KEY FINDINGS

42% of assessed households across Ukraine had Extreme or Extreme+ levels of needs, driven by livelihoods, SNFI, and protection indicators.

- Overall, conflict-affected areas in the East and South had the highest proportion of households reporting Extreme or Extreme+ levels of need. This may be due to proximity to the frontline and direct impact of on-ground hostilities.
- A low proportion of assessed households (13%) reported Extreme or Extreme+ levels of need in multiple sectors. However, this proportion was higher in the East (29%) and the South (22%).
- Extreme livelihoods needs were reported by 19% of households overall - with the highest proportions in the East (23%), North (22%) and Center (21%).
- Seventeen percent (17%) of households assessed nationally had Extreme or Extreme+ needs in SNFI - higher proportions in the East (26%) and South (21%).
- Extreme or Extreme+ needs in protection were found in 15% of assessed households overall - this was highest in the East (31%) and South (21%).

Assessed female-headed households were more likely to report Extreme or Extreme+ needs (46%), compared to male-headed households (38%).

- Assessed households including members with a disability overall had Extreme and Extreme+ needs more often than those without (56% and 37%, respectively).
- Displaced households reported Extreme and Extreme+ levels of needs more often than non-displaced in protection (20% displaced, 8% host community), SNFI (24% and 15%).
- Overall, HHs with older people (60+) were more likely to report Extreme or Extreme+ levels of need (48%), compared to HHs without them (38%).
- HHs from rural settlements were more likely to report Extreme or Extreme+ levels of needs in all macro-regions except for West (relatively equal share between rural and urban) and East, where households from urban settlements are more likely to report high needs.
- Rural households were also more likely to report Extreme needs in education (13%).

For more detailed findings, please refer to the following pages.
MULTI-SECTOR NEEDS ASSESSMENT (MSNA)
OVERVIEW

CONTEXT. The escalation of the war in Ukraine on 24 February 2022 sparked mass displacement across the country. As of January 2023, it is estimated that 5.4 million people were internally displaced,1 with a further 8 million displaced abroad.2 At the time of publication, active hostilities were ongoing in northern, eastern and southern Ukraine, leading to widespread damage to civilian infrastructure and reportedly high levels of humanitarian need in areas in proximity to the frontline (REACH, HSM). Concurrently, intermittent strikes on critical infrastructure commencing on October 4 led to country-wide disruptions to power, water, and heating supply between October 2022 and January 2023.

Despite efforts to assess the severity of the situation during the first months of the escalation of the war, information was limited due to the rapidly evolving security landscape, and associated economic and demographic changes.4 In response to this gap, and in line with the suggestion of the Humanitarian Country Team (HCT), REACH and WFP launched a nation-wide Multi-Sectoral Needs Assessment (MSNA) in August 2022. The objective of the MSNA was to provide an overview of the humanitarian situation in Ukraine, establish a baseline for future assessments of household-level needs, and confirm calculations underpinning the 2023 Humanitarian Needs Overview. More specifically, the MSNA seeks to understand the demographic profile of affected areas, the magnitude, and severity of needs, and barriers to assistance.

The assessment involved a mix-method approach in order to access both physically accessible and inaccessible territories across Ukraine. This comprised of 12,804 face-to-face interview conducted by REACH in accessible areas of Ukraine (see the coverage map) and 645 telephone interviews (CATI), overseen by WFP, in areas that were inaccessible due to the security situation.

In total, 13,449 households were interviewed across 55 raions in 22 oblasts of Ukraine.

The sample was stratified across purposively selected raion (districts) to take into account both urban and rural areas, and Conflict Affected Raion (CAA). In CAAs, a sample was drawn for findings representative at the raion-level with a 95% confidence level and 5% margin of error, while in the rest of Ukraine the sample was drawn for a 7% margin of error.5

The findings detailed in this MSNA Bulletin are based on the analysis of the Multi-Sector Need Index and Sectoral Living Standards Gaps (LSGs). Given the brevity of the publication, findings were aggregated to the macro-region (see Coverage Map). Findings aggregated to the macro-region level do not factor in the situation in raions that are not covered by data collection, and should thus be considered indicative rather than representative of the situation in the region.

See the methodological overview6 for more details.
The MSNI is a composite indicator designed to measure the overall severity of humanitarian needs of a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found in the MSNA Methodology Overview.

While, overall, 42% of assessed households were found to have Extreme or Extreme+ levels of multi-sectoral need, there was a notable difference between regions. In the conflict-affected East and South macro-regions, an Extreme or Extreme+ level of need was encountered in 60% and 53% (respectively) of assessed households. In areas further from the active frontline, a lower level of multi-sectoral need was found (North: 41%, Center: 34%, West: 30%).

As seen in the map on page 1, raion in which 60-100% of assessed households had Extreme or Extreme+ levels of needs were found in Donetsk, Kharkivska, Zaporizka, and Dnipropetrovska Oblasts (East macro-region), as well as in Mykolaivska and Odeska (South macro-region) Oblasts.

This may potentially relate to the disruptions to services and markets, and physical damage to infrastructure closer to the frontlines.

When disaggregated by selected demographic characteristics, it can be seen that the measured level of needs varies by the household profile. Amongst the analysed profiles (seen in the table to the left), assessed households including a member(s) with disability were most likely to have an Extreme or Extreme+ level of needs (56%). This was followed by displaced households (55%), households with members aged over 60 years (48%), returnee households (49%), and female-headed households (46%).

These high levels of Extreme and Extreme+ needs may relate to pre-existing vulnerabilities. The following section explores in further detail the drivers for the extreme levels of need.
HUMANITARIAN NEEDS AND DRIVERS

At the national and regional level, Extreme and Extreme+ levels of need appear to be primarily driven by Living Standard Gaps in livelihood (19% of assessed households), SNFI (17%), protection and education (11% respectively).  

Regional profile

Overall, 13% of assessed households reported Extreme or Extreme+ needs across more than one LSG. This was highest in the East macro-region (29%). In this region, assessed households reported Extreme levels of need in higher proportions across all sectors (compared to the average). The most reported Extreme and Extreme+ LSGs in this region were related to protection (31%), SNFI (26%), and livelihoods (23%). Gaps in access to education were also reported by 16% of households with children between the ages of 6 and 17 years. A similar pattern of needs profile was found in the South (seen in the tables below).

Extreme LSGs were generally found to a lesser extent in other parts of the country, with the exception of livelihoods which was found in higher proportions in the North and Center (18% and 17%, respectively). Extreme water sanitation and hygiene (WASH), health, and food security needs had a low reported incidence at the national and regional level, however, there were locations in which a higher proportion of households reported these concerns, possibly due to damage to infrastructure and population movement. This includes, for example:

- Health: Donetska oblast (East): 14%, Mykolaivska (East): 17%, Kharkivska (East): 10%, Ternopilska (West): 10%.
- Food security: Donetska oblast: 7%, Kharkivska (East): 7%, Mykolaivska (East): 8%, Chernivetska (West): 6%.

Demographic profile

Analysis of the LSGs by selected household characteristics (see tables below), suggests that the drivers of Extreme and Extreme+ needs differ across groups. For example, households assessed to have a member(s) with disability reported more than one extreme LSG in 27% of cases, compared to 14% of interviewed households with members aged over 60 years.

Households including persons with disability in residence also reported extreme levels of need at a higher frequency than average across 6 out of 7 sectors (for example, 20% reported an extreme level of LSG in health, as compared to 5% of households nationally, see the table below). Households with members aged over 60 years also reported more frequently LSGs in livelihoods (23%) compared to the average, as did female-headed households (23%). While all selected vulnerability profiles reported gaps in SNFI, households including a member with disability and displaced households reported gaps most frequently (24%).

Additional analysis on geographic and demographic variation will be provided in the sectoral outputs.
HUMANITARIAN ASSISTANCE: POPULATION PERCEPTIONS

Top 5 self-reported priority needs:

<table>
<thead>
<tr>
<th>Need</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food</td>
<td>39%</td>
</tr>
<tr>
<td>Medicines</td>
<td>31%</td>
</tr>
<tr>
<td>Healthcare</td>
<td>20%</td>
</tr>
<tr>
<td>Heating fuel</td>
<td>19%</td>
</tr>
<tr>
<td>Clothing</td>
<td>15%</td>
</tr>
</tbody>
</table>

With 73% of respondents reporting the need for some kind of humanitarian assistance, they were reported with the following patterns:

- Older persons (respondents in the 60+ age groups) reported “food” more often compared to other age groups. Furthermore, households from urban and rural areas in the North and East, and urban areas in the West also reported food assistance more often.
- Similarly, older persons reported the provision of medicine as a need more than twice as often than other age groups. Households in rural areas also reported this more frequently than those in urban areas. Among barriers to access medicine, high prices was reported most often (14% overall).
- Households in rural areas were three times more likely to report needing **fuel for heating** than those in urban areas.
- Need for clothing (including winter clothes, coats, and boots) was reported equally by respondents of all age groups, in both urban and rural areas.
- **Drinking water** was the sixth most reported type of need overall (14%). This need was reported more frequently in rural areas in the East (27%), and urban areas in the South and West (19 and 22% respectively).

Preferred communication means with aid providers:

36% of respondents preferred **phone call** as their main mean to communicate with aid agencies about the assistance available, the assistance received or the misconduct of aid workers. Respondents from urban areas and those aged 18-59 reported this preference more often.

28% preferred **direct face-to-face** communication with aid workers, with respondents from rural areas and those aged 60+ reporting this preference more often.

12% reported **Viber** as the most preferred communication channel among mobile messenger applications, followed by Telegram (9%).

Only 2% of respondents overall reported complete absense of **phone network coverage**, while 59% of respondents reported that they had **internet network coverage** all the time and 25% reported not using internet at all.

Satisfaction with the aid received:

82% of the 4,640 households that reported having received aid since the escalation of hostilities revealed being satisfied or very satisfied with it.

The top three reasons for dissatisfaction with aid received reported by households included:

1) **Insufficient quantity of aid (60%)**
2) **Inconsistent provision of assistance (46%)**
3) **Poor quality of aid (39%)**

Additionally, some respondents reported:

- **Unclear communication about time, location and the requirement of assistance.** This was more often reported by respondents in urban areas (26%) than in rural areas (16%). This reason was more often reported in assessed raions in CAA of the South (33%) and North (46%) than in other macro-regions.
- **Assistance was not delivered in a fair or impartial manner** (30% of dissatisfied respondents in rural areas in the raions of the South). In the South, it was reported more than twice as often by older persons (60+), who also reported inappropriate type of assistance and delayed delivery, than other age groups. This reason was also reported by 41% of respondents in rural areas in the North and 31% of respondents from urban areas of the East.

Preferred assistance modalities for future receiving aid:

<table>
<thead>
<tr>
<th>Modality</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>55%</td>
</tr>
<tr>
<td>In-kind</td>
<td>42%</td>
</tr>
<tr>
<td>Services</td>
<td>17%</td>
</tr>
</tbody>
</table>

Reported barriers to assistance:

48% of respondents reported that they faced certain barriers to obtain humanitarian assistance. The most reported barriers were **not enough information on how to register for assistance** (22%) and on **where humanitarian assistance was provided** (21%).
ACKNOWLEDGEMENTS

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Ukraine Humanitarian Country Team (HCT)

Ukraine Inter-cluster Coordination Group (ICCG)

FUNDED BY:

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WITH THE SUPPORT OF:

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WFP

Ukraine Assessment & Analysis Working Group (AAWG)

Methodology. The MSNA is implemented across the whole of Ukraine, with increased data collection levels in areas directly affected by the escalation of the war. REACH conducted the MSNA in collaboration with WFP. In total, REACH collected 12,804 face-to-face interviews, and WFP 645 Computer-Assisted Telephone Interviews (CATI) across 11 hard-to-reach raions. The sample was stratified according to raion. Raions were purposively selected taking into consideration urban and rural raions, as well as the level of conflict affectedness and humanitarian needs through secondary data review (SDR). In areas directly affected by the escalation of the war, a sample was drawn for findings representative with a 95% confidence level and 5% margin of error. In areas not directly affected by escalation of the war, a smaller sample was drawn for a 7% margin of error. The findings are only representative for sampled raions; further disaggregation to higher administrative levels should be considered indicative.

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

3 For the face-to-face component, findings are representative at the raion level with the following level of precision (depending on geographic areas):
   - West, Center - 95% level of confidence, 7% margin of error;
   - North, East, and South - 95% level of confidence, 7% margin of error.
For the telephone interview component, findings are representative at the group of raions level:
   - Selected raions within Donetska oblast - 95% level of confidence, 7% margin of error;
   - Selected raions within Kharkivska and selected raions within Mykolayivska oblasts - 95% level of confidence, 7% margin of error.
4 REACH (HSM, JMMI, ATM), IOM (GPS), WFP (FSM).
5 The sample size per stratum was based on pre-escalation population figures from the State Statistics Service Ukraine (SSSU). Statistical Publication on Number of Present Population of Ukraine January 2022, available here.
6 REACH, Ukraine 2022 MSNA Methodology Overview and the Calculations of the MSNA Indicators, available here.
7 To ease readability of the findings, oblasts with raions where data was collected were grouped by macro-regions in the following way:
   - West: Volynska, Zakarpatska, Ivano-Frankivska, Lvivska, Rivnenska, Ternopils’ka, Khmelnytska, Chernivetska;
   - Center: Vinnyska, Kirovohradska, Poltavska, Cherkaska;
   - North: Zhytomyrska, Kyivska oblast, Sumska, Chernihivska, Kyiv city;
   - East: Donetska, Dnipropetrovska, Zaporizka, Kharkivska;
   - South: Mykolaivska, Odeska.
8 Living Standard Gaps (LSGs) are composite indicators designed to measure the sector-specific severity and magnitude of needs for each humanitarian sector included in the MSNA. LSGs are the analytical building blocks for producing the overall MSNI.
9 The frequency of need in more than more LSG appears to be more prevalent amongst assessed households with Severe level needs (3), rather than Extreme or Extreme+. These will be explored in detail in the forthcoming Sectoral Report.
10 Shows LSG = 4 as a proportion of assessed households with children aged 6 - 17 years age rather than the total sample.
11 Within sectors, needs categories were split in a different way, thus top 5 self-reported needs may have different proportions when analysed by sector (for instance, both “Medicines” and “Healthcare” represent one sector).
   However, Food with 39% was the highest reported single need among all sectors.
12 Respondents could select multiple options.