

March 2024 | Ukraine

CONTEXT & RATIONALE

The escalation of the war in Ukraine in February 2022 led to mass displacement and increased humanitarian needs across the country. For the 3.67 million people displaced internally, the 4.57 million returnees,¹ and all others with humanitarian needs across Ukraine, the continuing war poses risks across all facets of life.

An annual, nationwide survey conducted at the request of the Humanitarian Country Team and in collaboration with the World Food Programme (WFP), the Multi-Sectoral Needs Assessment (MSNA)² assesses the humanitarian needs of households in Ukraine. The 2023 MSNA was conducted via a combination of 11,427 face-to-face interviews and, for areas otherwise inaccessible to the data collection team, 1,895 Computer-Assisted Telephone Interviews. An additional 2,038 interviews were conducted with households in Collective Sites (CS). Findings at the macro-regional level are representative, though population disaggregations (e.g. displacement status) are indicative.³

With returnees now outnumbering internally displaced people⁴ and the Global Humanitarian Overview for 2024 adopting an ‘ultraprioritised’ approach,⁵ adequate and well-targeted programmatic responses require an up-to-date evidence base from which to draw. MSNA analysis conducted by REACH raised questions regarding the unique needs faced by people having experienced displacement. Four sectors emerged in which displacement status appeared to play a notable role: livelihoods, health, education, and protection. This brief will provide context around the variations in needs across these sectors according to displacement status, presenting findings on humanitarian needs across four groups prioritized in the strategic objectives of the 2024 Humanitarian Needs and Response Plan (HNRP)⁶ – displaced people residing in CS, displaced people living in non-Collective Sites (non-CS) (i.e. in the host community), returnees, and non-displaced, conflict-affected people.

This brief aims to complement the findings on the geographical distribution of needs identified in the HNRP by providing sector-specific analysis, expanding the evidence base from which humanitarian actors can draw to plan interventions.

Displacement by the numbers:

 **3.67 million internally displaced**

 **4.57 million returnees**

 **113,000* displaced in CS**

*Approximately 3% of internally displaced population⁷

KEY MESSAGES: NOTABLE DIFFERENCES BY REGION AND DISPLACEMENT STATUS

- Regular access to education is a challenge for displaced children, especially those living in CS, the majority of whom attend school remotely.
- Difficulty affording services or treatment was the most frequently reported barrier to accessing health care, and was a particular challenge for displaced households living in the host community in the North and South.
- The high proportion of returnee households in the East reporting experiences of armed violence or shelling in the 90 days before data collection suggests that households are returning to their areas of origin, even if it entails substantial risk.

Map 1: Assessed areas of Ukraine and macro-regional divisions⁸



LIVELIHOODS & EMPLOYMENT

Displacement and livelihoods interact in a complex manner. For those who are displaced, employment opportunities may be limited by apparent mismatches between the skills they offer and those demanded by employers.⁹ Livelihoods in the South and East have been impacted by the war particularly severely, as industrial centers, such as Mykolaiv and Kherson, have seen damaged production facilities and hampered capacity for restoration, limiting new employment opportunities.¹⁰ These findings may help explain the high levels of unemployment across the considered population groups, especially among displaced households.

Table 1: Proportion of unemployed household members (aged 18-59), by displacement status and region

| | Non-displaced | Returnee | Displaced (CS) | Displaced (non-CS) |
|--------|---------------|----------|----------------|--------------------|
| West | 7% | 5% | 24% | 15% |
| North | 9% | 7% | 27% | 15% |
| Centre | 6% | 5% | 27% | 18% |
| South | 10% | 12% | 43% | 21% |
| East | 10% | 24% | 17% | 19% |

There was generally little variation in employment rates across macro-regions, with two major exceptions. First, displaced people living in CS in the South emerged as an outlier, both within their population group and in the overall population. More than two out of five displaced household members in CS between 18 and 59 years old were reportedly unemployed; a proportion at least twice as large as reported by any other group in the region. Second, in the East, returnee households exhibited an unemployment level at least twice as high as they did in any other macro-region.

Employment centers have reported difficulty in providing permanent employment to displaced people due to uncertainty in potential relocation intentions.¹¹ This particular challenge bears the potential to become a negative cycle: displaced people's intention to remain or relocate is affected by employment opportunities available to them, with difficulty finding livelihoods or employment opportunities identified as a notable push factor for re-displacement.¹²

Regarding other livelihoods indicators, income varied more by region than by displacement status, with households in the South and East reporting the lowest median income per capita in the 30 days before data collection. The high levels of income reported by displaced households living in host communities in the West

Table 2: Median monthly income per capita* (UAH), by displacement status and region

| | West | North | Centre | South | East |
|--------------------|-------|-------|--------|-------|-------|
| Non-displaced | 4,500 | 4,400 | 5,000 | 4,040 | 4,500 |
| Returnee | 6,250 | 5,200 | 5,670 | 4,330 | 3,500 |
| Displaced (CS) | 4,400 | 5,400 | 5,000 | 3,900 | 5,000 |
| Displaced (non-CS) | 7,500 | 4,875 | 5,000 | 4,400 | 4,670 |

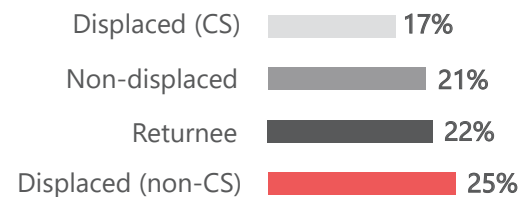
contrasted with the low reported incomes of the same group in the South and East - potentially indicates that financial resources facilitate relocation farther away from areas directly affected by the war, although available data does not allow for firm conclusions.

The livelihoods of non-displaced people, despite not relocating themselves, may also be affected by displacement movements. A qualitative study conducted by the Danish Refugee Council found that farmers in the South and East faced reductions in their consumer base from individuals who had relocated to other areas.¹³ Such findings may help explain, in part, the low incomes reported by non-displaced households in the South and East.

HEALTH

Although the vast majority of people – regardless of displacement status or macro-region – who sought care were able to access it, noticeable differences emerged in the frequency with which barriers to access were reported across regions and population groups.

Figure 2: Percentage of household members who reported at least one barrier to accessing health care



*Reported by households in the 30 days before data collection

At the national level, displaced household members living in host communities were the group most likely to report experiencing at least one barrier hindering their access to health care. Among such household members who identified at least one barrier, the most frequently cited across all population groups was the inability to afford the cost of the consultation or service.

Ukraine's health system has been severely disrupted by the war, the repercussions of which have affected each considered population group differently. In line with the health reforms enacted in 2018,¹⁴ all people who register with a primary health care (PHC) provider may receive services at no personal cost. Safeguards exist even to respond to displacement; when applicable, people may register as internally displaced to receive care at no cost even without a contracted PHC provider. The health care of people who are unregistered, however, is not covered by national health financing.¹⁵ In these cases, individuals seeking health care must pay fees to receive consultations or services.

Table 3: Proportion of household members for whom cost of health care was identified as a barrier to access, by displacement status and region

| | Non-displaced | Returnee | Displaced (CS) | Displaced (non-CS) |
|--------|---------------|----------|----------------|--------------------|
| West | 8% | 10% | 6% | 12% |
| North | 13% | 12% | 7% | 18% |
| Centre | 7% | 1% | 10% | 2% |
| South | 13% | 9% | 5% | 23% |
| East | 12% | 14% | 9% | 10% |

Cost remains a barrier for people seeking health care, despite such health reforms. More frequently, cost of services was reported as a barrier for displaced household members outside of CS in the South and North than other considered groups both within these respective regions, as well as across all regions (23% and 18%, respectively). Given the World Health Organization found that health care centers saw an increase in PHC facilities treating unregistered patients who are thus outside of the national health financing,¹⁶ MSNA findings potentially suggest that it may be specifically lack of registration, and household members' subsequent inability to access the standard financing processes of the Ukrainian health system, which may lead to displaced households reporting cost as a barrier, rather than pure cost. Critically, displaced households living in host communities may be disinclined

to register with a new provider if they eventually intend to return to their original home (as is the case for the majority of displaced individuals),¹⁷ or they may face bureaucratic difficulties in registering with a new provider.

The population groups across and within the regions reported cost as a barrier at different frequencies. For example, cost of health care as a barrier to access was more frequently reported as a barrier for displaced household members living in host communities in the South (23%) than for other considered groups in the region. In contrast, in the East and the West, cost was reported less often and there were negligible differences between the considered groups.

The median income (Table 2, pg.3), did not always seem to explain these differences. For example, despite cost more often being reported as a barrier for those household members in the South living in host communities (23%), this group also reported the highest median income of any population group in the South (4,400; Table 2, pg.3). In contrast, households in CS reported the lowest median income by population group in the South (3,900; Table 2, pg.3), despite cost being reported as a barrier the least often amongst considered groups in the South (5%). Other factors than income, such as access to national health financing, thus play a role in health care access.

Displacement movements may complicate health care access, as well. Existing registrations with PHC providers are easily disrupted, with changes to doctors' places of residence reported as one of the main reasons for patients registering with a new physician.¹⁸ Given high displacement in the East, returnee households may need to re-register with a PHC provider to receive treatment under government-provided coverage. The substantial proportion of such households reportedly reducing health care costs as a coping strategy (46%) may be both a reflection of their low reported income (3,500; Table 2, pg.3) and an indication that re-registration in the national system is a challenge.

Interestingly, households displaced to CS, despite their vulnerability, have certain protections that may mitigate barriers to health care. As reported by REACH's 11th round of Collective Site Monitoring (CSM), information on health care facilities and services was reportedly available in 90% of assessed sites.¹⁹ Moreover, a greater proportion of these households (21%) reported receiving health assistance in the three months before data collection than non-displaced households (13%), returnees (10%), and displaced households living in host communities (9%).

These factors may help explain why barriers to accessing health care were least likely to be reported for household members displaced in CS and the most likely to be

reported for household members living in host communities (Figure 2, pg. 3).

EDUCATION

Nearing the two-year mark since the escalation of the war in Ukraine, access to formal education remains a challenge for many. Lack of access to education carries risks beyond education. Schools provide children with the opportunity to socialize and develop, and reliable access to in-person education is necessary to meet all their needs.²⁰

Table 4: Educational modality for school-aged household members enrolled in school, by displacement status per region

| Macro-region | Displacement Status | Education Modality | | |
|--------------|---------------------|--------------------|----------------|--------|
| | | In person | Mixed Modality | Remote |
| West | Non-displaced | 51% | 46% | 4% |
| | Returnee | 47% | 49% | 4% |
| | Displaced (non-CS) | 62% | 24% | 14% |
| | Displaced (CS) | 27% | 16% | 57% |
| North | Non-displaced | 25% | 53% | 22% |
| | Returnee | 34% | 40% | 25% |
| | Displaced (non-CS) | 37% | 28% | 35% |
| | Displaced (CS) | 19% | 13% | 67% |
| Centre | Non-displaced | 27% | 62% | 11% |
| | Returnee | 38% | 48% | 14% |
| | Displaced (non-CS) | 8% | 40% | 53% |
| | Displaced (CS) | 17% | 20% | 63% |
| South | Non-displaced | 13% | 35% | 51% |
| | Returnee | 13% | 26% | 61% |
| | Displaced (non-CS) | 8% | 18% | 75% |
| | Displaced (CS) | 10% | 2% | 88% |
| East | Non-displaced | 4% | 6% | 89% |
| | Returnee | 1% | 20% | 79% |
| | Displaced (non-CS) | 0% | 4% | 96% |
| | Displaced (CS) | 2% | 3% | 95% |

Among displaced school-aged household members (6-17) living in CS, remote education was the most common learning modality across all regions for children enrolled in school, meaning that regardless of where they resided, educational opportunities for children in CS carried limitations.

Table 5: Regularity of attendance of children enrolled in school, by displacement status and modality

| Displacement Status | In person | | Mixed Modality | | Remote | |
|---------------------|-----------|----|----------------|----|--------|-----|
| | Yes | No | Yes | No | Yes | No |
| Non-displaced | 98% | 2% | 99% | 1% | 89% | 11% |
| Returnee | 96% | 4% | 94% | 6% | 93% | 7% |
| Displaced (CS) | 95% | 5% | 96% | 4% | 92% | 8% |
| Displaced (non-CS) | 94% | 2% | 93% | 7% | 87% | 13% |

Regionally, while in-person education represented the modality of a larger proportion of children in the West and North, a large majority of those in the Eastern and Southern macro-regions reportedly attended school remotely, despite the Ukrainian government's efforts to promote a return to face-to-face instruction.²¹

Across all population groups, children learning remotely were less likely to attend school regularly (at least 4 days per week) than those learning either in person or in blended settings. Displaced households, particularly those living in CS, are much more likely to have children attend school remotely, and are thus at a higher risk of non-attendance.

Education in CS is characterized by numerous challenges. A lack of equipment (21%) and private space (10%) were identified by Key Informants in REACH's CMS Round 11 as barriers to education. Additionally, as many schools have been converted – at least partially – to spaces designed to host those displaced, their original purpose may be affected or disrupted.²² This may have repercussions for all children who rely on them, not only those displaced to these sites.

Displaced children may still attend – remotely – the schools in which they were enrolled before their relocation.²³ For many that were displaced from conflict-affected areas, shelling and air strikes may continue to affect children's access to education, regardless of their distance from the war. An assessment conducted by Plan International²⁴ estimated that, in the last months of 2022, over half of online classes had been canceled due to missile strikes and ensuing power outages.

PROTECTION

As may be expected, household experiences of safety and security incidents related to armed violence or shelling follow clear geographical patterns, regardless of displacement status. Findings for returnees, however, stand out.

Figure 3: Percentage of households who reported experiencing armed violence/shelling, by region and displacement status*

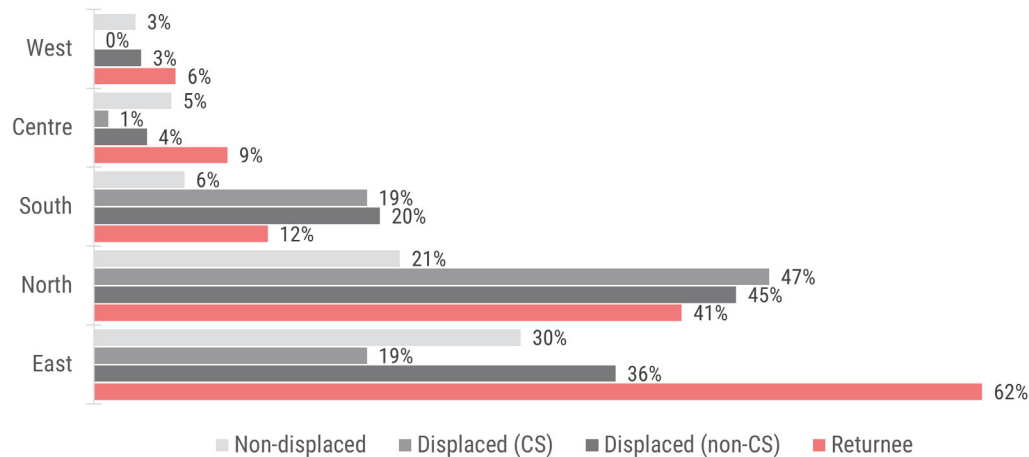


Figure 3 highlights returnees' disparate degree of exposure to conflict-related violence in the Eastern macro-region of Ukraine, where 62% of returnee households reported having experienced at least one instance of armed violence in the three months prior to data collection. The widespread experiences of armed violence and shelling among returnees align with the conclusions from the latest Conditions of Return Assessment conducted by the International Organization for Migration (IOM)²⁵ which found that while safety and security conditions may factor into some displaced people's decisions to return, many others choose to return despite facing severe conditions.

*In the three months prior to data collection

CONCLUSION

In the context of displacement, the diverging needs across different populations require responses that are tailored to each group and each region. These needs do not exist independently of each other with sectoral needs frequently overlapping and compounding upon one another.

The humanitarian needs at times differed by population and by region. For example, in the North and the South, cost as a barrier to health care access varied by population, with cost as a barrier being more often reported for displaced household members living in host communities in these regions. In contrast, in the East and the West there was negligible differences between the population groups. In the protection sector, there was a concentration of needs in the East, specifically for returnee households who more often reported experiencing instances of armed violence/shelling in the 90 days before data collection. In terms of livelihoods, displaced households, specifically in CS, more often had household members who were unemployed.

The interconnected nature of such sectoral needs identified in the MSNA also emerged as a key finding. For example, the data indicate that protection concerns also may carry implications for education. Displaced children enrolled in school, especially those living in CS, face potential barriers to education in the form of disruption to scheduled classes from missile strikes or power outages, regardless of their distance from the conflict. Further, combined with returnees' relatively lower income, the protection concerns reported by returnee households suggests that such households return to their areas of origin under challenging circumstances which may exacerbate household vulnerabilities over time.

MSNA findings demonstrate that humanitarian needs across Ukraine cannot be captured by a single narrative or responded to in a unitary manner. Careful examination of and response to regional and population nuances are needed.

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

- 1 [ReliefWeb: Ukraine key figures](#)
- 2 [REACH, 2023 MSNA methodological overview. 2023](#)
- 3 [Ibid.](#)
- 4 [IOM Displacement Tracking Matrix: Ukraine](#)
- 5 [OCHA, Global Humanitarian Overview 2024: UN launches \\$46 billion appeal for 2024 as humanitarian outlook remains bleak, 11 December 2023](#)
- 6 [OCHA, Ukraine Humanitarian Needs and Response Plan 2024, 3 January 2024](#)
- 7 [IOM, Ukraine - Internal displacement report: General population survey round 12, January 2023](#)
- 8 [REACH, 2023 MSNA methodological overview. 2023](#)
- 9 [DRC, Ukraine: Livelihoods baseline evaluation Mykolaiv, Dnipropetrovsk, Zaporizhzhia, and Kherson Oblasts, October-November 2023](#)
- 10 [Ibid.](#)
- 11 [People in Need, Report on employment and economic integration situation of internally displaced persons, October 2023](#)
- 12 [IOM, Ukraine - Internal displacement report: General population survey round 15, December 2023](#)
- 13 [DRC, Ukraine: Livelihoods baseline evaluation Mykolaiv, Dnipropetrovsk, Zaporizhzhia, and Kherson Oblasts, October-November 2023](#)
- 14 [WHO, Accessing health care in Ukraine after 8 months of war, October 2022](#)
- 15 [WHO, Primary health care financing in Ukraine: A situation analysis and policy considerations, November 2023](#)
- 16 [Ibid.](#)
- 17 [IOM, Ukraine - Internal displacement report: General population survey round 14, October 2023](#)
- 18 [WHO, Primary health care financing in Ukraine: A situation analysis and policy considerations, November 2023](#)
- 19 [REACH, Ukraine: Collective Site Monitoring - Round 11, December 2023](#)
- 20 [Plan International, War in Ukraine: Attacks on schools, interrupted education and loss of learning outcomes for children in Ukraine and in host countries, March 2023](#)
- 21 [Ministry of Education and Science of Ukraine, New School Year: Challenges, Plans, Decisions. 2023](#)
- 22 [REACH, Ukraine: Collective Site Monitoring - Round 11, December 2023](#)
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- 25 [IOM, Ukraine - Conditions of Return Assessment factsheet - Round 5, November 2023](#)

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