and performance standards % of HHs with NFIs necessary for winter	Does the shelter currently have any conflict related damage or defects? Does the shelter have any of the following enclosure issues? Please indicate which of the following items you DO NOT HAVE for every member of your HH	Damaged floors OR Opening or cracks in roof or Broken or cracked windows or Exterior doors broken, unable to shut properly or Some cracks in some walls OR none of the above All members are missing one of: winter jacket; warm winter boots; thermal underwear	All HH members are missing two of: winter jacket; warm winter boots; thermal underwear
% of HHs with NFIs necessary for winter	*Mattress*	All members are missing one of: winter jacket; warm	All HH members are missing two of: winter jacket; warm winter

Average monthly heating bill previous winter cost amongst HHs who pay utility charges	*Bedsheets* *Towel* *Blanket* *Winter jacket* *Warm winter boots* *Thick socks* *Warm gloves* *Warm scarf* *Thermal underwear* *adult warm clothing* *child warm clothing* How much was your average monthly heating bill last winter? (UAH)	winter boots; thermal underwear HH spends <40% of their spending on heating	boots; thermal underwear HH spends 40-50% of their spending on heating
% of HHs with Ukrainian government recognised ownership documents OR % of HHs with formal rental agreement with landlord	Do you or any HH member have Ukrainian-government recognised contract to prove ownership in which household lives in currently? Do you or any HH member have a formal rental agreement with the owner?	Yes OR Not applicable	No
% of HHs without shelter-related NFIs	Please indicate which of the following items you DO NOT HAVE at least ONE for your whole HH	HH has movable heater	HH does not have movable heater and missing at least one: functional stove or refrigerator
% of HHs without shelter-related NFIs Average tonnage of wood or coal used by HH member previous winter	*Refrigerator* *Functional stove* *Movable heater*	OR HH missing movable heater but has stove + refrigerator	
	How many tons of coal did your household consume last winter	HH has insulation and is using <4 tonnes of fuel	HHs using >4 tonnes and no insulation
Average tonnage of wood or coal used by HH member previous winter	How many m3 of wood did your household consume last winter How many tons of briquettes did your household consume last winter	HH has insulation and is using <4 tonnes of fuel	HHs using >4 tonnes and no insulation

Health

Indicator	Question	If any of the below are true, HH has a severity score of 4 for Sectoral LSG
% of HHs reporting specialist medical care is available by type	Please indicate which of these types of specialised health care are accessible to your household.	HH lacks access to all
% of HH adopting negative coping mechanisms to deal with health concerns in the 30 days before data collection, by coping mechanism	During the last 30 days did your household have to undertake one of the following activities when a member of the household was seriously ill or is since deceased?	No treatment at all (member of household was seriously ill or is since deceased but did not get treatment)

Indicator	Question	Not Humanitarian Need (0)	Yes Humanitarian Need (1)
% of HHs reporting specialist medical care is available by type	Please indicate which of these types of specialised health care are accessible to your household.	HH lacks access to no more than 3 of the following services: Gastroenterology/Ear, Nose, Throat (ENT); Out-patient care; Laboratory x- ray; Polyclinic BUT has access to the following services: in-patient care; ambulance; mental health; Paediatrics; Obstetric-Gynaecological; Chest Photofluorography; Ultrasound; Post trauma rehabilitation	HH lacks access to at least 4 of the following services: in-patient care; ambulance; mental health; Paediatrics; Obstetric-Gynaecological; Chest Photofluorography; Ultrasound; Post trauma rehabilitation
% of HH adopting negative coping mechanisms to deal with health concerns in the 30 days before data collection, by coping mechanism	During the last 30 days did your household have to undertake one of the following activities when a member of the household was seriously ill or is since deceased?	No (no member of household was seriously ill or is since deceased) OR Pay for health care at clinic/hospital OR Free healthcare service (without out of pocket money) OR Home treatment for other reasons	Going into debt to pay for health expenditures at clinic/hospital OR Seeking community support to pay for services at clinic/hospital

			Home treatment due to lack of money to go to hospital/clinic OR Home treatment due to fear of contracting COVID-19 at hospital/clinic OR Home treatment due to inaccessibility of treatment options for diseases other than COVID-19 OR Home treatment due to fear of what to expect if tested positive for COVID-19 at hospital/clinic OR Seeking lower quality/cheaper health care and medication
% of HHs reporting difficulties in accessing care by frequency	How often did members of your household experience problems accessing health care in the previous 12 months	Never/Rarely/Sometimes/Don't know	All the time OR Often
% of HHs adapting behaviours to try to prevent COVID-19 spreading	Since you heard about COVID-19, have you and your household members taken any action to prevent yourselves from getting COVID-19?	HH takes two or more options to prevent spread of COVID-19: Reducing movement outside the house; Stopping handshakes or physical contact; Keeping distance from people; Avoiding public places and gatherings; Avoiding public transport; Wearing a face mask; Washing hands more regularly; Keeping surfaces clean	HH takes no action OR only action taken is praying to God OR staying away from animals OR only one option to prevent spread of COVID-19: Reducing movement outside the house; Stopping handshakes or physical contact; Keeping distance from people; Avoiding public places and gatherings; Avoiding public transport; Wearing a face mask; Washing hands more regularly; Keeping surfaces clean OR does not leave the house at all

Food Security and Livelihoods[66]

Indicator	Question	If any of the below are true, HH has a severity score of 4 for Sectoral LSG
Food Security Index	calculated indicator	Severely Food Insecure

Indicator	Question	Not Humanitarian Need (0)	Yes Humanitarian Need (1)
Food Security Index	calculated indicator	Food Secure/Marginally Food Secure	Moderately Food insecure

WASH

Indicator	Question	If any of the below are true, HH has a severity score of 4 for Sectoral LSG

[66] World Food Programme's (WFP) Consolidated Approach to Reporting Indicators (CARI). Available online

% of HHs having access to a functional and improved sanitation facility	What kind of sanitation facility (latrine/toilet) does your household usually use?	Bucket toilet OR Open hole
% of HH reporting water shortages by duration	What is the duration of the longest water stoppage that your HH has experienced in the last 12 months (days)?	14 days or more
% of HH reporting water shortages by frequency	Have you encountered a lack of drinking water supply during the last 12 months in your household? If the answer is "yes", how often was it?	More often than weekly (Every day OR 2-3 times a week OR 1 time per week)

Indicator	Question	Not Humanitarian Need (0)	Yes Humanitarian Need (1)
% of HHs having access to a functional and improved sanitation facility	What kind of sanitation facility (latrine/toilet) does your household usually use?	Pit latrine with a slab and platform	Pit latrine without a slab or platform
% off HHs with pit latrine or septic tank who faced problems because of the need to pump off individual/septic tank	If pit latrine or septic tank, has your HH faced any problems because of the need to pump off the individual sewage/septic tank?	No/Don't know/Refuse to answer	Yes
% of HH reporting water shortages by duration	What is the duration of the longest water stoppage that your HH has experienced in the last 12 months (days)?	Six days or less	Seven to 13 days
% of HH reporting water shortages by frequency	Have you encountered a lack of drinking water supply during the last 12 months in your household? If the answer is "yes", how often was it?	Shortages once a month or less frequently	2-3 times a month
% of HH reporting having sufficient water by need	Do you and members of your household have enough water to meet the following needs?	Enough water for drinking, cooking, AND personal hygiene	HH does not have enough water for drinking, cooking, or personal hygiene
% of HHs by main source of drinking water	What is the main source of drinking water in your household?	Tap drinking water (centralized water supply) OR Personal well/Public well or boreholes (shared access) OR technical piped water	Trucked in water (truck with a tank etc)/Drinking water from water kiosk (booth with water for bottling)/Bottled water (water purchased in bottles)
% of HHs treating drinking water before use	Does your HH process or purify drinking water before drinking it? If the answer is yes, in what way do you do it?	Any of the following methods Cleaning with chemicals (chlorination); Water precipitation; Filtering	Does not treat but due to lack of affordability

	(if no) Why do you not process/purify drinking water before drinking it?	the water (pitcher filter); Filtering the water (reverse osmosis filter); Boiling/Percolation OR does not treat because no need to treat	
% of HHs by garbage disposal type	What is the primary method your household disposes of garbage / solid household waste?	We use services of a special service, which regularly takes out garbage OR We will take garbage to the garbage dump by ourselves OR We sort garbage and submit it for recycling	We burn all the garbage OR We burn a part of the garbage, and the other part is thrown down the pit latrine OR We will take garbage to the places unsuitable for that (a forest, a field etc.) by ourselves
% of HHs with necessary hygiene items as defined by WASH cluster	Please indicate which of the following items you NEED BUT DO NOT HAVE in your HH Child diapers Adult diapers Sanitary pads	HH has all items that are needed	HH is missing child diapers OR adult diapers OR sanitary pads

Education

Indicator	Question	If any of the below are true, HH has a severity score of 4 for Sectoral LSG
Reasons for children experiencing a gap of more than one month in the previous academic year	If ay of the children in your HH unable to attend school for more than 1 month this academic year (excluding schools closing for COVID-19), why?	(A child contributes to HH income OR School closed due to security) AND child missing school for more than 4 months
% of HHs experiencing security concerns while commuting to education facility	What are the main safety and security concerns on your child's commute to school, if any?	UXOs/Shooting/Shelling
% of HHs experiencing security concerns in the vicinity of the education facility	What are the main safety and security concerns in the vicinity of the education facility (area), if any?	UXOs/Shooting/Shelling/military presence inside school

Indicator	Question	Not Humanitarian Need (0)	Yes Humanitarian Need (1)
Reasons for children experiencing a gap of more than one month in the previous academic year	If ay of the children in your HH unable to attend school for more than 1 month this academic year (excluding schools closing for COVID-19), why?	Never/Rarely/Sometimes/Don't know	Too expensive (school fees, supplies, transport etc.)/Health issues/School is damaged/Security concerns by parent AND was missing school for more than 1 month

% of HHs experiencing security concerns while commuting to education facility	What are the main safety and security concerns on your child's commute to school, if any?	None OR military presence	Danger at checkpoints
% of HHs experiencing security concerns in the vicinity of the education facility	What are the main safety and security concerns in the vicinity of the education facility (area), if any?	None	Military presence in vicinity of school
% of children dropping out of school in the previous year	Prior to the Covid-19 outbreak, how many school-aged children in the household dropped out of school during the current school year (2019-2020)?	None	At least 1
% of school-aged children attending formal education regularly (at least 4 days a week) before the Covid-19 outbreak, per age and sex group.	For the current school year (2019-2020), how many school-aged children in the household were attending formal school regularly (at least 4 days per week) BEFORE the Covid-19 outbreak (15th of March)?	50% or more	Less than 50%
% of school-aged children (who were previously attending school) continuing teaching and learning activities remotely (where schools are closed)	How many of the school-aged children in the household (who were previously attending school but could not because of COVID-19 pandemic) have been following or trying to follow their school curriculum remotely since leaving?	All	Less than 100%
% of HHs experiencing problems with accessing education by reported problem	What are the main problems that children of your HH face in their school?	No problems OR HH reports two or less of the following: distance to school, quality of teachers, quantity of teachers, Price for service, Conditions of the venue, Overcrowded classrooms, Problems with distance learning due to closure of school for COVID-19 e.g. bad internet connection	Lack of PSS/Lack of medical support/School is unsafe OR HH states at least three of the following: distance to school, quality of teachers, quantity of teachers, Price for service, Conditions of the venue, Overcrowded classrooms, Problems with distance learning due to closure of school for COVID-19 e.g. bad internet connection