

Ukraine Multi-Sector Needs Assessment (MSNA) report



Ukraine NGO Forum – 30th of March 2015

Acknowledgements

This assessment is a product of the Ukraine NGO Forum.

The Ukraine NGO Forum is a voluntary community of practice established in September 2014 which provides a platform for information sharing and coordination among non-government organizations operating in response to the humanitarian crisis in Ukraine. Approximately 30 international and national NGOs are affiliated with the Forum.

The NGO Forum Steering Committee is:

Save the Children International, HelpAge International, People In Need, Danish Refugee Council and Norwegian Refugee Council.

The NGO Forum would like to acknowledge all organizations and individuals who supported this assessment including, inputs to the questionnaires and assessment design, providing field teams, sharing information, providing resources and in-kind contributions, sharing data, data analysis support and participating in the joint analysis working session.

Particular thanks are extended to OCHA for sharing the HSM (Humanitarian Situation Monitoring) data and cooperation on the analysis of this information and to the World Food Programme's Regional VAM (Vulnerability, Analysis and Mapping) unit for extensive collaboration on the analysis of the Food Security component of the data and report.



With the collaboration of



Technical support and facilitation of the assessment was provided by

Supported with funding from



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Acronyms

COD	Common Operational Data Sets (UN-OCHA)
DKZ	Dnipropetrovsk, Kharkiv and Zaporizhia oblasts
DL Gov	Donestka and Luhansk Government area
DL N Gov	Donestka and Luhansk Non- Government area
FAO	Food and Agriculture Organisation
FCG	Food Consumption Groups
FCS	Food Consumption Score
GCA	Government Controlled Area
GCM	General Coordination Meeting
GIS	Geographic Information Systems
GoU	Government of Ukraine
HC	Host Communities
HHs	Households
HRP	Humanitarian Response Plan
HSM	Humanitarian Situation Monitoring
IASC	Inter-Agency Steering Committee
IDPs	Internally Displaced Persons
INGO	International Non-governmental Organisation
KI	Key Informant(s)
LNGO	Local Non-governmental Organisation
MICS	Multi-Cluster Indicators Survey (2012)
MoH	Ministry of Health
MoSP	Ministry of Social Policy
MSNA	Multi-Sector Needs Assessment
NFIs	Non-food Items
NGCA	Non-Government Controlled Area
NGO	Non-Governmental Organisation
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of US Foreign Disaster Assistance
rCSI	Reduced Coping Index Strategy
SES	State Emergency Service
SGBV	Sex and Gender Based Violence
UN	United Nations
USAID	United States Agency for International Development
VAM	Vulnerability, Analysis and Mapping
WFP	World Food Programme

Introduction

After anti-government protests that began in Kiev in late 2013 resulted in a change of government in Ukraine and, following the Russian annexation of Crimea, in April 2014 tensions erupted between pro-Russian and pro-Ukrainian groups in the eastern Ukrainian oblasts of Donetsk and Luhansk. Violent unrest has impacted these areas now for almost a year. Parts of Donetsk and Luhansk are no longer under the control of the government of Ukraine and have been declared, by the non-government forces, as independent republics. Government support to services within these areas has been stopped. This includes funding to schools and hospitals as well as the payment of social benefits and pensions to people living in these areas.

Over one million people have displaced to government controlled areas (GCAs). Many families have been displaced for months and have lived through the harsh winter conditions. The financial resources of many internally displaced people (IDP) are thought to be exhausted, having moved away from their homes and lost employment.

The conditions of those internally displaced is compounded by the strained economic situation in Ukraine and the increases in prices of food and essential commodities. Some families are separated, on either sides of the line of control, and movement across this line is difficult for a range of reasons including physical access, security and the need for permits to do so. Furthermore, land mines, UXOs and other remnants of war are an ongoing concern for people living in areas where fighting took place. Damaged schools and infrastructure prevent essential services from operating in some areas.

The international humanitarian community and Ukrainian civil society organisations are responding to the crisis. In December 2014 the IASC approved the activation of the Cluster System for Ukraine and a Humanitarian Coordinator was appointed in January. In February 2015 the Humanitarian Response Plan (HRP) was revised, based on a deterioration of the humanitarian situation. Recent reports indicate that the humanitarian situation continues to worsen and that conflict may soon intensify.

The assessment

The Multi-Sector Needs Assessment (MSNA) provides an overview of needs in Eastern Ukraine, based on reports from households (HHs) and key informants (KIs). It is an initiative of the Ukraine NGO Forum to seek greater understanding of needs across the affected area. The support of ACAPS¹ was requested for this.

The assessment covered the five eastern oblasts in an attempt to provide a more comprehensive overview of the humanitarian situation than was available. This would help identify the overall priorities and needs by using a consistent approach across all 5 oblasts so that findings could be compared. It did not focus on assessing *only* the areas known to be worst impacted by the crisis, rather it considered the entire area (including badly affected areas)². The assessment uses three distinct areas and the target population in them as the basis for the analysis, and presents information based on key differences between them:

- IDPs living in Dnipropetrovsk, Kharkiv and Zaporizhia, oblasts not affected by active fighting but host to a large number of IDPs.
- IDPs living in areas that remain under the control of the GoU in Donetsk and Luhansk.
- People living in parts of Donetsk and Luhansk oblasts that are under the control of non-government actors (both IDPs and people in their place or origin).

¹ www.acaps.org

² **Security constraints prevent some of the most severely impacted areas being covered.**

³ For a list of assessments see the HRP, February 2015, pp 14-16.

Key findings

From HH answers to questions related to food, health, water and shelter, the assessment estimates that 1,633,549 people are in need of assistance in these areas.

	DKZ Oblasts	DL Gov Oblasts	DL N Gov Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Food	51,912	198,746	1,074,086	1,324,744
Shelter	147,488	269,977	179,014	596,479
Health	94,194	293,826	1,134,951	1,522,971
Water	45,238	79,181	1,192,235	1,316,654
Total people in need	147,488	293,826	1,192,235	1,633,549

Needs are greatest in the non-government controlled areas (NGCAs), but needs exist in all three areas.

- The situation is more severe in NGCAs, both in terms of the number of people affected and the needs they are experiencing.
- In GCAs, needs are greater in Donetsk and Luhansk oblasts.
- Although needs are not as great in the IDP host oblasts of Dnipropetrovsk, Kharkiv, Zaporizhia, shelter and food needs are reported and the erosion of coping capacities is already affecting food security of a portion IDPs.

A lack of resources appears to be the main reason HH needs are not able to be met

- The financial condition of HHs is the main driver of needs. The constraints most reported relating to food, NFIs, shelter and health, are due to lack of financial resources of HHs to pay for essential goods and services.
- In NGCAs, this is linked to the lack of administration, which impacts HH finances because of reduced employment, an absence of pensions and social benefits payments and the closure of banks.

Other key issues

- The assessment provides evidence that the intensity of fighting correlates with severity of needs. This is particularly evident in relation to damage to schools, impact on water infrastructure and injuries from war. This highlights the seriousness of the situation for the civilian population trapped in the conflict area.
- Overall, the issue of availability has been reported more in relation to health than other sectors. There are reports that health services and medicines are unavailable. In the NGCA there are also reports that raise concerns about the availability of food. The implication of this is that even if HHs did have resources, some of what they need may not be able to be purchased in the market.
- Issues related to food are a concern overall. HHs with older heads of household or female heads of household appear to be at greatest risk of poor food consumption.
- Access to safe water is an issue.
- Children are showing signs of stress and anxiety in all areas, with the issue being worst in Donetsk oblast.
- In areas of frequent fighting along the confrontation line, access to the affected population is challenging, due to obvious security constraints.

- Bureaucratic obstacles make delivery of humanitarian assistance in the non-GCA difficult. These include changing administrative regulations and complicated customs procedures.

Giving voice to affected people: household priorities

An important objective of the MSNA was to give voice to the priorities of the people affected by the crisis in a way that could be collated, analysed and shared.

HHs interviewed had been displaced for an average of 146 days, around 5 months. 29% of HHs moved more than once since they left their homes.

Priorities expressed at the HH level were:

- Livelihoods is reported as a first priority overall.
- Food is the first priority in the NGCA, and second in the GCA.
- Health is important in all areas, but is of most concern in Donetsk and Luhansk oblasts.
- Shelter is the second priority for IDP in DKZ oblasts.
- Protection, safety and dignity are priorities in NGCAs.

Concerns expressed at the raion level by key informants

KI and HH perceptions corresponded strongly at raion level. It was significant that the priorities in NGCAs were very clearly focused on the key areas of food, livelihoods and health.

Concerns about safe drinking water have been reported, particularly in areas of frequent fighting, where urban water infrastructure has been damaged. Although issues in relation to water may be geographically specific, they have the potential to have a significant impact because of the dependency on piped water to homes.

Vulnerable groups

Overall, older people, infants and children under 5 and women (18-59 years) are considered the priority groups in terms of age. In NGCAs infants and young children are considered the most vulnerable. The exception to this is for areas of active fighting, where older people are considered to be most vulnerable.

	DKZ Oblast	DL Gov Area	DL N_Gov Area	Total
Older persons (60+ years old)				
Infants/toddlers < 5 years old				
Women (18-59 years old)				
Children (5 to 12 years old)				
Men (18 - 59 years old)				
Number of Raion	59	42	22	123

When considering vulnerability in general, people with disabilities are the most vulnerable group followed by older people and people with chronic illnesses. This is reinforced by other findings of the assessment, concerning the limited availability and access to medication and health services.

	DKZ Oblast	DL Gov Area	DL N_Gov Area	Total
Persons with disability				
Older persons (60+ yrs old)				
Persons with chronic illness				
Female head of household				
Single women				
Child without caregiver				
Number of Raion	59	42	22	123

Female headed HHs were the second highest priority group in terms of vulnerability in NGC Donetsk. In Dnipropetrovsk and Kharkiv oblasts they were the third highest priority.

The GoU decision to stop providing services in areas beyond the line of control impacts the most vulnerable groups directly, such as the elderly and people with disability.

Information gaps and further assessments

As a multi- sector assessment, the MSNA provides a general overview of the situation across sectors without going into depth within sectors. This assessment identifies key needs of affected communities across sectors and points to areas where greater information is required for a fuller understanding of the situation. These include:

- A more detailed WASH assessment to understand the drinking water, hygiene and sanitation situation in the current context. This should be designed specifically around the geographic areas affected by the damaged water supply system.
- An assessment that specifically aims to better understand the use of collective centres. This would include a profile of IDPs living in or using collective centres, a more detailed understanding of the arrangements of and services provided by collective centres.
- An education assessment to understand the situation in relation to damaged and non-operational schools, which have particularly been reported in Donetsk oblast.
- Specialised protection assessments are required to look into the various protection challenges that have been reported in this assessment, and other protection related issues not mentioned here. In the MSNA concerns were raised about shooting, bombs, people carrying weapons, looting, theft and vandalism, evidence of mines / UXOs, separated families, challenges obtaining documentation, crossing the line of confrontation and access to pensions. Specialised assessments should also aim to enhance understanding of other protection concerns reported elsewhere, which HHs may not have had the freedom to discuss in this general assessment.

As the situation in eastern Ukraine continues to change and evolve humanitarian needs monitoring is important for operational organizations responding. The Humanitarian Situation Monitoring (HSM), discussed later in this report, has provided an ongoing source of multi-sector information on the situation. It is recommended that the HSM be reviewed to focus on a reduced list of humanitarian indicators that could be used to trigger response or in-depth assessment as required.

Background to the crisis

In late 2013 anti-government protests and unrest began in the Ukrainian capital of Kiev, resulting in the ousting of President Yanukovich in February 2014. During the ensuing political crisis Russia annexed Crimea. In April tensions erupted between pro-Russian and pro-Ukrainian groups in Eastern Ukraine. Non-government groups seized government buildings in Donetsk and Luhansk cities, proclaiming the Donetsk People's Republic (DPR) and Luhansk People's Republic (LPR).

When the crisis extended to other cities in the east, the Ukrainian government launched “anti-terrorism operations”. Non-government forces retaliated, leading to an ongoing active conflict in the Donetsk and Luhansk regions.

Unrest in the east of Ukraine continues, almost a year later and after several ceasefire agreements. Conservative estimates indicate that around 6,000 people have been killed during the crisis and 15,310 wounded. These figures are likely to be higher in reality because access to conflict affected areas is restricted ([OCHA, 13/03/2015](#)).

In November 2014 the Ukrainian Government announced that it would stop providing government services in territories no longer under its control. This included the closure all government offices, hospitals and schools. Pensions and other government benefits would no longer be paid to people registered as living inside these areas. IDP registrations have increased since this decree. By 11 March 2015 the number of registered internally displaced people (IDP) with the Ministry of Social Policy (MoSP) was 1,133,728 ([OCHA, 13/03/2015](#)).

The economic situation of the country has continued to deteriorate as a consequence of the crisis. GDP fell by an estimated 7% in 2014, while inflation reached almost 25%. The devaluation of the local currency (hryvnia) reached 50% in 2014 and food prices rose significantly, especially in the eastern parts of the country ([WFP, 19/02/2015](#); [Raiffeisen Aval, 15/01/2015](#)).

The international humanitarian community and Ukrainian civil society organisations are responding to the crisis. In December 2014 the IASC approved the activation of the Cluster System for Ukraine and a Humanitarian Coordinator was appointed in January. In February 2015 the Humanitarian Response Plan (HRP) was revised, based on a deterioration of the humanitarian situation.

Movement in and out of the non-government controlled areas and the buffer zone either side of the line of confrontation is reported as becoming increasingly difficult for civilians and humanitarian organisations. Contamination by mines and UXOs is an issue in locations where active fighting took place. Specialist mine-action groups are beginning to address this ([OCHA, 06/03/2015](#)).

Many families have now been displaced for months and have had to live through the harsh winter conditions. Movement away from their homes and the loss of employment mean that the financial resources of many IDPs are thought to be exhausted. Recent reports indicate that the humanitarian situation is not improving and that conflict may soon intensify.

Methodology

Background to the MSNA

The MSNA is a multi-organisation, multi-sector humanitarian needs assessment in five oblasts of Eastern Ukraine affected by the current crisis. The assessment was initiated by the NGO Forum in Ukraine.

The aim, as identified by NGO stakeholders in early 2015, is to update knowledge on the condition and status of the population in order to prioritise interventions. Limited information was available that gave a consolidated overview of the situation across the affected area. For the NGO community, it was also important to design an assessment approach that gave voice to people directly impacted by the crisis.

Currently the Humanitarian Situation Monitoring (HSM) is the primary multi-sectoral assessment conducted on Eastern Ukraine³. It is an inter-sectoral joint needs assessment mechanism coordinated by OCHA. The KI data presented here is a combination of the HSM Round 5 data (collected through the usual HSM mechanism) and data collected by the MSNA teams. All data were collected during late February and early March 2015.

Assessment objective

The overall purpose of the MSNA is to provide information at a strategic level, to identify critical needs according to geographic areas and sectors. This should then;

- Enhance understanding of the humanitarian impact of the crisis.
- Inform the design of humanitarian responses.
- Provide evidence for decision making, including resourcing.
- Identify information gaps and needs, including the need for further assessments.

Assessment chronology

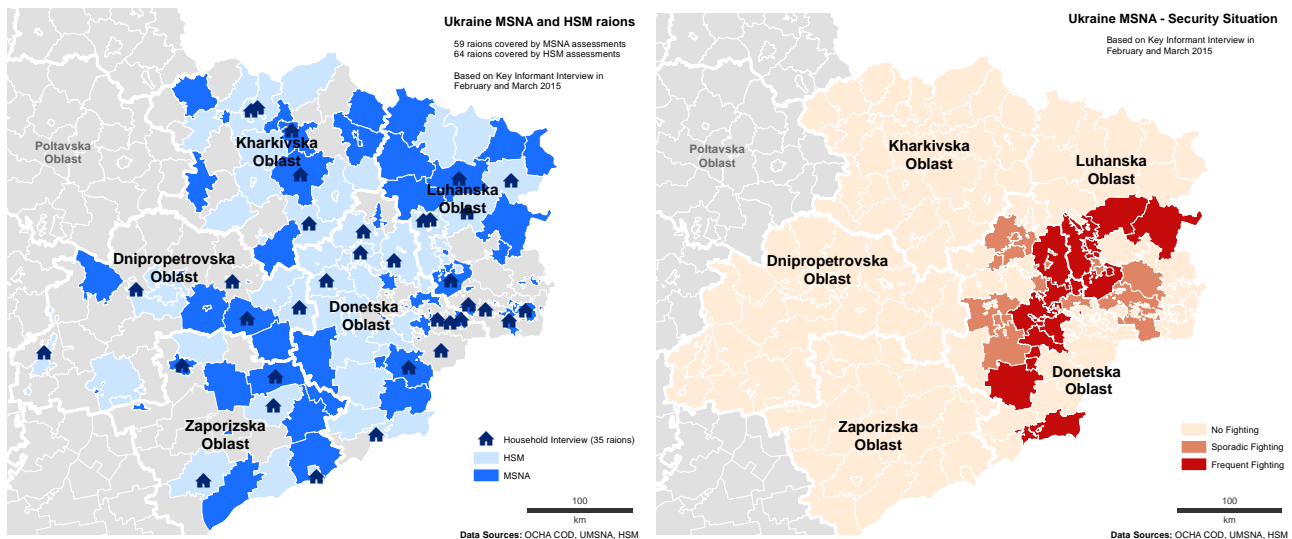
Date	Assessment Steps
February 2015	Planning, development of tools and methodology
26 February – 1 March	Training of field teams
2-13 March	Primary data collection
February – March	Secondary data review
14-17 March	Data processing and preliminary analysis
17 March	Joint analysis working session
20 March	Initial findings shared
17-28 March	Analysis finalized, report writing
30 March	Report shared

Assessment coverage

The MSNA covers the 5 eastern oblasts of Ukraine. The following maps show the coverage of the assessment and the security situation based on information from KIs and operational organizations.

³ For a list of assessments see the HRP, February 2015, pp 14-16.

https://www.humanitarianresponse.info/system/files/documents/files/ukraine_hrp_2015_final_Ukr_0.pdf



In order to compare by geographic area, the three areas the analysis is based on are:

- Donetsk and Luhansk GoU controlled areas.
- Donetsk and Luhansk non-GoU controlled areas.
- Dnipropetrovsk, Kharkiv and Zaporizhia areas, where a large proportion of internally displaced people (IDPs) have moved.

Conflict areas and IDPs

IDPs are the group of interest in GCAs. The entire population is considered the group of interest in NGCAs.

The three key groups being differentiated are:

1. IDPs residing in Dnipropetrovsk, Kharkiv and Zaporizhia.
2. IDPs residing in Donetsk and Luhansk GCAs.
3. People residing in conflict-affected areas of Donetsk and Luhansk no longer under control of the GoU. This includes residents in their place of origin and IDPs who have remained within the NGCA.

Key aspects of the methodology

The MSNA report is based on a combination of findings from the HH and KI interviews, secondary data and joint analysis and interpretation by a mixed group of expert stakeholders.

Key Informant (KI) interviews

The KI component was designed to cover as many raions as possible that were not covered by the latest HSM⁴. There are a total of 172 raions in the five oblasts concerned. HSM round 5 covered 64, the MSNA 59, so 123 raions in total. The information collected through KI interviews can only be considered to represent the raions covered, not the entire oblast.

⁴ The Humanitarian Situation Monitoring (HSM) is a product of the Humanitarian Community in Ukraine. Data is regularly collected at the raion level from purposively selected raions based on areas hosting high numbers of IDPs and in conflict affected areas. The present round of HSM is round 5. HSM dashboard updates are released every two months.

Multiple KIs are interviewed to complete one KI questionnaire. On average between 3 and 4 KIs were interviewed to complete each questionnaire.

Household (HH) interviews

HH level interviews were considered an appropriate way of understanding the perceptions and priorities of affected people in the Ukraine context. In each of the seven identified areas 60 HH interviews were carried out. HHs were randomly selected from the IDP population in the GCAs, and from the total population in the NGCAs⁵.

In total, 420 HH interviews were planned as follows:

- 180 HH within the IDP population of Dnipropetrovsk, Kharkiv and Zaporizhia.
- 120 HH within the IDP population of Luhansk and Donetsk GCAs.
- 120 HH within the total population living in Luhansk and Donetsk NGCAs.

Field assessment teams and debriefing of field teams

Enumerators and team leaders were provided by members of the NGO Forum. A total of 60 enumerators collected primary data, 23 male and 37 female. Despite efforts to ensure mixed gender teams, there were no male team members in Dnipropetrovsk oblast.

Teams participated in the two day training, prior to data collection. Teams consisted of five people (one leader and four enumerators). Two teams operated in each of the seven areas.

During data collection team leaders were called daily by the Assessment Facilitation Team (AFT). After all of the data had been collected and reviewed, detailed debriefing phone calls took place with the team leaders.

Joint analysis

A half day joint analysis session was held on the 17 March. 30 people from 20 different organisations participated, including local and international NGOs and UN agencies. During this session the assessment team presented key findings for interrogation and discussion and working groups focused on specific aspects of the findings.

Assessment limitations

All assessment approaches have limitations. The MSNA is a general, multi-sector assessment and should be understood as such. It is not possible for such an assessment to provide specialized sector specific detail.

The assessment has other limitations which include the challenges in combining the HSM and MSNA key informant data sets, the size of the sample in terms of extrapolation beyond the three areas identified and the inability of the assessment to provide information on the most affected areas because of security constraints. For a detailed explanation of the assessment constraints, see annex 1.

How to read graphs and visuals

Two questionnaires were used for the MSNA (see in annex 2). The primary data analysis was undertaken following a pre-agreed framework, to represent and aggregate the data coming from the questionnaires.

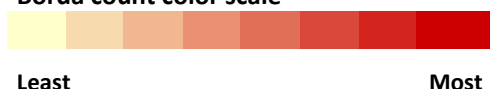
⁵ See note on random selection in the “Assessment Limitations” section in annex 1

Type of question	Calculation/visual output
Ranking / prioritisation	Borda count in heatmaps ⁶
Multiple choice	Frequency count
Single choice	Frequency count
Severity scale	Map at sub district level
Damaged infrastructure	Percentage of total
Quantitative figures	Sum
Food Consumption Score (FCS)	Based on WFP methodology
Reduced Coping Strategy Index (rCSI)	Based on WFP methodology

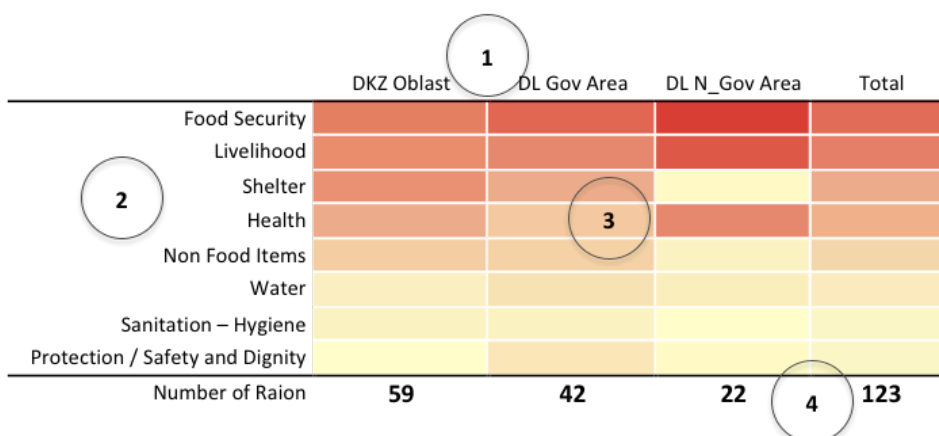
The data was processed according to three pre-identified strata:

- Geographical area: DKZ oblasts, Donetsk and Luhansk GCAs and Donetsk and Luhansk NGCAs
- Government controlled area (GCA) versus non-government controlled area (NGCA)
- Intensity of conflict
- Head of Household (HH) gender

Borda count color scale



Example: Priorities reported by the Key Informant in 123 raions



1. Presentation of the information aggregated by geographic area.
2. Variables.
3. Number of assessed areas: The MSNA and the HSM cover 123 raions and conducted 431 HH interviews. The total number shown in this line is 123. There are some areas for which information on a specific variable could not be collected, or the confidence in the information was not good enough to be included in the analysis. This explains why the number of assessed areas is not always equal to 123 or 431. For the HH interviews, some questions were asked according to the answer of the precedent

⁶ The Borda count is used to visualize what is the 1st rank for all Sub District. This method determines the most preferred items of a selection by giving each response a certain number of points corresponding to the position in which each respondent ranks it. Once all preferences have been counted, the item with the most points is determined as the most preferred - See ACAPS Resources:

http://www.acaps.org/resourcescats/downloader/heat_maps_as_tools_to_summarise_priorities/69

question (e.g. Have you faced any problems accessing food in the market? If yes, why?) That explains why the total of interview is not always equal to 431.

4. Heat map visualization.

Severity maps at raion level

The severity maps are based on the *perception* of KIs and field assessment teams. As they are not based on evidence, these maps should be taken as a guide to identify where the worst situation might be and trigger further investigation on the specific sector. The severity scale used in the assessment is below:

0	No problem: There are no shortages or disruption in basic services. There may be needs in the geographical area but they are not life threatening.
1	Minor Problem: Few people are facing shortages or disruption in basic services.
2	Moderate problem: Many people are facing shortages or disruption in basic services.
3	Major Problem: Shortages and disruption in services are affecting everyone, but they are not life threatening.
4	Severe Problem: As a result of shortages and disruption in services, people can die (potentially life threatening).
5	Critical Problem: As a result of shortages and disruption in services, some people have already died (evidence of deaths due to lack of humanitarian assistance).
6	Catastrophic Problem: As a result of shortages and disruption in services, many people have already died.

Humanitarian profile

Displacement

More than a million people have been displaced from conflict areas in Luhansk and Donetsk oblasts since March 2014. According to figures from the State Emergency Service (SES) and the Ministry for Social Policy (MoSP), the majority of IDPs are currently residing in safer GCAS including Donetsk and Luhansk and the nearby oblasts of Kharkiv, Dnipropetrovsk and Zaporizhia.

On 11 March the government reported 1,133,728 IDPs registered across the country (MoSP, 11 March 2015) and 853,596 IDPs registered in the five oblasts covered by the assessment.

Numbers of displaced people in Eastern Ukraine
MoSP figures and KI estimates

Geographic area	Oblast	Pre-crisis population ⁷	IDP MoSP	From KI in 119 raions	
				IDP MSNA	People who fled the area
DKZ Oblasts		7,785,772	302,400	295,614	8,246
	Dnipropetrovsk	3,289,122	71,561	63,666	-
	Kharkiv	2,721,606	149,652	117,691	-
	Zaporizhia	1,775,044	81,187	114,257	8,246
DL Gov Oblasts		2,580,843	550,342	176,760	144,650
	Donetsk	1,913,031	406,961	154,877	97,950
	Luhansk	667,812	143,381	21,883	46,700
DL NG Oblasts		3,985,030	854	20,003	337,500
	Donetsk	2,417,966	854	13,651	97,000
	Luhansk	1,567,064		6,352	240,500
Total		14,351,645	853,596	492,377	490,396

The assessment teams collected IDP figures during KI interviews. They could then cross-check anecdotal reports that a large number of people were registered as IDPs in the GCA, but still residing in the NGCA.

It had been suggested that people crossed the line of control into GCAs to register as IDPs, collect payments and then returned to their place of origin. This story was also confirmed by assessment teams during debriefing. Teams learnt that people would sometimes spend several days in collective centres before returning home.

KI data does not cover all raions, and the dates referenced by the MSNA and the MoSP are not exactly the same.

The approximate IDP figure from KIs in the Dnipropetrovsk and Kharkiv oblasts are close to the official numbers provided by the MoSP. In Zaporizhia KIs estimated more IDPs were staying in the area than the official figures. This may indicate that there are unregistered IDPs in Zaporizhia.

⁷ Pre-crisis population figures have been taken from OCHA Common Operational Datasets (COD).

In the Donetsk and Luhansk GoU controlled areas, there is a greater disparity between the official number of registered IDPs and the estimates provided by the KIs. Further investigation of this difference is recommended, but several dynamics could explain why the figures differ:

- Possible movement of people between GCAs and NGCAs.
- Possible double counting due to modification of the registration criteria by the SES and the MoSP.⁸
- Underestimation of the number of displaced people by KIs, due to an unclear definition of an IDP and a lack of visibility of the situation on the ground.

Registration of IDPs

In mid-January 2015 the MoSP assumed responsibility for the registration of IDPs from the SES⁹.

There is concern that the current IDP registration system operated by the Ministry of Social Policy (MoSP) is not providing for the capture of movement of people in real time. The discrepancy between the real and registered numbers of IDPs is considered a major issue hampering delivery of assistance ([OCHA 30/01/2015](#)).

Reasons for leaving home

Fighting in the place of origin is the main reason for displacement, followed by fear for the security of the family, according to HHs interviewed in all three areas.

Of 317 HHs that responded to this question, 265 reported that fighting was the reason they moved from their homes and 37 reported that fear for their family's security prompted them to move. 13 HHs cited loss of income as the main reason for displacement. Lack of access to food or to services, such as health or education, was not reported as a reason to move.

Intention to relocate

HHs that had moved into the peaceful oblasts of Dnipropetrovsk, Kharkiv and Zaporizhia expressed less urgency about returning to their places of origin, compared to those who have stayed closer to the conflict affected areas.

In Dnipropetrovsk, Kharkiv and Zaporizhia 46% of the HHs interviewed had no intention of moving from their current location. 45% of HHs said they would move when the situation improves.

HHs interviewed in Luhansk and Donetsk GCAs were generally less content to stay in their present location, closer to the conflict. 63% reporting that they would move as soon as the situation improved. This could explain why they have not moved further west and remained close to the conflict areas.

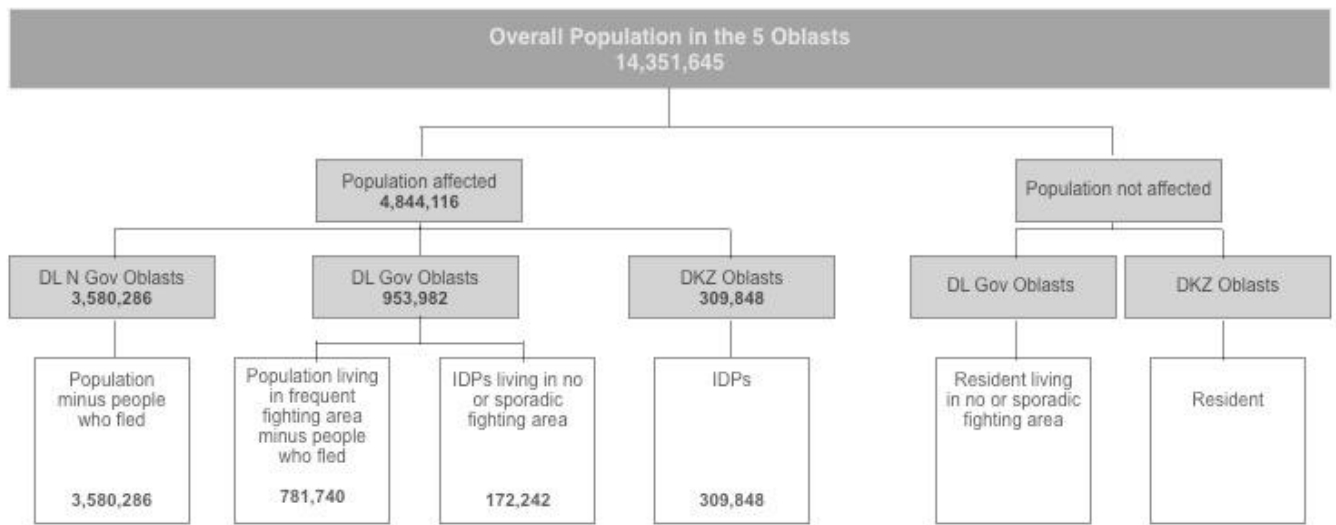
Separated families/ family members remaining at the place of origin

In 62% of HHs interviewed one or more members of the family had stayed behind in their place of origin. In almost all cases, when a member of the household had remained behind, it was an adult male between 18-59 years. Often additional other family members also stayed behind. Looking after the house was the main reason for staying behind, reported by 66% of HHs.

⁸ Until 15th January 2015, responsibility for registration of IDPs was with the State Emergency Services, after this time the Ministry of Social Policy took over responsibility.

⁹ <http://csis.org/ukraine/index.htm>

Overall population affected



The MSNA estimated that 4,844,116 people were affected in the five oblasts. This figure is based in part on the estimation provided by the KIs in 119 raions covered in the HSM and MSNA.¹⁰ For the remaining 53 raions, secondary sources have been used.

As explained in the table above, the following criteria have been applied:

DKZ Oblasts

Total number of IDPs has been estimated by adding:

- IDPs figure from KIs, and
- IDPs figure from MoSP (11 March 2015) used for the raions not covered by the MSNA or the HSM

DL Gov Oblasts

Total number of affected people has been estimated by adding:

- Total number of IDPs living in areas with no or sporadic fighting.
- Total pre-crisis population, minus people who fled in the area of frequent fighting.
- Number of IDPs and people who fled figures have been estimated by KIs.
- IDPs figure from MoSP (11 March 2015) used for the raions not covered by the MSNA or the HSM.

DL N Gov Oblasts

Total number of affected people is considered to be total pre crisis population minus people who have fled:

- People who fled figure estimated by KIs.
- Total pre-crisis population for the raion not covered by the MSNA or the HSM.

¹⁰ Although 123 raions were covered, in 4 raions these questions on the number of IDPs were not complete.

People in need

This approach to estimating the number of people affected is not precise. It does, however, highlight the magnitude of the crisis and enable the approximate number of people in need to be calculated.

	DKZ Oblasts	DL Gov Oblasts	DL N Gov Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Food	51,912	198,746	1,074,086	1,324,744
Shelter	147,488	269,977	179,014	596,479
Health	94,194	293,826	1,134,951	1,522,971
Water	45,238	79,181	1,192,235	1,316,654
Total people in need	147,488	293,826	1,192,235	1,633,549¹¹

The estimated number of people in need is based on the data collected at HH level. The following variables taken from the MSNA HH questionnaire have been used:

- Food Security: Percentage of HHs with poor and borderline food consumption score.
- Shelter: Percentage of HH who reported problems with their living conditions in the last 30 days.
- Health: Percentage of HH who reported problems accessing health services in the last 30 days.
- Water: Percentage of HH who reported no access or major disturbance to safe water where they are staying.

The total number of people in need per geographic area is the maximum value of number of people in need across the sector. And the overall number of people in need is the sum of the number of people in need per geographic area.

The intervals of confidence for those four variables, per geographic area, are provided in annex 3 of this report.¹²

More detail is provided in the sector profile.

¹¹ The estimated number of people in need are not rounded to an overall approximate figure (e.g. 1,630,000) in order to ensure anyone is able to calculate the same figures using the same approach. It is left to the discretion of information users to round the figures presented here for their purposes.

¹² Two methods to estimate the numbers of people in need are presented in annex 3, unweighted and weighted estimates. Only the unweighted is presented in the report as it is the most common approach used in humanitarian needs assessment.

How people affected by the crisis view their priorities

As discussed in earlier, this assessment is largely based on the perceptions of HHs regarding their own situation and KIs on the overall situation of the raion. Consequently a limitation of the assessment is that it relies on what people are prepared to tell the field teams. Information is collected through a structured questionnaire, with specific questions on all of the sectors and areas covered in this report.

In addition to the sector specific questions, both HHs and KIs were asked about priorities. HHs were asked to rank the three priority needs for their household. KIs were asked to rank the three priority needs in the raion. KIs were also asked to rank the most vulnerable group in terms of age breakdown and the vulnerable group most impacted by the crisis.

Key findings

Information in this section relates directly to the priorities that were identified from these questions. The priorities identified by KI and HH interviews are consistent with the overall analysis, and are as follows:

- Food, livelihoods and health are the key priorities.
- Infants, children under 5, the elderly and adult women are the most vulnerable groups in terms of age related vulnerability.
- People with disabilities, followed by older people and people with chronic illnesses are considered the most vulnerable groups overall.
- In NGCAs female headed households were considered the second highest priority group in terms of vulnerability, after people with disabilities.

Priorities according to key informants

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Food Security	Dark Red	Dark Red	Dark Red	Dark Red
Livelihood	Dark Red	Dark Red	Dark Red	Dark Red
Shelter	Dark Red	Dark Red	Light Yellow	Dark Red
Health	Dark Red	Dark Red	Dark Red	Dark Red
Non Food Items	Dark Red	Dark Red	Light Yellow	Dark Red
Water	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Sanitation – Hygiene	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Protection / Safety and Dignity	Light Yellow	Light Yellow	Light Yellow	Light Yellow
Number of Raions	59	42	22	123

According KIs the order of priorities are:

1. Food
2. Livelihoods
3. Health (in NGCAs) / Shelter (in IDP hosting areas)

In the NGCAs the priority of needs is more focused than in GCAs, this is likely to be because they are exacerbated by the active conflict there. They are food security, livelihoods and health. These priorities are reinforced by HH interviews, where the same main concerns were expressed.

Water concerns are mainly reported in areas of frequent fighting, where urban water infrastructures have been damaged.

Safety and dignity concerns are reported in areas of frequent and sporadic fighting.

Priorities according to households

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Livelihood				
Food Security				
Health				
Shelter				
Non Food Items				
Protection / Safety and Dignity				
Number of Interview	191	119	120	430

The main priority reported by HHs across the area is livelihoods. This correlates with the fact that lack of economic resources has been mentioned as the main constraint in accessing basic goods and services in all sectors.

In the NGCA, food is reported as the highest priority. This is validated by the fact that the NGCA has the highest proportion of HHs with a poor food consumption score (15%).

Health is considered important in all areas, but is of most concern in Donetsk and Luhansk oblasts. Injuries as a result of the conflict are reported most in these areas.

Protection, safety and dignity issues are not reported as major concern overall but they are the fourth priority in the NGCA.

Shelter is the second priority for the IDPs in DKZ oblasts, higher than food. The most common shelter concern is the cost of renting accommodation which has been reported as an important part of the HH expenditure for IDPs.

Vulnerable groups

KIs considered the overall needs prioritisation by age to be older people, infants and children under 5 and then women (18-59 years).

In NGCAs infants and young children are considered the most vulnerable. The exception to this is for areas of active fighting (both frequent and sporadic), where older people are considered to be most vulnerable.

	DKZ Oblast	DL Gov Area	DL N_Gov Area	Total
Older persons (60+ years old)				
Infants/toddlers < 5 years old				
Women (18-59 years old)				
Children (5 to 12 years old)				
Men (18 - 59 years old)				
Number of Raion	59	42	22	123

Overall, KIs identified people with disabilities to be the most vulnerable group followed by older people and people with chronic illnesses. This is reinforced by other findings of the assessment, concerning the limited availability and access to medication and health services. In Zaporizhia oblast people with chronic illness were the equal highest ranked priority.

	DKZ Oblast	DL Gov Area	DL N_Gov Area	Total
Persons with disability				
Older persons (60+ yrs old)				
Persons with chronic illness				
Female head of household				
Single women				
Child without caregiver				
Number of Raion	59	42	22	123

Female headed households were the second highest priority group in terms of vulnerability in NGC Donetsk. In Dnipropetrovsk and Kharkiv oblasts they were ranked as the third highest priority.

Food Security and Livelihoods

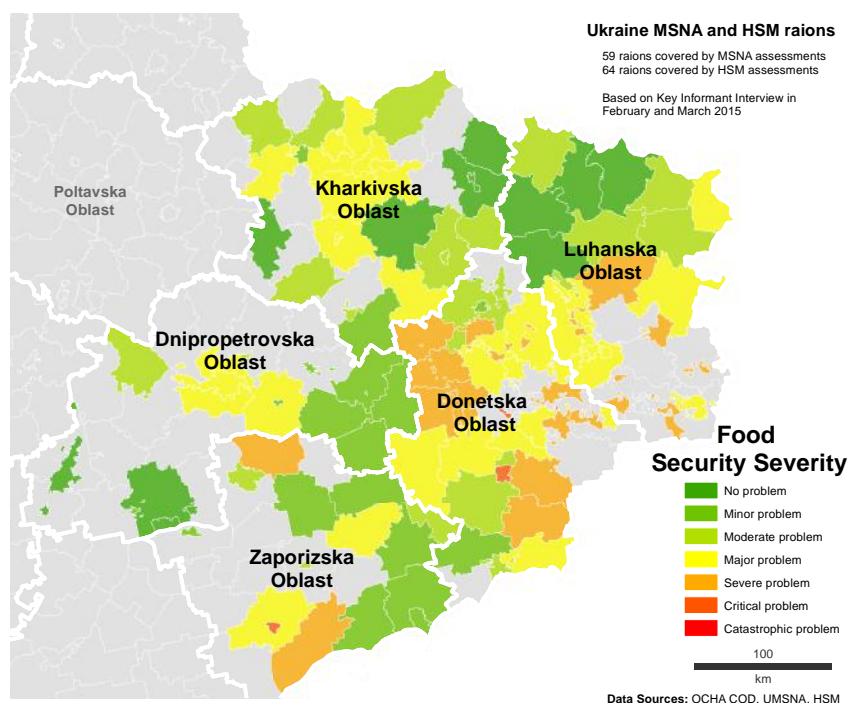
Estimated people in need of Food support

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Food	51,912	198,746	1,074,086	1,324,744
Proportion	16.8%	20.9%	30.0%	
Priority group	12,978	63,599	596,714	673,291
Proportion	4.2%	6.7%	16.7%	

Key findings

- 1,324,744 people are in need of food support across the three areas¹.
- 673,291 people have a poor food consumption score and should be prioritised for food support.
- Donetsk and Luhansk NGCAs have the highest proportion of people requiring food support.
- The proportion of HHs with a poor FCS is greater for female headed HHs.
- The median age of the head of HH is higher in the poor food consumption group.
- The main constraint for accessing food in the market is the lack of income across the three areas.
- In Donetsk and Luhansk NGCAs 63% of HHs reported a problem with food and markets. Of these 88% reported problems related to availability of food products.

Severity map



Findings

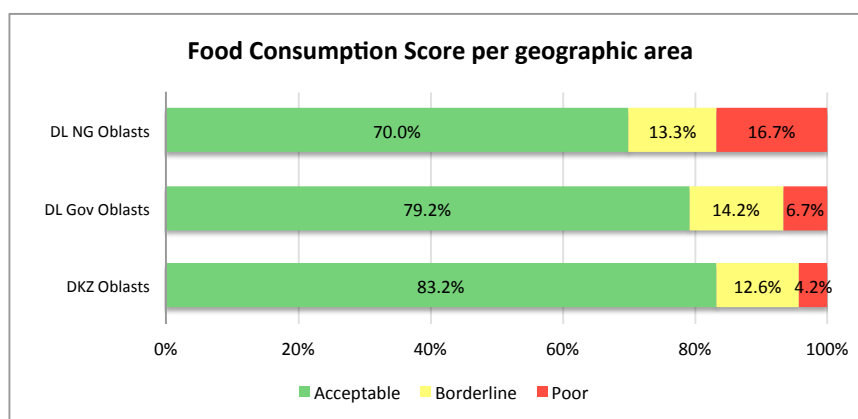
KI interviews reinforce the information provided by HHs; that the severity of the food security is greatest in Donetsk and Luhansk oblasts, particularly in the NGCAs. Although the situation is not as severe in Dnipropetrovsk, Kharkiv and Zaporizhia, concerns have been reported in relation to food security for the IDP population.

Food Consumption Score (FCS)

The MSNA used the WFP Food Consumption Score (FCS)¹³ that is a measure by which food consumption (both diversity and frequency over a 7-day recall period, with more nutrient dense foods being given a higher weight in the analysis) is analysed, and the score being used to categorize consumption into three food consumption groups (FCG):

- Poor (FCS of ≤ 28),
- Borderline (FCS of 28.5 - 42),
- Acceptable (FCS of >42).

This represents the current status in terms of HH food security:

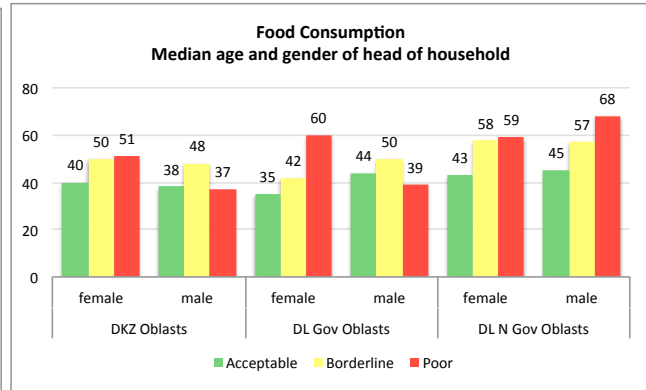
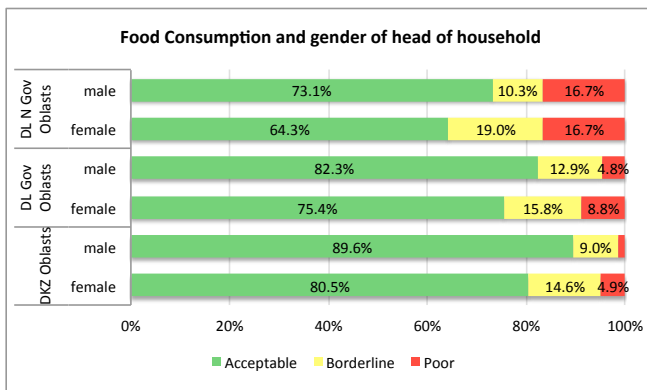


NGCAs were found to have the highest proportion of food insecure HHs (17% with poor food consumption). From the MSNA data it was clear that HHs living in the DL NG oblasts were more food insecure (with more than twice as many household having poor diets) than those not. Within the DL NG oblasts those living in areas experiencing frequent conflict were more likely to have poor diets, although this was not the case in GCAs.

Vulnerable groups:

- Across all three areas, female-headed households were more likely to have poorer consumption (even in the NGCAs).
- The median age of the head of HH with poor consumption profiles was higher, on average. This was not so in NGCAs with male headed HHs being older, which may be explained by secondary data that suggests that many women and children have fled the NGCAs.

¹³ Questions on HH food consumption and coping strategies were provided by WFP as was support in analyzing the data from this portion of the questionnaire.

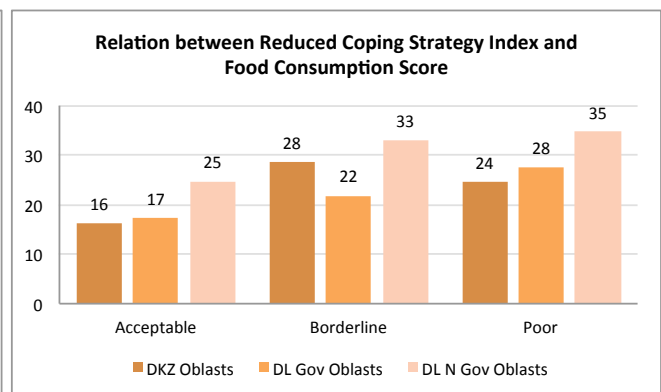
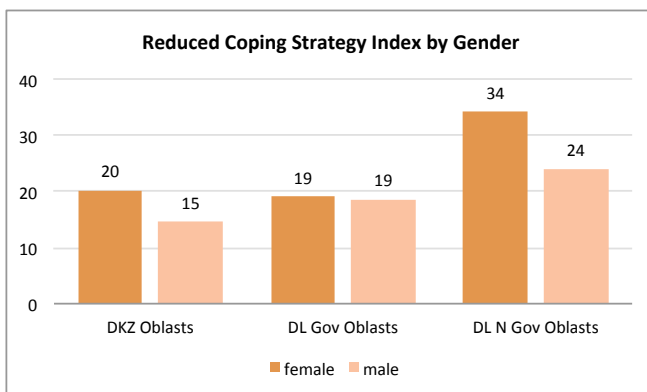


Consumption coping strategies

The reduced coping strategy index (rCSI)¹⁴ is an indicator that describes consumption coping and provides insight into HH difficulties in accessing food. The outcome is a weighted score based on the severity of the coping mechanism used and the frequency (in the 7 days prior to interview). There is some research that supports the observation that higher rCSI scores are correlated with a reduction in caloric intake¹⁵. The reduced CSI was used as part of the MSNA HH questionnaire.

Key points:

The rCSI shows the same pattern as the FCS, with higher indexes in the NGCAs. In these areas, female-headed HHs scored the highest on the coping strategy index, again correlating with the poorer food consumption scores.



Livelihood coping strategies

Livelihood-based coping strategies, representing asset depletion, were formulated into **3 groups**:

- **4 stress strategies:** Spent savings; borrowed money or food from a formal lender or bank;¹⁶ purchased food on credit or borrowed food; sold household assets / goods.
- **3 crisis strategies:** Reduced non-food expenses on health (including medicines) and education; withdrew children from school; sold productive assets or means of transport.
- **3 emergency strategies:** Entire household migrated; sold house¹⁷ or land; begging.

¹⁴ http://documents.wfp.org/stellent/groups/public/documents/manual_guide_proced/wfp211058.pdf

¹⁵ Maxwell, Daniel, Clement Ahiadeke, Carol Levin, Margaret Armar-Klemesu, Sawudatu Zakariah, and Grace Mary Lamptey (1999). "Alternative Food Security Indicators: Revisiting the Frequency and Severity of 'Coping Strategies.'" Food Policy 24(4): 411–429.

¹⁶ In some cases HHs told field teams that they would borrow money if they could but it was not possible as banks were closed and there was no one who could lend to them.

¹⁷ Sale of land or houses was not possible in conflict areas as the registrar's office was closed, precluding this as an option. HHs also reported that they wanted to sell property but there were no buyers.

It should be noted that these coping strategies are in response to the need to access food.

The main coping strategies reported were:

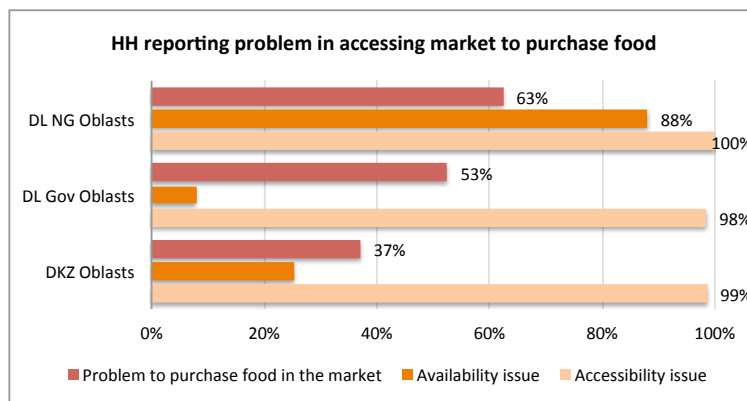
- **Stress** - Spent Savings
- **Crisis** - Reduced non-food expenditures
- **Emergency** - Seeking humanitarian assistance

Source of food

HHs report that their main source of food is the market, followed by humanitarian assistance. There is a significant observation in that two thirds of food is still acquired by cash, and underlines HH’s vulnerability to current market trends.

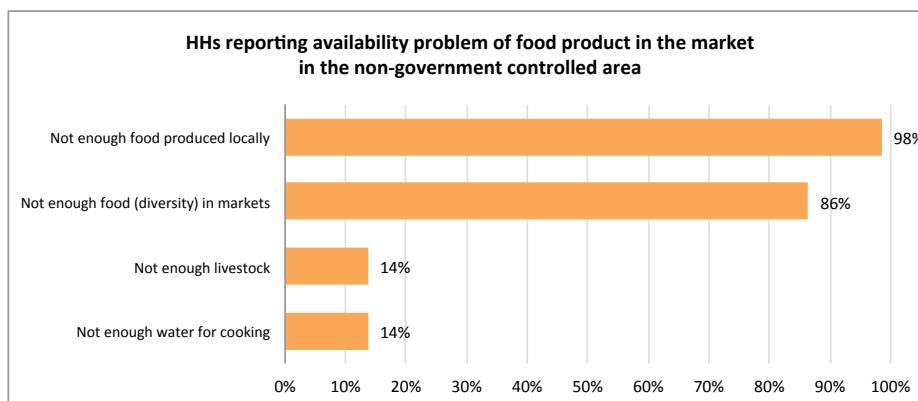
The price volatility being observed in the markets¹⁸ is likely to have a significant impact on the food consumption of the HHHs. In NGCAs, the availability of food in the market is already reported as a problem in HH access to food. This has the potential to become a greater issue over time, if there is no change in supplies reaching the market.

Accessibility and availability of food in the market



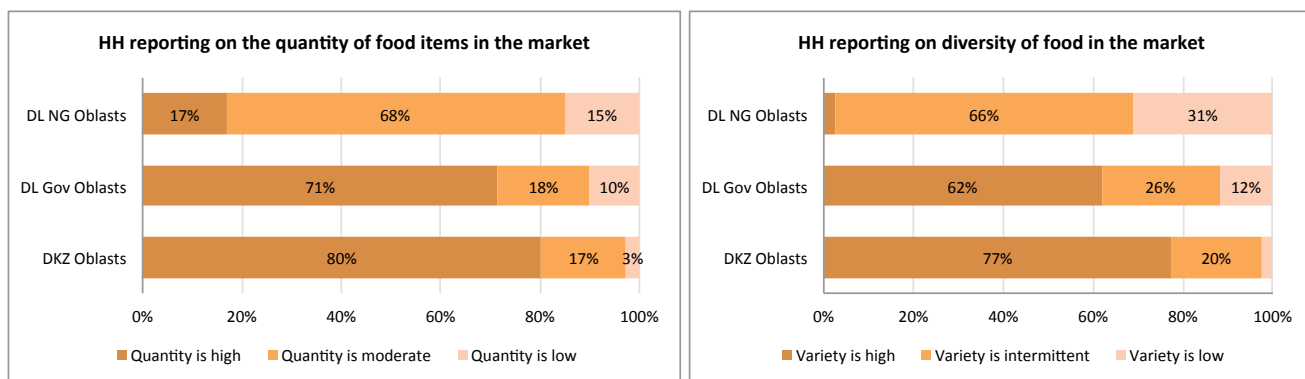
In both GCAs and NGCAs, the main problem in accessing food in the market is the lack of financial resources to purchase food. This may mask some of the physical access issues that are being experienced in some parts of the NGCAs due to conflict. It is important to note that the access issues are different depending on location.

In the NGCA, the availability of food products in the market also appears to be an important barrier. Secondary information indicates that although there are three official entry points into the NGCAs, two are impassable due to mines and strict controls at check points and this is likely to be impacting stocks in markets.



¹⁸ WFP Market Price Update – March 2015

In terms of quantity and diversity of food items in the market, in the NGCA, the HHs mainly report that quality and the diversity of food is moderate or intermittent. This is likely to impact the food consumption patterns of the HHs in the NGCA, if the issues creating these problems continue.



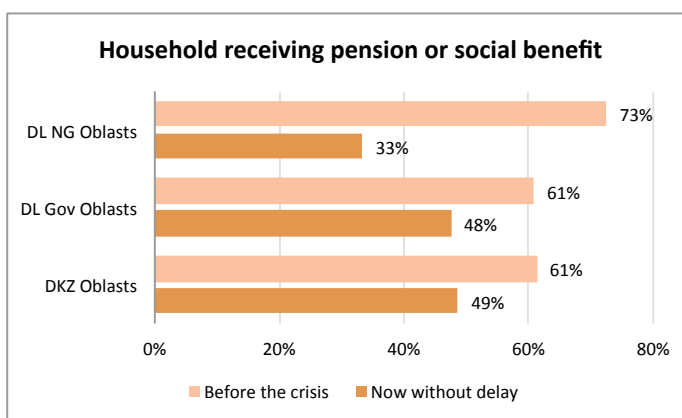
Source of income

The main sources of income reported in the GCA were pensions, salaries, and irregular social support in terms of importance to overall income. What is not clear is how HHs reporting salaries are receiving their payments. This could explain why cash is still an important means of obtaining food in NGCAs.

The MSNA did not investigate the transactions associated with salaried labour further. Barriers to employment for IDPs are likely to be associated with the general economy and employment levels in Ukraine, as well as recent displacement and limited opportunities in their new location.

Anecdotal evidence suggests that in many cases male members of the HH may have stayed behind in order to keep their employment in the areas no longer under government control. This would explain the observations of salary being an important source of income in this location, when the general perception is that the labour market has ceased.

What should be noted is that in most cases important income sources are primarily social safety nets or remittance across the three geographical areas. Most HHs are not reliant on regular sources of income. The livelihood coping strategies also indicate that there is still quite a reliance on savings for a source of cash.



Less than half of the people who were receiving pensions or social benefits before the crisis in the NGCA are receiving these payments regularly now. This is compared to 79% of the IDPs in the GCA who report receiving their payments without delay.

The problem of not being able to receive pensions /social benefits appears to be more pronounced in the NGC part of Luhansk, where all the HHs interviewed reported more than three months delay in payments. In NGC

Donetsk only 9% of HHs reported this problem. The sampling design doesn't allow extrapolation at oblast level, but this high difference should be mentioned and considered in further assessments.

Given the importance of social safety nets to HH incomes, such an observation highlights the increased vulnerability of HHs in Luhansk. One explanation of this difference might be the greater difficulty that is reported for people in Luhansk oblast to cross the confrontation line, compared to Donetsk oblast.

Shelter and Non-Food Items (NFIs)

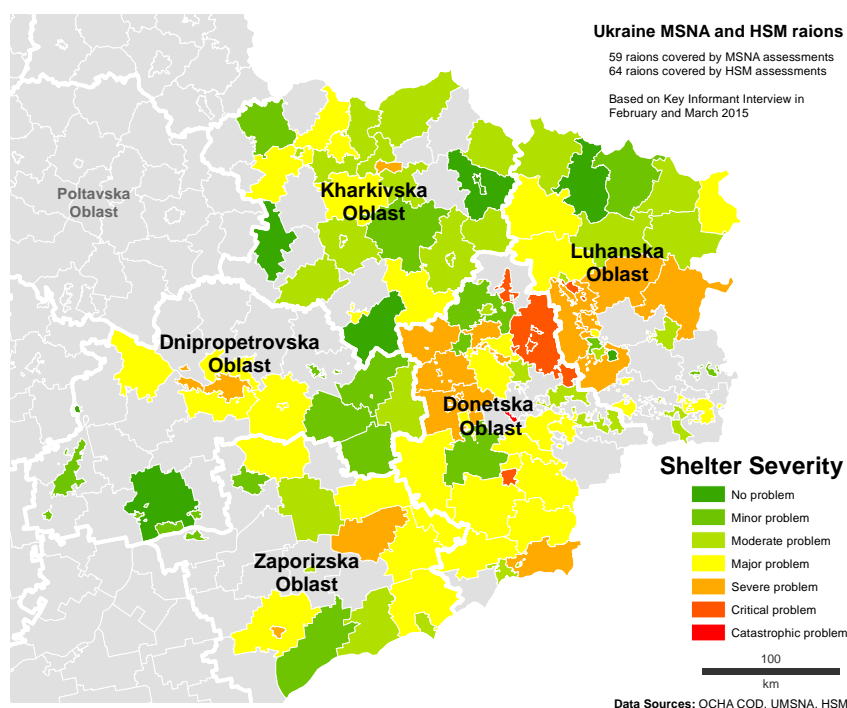
Estimated people in need of Shelter support

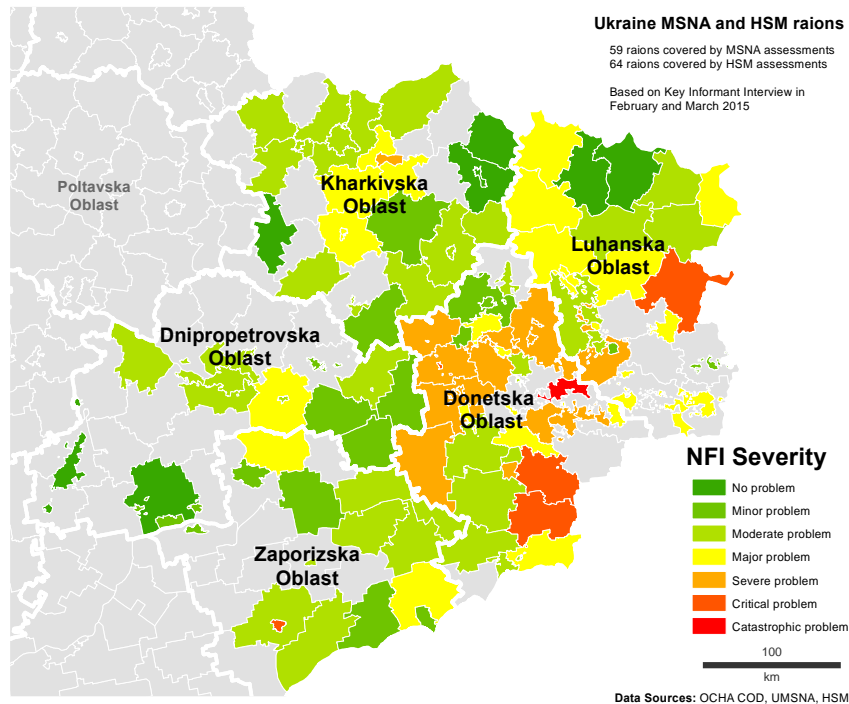
	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Shelter	147,488	269,977	179,014	596,479
Percentage	47.6%	28.3%	5.0%	

Key findings

- Approximately 596,479 people are in need of shelter support.
- The majority of HHs in need of shelter support is in the GCA.
 - The greatest number of HHs requiring shelter assistance are in the GCA of Donetsk and Luhansk.
 - A high proportion of HHs in Dnipropetrovsk, Kharkiv and Zaporizhia also reported shelter issues (48%).
- In the NGCA significant issues related to availability of NFIs have been reported.
- The majority of HHs in collective centres and in host families are female headed.

Severity map

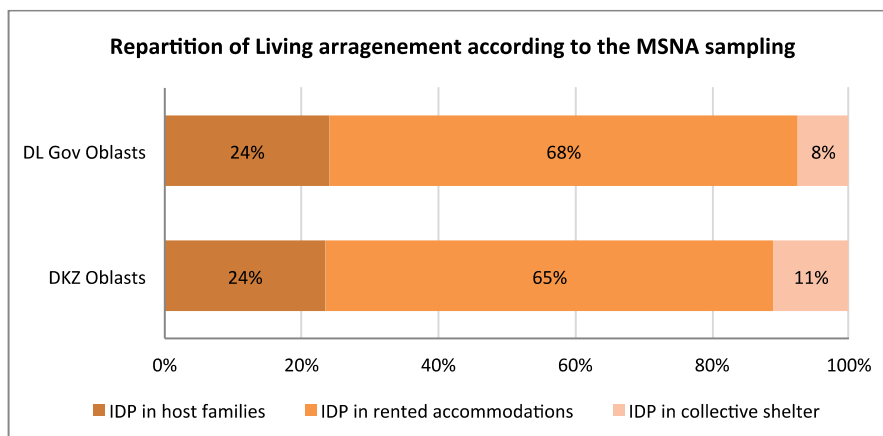




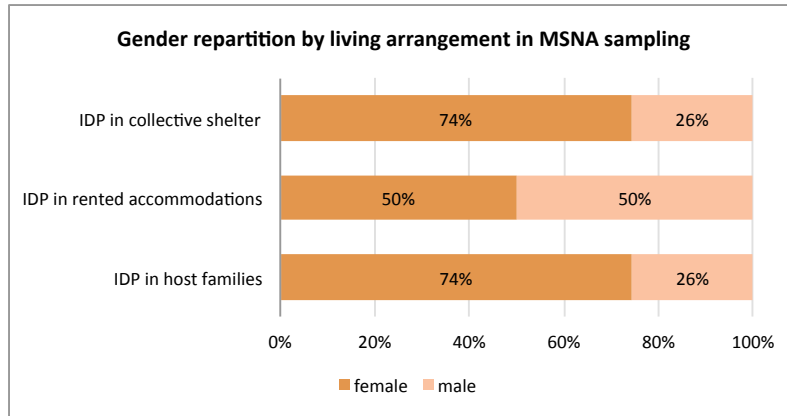
Living arrangements

An estimated 80% of IDPs live with relatives, friends, other host families, or in rented apartments. The remaining approximately 20% are living in a variety of collective centres ([UNHCR 17/10/2014](#)).

Of the MSNA sample only 9.6% of the HHs interviewed were living in collective centres. The random process used at field level to select the HH could explain the difference.



In the NGCA the entire population, residents and HHs displaced within the area, were of interest in the assessment. HHs were selected randomly, not based on displacement status. Through this approach some IDP HHs have been interviewed, but they make up a small proportion of the sample in the area and this makes analysis of them as a separate group impossible.

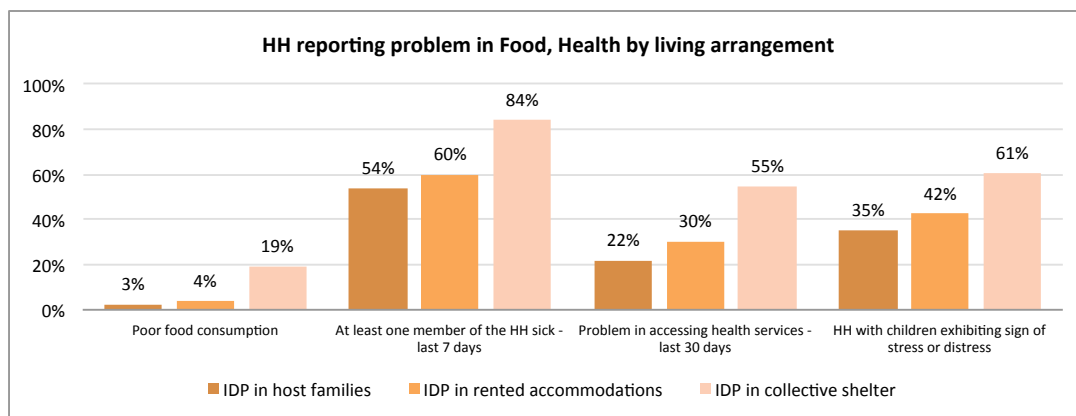


In host families and collective centres, the majority of HHs interviewed had women heads of household. This could have implications on issues related to privacy and protection. In order to better understand this issue an assessment that specifically targets understanding the use of collective centres is recommended. Such an assessment would include a profile of IDPs living in collective centres, a more detailed understanding of the arrangements provided by collective centres and the main reasons IDPs are staying in collective centres.

Anecdotal information from the field assessment teams during debriefing indicated that collective centres are often used as a transit solution, particularly while IDPs register for assistance.

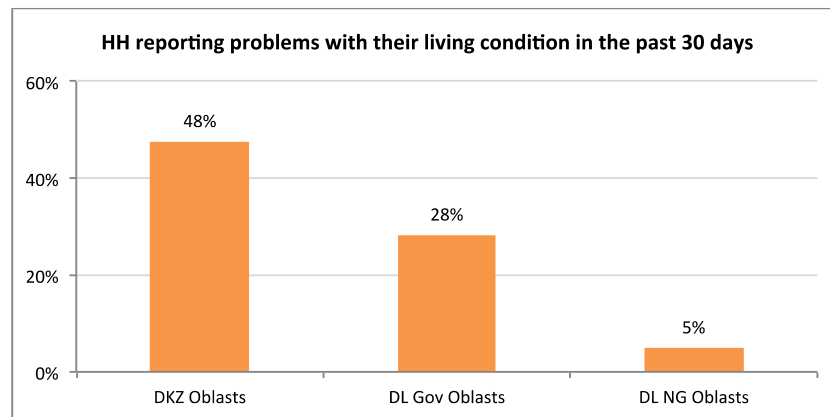
In the GCA, the relatively small number of IDPs living in collective centres interviewed (31 HHs) makes it impossible for any extrapolation, however some patterns are interesting to highlight.

Among the different IDP living arrangements, those in collective centres report higher concerns in terms of food and health and children showing signs of stress.



Those living in collective centres appear to be the main target for assistance, with 84% of HHs reported receiving assistance (as compared to 69% overall). This is not surprising because people staying in collective centres are very visible (unlike people living in rented apartments or with host families). It could also be assumed that people in collective centres are those in most need because they do not have the resources to find alternative accommodation.

Shelter issues



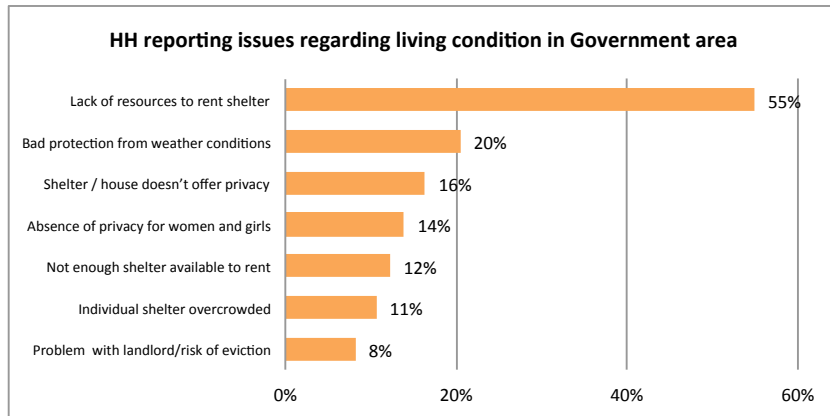
Shelter was mainly reported as a concern by the IDP population, with 48% in DKZ oblasts and 28% in DL GCAs reporting problems with their living conditions. This contrasts with only 5% of HHs in the DL NGCAs reporting shelter concerns. Proportions for DKZ and DL need to be considered alongside absolute numbers of IDPs in the two areas; MoSP figures indicate that in DKZ there are 302,400 registered IDPs and in GCA DL 550,342.

The differences in the proportion of HHs reporting problems with their living conditions across the areas could be explained by the fact that in DKZ oblasts, the second main HH expenditure reported is the cost of housing. HHs in the NGCAs are mostly living in their original place of residence, and have incurred no additional shelter expenses. But this also needs to be understood within the context that the MSNA HH interviews largely did not take place in areas that had seen frequent fighting. Consequently the assessment does not capture the shelter problems related to damaged and destroyed houses.

Other information sources reveal that destruction and damage of houses has severely impacted people in NGCAs. In areas around Donetsk airport, almost every house has reportedly been damaged more or less severely. Repair works are hampered by the lack of resources for construction materials and salaries for the workers. In Mariupol construction materials were reportedly in short supply after the rocket attacks in January that damaged houses and apartment buildings. Almost all the buildings in the center of Debaltseve have reportedly been destroyed or severely damaged during the recent fighting ([Global Shelter Cluster 29/12/2014](#), [UNHCR 26/01/2015](#), [BBC 24/01/2015](#), [Trusted source 12/2014](#), [UNIAN 26/02/2015](#)). A specific shelter assessment focused on these locations, in terms of short term shelter needs for HHs and longer term reconstruction needs, will be required to understand this fully.

In the GCA, the main shelter related issue reported by HHs is the lack of resources to rent housing. 55% of the HHs interviewed reported this. KIs also report that in some areas there is insufficient housing available for rent.

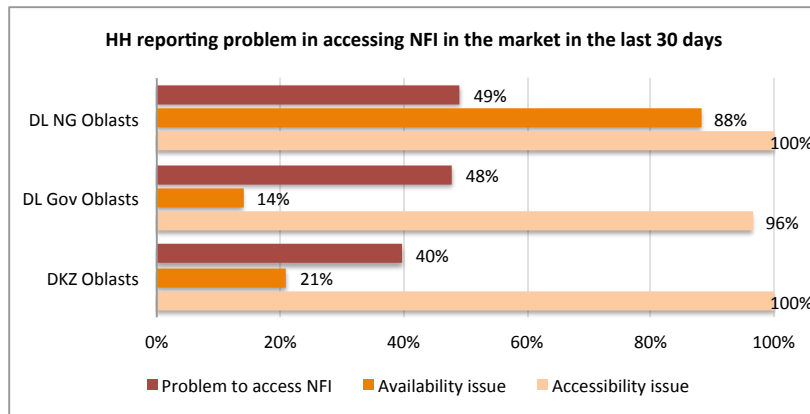
As noted above, lack of privacy, in general, as well as for women and girls in particular, has been reported. This is predominately by HHs living in host families and collective centres, and requires further investigation to determine the impact on protection.



Access to amenities

Access to electricity and heating have not been reported as a major issue, with 97% of all HHs reporting they have access to electricity always or with minor cuts and 94% of HHs reporting this for their access to heating.

Non-Food Items (NFIs)



Across all areas 45% of HHs expressed problems accessing markets for NFIs in the last 30 days. Lack of financial resources was the main issue related to access (98% HHs reporting). In the NGCA, significant issues of NFI availability in the market have also been reported. Clothing and fuel for heating are the main items reported as unavailable in the market in the NGCA.

Water, sanitation and hygiene (WASH)

Estimated people in need of WASH support

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Water	45,238	79,181	1,192,235	1,316,654
Percentage	14.6%	8.3%	33.3%	

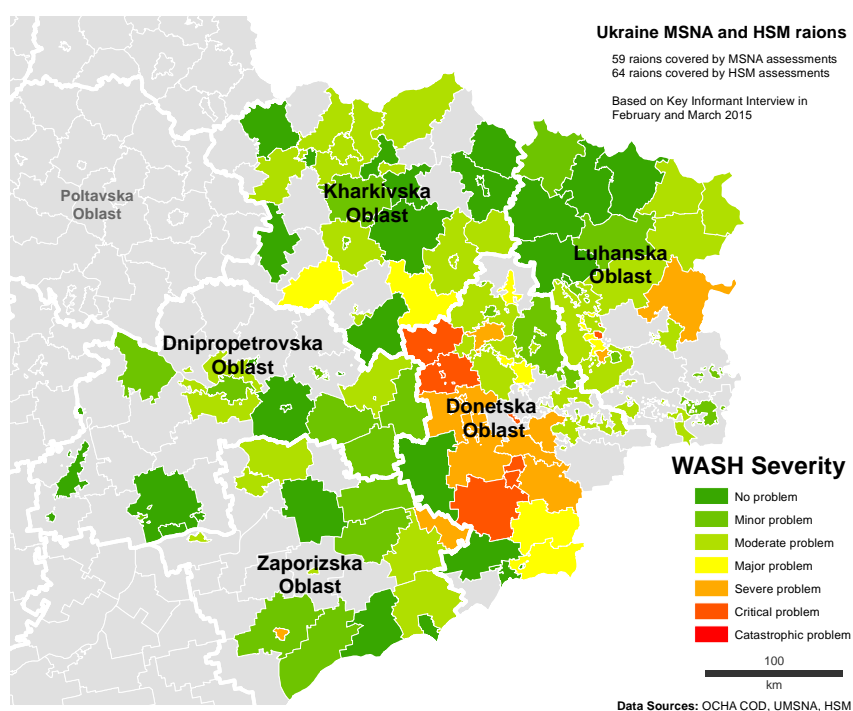
Key findings

- 1,316,654 people are in need of WASH support.
- 18% of HHs reported no access or major disturbance in accessing safe water (34% in NGCA)
- Water borne disease was not mentioned as a concern by the KIs.

BUT

- The reported lack of safe water in dwellings could have an impact on hygiene practices if the situation continues.
- Availability of hygiene products in NGCA is reported as an issue.
- Further assessment is necessary to understand the hygiene and sanitation situation.

Severity map

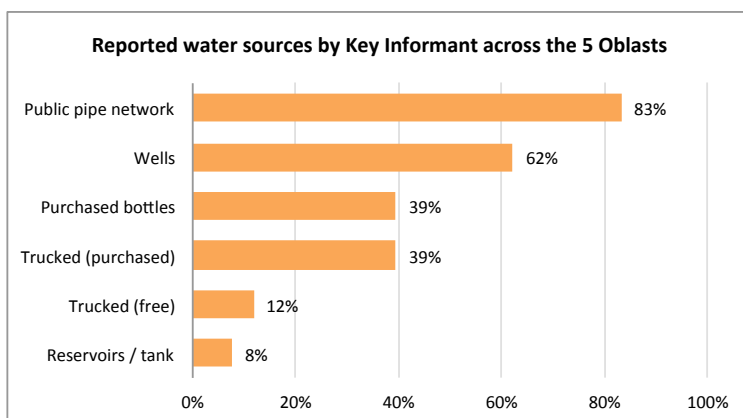


Findings

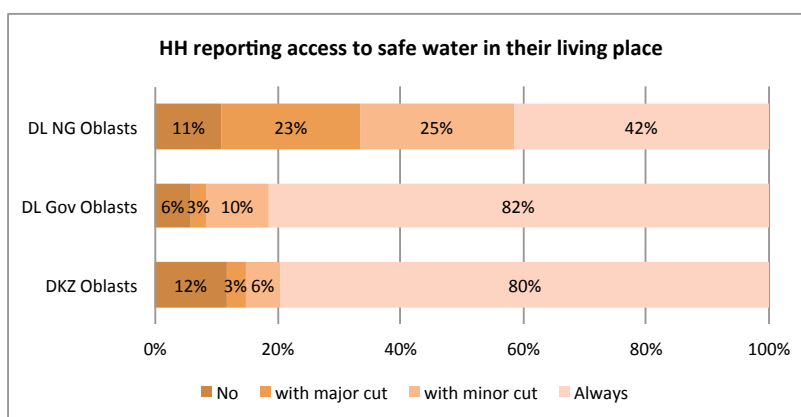
Access to safe water

The main water sources across the area are the piped water network followed by wells, according to KIs. This is coherent with the Multi Cluster Indicators Survey (MICS) conducted in 2012, where 97.6% of HHs in Eastern

Ukraine were found to be using improved water sources with 73.7% having piped network access into their dwelling. This implies that any damage to the piped water network and water treatment plants, such as has taken place in areas of frequent fighting, directly impacts water access to a large number of people as this is the main source of water in urban areas.



In the NGCA, 34% of HHs reported having no access, or major disturbance, to safe water in their place of living. This situation has not yet led to a notable increase in water borne diseases (WBDs,) according to the KIs. Limited or more difficult access to water it could have a direct impact on health concerns, if the situation continues and depending on HHs alternative sources of safe water.

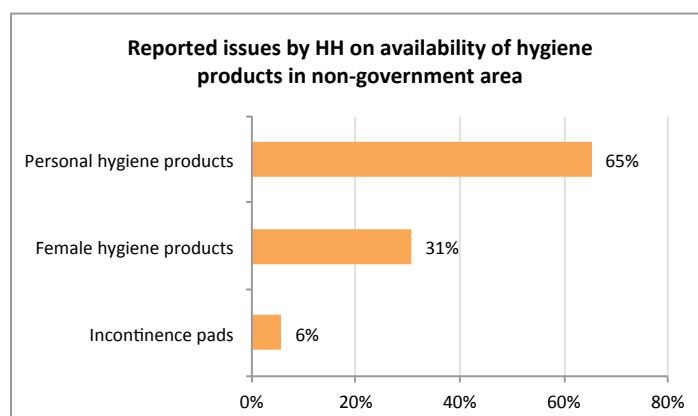


According to the WASH Cluster, the security situation is a major constraint to repairing the damaged piped water network and the water treatment plants in Luhansk and Donetsk oblasts, near to the confrontation line (OCHA Sitrep, 20/03/15).¹⁹ The cluster also reported that access to chemicals for water treatment was an issue.

¹⁹ <https://www.humanitarianresponse.info/system/files/documents/files/Sitrep %202332 FINAL.pdf>

Hygiene

The availability of hygiene products in the market has been reported as a problem in the NGCA, for the following items:



These findings are in line with a rapid assessment conducted in December, in eleven towns and six districts of the Donetsk region in NGCAs. It was found that the most needed hygiene items were toothpaste, toothbrushes, diapers, soap and washing powder ([Trusted source 12/2014](#)).

Before the crisis 97.5% of HHs in East of Ukraine were able to access to safe water inside their premise ([MCIS 2012](#)). With the deterioration of the situation in terms of access to safe water in dwellings, an impact on hygiene practices may be seen in the coming months. It will become harder to obtain water for bathing, washing clothes and cooking as well as drinking water. A more in depth assessment on hygiene practices would be needed in the areas with reduced access to safe water, in order to understand the impact.

79% of HHs reported full access to functional sanitation facilities (toilet and bathroom) in their dwelling. In rural areas this proportion was 70% (implying 30% of HHs did not have access to functional sanitation facilities) and 61% in collective centres. The assessment did not differentiate between access to a toilet (safe sanitation) and access to a bathroom. It was also limited in describing precisely how the HH understood the concept of “functional” in relation to their facilities.

A more detailed WASH assessment is necessary to understand the drinking water, hygiene and sanitation situation in the current context. It should be designed specifically around the geographic areas affected and issues faced regarding the damaged water supply.

Health and Nutrition

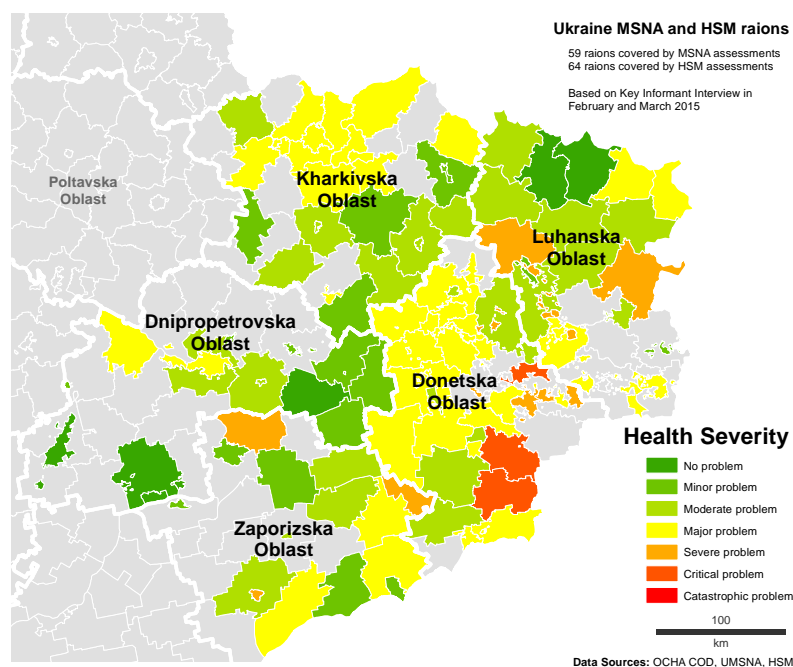
Estimated people in need of support in accessing health services

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Population affected	309,848	953,982	3,580,286	4,844,116
Health	94,194	293,826	1,134,951	1,522,971
Percentage	30%	31%	32%	

Key findings

- 1,522,971 people need of support accessing health services.
- 31% of HHs reported a problem accessing health services:
 - 69% due to availability
 - 89% due to accessibility
- Injuries from war are the second highest reported health concern in areas of frequent fighting.
- Psychological trauma is the third most reported health concern by KIs in DKZ oblasts.
- Many health problems appear to be pre-existing health conditions, for which treatment is no longer as accessible or available as it was prior to the crisis.
- Infants, toddlers and children under 5 years are considered by KIs the second most vulnerable age group overall.

Severity map

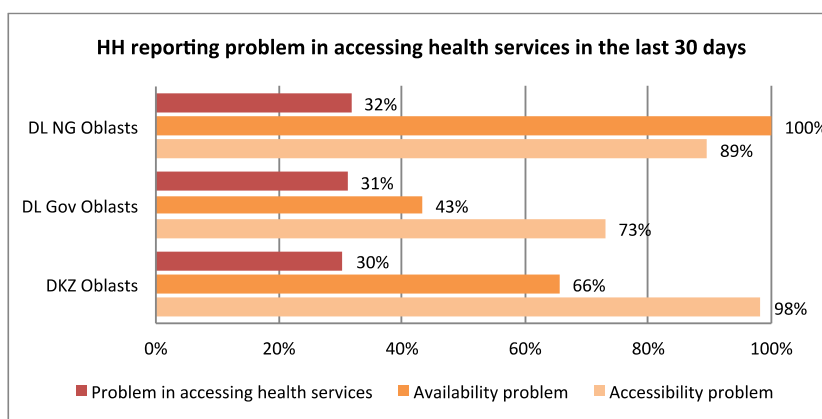


Health

Health is a complex sector to assess. This assessment presents the information provided by HHs on their ability to access health care, and the obstacles they face. It also covers KI perceptions on health issues, availability of health services and the general health status of the raion.

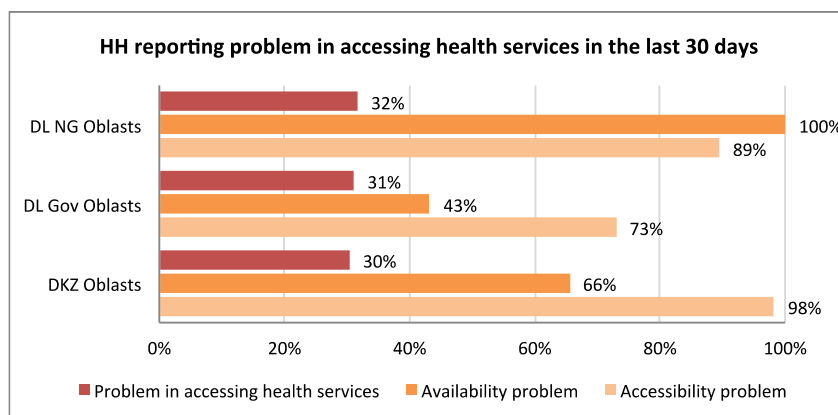
Assessment teams were encouraged to find a KI who had knowledge of the health situation in the raion, such as a local official, health worker or doctor. The assessment, however, is not based on data from health facilities or official government data and it is not an assessment of the situation in health facilities. For this reason no information on morbidity, mortality and catchment area of health facilities is provided in this section.

Household access to health services



- Health was ranked as the third overall priority for HHs across all three areas. In Donteska and Luhansk, in both the GCA and NGCAs, health was the third priority after livelihoods and food security. In DKZ health was the fourth priority, after shelter.
- The capacity to access to healthcare and availability of healthcare were reported as obstacles in all three areas. There was no significant difference between GCA and NGCAs, with 31% of all HHs reporting difficulty accessing health services.

Problems obtaining health services due to access constraints

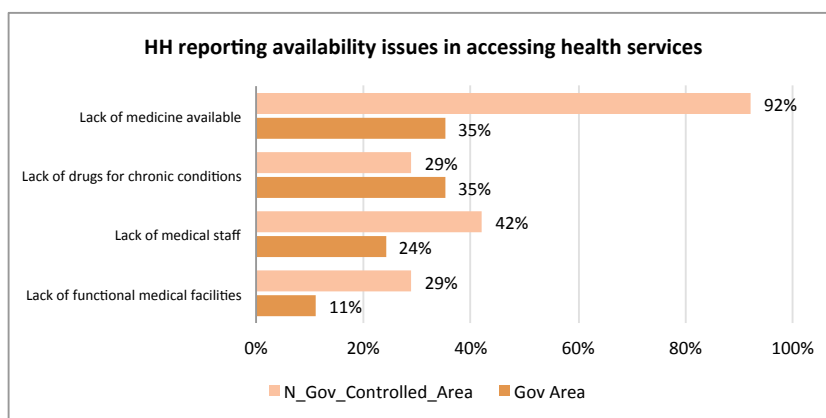


- Limited financial resources were a key obstacle, reported by 75% of HHs in all areas. This concurs with other reports on the purchasing power of IDPs, in the face of rising health care and medicine costs ([HTC 02/2015, Raiffeisen Aval 19/02/2015](#)).

- The health system in Ukraine was reported to be under-resourced prior to the crisis (USAID, 2011/08). HH problems related to the decreased capacity to address pre-existing health concerns, rather than specific health conditions that were a direct result of the crisis. These included access to and availability of medicines, lack of financial resources and increased costs associated with health care.
- Due to the ongoing devaluation of the Ukrainian hryvnia (currency) the health budget for 2015 will only cover an estimated 30% of needs. No extra budgetary resources have been allocated to health services for IDPs. Consequently the health system is overstretched wherever there are displaced people (HTC 02/2015).

Problems in obtaining health services due to constraints in availability

- Availability of health care and medicines was a key concern for HHs. Availability issues varied significantly across the three areas, as shown in the following table.



- The lack of medicine available in health facilities, or in the market, was reported as significantly worse in rural areas. 81% of HHs reported it as a problem, compared to 45% of in urban areas.

Health issues reported by KIs

	DKZ Oblast	DL Gov Area	DL N Gov Area	Total
Cardiovascular diseases				
Upper respiratory infection				
Respiratory diseases				
Psychological trauma				
Diabetes				
Other				
Injuries (war wounded)				
Number of Raion	59	40	20	119

- Pre-existing health issues are the priority, and would not have increased as a result of the conflict. Psychological trauma and war related injuries relate directly to the crisis.

Nutrition

Infants, toddlers and children under 5 are the second most vulnerable age group overall. This vulnerability is partly linked to their specific nutrition requirements. Pre-crisis data on Ukraine shows that there were low rates of breastfeeding and a high dependency on the use of infant formula for feeding young children.

The 2012 MICS reports that in Eastern Ukraine only 21.3% of infants aged 0-5 months are exclusively breastfed, with a further 47.5% are predominantly breastfed. 33.4% of children at 1 year of age and 31.1% at 2 years

continued to be breastfed. These low breastfeeding rates mean that the majority of infants and young children are dependent on other sources of nutrition, normally being fed fluids and foods other than breastmilk.

No specific problems in the availability of infant formula were reported in the MSNA. The sample size, and low number of infants in the HHs randomly selected, could be why this was the case. With HHs reporting general concerns about the availability of products in the markets, particularly in the NGCAs (in Donetsk and Luhansk NGC 88% of HHs reported this as a concern), and with concerns raised about the lack of resources to purchase food and price rises, dependency on the markets for food specifically designed to meet the nutrition needs of infants and young children is something that will need to be monitored closely.

An assessment carried out in November 2014 showed that not enough dairy products were available for younger children and that not enough meat, fresh vegetables and fruit were available for older children. This assessment covered urban residents in 27 towns in Luhansk and Donetsk oblasts. Cereals and canned food prevailed. 59% of respondents said that they have difficulty providing food according to the dietary requirements of the age of their children ([Kiev International Institute of Sociology 11/2014](#)).

Other vulnerable groups should not be overlooked in terms of nutrition needs, such as older people and people with disability whose ability to access markets has been constrained due to the crisis. The MSNA provides no information specific to these groups although concerns have been raised in coordination forums. Reference has also been made to people living in care facilities which are under resourced due to the crisis.

The scoping study of the Global Nutrition cluster notes there is an ongoing MUAC screening being conducted by MSF in Donetsk and Lugansk oblasts. This should better inform an understanding of the nutrition status in affected areas and appropriate nutrition responses²⁰.

²⁰ www.humanitarianresponse.info/operations/ukraine/document/report-scoping-mission-nutrition-3-14-february-2015

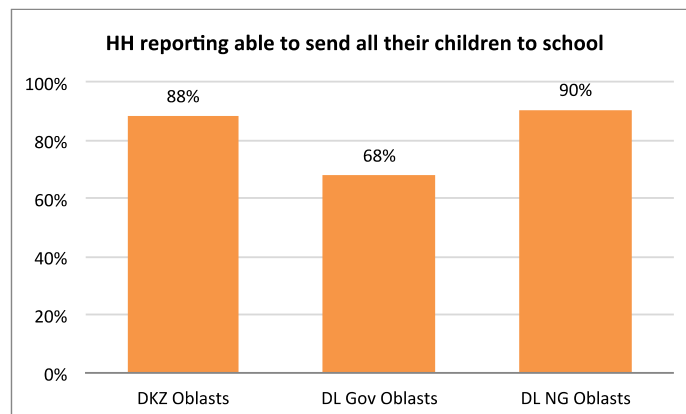
Key findings

- 16% of HHs with school aged children report not being able to send them to school.
- KIs reported high numbers of schools damaged or not operational in Donetsk and Luhansk oblasts
 - 56% damaged or not operational in NGCAs
 - 20% damaged or not operational in GCAs
- The education situation is of most concern in government controlled Donestka, where HHs report the lowest proportion of school attendance and KIs report the greatest impact of school closures and damage.
- Illness, lack of resources and unavailability of education facilities are the main reasons children are not attending school.

Access to education

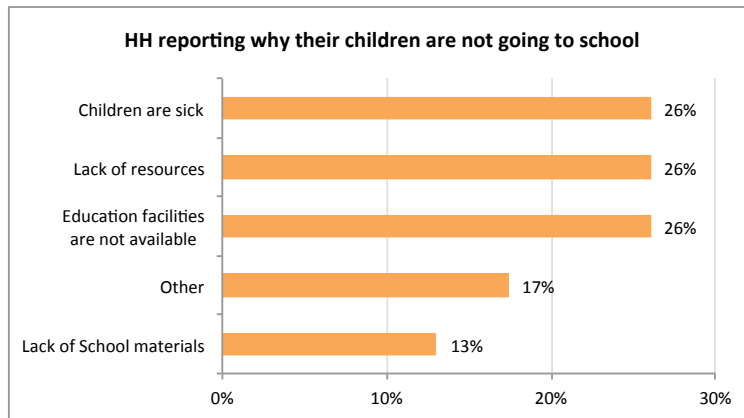
School enrolment rates in Ukraine are generally high. According to pre-crisis data, the gross enrolment rate of children aged 6-14 is 98% and for upper secondary enrolments of children aged 15-17 is 59.9% ([Transmonne, 2014](#)).

In the MSNA sampling 54% of HHs reported having school aged children.



Overall, 84% of the HHs with school aged children reported to be able to send all their children to school. The most concerning situation in relation to school attendance was in government controlled Donetsk oblast, where only 45% of HHs reported being able to send all school aged children to school.

This information is reinforced by other sources which report that damaged or destroyed educational facilities, lack of transportation and insecurity influence school attendance. UNICEF monitors reported in mid-October that the school attendance rate in Donetsk city was estimated at 55% ([UNICEF 17/10/2014](#)) and Donetsk oblast, particularly the urban areas, is where much destruction of buildings and infrastructure has taken place due to direct shelling.



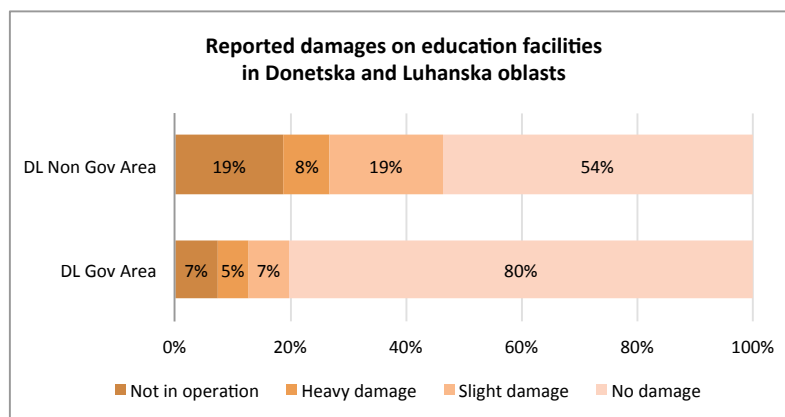
The number of responses to the question on why HHs are not able to send all children to school was very small (only 23 HHs answered this question), and thus the information should be considered with caution. It is notable that education facilities not being available are mentioned only in the government controlled part of Donetsk oblast where, as noted above, significant damage to education facilities has been reported.

Some IDPs HHs report that their children stayed behind in the NGCA. More investigation is needed to understand the magnitude of this and the reasons for leaving children behind. The MSNA findings indicate that, although the GoU has ceased funding to schools in non-government areas, a higher proportion of HHs report sending children to school in these areas than among the IDP population in the other areas.

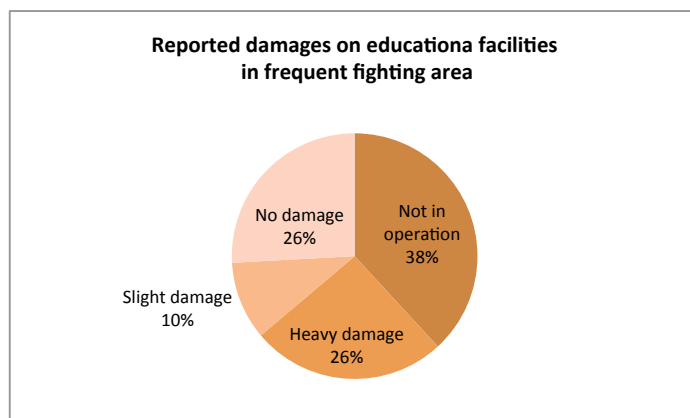
Damage to education facilities

The MSNA intended to collect quantitative information on the number of operational education facilities and number of students attending these facilities, in the 123 raions covered with KI Interviews. Unfortunately, due to the high number of missing reports in relation to this question, this information is insufficient to provide meaningful analysis.

Only the information on Donetsk and Luhansk oblasts, in GCAs and NGCAs, is comprehensive enough to be used. These areas show that, according to the KIs in 50 raions, 34% of the education facilities are not operational or have been damaged due to the conflict.



If areas of frequent fighting are considered alone, the situation is even worse, with 74% of the education facilities reported as damaged or not operational (out of 15 raions covered in areas of frequent fighting).



Although the sample is small, the proportions are worrying. Action should be taken to ensure safe learning environments and opportunities for continued education for children living close to the confrontation line. It is recommended that these figures be verified by a more systematic education facilities assessment.

Key findings

- Shooting, bombing and injuries from war are the main concerns reported by KIs in areas of frequent and sporadic fighting. This highlights the seriousness of the situation for the civilian population trapped in the conflict area.
- Difficulties with employment, inability to move across the line of confrontation and separated families were frequently reported by HHs.
- Constraints or restrictions of movement across the line of confrontation impact access to assistance, social benefits and contact with family members who have stayed in the NGCA.
- Difficulties in acquiring documents were a concern, particularly in the NGCAs.
- Violence and crimes were mainly reported in Donetsk oblast (in both GCAs and NGCAs).
- UXOs are only mentioned by HHs in NGC Donetsk. This could indicate an overall lack of awareness of the risks associated with them, and other remnants of war. They are mentioned as a concern by KIs in both areas of Donetsk and Luhansk oblasts.

Protection related challenges

Both the HH and the KI questionnaires included questions designed to give respondents an opportunity to convey protection related challenges faced by people affected by the crisis. In a general multi-sector assessment there are limits to the depth that sensitive issues can be covered. There could be reasons why HHs are reluctant to discuss challenges in this kind of an assessment, and this needs to be considered when viewing these findings.

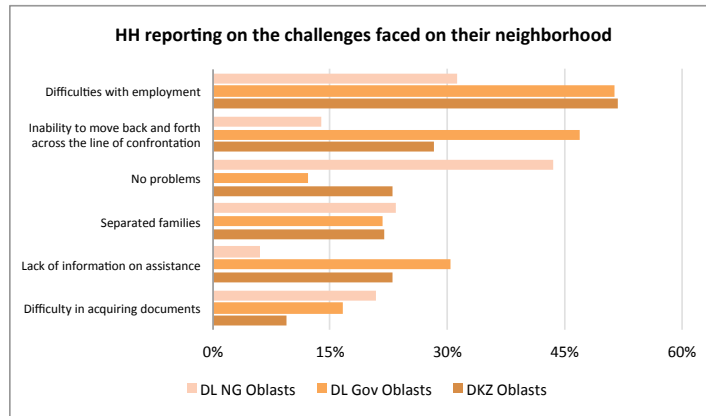
Overall 26% of HH (43% in the NGCA) reported that they had no problems. In NGC Luhansk, where some reports indicated the situation was the most chaotic on the ground, 62% of HHs reported no problems as compared to NGC Donetsk where 24% of HHs reported no problems. This information needs to be viewed cautiously.

Some issues were not covered in the protection part of the questionnaire but were raised in other sectors, pointing to the fact that protection should be considered across all sectors. Examples of this include:

- The majority of HHs living with host families or in collective centres are women headed. This could lead to some protection concerns around privacy for women and girls.
- Family members remaining in the place of origin (separated families).
- HHs reporting caring for children for which they are not the usual care givers.
- Limited understanding of where to access geriatric healthcare.

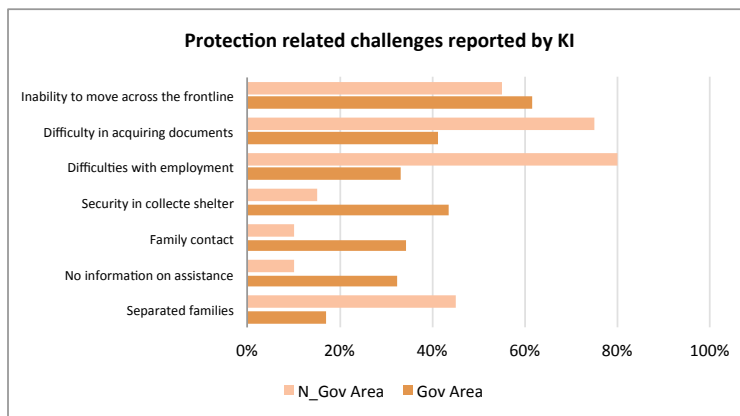
Challenges reported by HHs

Difficulty with employment and the inability to move back and forth across the confrontation line was the main issue reported by HHs. This is likely to be linked to another expressed issue, which was concern about separated family members (expressed by 20% of HHs).



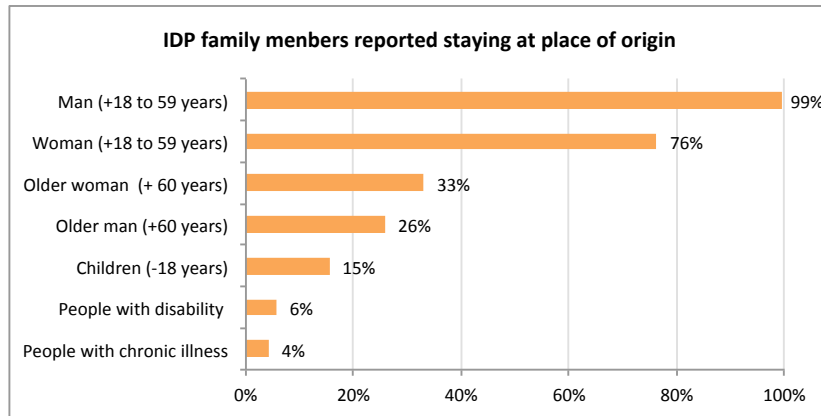
Challenges reported by KIs

The challenges reported by the KIs are consistent with those reported in the HH interviews. The main difference is around the number of HHs reporting they had no problems; KIs rarely reported no problems. This could be related to a reluctance by HHs to report problems, as noted above.



The inability to cross the confrontation line and the issue of separated family members are two elements that need to be viewed alongside other findings of the assessment. 62% of HHs not residing in the GCA reported having at least one member of their family who stayed in their place of origin. In addition, some HHs reported that at least one of their children was staying in the place of origin.

The reasons for family members staying behind were not fully explored by the assessment. The reason the majority of households gave for this was to look after the house, however HHs also reported significant numbers of people not able or not willing to travel. The reasons HH members stayed behind needs to be understood further in order to determine any protection risks.

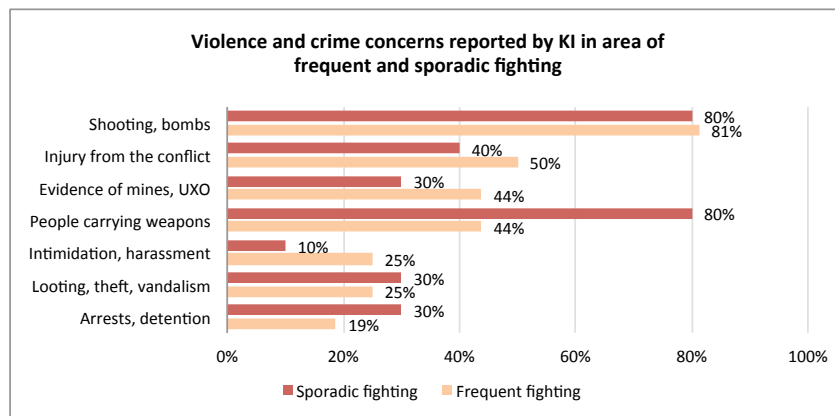


Government payments are no longer being made to people registered as living in NGCAs and aid organisations are experiencing difficulties moving in and out of the contested area. Consequently access to social benefits, pensions and humanitarian assistance is already impacted by the difficulty crossing the confrontation line. This is of particular concern for people with reduced mobility, such as the elderly and people with disabilities.

Violence and crimes of concern

The NGCAs are the main location where violence and crimes were reported as a concern by HHs. Shooting, bombs, people carrying weapons, looting, theft and vandalism and evidence of mines/ UXOs were mentioned much more than in the other areas.

Reports from the KIs indicated that these kinds of issues were more of a concern across both GC and NGC Luhansk and Donetsk.



Shooting, bombing and injuries from the conflict are the main issues reported by the KIs in the area of frequent and sporadic fighting. This is correlated with the injuries of war as the second main health concern in the areas of frequent fighting.

Concerns have been raised in other reports that basing troops, weaponry, and other military targets in residential areas, using them as firing positions and firing into these locations, endangers civilians and breaches humanitarian law ([UN 24/01/2014](#), [AI 22/01/2015](#), [OSCE 14/01/2015](#), [Reuters 24/01/2015](#)). The civilian population trapped in the conflict area is a critical concern that needs to be addressed through advocacy at all levels.

Half of the KIs in NGC areas and 15% in Donetsk and Luhansk GCAs noted unexploded ordinances as a concern. Unexploded shells and landmines have reportedly been deployed by both sides of the conflict, and cluster weapons are also alleged to have been used, posing a risk to local populations ([Foreign Policy 01/10/2014](#), [Janes 29/09/2014](#), [ICBL-CMC 12/2014](#), [RT 04/10/2014](#), [OSW 08/10/2014](#)). In 2014 there were reports of five children wounded and two killed by unexploded ordnance in the Donetsk region in the beginning of October ([OCHA 10/10/2014](#)).

HHs did not frequently report concerns about UXOs, they were only mentioned in the Donetsk NGCA. The unawareness of the risks associated with UXOs, and other remnants of war, is a protection concern that has recently been highlighted within the humanitarian community.

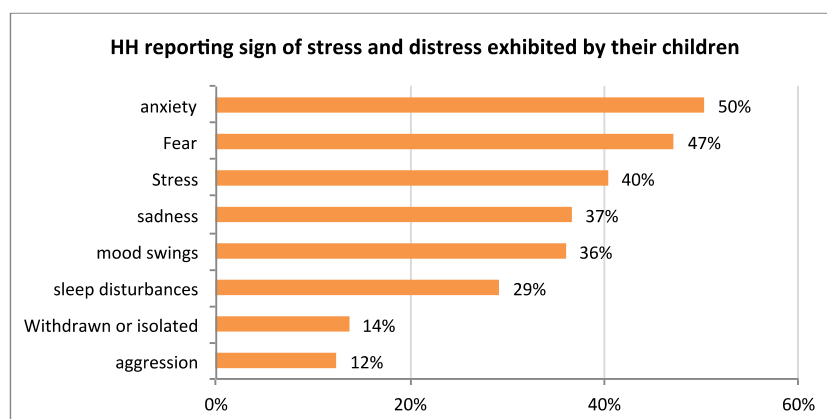
Child protection

Overall, 40% of HHs interviewed reported that their children were exhibiting signs of distress. This varied greatly between oblasts, with NGC Luhansk having the lowest number of reports and the highest number of reports coming from Donetsk (both GCAs and NGCAs). This is consistent with most of the heavy fighting having taken place in the Donetsk region.

Other assessments that focused on children’s psychological wellbeing ([IMC 01/2015](#), [TdH 01/2015](#)) also found that the conflict is having a negative impact on children. This is being displayed in a range of behaviour changes including aggressive behaviour, fear of being left alone, fear of loud noises and increased anxiety. The break-up of families, as fathers stayed behind to look after property, is also considered to contribute to stress for children.

In terms of the signs of stress or anxiety that were shown a broad range were reported, as shown in the following table.

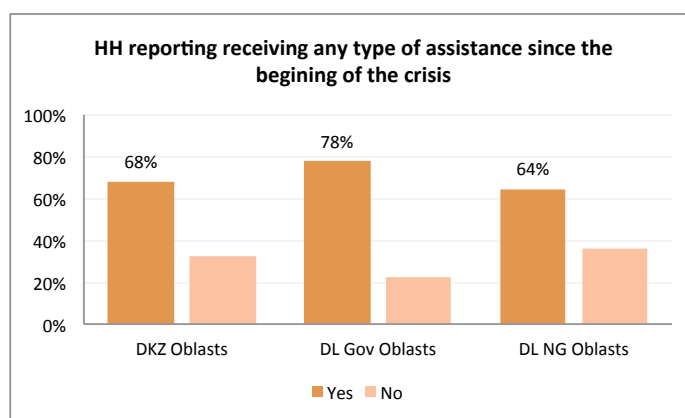
Signs of childhood stress reported by HHs



The most commonly reported way families were dealing with childhood stress was to seek support or help from family and friends (90%). There were some reports of seeking professional help to assist children in dealing with stress. These reports came mainly from GCAs.

Humanitarian assistance

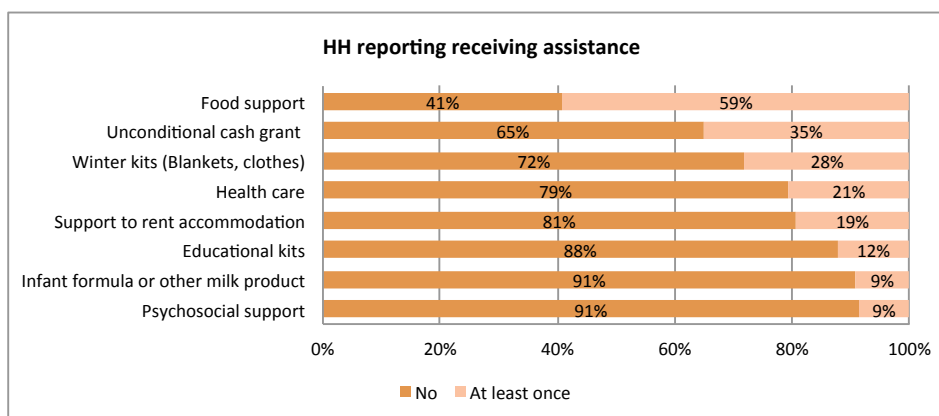
Overall, 69% of HHs reported having received some type of assistance since the start of the crisis. The highest proportion of HHs reporting this was in the Donetsk and Luhansk GCA.



The assessment did not identify which organisations provided assistance. Based on general information on humanitarian operations in eastern Ukraine, a large range of organizations including local and international NGOs, charitable foundations, the UN and other international organisations are known to have delivered assistance.

Type of assistance

Food assistance and unconditional cash grants are the most reported type of assistance across the area.



Despite a relatively high number of HHs reporting receiving food support, the food security situation is still worrying. This could be due to the assistance being irregular or a smaller ration than is needed to cover HH food needs.

The MSNA only gives an indication of the distribution of assistance to the HHs covered by the assessment. As the graphs in Annex 4 illustrate, in many cases aid has only been received once or is irregular. The proportion of HHs receiving assistance regularly is relatively small. The highest reporting of regular aid is for rental support in DKZ (13% of HHs) and for food assistance in Donetsk and Luhansk NGCAs (11%).

Key findings

- In areas of frequent fighting along the confrontation line access to the affected population is challenging, due to obvious security constraints.
- Bureaucratic obstacles make delivery of humanitarian assistance in the non-GCA difficult. These include changing administrative regulations and complicated customs procedures.
- Crossing the line of confrontation is challenging for the affected population.
- The GoU decision to stop providing services in some areas impacts directly the most vulnerable groups, such as the elderly and people with disability.
- Minimal security issues so are far reported by HHs in relation to accessing markets to purchase essential goods but the most insecure places where not accessible for primary data collection.

Humanitarian access in a crisis is categorised around three components:

- Humanitarian access to affected population.
- Access of affected population to relief.
- Security and physical constraints.

Humanitarian access to affected population

In the GCA there is no official constraint to accessing the affected population. Aid organizations have been able to work under normal conditions. Recent reports indicate that working in areas closer to the line of confrontation, even within government held territory, may be becoming more challenging ([Trusted Source, March 2015](#)).

Access to the affected population in the non-GCA is complex. Getting in and out of the conflict zone is reported to be becoming more difficult for humanitarians, due to changing regulatory frameworks. As of 21 January, the UN, NGOs and some other international organizations are required to present ID and a copy of a document justifying the necessity to travel ([OHCHR 15/02/2015](#), [Interfax Ukraine 16/01/2015](#), [UN 24/01/2015](#)).

The average lead time for cargo travelling from Kiev to Donetsk is 7 to 10 days. Before entering the NGCA, there are exacting administrative procedures and long waits at checkpoints. Customs procedures for humanitarian organizations are complicated. The majority of humanitarian goods are purchased in the country, but medical goods and specialised relief kits are imported. The customs process is tightly framed and reportedly hampers operations ([Logistics Cluster 16/02/2015](#)). Convoys of humanitarian aid have been reportedly denied access, due to lack of proper documentation ([UNHCR, 06/02/2015](#)). Legal constraints are blocking the distribution of medicines, including TB and insulin, to the NGCA ([OCHA 27/02/2015](#)).

Transport companies in Ukraine remain largely unwilling to transport cargo into the NGCA, where they are not insured ([OCHA 20/03/2015](#); [OCHA 27/02/2015](#); [MSF 09/12/2014](#)). Other transport limitations include vehicle clearance permit requirements and delays and expenses, induced by the numerous checkpoints into these areas ([Logistics Cluster 02/03/2015](#)). The number of trucks in NGCAs is reported to be limited. Consequently prices fluctuate, depending on fuel availability, and all payments must be made in cash ([OCHA 20/03/2015](#)).

Access of affected population to relief and services

Overall 29% of HHs reported that the inability to move back and forth across the line of confrontation was one of their main challenges. This could be analysed in parallel with the difficulty humanitarian organisations experience accessing the affected population in the NGCA.

Information on movement across the line of confrontation indicates that it is challenging both for the affected population in the NGCA to access assistance outside of their living area, and for aid organisations to reach them. On 21 January new security measures came into force for movements in and out of the conflict zones. Ukrainian nationals who want to travel in and out of the NGCAs are required to present ID and a copy of a document justifying the necessity to travel (e.g. proof of residence, proof of illness of a relative, a certificate of employment) ([OHCHR 15/02/2015](#), [Interfax Ukraine 16/01/2015](#), [UN 24/01/2015](#)).

KIs considered movement across the line of control a significant challenge for the affected population. 61% reported this as a protection related challenge overall with higher reporting in NGCAs.

In November 2014 the GoU announced it would stop providing government services in territories no longer under its control. This included the closure all government offices, hospitals and schools. Pensions and other government benefits would no longer be paid to people registered as living inside these areas. This would directly impact the most vulnerable groups, the elderly and people with disability, who are less mobile.

Only a small number of HHs interviewed reported having issues accessing markets, due to logistical constraints such damaged roads or the lack of transport. An even smaller number reported that insecurity hindered movement to purchase essential commodities.

Security and physical constraints

The security situation hampers the delivery of assistance in the area of frequent fighting along the confrontation line. For example, several raions targeted by the MSNA were inaccessible during the data collection period, due to security constraints (Debaltseve, Yasynuvata and Yasynuvatskyi). This represents a potential population of more than 100,000 people (pre-crisis population), who were not included in the assessment.

Humanitarian cargos destined for the NGCAs are entering via Donetsk. This includes assistance for Luhansk. In the Luhansk region road conditions have deteriorated due to shelling and the risk of UXO and IEDs. Damage to the Stanytsia Luhansk Bridge means it can now only support small vehicles ([OCHA 27/02/2015](#)).

Communication with the affected population

Key findings

- Mobile phones, television and the internet are the main channels of communication across all areas.
- Advice on how to access financial support is the main information need across all areas. This was followed by how to find work in the GCA and how to access pensions in the NGCA.
- Most HHs reported no problems accessing information. The main issues were not knowing who to ask for information and a lack of trust in the available media.

Main channels of communication

The top three channels of communication, and their preferred means of communication, were consistent among HHs across the three geographic areas.

Mobile phones, television and the internet were the three most popular means of communication. Talking to people was the fourth most reported means of communication. An earlier study by INTERnews found that word of mouth was considered more reliable than other sources of information by IDPs in GCAs and people residing in NGCAs but this was not borne out in the MSNA ([Internews 02/2015](#)).

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
Mobile phone/SMS				
Television				
Internet				
Talking to people				
Number of Interview	191	120	120	431

Main information needs

Advice on how to access financial support was a key information need across all three areas. This was relatively consistent with Internews research, which found that information priorities were related to how to access humanitarian aid. How to access pensions and how to get food were defined as important information needs by HHs in NGCAs.

The Ukraine MSNA diverges from Internews findings regarding tracing people. Internews noted that there was a need for information on tracing disappeared persons, because tracing requests have increased as the conflict intensified ([Internews 02/2015](#)). The MSNA received no reports at the HH level of families seeking this kind of information.

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
How to get financial support				
How to find work				
How to get healthcare				
Situation in place of origin				
How to access pensions				
How to get food				
Number of Interview	183	112	120	415

For people who have moved, accessing information on the situation in their places of origin is the priority. Finding information on how to get work is a priority in all areas. Advice on how to get food is a greater priority only in the more severely impacted NGCAs. This is consistent with findings presented elsewhere in this report on food needs in the NGCAs. How to access pensions is only a key information need in the NGCAs.

Information constraints

A large number of HHs, in both GCAs and NGCAs, reported no problems getting the information they needed. Problems that were reported were mainly related to not knowing who to ask for information and a lack of trust in the available media. Internews also reported that credibility and trust in media was generally low ([Internews 02/2015](#)).

Constraints to getting information reported by the HHs

	DKZ Oblasts	DL Gov Oblasts	DL NG Oblasts	Total
No problem				
Don't know who to ask				
Don't trust the available media				
Don't have access to usual media				
Other, specify:				
No access to electricity				
Number of Interview	186	109	120	415

Challenges to communications, due to the availability of electricity and phone connections, have been reported by both Internews and the Logistics Cluster. Communications are reportedly an issue in the NGCAs. Internet and cell phone connections are subject to lengthy interruptions as a result of shelling ([Logistics Cluster 02/03/2015](#)).

These concerns were not reported by HHs in the MSNA. This could be because the assessment teams didn't cover the most insecure area, where shelling could have had the greatest impact on the power supply infrastructure.

Annex 1: Detailed methodology

Annex 2: Household and Key informant questionnaires (questionnaires here are in English, Ukrainian and Russian translations were used and are available from the NGO Forum)

Annex 3: Point estimates and confidence intervals for select key variables, using survey estimation

Annex 4: Frequency and type of Assistance

List of Dataset:

- 1 – 150328_UMSNA_ExportfromSTATA - for confidence interval
- 2 – 150328_UMSNA_mapping – with affected population per raion
- 3 – 150328_UMSNA_HH_data
- 4 – 150328_UMSNA_KII_data