

HUMANITARIAN SITUATION MONITORING CALIBRATION ASSESSMENT

May 2023
Ukraine

KEY MESSAGES

- Overall, households (HHs) in the areas with closer proximity to the front line were found to be experiencing higher needs across multiple sectors. Furthermore, **7% of HHs in the South and 5% of HHs in the East reported no income source and reliance on assistance only.**
- The economic dimension of barriers** was particularly prevalent in terms of accessing essential items and services (such as **food, health care, medicines**). This may disproportionately affect HHs with specific socio-demographic characteristics (such as female-headed HHs, HHs with 60+ year old heads of HH (HoHH)) that were more likely to report relying on assistance or government benefits to meet their needs.
- Dissatisfaction rate for the different types of aid received by surveyed HHs was between **3% and 5%**, with **HHs in the South more likely to report dissatisfaction with food assistance, and HHs in the East - with shelter and WASH.**

ASSESSMENT COVERAGE



DEMOGRAPHICS

Overall, 4,889 households (HHs) were assessed with a total of 14,003 HH members.

Average household size: **2.9**

Single female-headed households: **9%**

HoHH sex

Female (56%)
Male (44%)

HH members by age⁴

60+	22%
18-59	54%
6-17	17%
0-5	5%

CONTEXT & RATIONALE

Escalation of the war in February 2022 resulted in wide-scale displacement of people with around 6 million people living as refugees across Europe (as of 19 June 2023)¹ and an estimated over 5 million people displaced internally across Ukraine (as of May 2023)², as well as destruction of civilian infrastructure across the country and deteriorated access to essential services.

Given the dynamic nature of the humanitarian situation in Ukraine, ongoing monitoring of needs is needed to ensure the response plans remain aligned with the situation on the ground.

ASSESSMENT OVERVIEW

In line with HSM's primary objective of **providing up-to-date multi-sectoral data on the evolution of humanitarian needs** in Ukraine to enable monitoring of change in needs and targeting of response plans, **Calibration Assessment also intends to provide mid-term updates on crucial MSNA baseline data** from October-December 2022.³

METHODOLOGY:

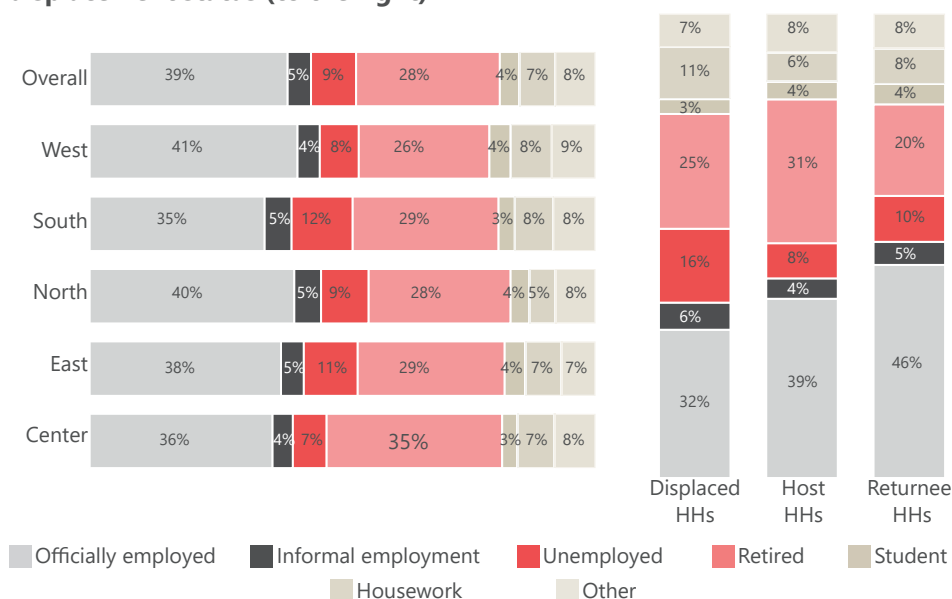
The data was collected at household (HH) level through randomised CATI⁵ surveys from 19 April to 15 May 2023. A representative HH-level sample was taken at the oblast level.

Overall, through its data collection partners, REACH collected 4,889 HH-level interviews in 23 oblasts and Kyiv city yielding findings that are representative at a **95% level of confidence with 7% margin of error**. The sample size does not enable representative findings disaggregated for specific population groups e.g., returnees,⁶ displaced,⁷ and non-displaced⁸ populations, and should be regarded as indicative for these groups.

LIVELIHOODS

Household member employment status

Figure 1: % of HH members (>18) by employment situation (n=10,636) in the 7 days prior to data collection, by macro-region (to the left) and by displacement status (to the right)



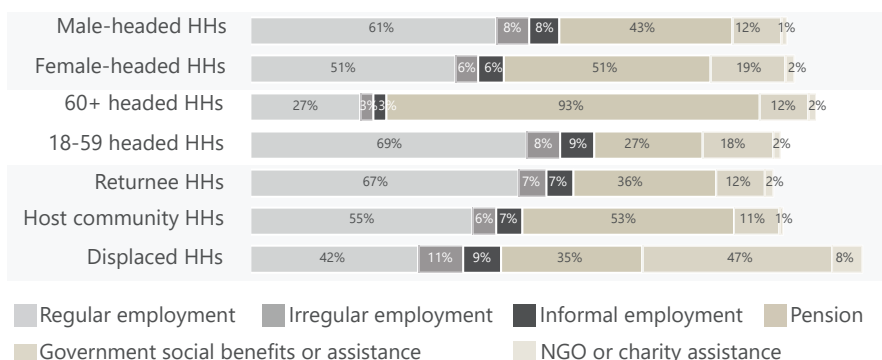
Overall, HH members (over 18 years old) in the **South (12%)** and **East (11%)** were more likely to report being unemployed than in other macro-regions. On the oblast level, highest unemployment rate among HH members was found in **Khersonska (26%)**, **Donetska (18%)**, and **Kharkivska (15%)**. Similar to MSNA 2022,⁹ the biggest employment disparity was found between **Lvivska oblast**, where **48%** of HH members were found to be officially employed (in permanent or temporary paid work or daily labor), compared to Donetska and Khersonska oblasts (**22%** and **24%** respectively).

Income and expenditures

The most reported primary income sources over the 30 days prior to data collection were **regular employment in private or public sector (56%)** and **pension (48%)**.

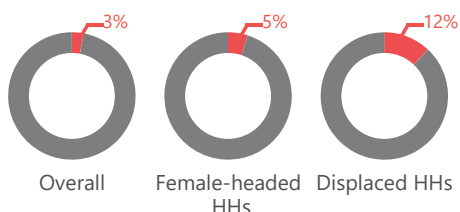
The share of HHs with regular employment as their primary income source was the lowest in the **South (47%)**. Similarly, **HHs in the South were more likely to report Government assistance or social benefits** as their primary income source (**21%** compared to the **16%** national average), as well as NGO or charity assistance (**7%** vs **2%** national average).

Figure 2: % of HHs by primary income sources in the 30 days prior to data collection (n=4,875) by HoHH sex, HoHH age, and displacement status



Urban/rural disaggregation indicates higher share of urban HHs reporting **regular employment as their primary income source (58%)** than among rural HHs (**49%**), with the latter more commonly reported pension as their primary income source (**56%** vs **44%**).

Figure 3: % of HHs relying on assistance only (n=4,889)



Share of HHs reporting no other income source and relying on assistance only was particularly high in the **South (7%)** and the **East (5%)**.

Figure 4: Average HH income (UAH) reported from regular employment in the 30 days prior to data collection by % of HHs who reported income from regular employment (n=2,598), by macro-region



Overall, the **lowest average HH income from regular employment was reported in the South**, and particularly by the rural HHs in the region (**13,063 UAH**).

Surveyed female-headed HHs reported comparatively lower average income from regular employment (**12,766 UAH**) than male-headed HHs (**15,404 UAH**). The difference was particularly stark in the **Center** where male-headed HHs reported 1.4 times as high an income on average than female-headed HHs.

FOOD SECURITY

Food Consumption Score¹⁰

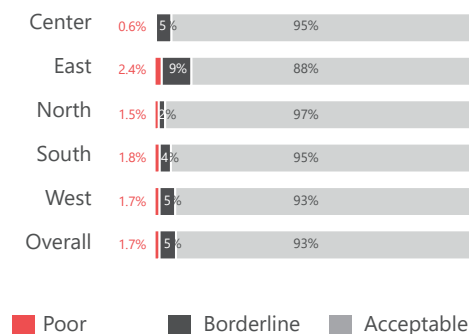
Overall, the Food Consumption Score (FCS) results do not point to significant concerns in relation to immediate food consumption. Nevertheless, similar to MSNA 2022 findings,¹¹ there is a trend of **East and South macro-regions having a larger share of HHs with Poor and Borderline food consumption.**

The highest share of HHs with Poor and Borderline FCS was found in **Donetska oblast (24%)**. A comparatively high share of HHs in **Ternopil'ska (7%), Sumska (4%), and Donetska (4%)** oblasts were found to have Poor FCS.

The FCS tends to be better among returnee HHs (compared to displaced HHs), in HHs without a member with a disability, male-headed HHs (compared to female-headed HHs), and 18-59 headed HHs. The share of HHs with a member with a disability found to have Poor FCS was particularly high in the East (4%).

While overall not much disparity was observed between rural and urban HHs, slightly more rural HHs were found to have Borderline FCS, and this was particularly the case in the East macro-region. The share of rural HHs found to have Poor FCS was especially high in the North macro-region.

Figure 5: FCS, % of HH by category and macro-region

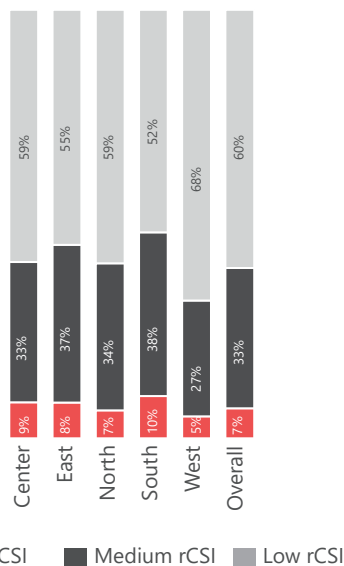


Reduced Coping Strategies Index¹²

The data on consumption-based coping mechanisms reveals **many HHs in the 'medium' group, showing some level of coping.** HHs in the **South and the East were more likely to have High and Medium Reduced Coping Strategies Index (rCSI) (48% and 45%, respectively,** compared to the national average of **40%**). While the South macro-region stood out with High rCSI in the MSNA 2022¹³ as well, the latter indicated that North and West came the next, unlike the current Calibration findings that indicate HHs in the Center and the East more likely to have High rCSI. This may be an indication of the deterioration of the situation in the latter.

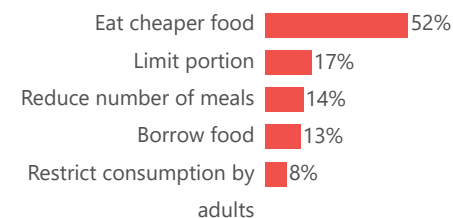
Displaced HHs and HHs with members belonging to socio-demographic groups such as children, people with disabilities, or female-headed HHs

Figure 6: rCSI, % of HHs by category and macro-region



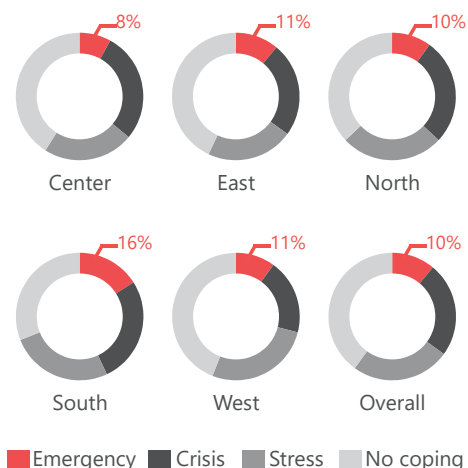
were more likely to have high rCSI. Urban HHs were also more likely to have high rCSI compared to rural HHs.

Figure 7: Use of consumption coping strategies in the 7 days prior to data collection



The most used strategy relates to people cutting down on food expenses - **eating cheaper foods** in order to cope with a shortage of food or the means to buy food. Furthermore, **one in six HHs** reported needing to **limit their portions**, and approximately **one in seven HHs** reported needing to **reduce the number of meals or borrow food**. Additionally, the findings indicate comparatively high share of HHs restricting consumption by adults, compared to MSNA 2022.¹⁴

Figure 8: LCS, % of HHs by category and macro-region

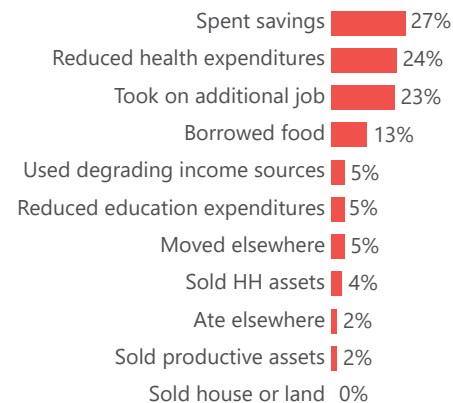


Livelihood Coping Strategies¹⁵

More than half of the surveyed HHs were using some level of coping. The **share of HHs applying livelihood coping strategies was notably higher in the South**, similar to MSNA 2022 findings.¹⁶ HHs in this region were also more likely to have used emergency coping strategies in the 30 days prior to data collection.

Overall, displaced HHs, as well as HHs with a member with a disability, and female-headed HHs were more likely to have applied livelihood coping. Notably, relatively higher share of **HHs in the South (8%) reported having used degrading sources of income** among livelihood coping strategies.

Figure 9: Use of livelihood coping strategies in the 30 days prior to data collection, % of HHs



HEALTH

Unmet health care needs

Overall, **more than a third of the HH members (41%) considered getting healthcare** over the 3 months prior to data collection. This was generally the case across all macro-regions, with the highest share of HH members having considered getting healthcare reported in the Center (44%).

Of the HH members considering getting health care for a medical problem over the 3 months prior to data collection, more than two thirds (72%) reported having sought the desired health care services. **HH members in the South and the East were the least likely to take action in seeking the health care they considered needing** (34% and 32% of HH members having considered getting health care, respectively). Healthcare-seeking behavior was better in the West with only 20% of the HH members reporting not seeking the health care they considered to be in need of. This likely indicates that HHs in the South and the East face additional barriers to accessing health care.

Likewise, of the people who considered getting health care, **HH members in urban areas were more likely to report having sought the desired health care** compared to rural areas. The proportions among people from rural HHs having sought the services was the lowest in the East, in the South, and in the North. Furthermore, people from displaced HHs as well as from 60+ headed HHs, particularly in the East and the South, least frequently reported having sought the desired health care. Not much disparity was observed between HHs with/without a member with a disability, or between female- and male-headed HHs.

Among the small number of HHs with members that were not able to access the desired health care services (n=261), the most reported barriers were surrounding the **limited capacity to afford the costs of medication and consultation services**.

Access to medication

Overall, **28%** of the surveyed HHs reported having sought medicines and faced some type of barriers in the 3 months prior to data collection. **HHs in the South and the East generally more frequently reported having faced some barriers** to accessing medicines they sought over the 3 months prior to data collection.

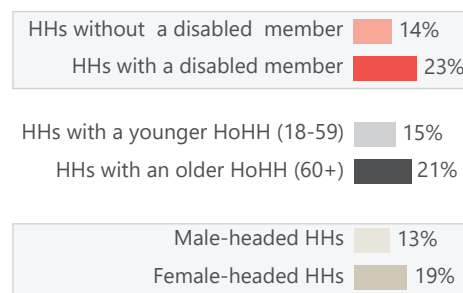
Across the oblasts, the highest share of HHs having sought medication and reporting some barriers were found in **Khersonska and Donetsk** (54% and 47%, respectively).

The most reported barriers were:

- **could not afford the cost of medication (17%),**
- **specific medicines sought were unavailable (7%),**
- **lack of medicine in pharmacy (6%),**
- **could not afford transportation to pharmacy (1%),**
- **no means of transport (1%).**

Some disparity was observed surrounding the affordability of the medication. Findings suggest that high costs of medication might particularly pose barriers for HHs with members with disabilities, as well as for HHs with older HoHH and female-headed HHs. Similar patterns were also observed in MSNA 2022.¹⁷

Figure 10: % of HHs who reported having sought medicines in the 3 months prior to data collection (n=4,881) and not being able to afford the cost of medication, by HHs with/without a member with disability, by HoHH age, sex



28%

of HH members who reportedly considered getting health care over the 3 months prior to data collection did not end up seeking the desired health care. The proportions were the highest in the following oblasts:

	Considered getting health care (n=13,992)	Desired health care not sought (n=5,890)
Khersonska	49%	42%
Kirovohradska	44%	37%
Kyivska	39%	37%
Chernihivska	47%	36%
Kharkivska	43%	35%
Mykolaivska	47%	35%
Vinnitska	50%	33%
Zaporizka	42%	33%
Odeska	40%	33%

In terms of the non-availability of sought medicines, along with the South macro-region (10%), a relatively high share of HHs in the Center (7%) also reported this as a barrier. The **Center also was found to have the highest share of HHs reporting lack of medicines in pharmacies as a barrier (7%).**

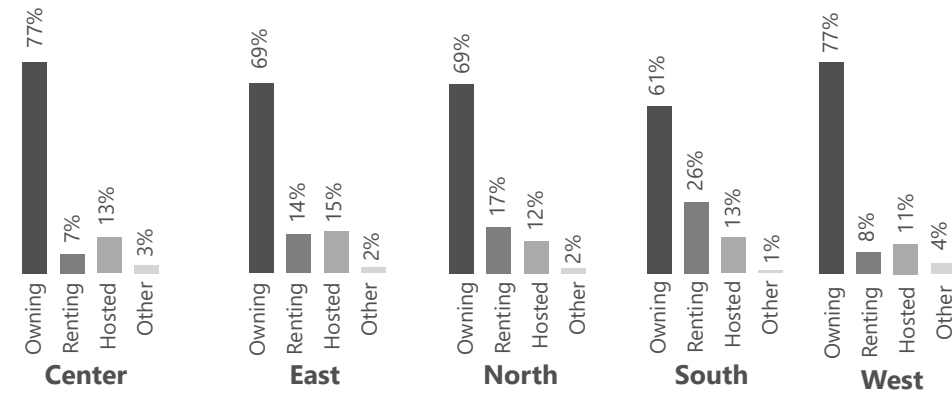
Furthermore, while the insecurity when traveling to the pharmacy or at the pharmacy was not among the top self-reported barriers, a notably **higher share of rural HHs in the East** (and particularly in **Donetska** oblast) **highlighted lack of safety as a barrier to accessing medication.**

While **fear of stigma** was the least self-reported barrier to accessing medication, HHs in **Kharkivska** and **Zaporizka** more frequently than in other oblasts highlighted it as a barrier. This was particularly the case with HHs with a member with a disability in Zaporizka oblast.

🏠 SHELTER AND NON-FOOD ITEMS (NFIs)

Overall, **52%** of the surveyed HHs reported **living in a detached house** and **46%** reported **living in an apartment**. Interviewed 60+ headed HHs were more likely to report living in a detached house (**58%**) than 18-59 headed HHs (**49%**). Only around **1%** of HHs reported **living in collective sites**, with Center and South having slightly higher shares of HHs.

Figure 11: % of HHs by accommodation ownership and by macro-region (n=4,888)



🚨 Conflict-related damage

6%

of assessed HHs reported **conflict-related damage or defects** to their accommodation, with the highest reported rates in **Donetska (34%), Khersonska (30%), Mykolaivska (22%),** and **Kharkivska (22%).**

While overall no notable differences were observed between urban and rural HHs, findings showed **some variation in the East (rural HHs more likely to report conflict-related damage (21%) than urban HHs (13%))**. In the South, in general, and in Mykolaivska oblast, in particular, urban HHs reported conflict-related damage (**26%**) twice as frequently as rural HHs (**13%**).

A reverse trend was observed in MSNA 2022 with rural HHs in the South and urban HHs in the East more frequently reporting damage.¹⁸ The difference in the South and the East may relate to the change in the front line since the MSNA data collection,¹⁹ and

🏠 Shelter and living conditions issues

Overall, **25%** of the surveyed HHs reported shelter issues, with the highest share found in the East (**31%**), particularly among rural HHs (**36%**). Similarly, **18%** of HHs reported living conditions issues.

Across the oblasts, highest shares of HHs with shelter or living conditions issues were found in **Donetska, Khersonska, Zhytomyrska, Mykolaivska,** as well as **Vynnytska and Dnipropetrovska** (for living conditions issues).

concurrently more direct exposure of certain areas to hostilities. Similar to MSNA 2022, **returnee HHs were more likely to report conflict-related damage (10%)** than displaced HHs (**6%**) or host community HHs (**5%**), likely because these HHs returned to their habitual place of residence before any renovation. Among the HHs who reported damage (**n=357**), the following was indicated:

- **minor damage to windows and/or doors (44%),**
- **minor damage to roof (37%),**
- **minor damage to walls (28%),**
- **major damage to windows and/or doors (25%).**

Top identified shelter issues were: **leaks during rain, lack of insulation from cold, unsafety** (e.g., doors or windows missing, broken, unable to shut properly, cracks in roof or walls), **lack of or defective sewage system,** and **lack of water supply**. The **inability to adequately wash** (lack of bathing facilities or their safety) or to **keep warm/cool** (no or dysfunctional temperature regulating devices, insufficient winter clothes) were most reported living conditions issues.

🏠 Utilities

Centralized gas (**34%**) and central heating (**31%**) were the most reported heating sources. Notably, urban HHs had a higher likelihood of using central heating (**42%**), while rural HHs predominantly used wood (**50%**). About **1%** of surveyed HHs both in the East and South reportedly had **no heating source**, with Kharkivska, Mykolaivska, and Khersonska oblasts having the highest share (**2%**). Overall, **interruptions to main utility services were significantly less widely reported than in MSNA 2022,**²⁰ reflecting the relative stabilisation of the situation since the start of the spring 2023 in relation to power outages reported from October 2022 onwards. Calibration data shows that **78%** of HHs **did not experience any utility service disruptions** over the month prior to data collection.

Similar to the MSNA 2022,²¹ **mains electricity was the main utility service most reported interrupted (11% of HHs)**, and the highest shares of HHs with such disruptions were found in **Khersonska (49%)** and **Donetska (28%)**. Furthermore, Kyiv city stood out with the highest share of HHs reporting **centralised hot water supply interruptions (23%)**. Similarly, **24%** of surveyed HHs in **Mykolaivska** oblast reported **cold water supply interruptions**.

Figure 12: % of HH reporting conflict-related damage or defects to shelter, by macro-region

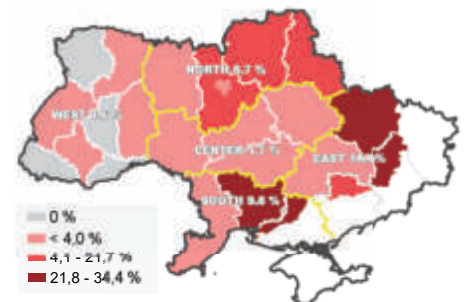
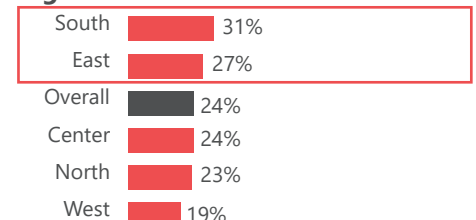


Figure 13: % of HHs with at least one HH member missing at least one winter NFI (n=4,888), by macro-region



WATER, SANITATION, AND HYGIENE

Water supply

Overall, nearly all surveyed HHs (96%) reported access to improved sources of drinking water with **tap water (54%), personal protected borehole or well (30%), and bottled water (19%)** as the main sources of drinking water reported.

Use of unimproved drinking water sources (technical piped water) was reported by **4%** of surveyed HHs overall, and **more frequently in the South and the East (6%)**. Mykolaivska (13%) and Donetsk (10%) oblasts, as well as Kyiv city (10%) had comparatively larger shares of HHs reporting use of technical piped water. Noteworthy that in MSNA 2022 Odeska oblast had the largest share of HHs with reported use of unimproved drinking water sources.²²



Table 1: % of HHs by time (minutes) taken to go to main water source, fetch water and return (including queuing) (n=4888), by top 6 oblasts

	Water on premise	<= 30 minutes to fetch and return	>30 minutes to fetch and return
Donetska	37%	40%	22%
Mykolaivska	42%	36%	22%
Kharkivska	61%	29%	10%
Zhytomyrska	62%	33%	4%
Kyiv city	62%	35%	2%
Khersonska	70%	17%	13%

While on average, HHs with tap water as their main source reported having running water seven days a week, the **lowest average of uninterrupted water access was reported in Donetska oblast** (6 days per week).

Overall, **73%** of HHs reported having water on premises, with **22%** of HHs reportedly needing 30 minutes to fetch water, and **5%** of HHs - more than 30 minutes. A particularly high share of HHs not having water on premise and needing up to 30 minutes or more to fetch water was recorded in Donetska and Mykolaivska oblasts.

Furthermore, **8%** of surveyed HHs reported insufficient water access to meet their needs such as drinking, cooking, personal hygiene, and other domestic purposes, with the highest share reported in the Center macro-region (12%), possibly due to the damage to critical infrastructure (including energy infrastructure) in the region.²³ The situation was particularly concerning in **Donetska (17%), Chernihivska (15%), Vinnytska (15%), and Kirovohradska (14%)** oblasts.

Sanitation and hygiene

Overall, **44%** of surveyed HHs reported using **disconnected sanitation facilities** (including flush or pour/flush toilet to a septic tank or pit, flush toilet piped to a drainage channel, compost toilet, or a pit latrine with a slab and platform). Findings show that HHs in the **Center and the West more frequently than the overall average reported use of disconnected sanitation facilities (58% and 50% respectively)**, with the North having the lowest share (36%). **Rural HHs reported using disconnected sanitation facilities (82%)** considerably more often than urban HHs (29%).

Regarding the shared use of sanitation facilities, only **5%** of surveyed HHs reported sharing sanitation facilities

with other HHs. **In the South and the Center slightly higher shares of HHs reported this (7%).**

Displaced HHs were more likely to report shared use of sanitation facilities (14%) compared to **4%** of host community HHs and returnee HHs. Notably, **23%** of displaced HHs in the West, **19%** in the East, and **16%** in the Center reported this. While no significant disparities were observed between urban and rural HHs, the **East macro region stood out with 13% of rural HHs reporting shared use of sanitation facilities** compared to **4%** of urban HHs. Particularly notable was the situation in Donetska oblast, where **25%** of rural HHs reported shared use, compared to **4%** of urban HHs in the oblast.

Findings suggest that hygiene items were largely available with **98%** of HHs reporting being able to access those, with the **lowest share of HHs found in Donetska (84%)**, and among displaced HHs in the oblast, in particular. Comparatively higher proportions of HHs in **Donetska oblast reported non-availability of most of the hygiene items**, including soap (12%), cloth washing soap (11%), shampoo (11%), toothpaste (11%), feminine hygiene products (11%), baby diapers (10%), adult diapers (10%), and toothbrush (10%).

EDUCATION

School enrolment / attendance

Overall, **6% of school-aged children in the surveyed HHs were reportedly not enrolled in formal schools** for the 2022-2023 school year. The proximity to the frontline seemingly affects rates of children enrolment with comparatively the highest percentage of school-aged children not enrolled in formal schools being in the East (**9%**).

Furthermore, children with registered disabilities were more likely reported being not enrolled in formal schools, and if enrolled, more likely to not attend school regularly. The latter was

the case also for children with chronic illnesses.

Of the school-aged children enrolled in formal schools, **25% were not attending formal schools regularly** (at least 4 days a week) in the 2022-2023 school year while schools were open. The highest percentages of school-aged children not attending formal schools regularly were reported in **Mykolaivska (73%), Khersonska (63%), Donetsk (53%), Zaporizka (52%), and Kharkivska (41%)** oblasts.

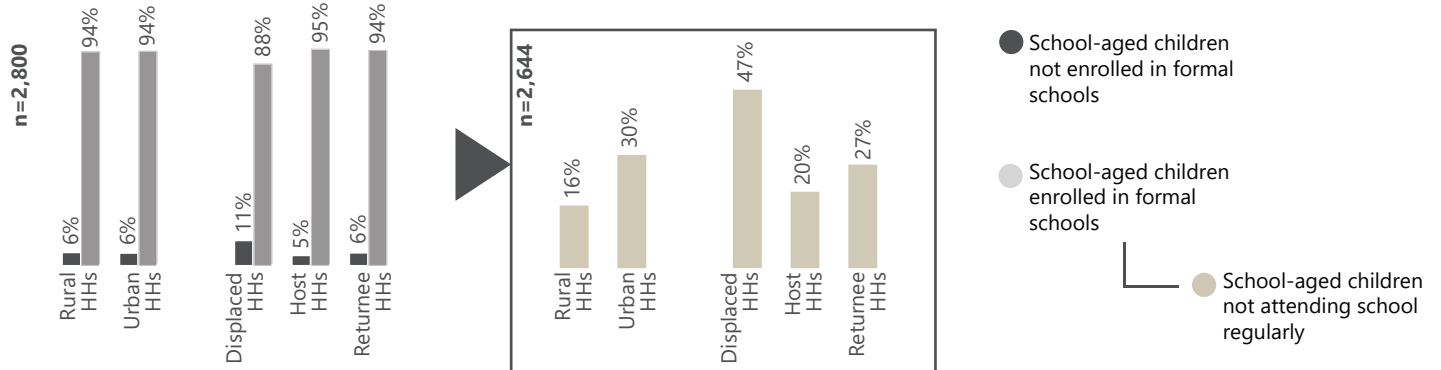
Access to distance learning

Conflict-related school closures and security concerns forced many students into distance learning.²⁴ Of

the school-aged children enrolled in formal schools, **12% were unable to access distance learning** in the 2022-2023 school year while schools were closed.

Furthermore, **8%** of school-aged children reportedly having accessed distance education did not have regular access to distance learning (at least 4 days a week). The **highest share of school-aged children not accessing distance learning regularly** while schools were closed were reported in **Chernihivska (32%), Donetsk (21%), Cherkaska (19%),** as well as **Khersonska (18%)**.

Figure 14: % of school-aged children not enrolled in formal school (left) and enrolled but not attending school regularly in the 2022-2023 school year (right), disaggregated by rural and urban HHs and HH displacement status



Donetska oblast: Calibration findings showed a **worrying situation in Donetska oblast** suggesting the need for local prioritisation approach.

- **Almost a quarter (22%) of school-aged children** in surveyed HHs were reportedly **not enrolled in formal schools**.
- Around half (**47%**) of school-aged children in male-headed HHs were reportedly **not enrolled in formal schools**, compared to **4%** in female-headed HHs.
- Slightly over half (**53%**) of school-aged children enrolled in formal schools were reportedly not attending school regularly.
- Furthermore, **14%** of school-aged children enrolled in a formal school reportedly **did not access distance learning while schools were closed** in the school year of 2022-2023, and of the school-aged children having been able to access distance learning, **21%** had not had regular access. Due to the active hostilities in Donetska oblast, distance learning remains for many children the only opportunity to access education.
- A comparatively **small share of HHs with school-aged boys and school-aged girls reported no barriers** for boys and girls in accessing education (**16%** and **8%**, respectively) indicating a wide range of barriers for children.

School drop-outs

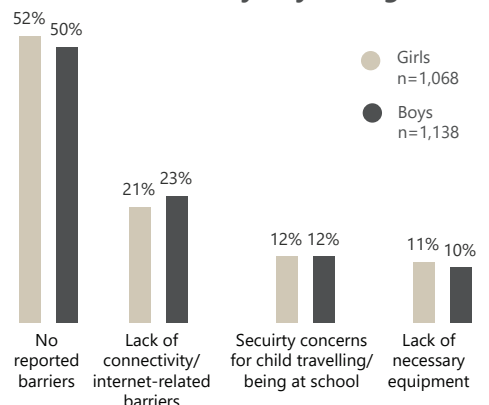
Overall, of the **6%** school-aged children not enrolled in a formal school in the 2022-2023 school year (**n=141**), **16% dropped out of school** (were enrolled in school in 2021-2022 school year, but not in 2022-2023). While the sample size is small, the findings indicate that about **one in three school-aged children not enrolled in formal school in the South had dropped out of school** in the 2022-2023 school year. When disaggregating by rural and urban HHs, **school-aged children dropped out of school were marginally more**

often from urban HHs than rural HHs.

School-aged children in female-headed HHs were four times as likely to have dropped out of school in the 2022-2023 school year than children in male-headed HHs (24% and 7% of school-aged children not enrolled in formal school, respectively).

Findings also suggested that HHs with school-aged children identified similar barriers that both boys and girls were facing in accessing education.

Figure 15: % of HHs with school-aged boys and girls by most reported barriers to accessing education faced by boys and girls



PROTECTION

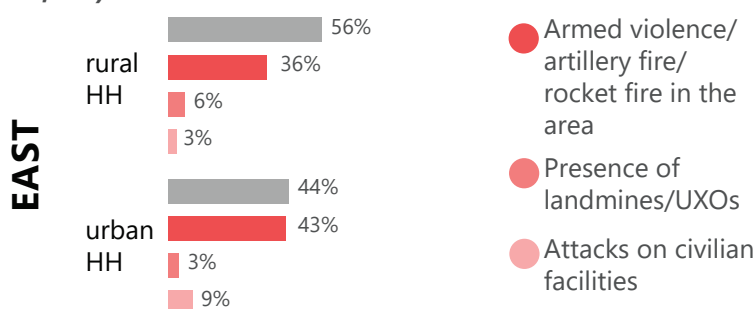
👤 Safety and security concerns

Higher level of reporting of safety and security concerns correlates to the proximity to the frontline, as well as the intensity of missile and drone attacks²⁵ in the areas of residence of HHs with such self-reported concerns over the three months prior to data collection. While in the **East and South** macro-regions **50%** and **46%** of surveyed HHs reported some safety and security concerns, in the **West and Center** only **19%** and **25%** of HHs had such self-reported concerns.

	Armed violence/ artillery fire/ rocket fire	Attacks on civilian facilities	Presence of mines/UXOs	Social tensions in the community
East	42%	9%	4%	3%
South	38%	5%	2%	2%
North	32%	1%	1%	2%
Center	16%	2%	0%	2%
West	11%	1%	0%	1%

Compared to the MSNA 2022 that revealed a wider spectrum of safety and security concerns,²⁶ the security concerns reported by HHs in the Calibration assessment mostly related to the **exposure to hostilities**. Overall, **42%** of HHs in the East, **38%** in the South, and **32%** in the North reported **armed violence, artillery fire and rocket fire in the area** as their main safety and security concern over the three months prior to data collection. This can be explained by the proximity to active hostilities and increased missile and drone attacks across the country since mid-April.²⁷ Similar to the observed patterns in MSNA 2022, **urban HHs were more likely to report safety and security concerns** than rural HHs.

Figure 16: % of HHs reporting safety and security concerns in the East, disaggregated by rural/urban HHs (n=4,874)



👤 Safety and security concerns for women

Overall, **17%** of HHs reported safety and security concerns for women. Similar to the general safety and security concerns above, **comparatively higher share** of HHs reporting security concerns for women were in the **East (21%)** and the **South (21%)**. The top reported concern for women was around **being injured or killed by an explosive hazard** (including mine/UXOs), particularly reported by HHs in the East (**11%**), South and North (**9%**). The share of HHs with this concern was particularly high in **Khersonska (24%), Donetsk (17%), Kharkivska (13%)** oblasts, and **Kyiv city (14%)**.

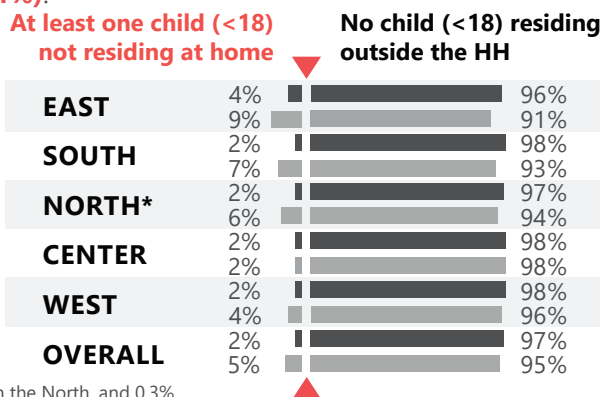
👤 Separated children

Overall, a small proportion of HHs reported having **at least 1 child (<18) not residing in the HH (4%)**. On the macro-regional level, HHs in the **East (6%)** were **twice as likely** to report a child not residing in the HH than in the West (**3%**). Furthermore, in **oblasts especially affected by active hostilities**, HHs were more likely to report having children not residing in the HH, specifically **8%** of HHs in **Khersonska**, **7%** in **Zaporizka** and in **Dnipropetrovska**, **6%** in **Kharkivska** and **Mykolaivska** oblasts.

While the most reported reason for child separation in MSNA 2022 was the child leaving the HH to study or getting married and leaving the HH with a partner,²⁸ Calibration findings showed that along with the study reasons (reported by **27%** of HHs with at least 1 child not residing with the HH), the **child being with foster family, kinship or friends**, was also one of the main reasons for the child to not reside with the HH (**41%**).

Figure 17: % of HHs reporting children not residing at home, disaggregated by HoHH sex

- Female-headed HHs
- Male-headed HHs



* 1% of female-headed HHs in the North, and 0.3% overall preferred not to answer

📄 Missing ID documents

Types of missing ID documents: national/international passports, text IDs, pension cards, birth certificates and labor books.

Overall, a **small share (2.5%)** of HHs reported having a HH member missing at least one core document.

This appeared to be the case particularly among the displaced HHs with **7% of displaced HHs reportedly having a member with at least one missing core document** compared to **2%** of host community HHs and **2%** of returnee HHs. Displaced people were often forced to move within a short period and stressful conditions, making them more likely to lose or leave behind ID documents.

ACCOUNTABILITY TO AFFECTED POPULATIONS

Top 5 self-reported priority needs



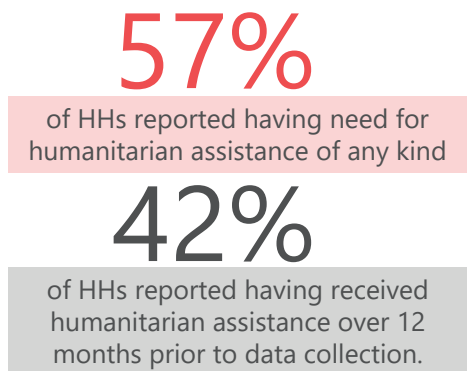
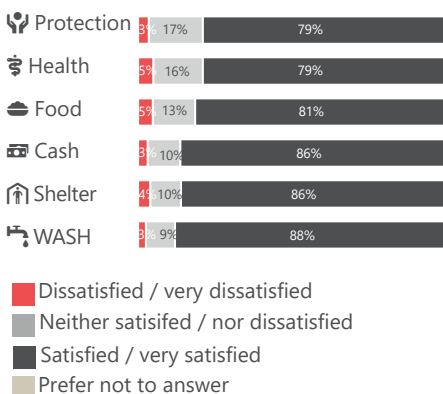
HHs in the **East (22%)** and **South (18%)** were **more likely to report food as a priority need, as well as provision of medicines**, along with HHs in the Center (**13%** in these three macro-regions respectively). Furthermore, urban HHs were more likely to report food as a priority need than rural HHs, and 18-59 headed HHs were more likely to report food as a priority need than 60+ headed HHs.

Findings suggest that HHs in the West were more likely to report **livelihoods support/employment**, as well as **healthcare** as a priority need. Overall, **displaced HHs were more likely to report priority needs than host community HHs (74% vs 55%, respectively)**. Additionally, **large HHs (>=3 children) were more likely to report priority needs than smaller HHs (<3 children)**, similar to female-headed HHs versus male-headed HHs.

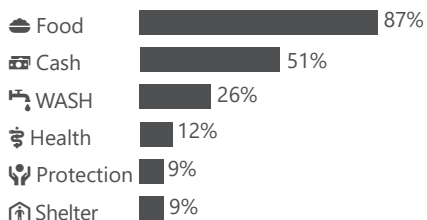
Satisfaction with aid

Overall, HHs that received humanitarian aid expressed relatively high levels of satisfaction with the assistance provided.

Figure 18: % of HHs who were satisfied with the aid they received



Among those, the following types of assistance were reported as received:



While there were no major differences between macro-regions in terms of satisfaction with the aid received, **HHs in the South were more likely to report dissatisfaction with the received food assistance (6% of total HHs that received food assistance)**, **HHs in the East - dissatisfaction with shelter (6%) and WASH assistance (4%)**, and HHs in the **Center** were particularly more likely to report dissatisfaction with **health and cash assistance**.

The most cited reasons for dissatisfaction with humanitarian aid across almost all types of assistance **related to the quality and quantity of the provided assistance**, as well as the **inconsistency / irregularity of the aid provision**.

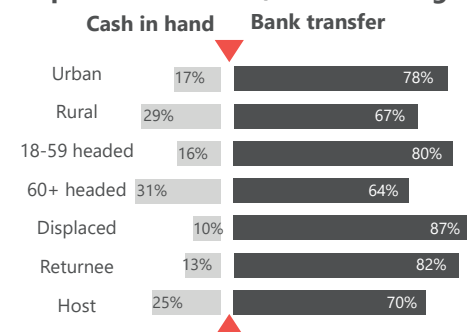
97% of HHs reported not having been consulted in the 30 days prior to data collection about the type of aid they would prefer.

Only half of the small proportion of HHs reporting having been consulted about the preferred type of aid (mostly in the East and the South) indicated their opinions had been taken in account by aid actors.

Preferred assistance modalities

57% **23%** **21%**
Cash In-kind Services
 Overall, **20%** of HHs reported **not wanting to receive assistance in the future**, highest shares found in the West (**28%**), and the Center (**23%**), likely indicating a limited need for assistance in the given areas. Findings also suggest that displaced HHs were least likely to report not wanting assistance in the future. While in MSNA 2022 the disparity in terms of preference for cash and in-kind assistance was not very big,²⁹ the Calibration findings **demonstrated a notable preference for cash assistance (57%)** compared to other aid modalities. Noteworthy, **HHs in the East and the South were more likely to report cash as a preferred modality of aid (65% of HHs in both macro-regions)**. The majority of HHs with reported preference for cash assistance **highlighted preference to receive it via bank transfer (74%)**, particularly in the South (**80%**), East and the North (**78%**).

Figure 19: % of HHs by preferred cash assistance modality (n=2,830) by urban/rural HHs, HH displacement status, and HoHH age



Reported barriers to assistance

Overall, **37% of HHs reported having faced some barriers to accessing aid in the 12 months prior to data collection**. The most cited barriers were:

- **insufficient information on where humanitarian assistance was provided (14%)**, particularly in the North, East, and South (**16%**),
- **insufficient information on how to register for assistance (13%)**, particularly in the South (**19%**) and the East (**17%**).

Female-headed HHs and HHs with a 60+ HoHH were more likely to report barriers to accessing aid.

METHODOLOGY OVERVIEW

Method: The data was collected at household (HH) level through randomised CATI surveys. A 95% Level of Confidence and 7%+- Margin of Error sampling frame was applied to all assessed oblasts and Kyiv city. People residing outside the territory of Ukraine at the time of data collection were not interviewed, as well as the people who self-identified to be residing in the areas beyond/not under the control of the Government of Ukraine.

A 2% buffer was added to the total number of interviews to be collected within each oblast in case of interviews that needed to be removed from the database during cleaning.

Tool: To be able to compare findings to the baseline MSNA 2022 data, the critical indicators from each sector used in the latter were included in the Calibration Assessment tool.

Analysis: Given the difference in sampling from the

MSNA 2022 (MSNA was representative at raion level, while Calibration Assessment is representative at oblast level) and lack of purposive urban/rural stratification in Calibration Assessment round, no direct comparisons were made with household LSG and MSNI scores calculated in the frames of MSNA 2022 in Ukraine. The analysis focused on individual critical indicators and attempted to identify needs and drivers of humanitarian needs that have changed since October/December 2022.

The results were weighted at oblast level and above based on Oxford population estimates from April 2023. The findings were aggregated at national and macro-region level.³⁰ Findings were also disaggregated to analyse the variations in terms of administrative-geographic specifications (urban/rural) of households and demographic criteria (such as age, gender, vulnerabilities). Nevertheless, given the small sample size and no stratification done by either of these groups, the analysis based on these disaggregations is only indicative.

ENDNOTES

¹ UNHCR, [Ukraine Refugee Situation](#), accessed on 27 June 2023.

² IOM, [General Population Survey Round 13: Snapshot report | Population figures and geographic distribution](#), 11-23 May 2023.

³ REACH, [2022 MSNA Bulletin, Ukraine](#), February 2023.

⁴ The age of 2% of HH members was not provided by the respondents.

⁵ CATI stands for Computer Assisted Telephone Interviews.

⁶ In the frames of the Calibration assessment, '**Returnee HHs**' were defined as HHs that were living at their habitual place of residence (prior to 24 February 2022) at the time of data collection, but had left their habitual place of residence for longer than 14 days due to the war.

⁷ The [IOM Glossary on Migration](#) defines IDPs as 'Persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border.' In the frames of the Calibration assessment, '**Displaced HHs**' were defined as HHs that left their habitual place of residence (prior to 24 February 2022) due to the escalation of the war.

⁸ In the frames of the Calibration assessment, '**Host HHs**' were defined as HHs that were living in their habitual place of residence (prior to 24 February 2022) at the time of data collection, and had not left their habitual place of residence for longer than 14 days due to the war.

⁹ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Livelihoods Findings](#), March 2023.

¹⁰ The **Food Consumption Score** is a consumption indicator and is used to measure the Current Status domain of the CARL. The FCS is a composite score based on HH's dietary diversity, food frequency, and relative nutritional importance of different food groups. HHs were asked to report how often they consumed different food groups in the week prior to data collection. This score is used to classify HHs into poor, borderline, and acceptable food consumption. The detailed methodology and questionnaire modules for FCS can be obtained from [WFP's VAM Resource Centre](#).

¹¹ REACH, WFP, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Food Security Findings](#), March 2023.

¹² **Reduced Coping Strategies Index** (rCSI) is another index used in measuring the CARL Current Status domain. rCSI is an index representing how people have coped with food shortages in the seven days prior to data collection. It measures the frequency and severity of food consumption behaviours, adopted by HHs in situations of limited food resources. The higher the index, the more frequently people used these strategies to cope with food shortages. The rCSI is sometimes referred to as 'consumption-based coping'. More methodological information about this indicator can be found at [WFP's VAM Resource Centre](#).

¹³ REACH, WFP, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Food Security Findings](#), March 2023.

¹⁴ Ibid

¹⁵ The **Livelihood Coping Strategies** (LCS) is used in the CARL console to measure the Coping Capacity domain. The LCS measures how people coped with a lack of money to buy food or other essentials in the 30 days prior to data collection. The strategies people employ are classified as 'stress', 'crisis', or 'emergency' strategies - the more severe strategies applied, the more severe HHs' ability to meet their essential needs in the future are compromised. Coping is defined as either use of these strategies within the last month, or inability to use them because they had been used before. HHs are classified

according to their most severe coping applied. More on the methodology can be found at [WFP's VAM Resource Centre](#).

¹⁶ REACH, WFP, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Food Security Findings](#), March 2023.

¹⁷ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Health and Nutrition Findings](#), March 2023.

¹⁸ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Shelter/NFI Findings](#), March 2023.

¹⁹ MSNA 2022 data collection in Khersonska oblast was conducted using the area of knowledge (AoK) approach, and the findings from the oblast were not captured in the overall MSNA findings.

²⁰ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Shelter/NFI Findings](#), March 2023.

²¹ Ibid

²² REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, WASH Findings](#), March 2023.

²³ Several waves of attacks on infrastructure were registered in January 2023 and onwards, including in oblasts within the Center macro-region. Data Friendly Space, [Ukrainian Crisis, Situational Analysis](#), 24 February 2023.

²⁴ Plan International, [War in Ukraine: Attacks on schools, interrupted education and loss of learning outcomes for children in Ukraine and in host countries](#), 2 March 2023.

²⁵ BBC, [Ukraine war: Russia launches ninth wave of missile attacks on Kyiv this month](#), 18 May 2023.

²⁶ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Protection Findings](#), March 2023.

²⁷ ACLED, [Ukraine Conflict Monitor](#), 21 June 2023.

²⁸ REACH, [Multi-Sectoral Needs Assessment \(MSNA\) 2022, Protection Findings](#), March 2023.

²⁹ REACH, [2022 MSNA Bulletin, Ukraine](#), February 2023.

³⁰ The macro-regions group the oblasts based on geographical criteria in the following way:

West: Volynska, Zakarpatska, Ivano-Frankivska, Lvivska, Rivnenska, Ternopils'ka, Khmelnytska, Chernivetska

Center: Vinnytska, Kirovohradska, Poltavska, Cherkaska;

North: Zhytomyrska, Kyivska, Sumska, Chernihivska, Kyiv city;

East: Donetsk, Dnipropetrovska, Zaporizka, Kharkivska;

South: Khersonska, Mykolaivska, Odeska.

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).