

Humanitarian Trend Analysis Fact Sheet

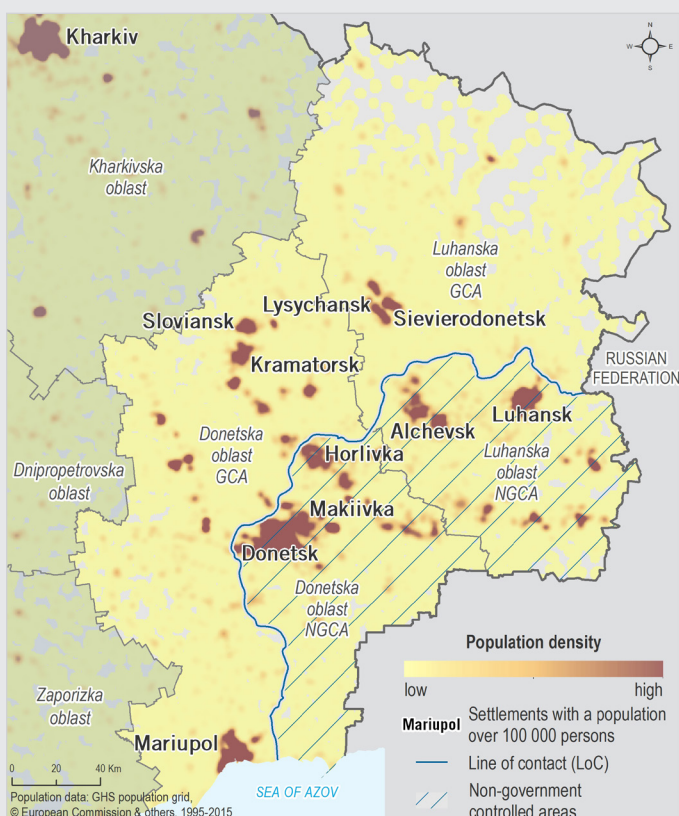
Government-controlled areas of Donetsk and Luhansk oblasts
Ukraine, June 2018

Introduction

Since May 2014, Ukraine has been experiencing a military conflict between the government of Ukraine's forces and armed opposition groups across Luhansk and Donetsk oblasts situated in the eastern region of Donbas. During the protracted conflict there have been repeated ceasefire violations and violence that has posed significant security risks to civilian populations, damage to critical infrastructure and difficulty accessing services leading to significant humanitarian needs. Map 1 shows the line of contact (LoC) that separates populations in GCA from densely populated urban areas in NGCA that is causing major restrictions on movement. As a result, populations are cut off from access to basic goods and services, exacerbating the humanitarian needs of the population.

REACH has been conducting multi-sector needs assessments (MSNAs) monitoring impacts of the conflict on the population since 2016, tracking trends in the changes of humanitarian needs in government controlled areas (GCA)¹ with a focus on food security and livelihoods, shelter, protection, and access to basic services such as education, healthcare and water, sanitation and hygiene (WASH). In June of 2018, to further support evidence-based planning, the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Inter-Cluster Coordination Group (ICCG), in partnership with REACH, conducted a trend analysis assessment of the needs of the conflict affected population in GCA. This fact sheet summarises key findings of this assessment presenting a comparison to the previous Multi-Sector Needs Assessments (MSNAs)¹.

Map 1. Population density of Donetsk and Luhansk oblasts:



Key Findings

Protection

Households (HHs) living closer to the LoC within 5km areas were more likely to report concerns over the risk of shelling than HHs living further from the LoC (86% in 5km areas, 29% in areas between 5-20km and 9% in areas beyond 20km). Also within the 5km areas, 19% of HHs reported concern about military presence and their perception of safety was significantly worse than in areas further from the LoC, with 44% of HHs reporting feeling a constant threat to their life during the night.

Shelter & Non Food Items (NFIs)

The proportion of HHs reporting damage to shelter was higher in areas within 5km of the LoC than in areas further from the LoC (29% in 5km areas, 12% in areas between 5-20km and 9% in areas beyond 20km). HHs living within 5km of the LoC were more likely to report the cause of damage to their shelter as mainly due to shelling.

While HHs across all assessed areas reported missing essential NFIs in their homes, this was more acute in rural areas. Over half of rural HHs are missing a heater (62%), 11% are missing a refrigerator and 10% are missing a stove.

Food security

Overall, HHs closer to the LoC are more likely to be either moderately or severely food insecure. Within 5km of the LoC, these proportions were 13% in rural areas and 15% within small urban areas, respectively.

There is a higher proportion of HHs within 5km of the LoC with poor or borderline food consumption scores (16%), compared to 10% in areas between 5-20km and 9% in areas beyond 20km.

Education

Of HHs with school aged children (6%), 13% reported having no access to any education facility. Of HHs with children accessing an education facility, HHs in urban areas within 5km of the LoC were most likely to report gaps in attendance of more than one month (19%). Overall, the main reported reasons for gaps in school attendance were health reasons and closed schools but in rural areas within 5km of the LoC, the main reason for gaps in school attendance was due to security concerns. The most reported security concerns when accessing education services were hearing and seeing shelling.

Health

HHs in rural areas within 5km of the LoC were most likely to report difficulty in accessing healthcare services (61%). The main barrier reported in accessing health care was the cost of medicines. The least available types of specialised care reported by HHs was obstetric-gynaecological, gastroenterology and mental healthcare. In terms of psycho-social support, almost half (46%) of HHs reported that they did not know where their closest psychological support centre was.

WASH

Fifty-six percent (56%) of HHs reported being dissatisfied with the quality of their drinking water. HHs living within 5km of the LoC were more likely to report daily water shortages (16%).

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Methodology

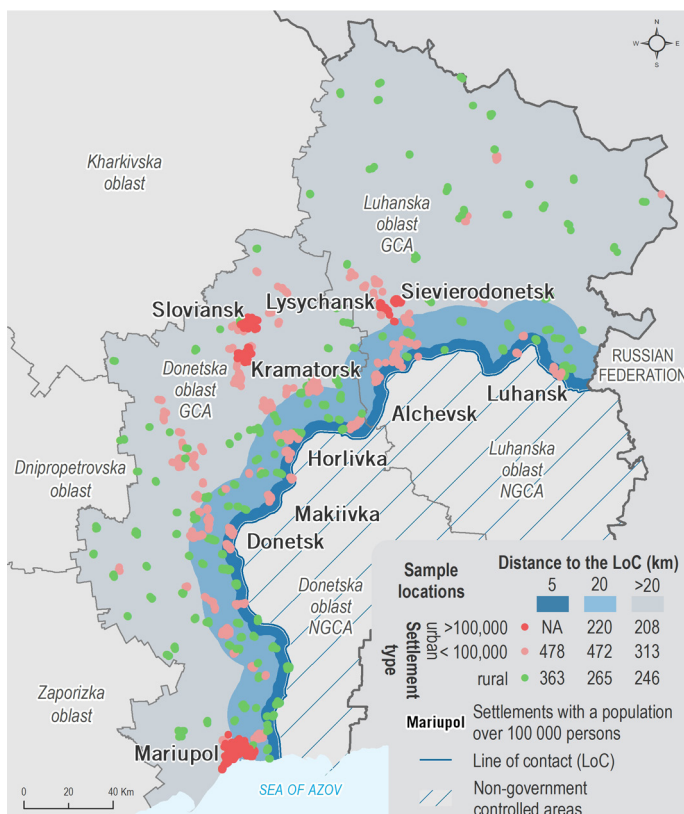
The primary data for this fact sheet was collected through interviews with 2,565 HHs in GCA of Donetsk and Luhansk Oblasts.

In order to compare needs in relation to HH proximity to the military activity along the LoC and differences in needs between urban and rural areas, HHs were selected based on their distance to the LoC and settlement size and type using a stratified sample with the following strata:

Distance from the contact line	Settlement size and type ²
<5km	Rural
	Urban < 100,000 pop.
5-20 km	Rural
	Urban < 100,000 pop.
	Urban > 100,000 pop.
>20 km	Rural
	Urban < 100,000 pop.
	Urban > 100,000 pop.

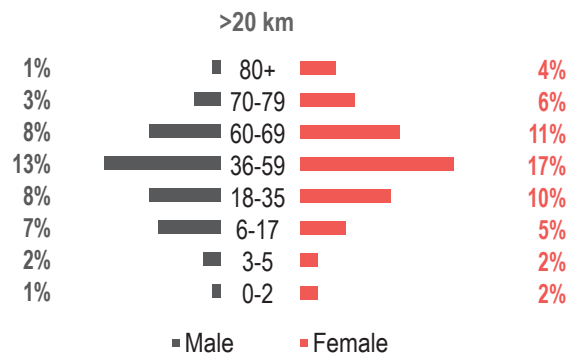
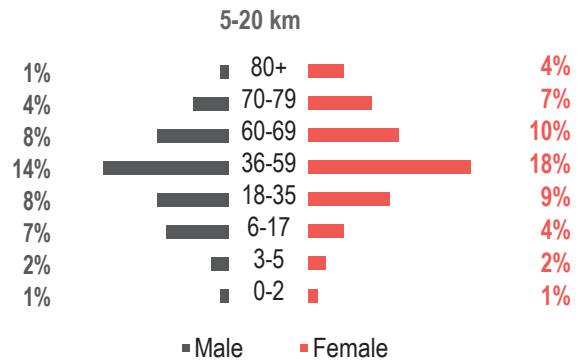
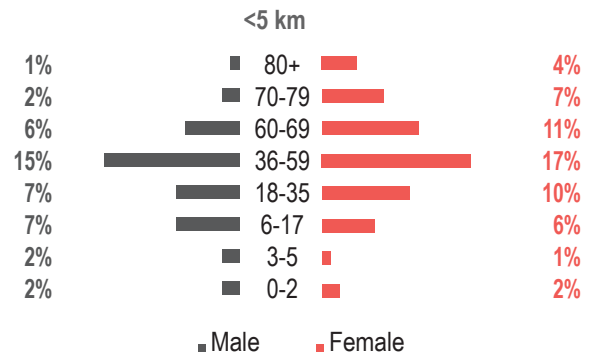
The sampling frame ensured statistical generalisability of HHs within each stratum with a 95% confidence interval and a 5% margin of error. Primary data was collected using the KOBO platform, and enumerators were trained in the use of KOBO as well as interviewing techniques and issues regarding the protection of vulnerable populations.

Map 2. Settlements assessed in the household survey:

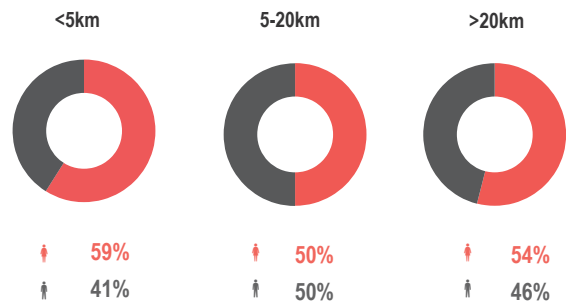


Demographics

Population pyramids by distance to LoC:



Gender distribution of heads of households by distance to LoC:



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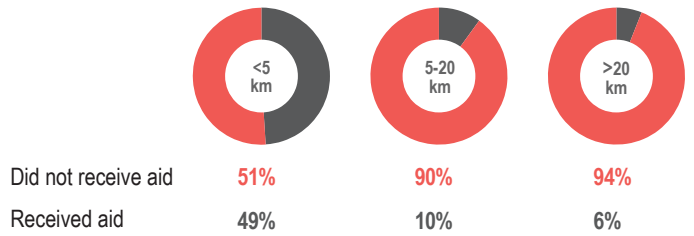
Displacement

Proportion of displaced or returned households by distance to LoC:

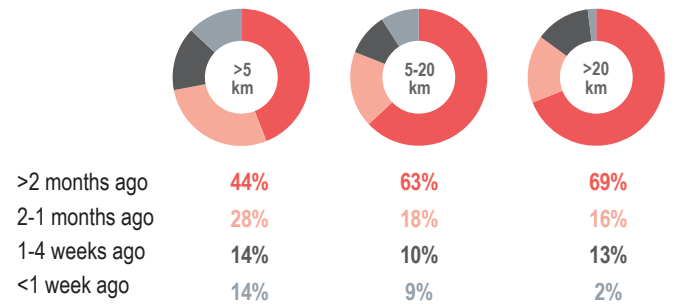
	<5km	5-20km	>20km
Total % of HHs fully displaced ³	4%	2%	0%
Total % of HHs fully returned	0%	0%	1%
HHs partially displaced (some but not all members)	2%	2%	0%
HHs with displaced persons with IDP status	2%	1%	2%
HHs with returnees with IDP status ⁴	0.2%	0%	0%
HHs with displaced members without IDP status	1%	2%	1%

Humanitarian Assistance

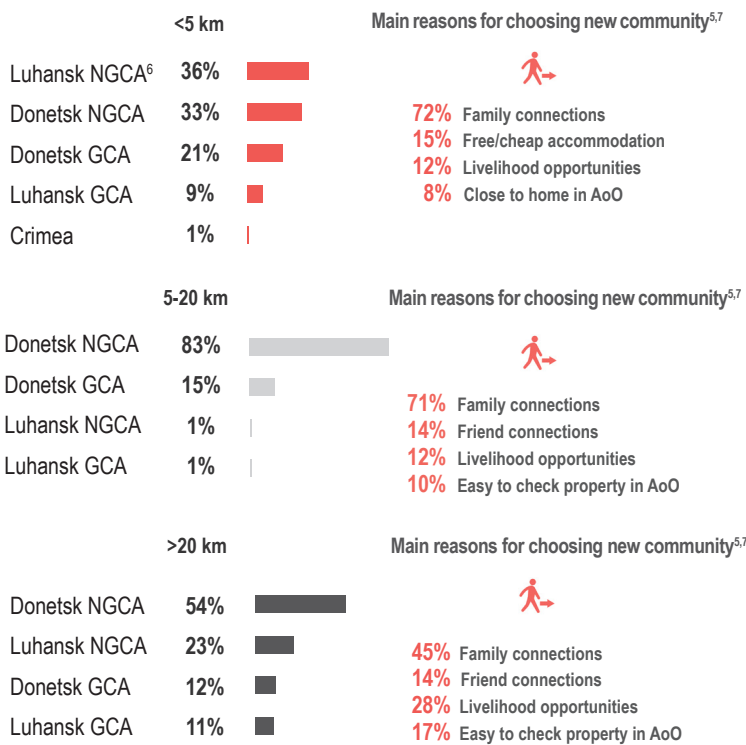
Proportion of HHs reporting receiving humanitarian aid in the 12 months prior to assessment by distance to LoC:



Reported length of time since receiving humanitarian assistance (of households that received assistance)⁵:



Areas of origin (AoO) of HHs with at least one displaced member⁵:



Type of assistance received by distance from the LoC (of households that received assistance)^{5,7}:

	<5 km	5-20 km	>20 km
Food	78%	64%	56%
Cash	9%	9%	26%
Healthcare	4%	14%	19%
Fuel	6%	12%	2%
Agricultural inputs	7%	3%	0%
Winter items	3%	1%	2%
Water	2%	1%	0%
Shelter	1%	0%	1%
Education	1%	0%	1%

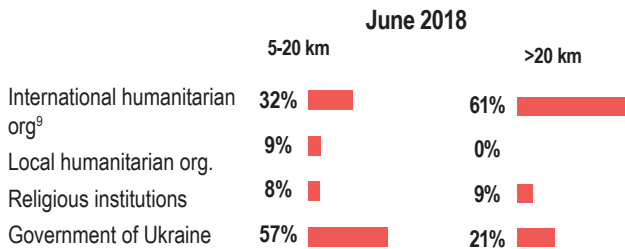
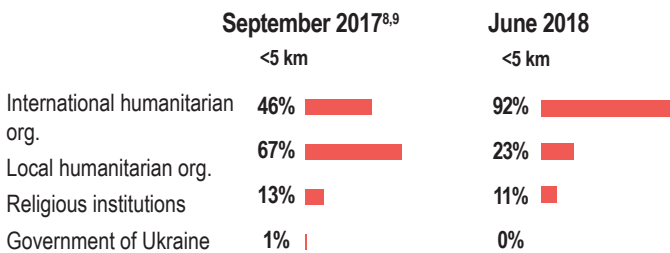
90% of displaced HHs do not plan to move from their current location in the 6 months following data collection.

Top 3 reported reasons for displaced HHs not planning to move^{5,7}:

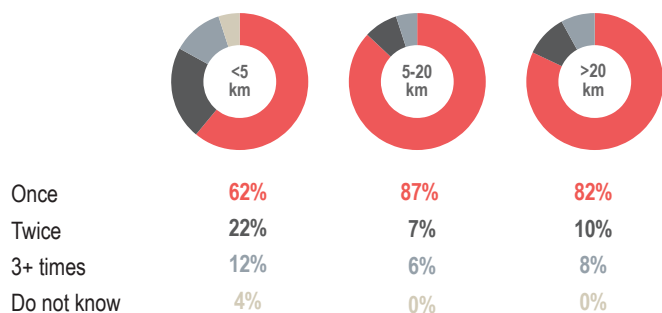
- 47% Already settled in new community
- 46% Security concerns in AoO
- 17% Unemployment in AoO

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Type of donor organisation providing multi-purpose cash assistance (reported by HHs that received cash assistance)⁵:



Number of times HHs received cash assistance in the 12 months prior data collection (of households that received it)⁵:

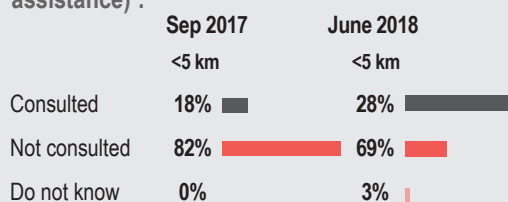


Accountability to Affected Populations

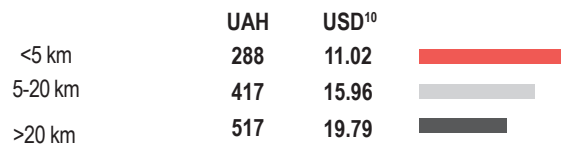
Proportion of households reporting the availability of a complaint mechanism to aid providers (of HHs that received assistance)⁵:



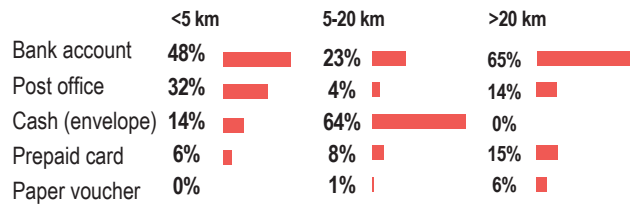
Proportion of households reporting being consulted about their needs or preferences prior to aid delivery (of HHs that received assistance)⁵:



Median amount last received by HHs reporting receiving cash assistance in the 12 months prior to data collection:

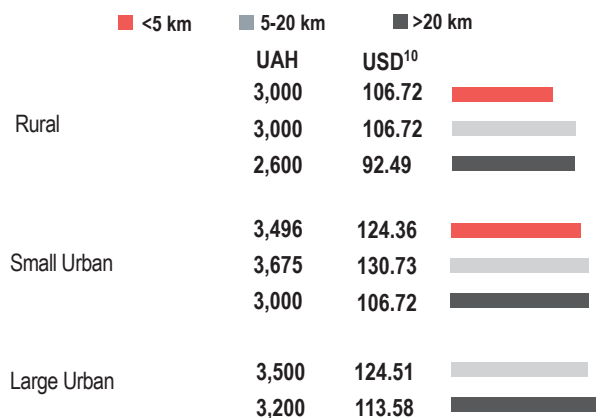


HHs preferred mode of delivery for cash assistance (of HHs receiving it)⁵:

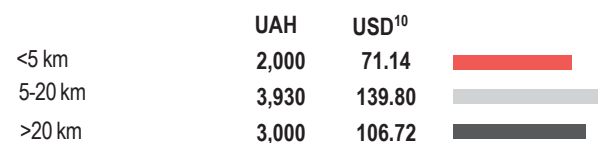


Household Income

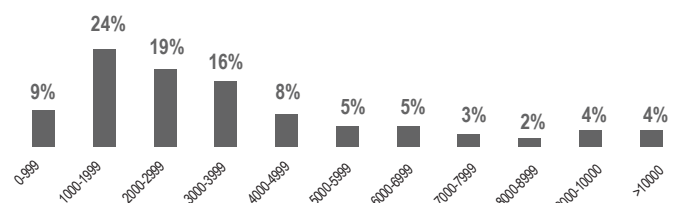
Median of total reported monthly income for each HH received from all sources¹¹:



Median amount of debt reported by HHs:



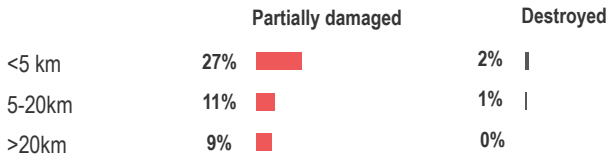
Distribution of HH total monthly income (UAH):



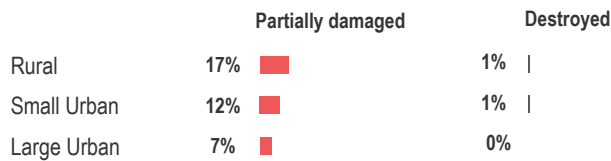
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Shelter

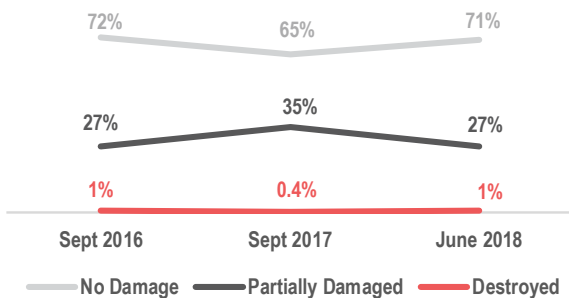
Proportion of HHs reporting living in partially damaged or destroyed shelter by distance to LoC¹²:



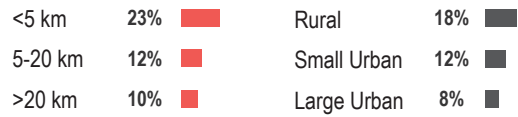
Proportion of HHs reporting living in partially damaged or destroyed shelter by settlement type:



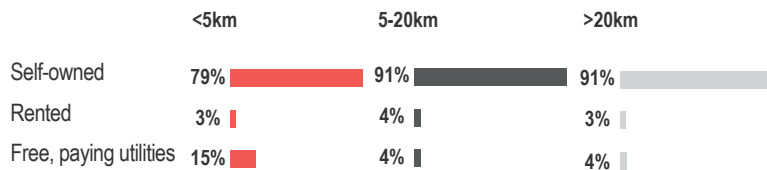
Proportion of HHs reporting living in partially damaged or destroyed shelter within the 5km area since 2016:



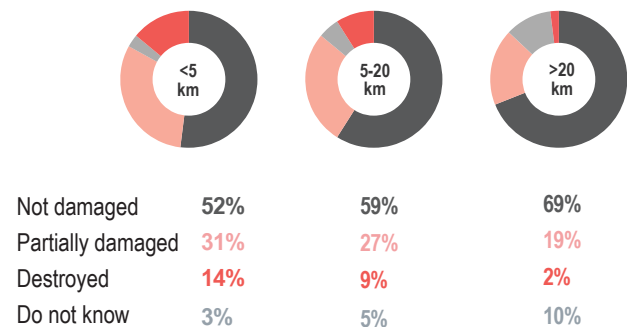
Proportion of HHs reporting experiencing leaks in their accommodation when it rains by distance to LoC and settlement type:



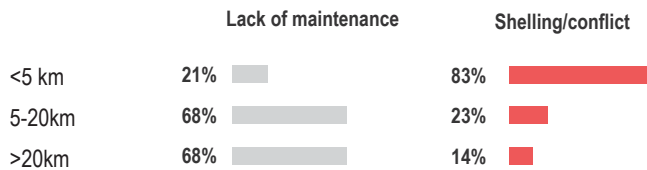
Main type of accommodation HHs reported living in by distance to LoC¹⁴:



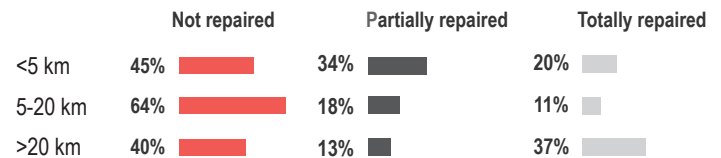
Proportion of displaced HHs reporting that their shelter in their AoO was damaged by the conflict¹⁵:



Main reported causes of damage by distance to LoC (of HHs reporting damage)⁵:



Proportion of displaced HHs reporting that their shelter in their AoO has been repaired (of displaced HHs reporting accommodation damaged)⁵:

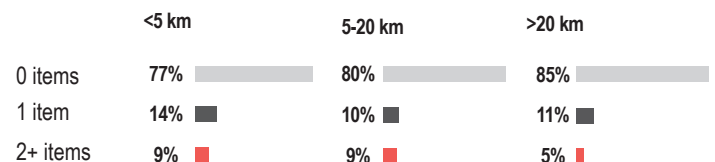


Main elements of shelter damaged reported by HHs reporting damage^{5,7}:



NFI Needs

Number of essential NFIs reported missing for at least one member within a HH¹⁶:

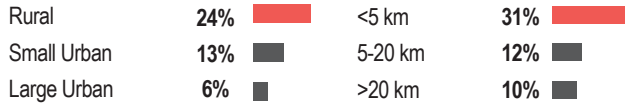


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PROTECTION

Checkpoints

Proportion of HHs needing to pass a GCA checkpoint to access services/livelihood opportunities:

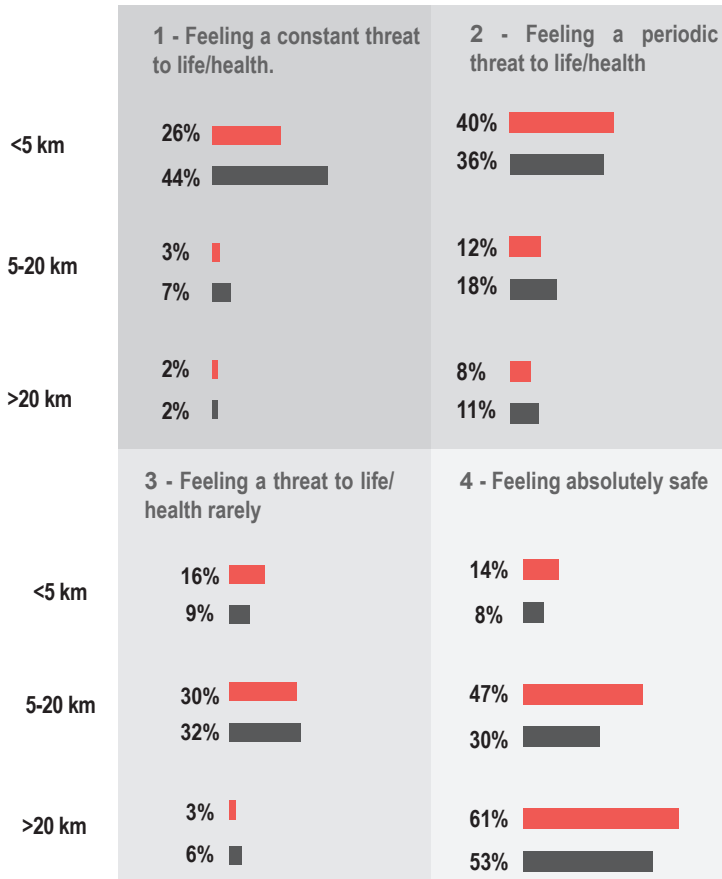


Locations and services for which HHs need to cross a checkpoint to access (of HHs reporting needing to cross a GCA checkpoint):

	Rural	Small Urban	Large Urban
Healthcare	75%	54%	3%
Markets	42%	23%	3%
Employment	28%	25%	28%
Other ¹⁷	8%	21%	59%
Social Payments	15%	7%	0%
Education	2%	9%	0%
Agricultural land	1%	1%	15%

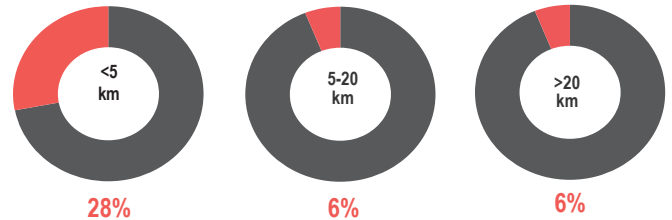
HHs reported perception of safety:

■ Day time ■ After dark



Perceptions of Mine Risk¹⁸

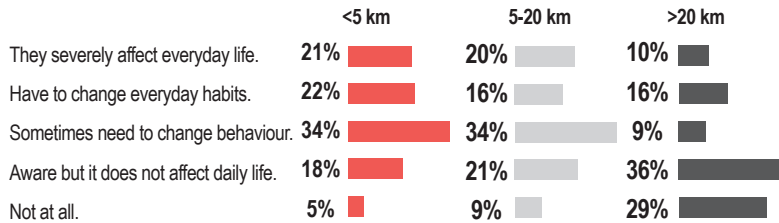
Proportion of HHs perceiving the presence of mines/explosive remnants of war (ERW) in their community:



Location of mines/ERW reported by HHs perceiving mine risk^{5,7}:

	Rural	Urban
Urban areas	19%	68%
Near HH	36%	43%
Agricultural Land	43%	15%
Along the road	29%	16%
Near rivers/streams/dams	14%	5%
Grazing land	18%	13%
Forest	13%	16%

Proportion of HHs reporting being affected by the presence of mines/ERW (of those perceiving mine risk)⁵:

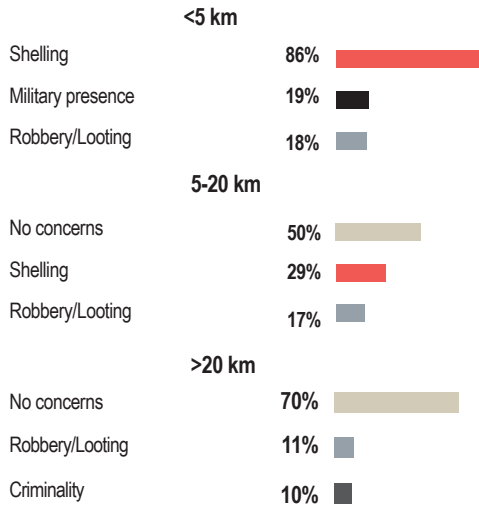


Main reported entities to which HHs would report a perceived mine risk⁷:

	5 km	5-20 km	>20 km
Police Station	41%	44%	58%
State emergency services	45%	46%	33%
Army	19%	9%	9%
Don't know	10%	8%	9%
Other	3%	2%	3%
To relatives	2%	5%	1%
To mineclearance NGO	0%	0%	0%

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Most reported security concerns by area⁷:



Legal assistance

7% of HHs reported requiring legal assistance at the time of assessment in terms of justice, court procedures or lawyers.

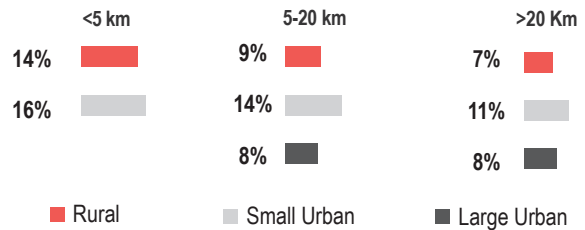
6% of HHs reported that at least one member required legal assistance for the issuance of legal documents.

FOOD SECURITY

Food Security Index by settlement type¹⁹:

	Rural	Small urban	Large Urban
Food secure	34%	27%	42%
Marginally food secure	58%	61%	50%
Moderately food insecure	8%	11%	7%
Severely food insecure	0.1%	1%	0%

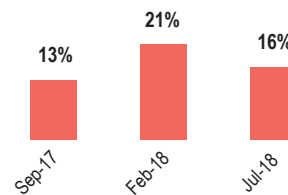
Proportion of HHs with a poor or borderline food consumption score (FCS) by distance from the LoC:



Food Security Index by distance from the LoC:

	<5 km	5-20 km	>20 km
Food secure	27%	39%	33%
Marginally food secure	59%	52%	59%
Moderately food insecure	13%	9%	8%
Severely food insecure	1%	1%	0.3%

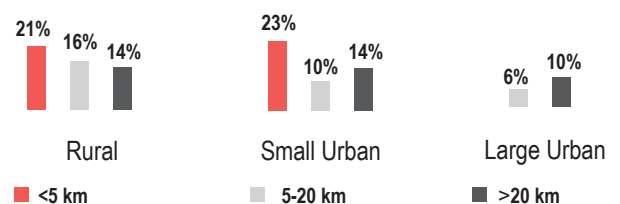
Poor/borderline FCS over time (5km from the LoC):



Food Security Index: HHs moderately and severely food insecure by distance from LoC:

	<5 km	5-20 km	>20 km
Rural	13%	10%	7%
Small Urban	15%	13%	10%
Large Urban		8%	7%

Proportion of HHs borrowing food or relying on help from family/friends in the 7 days prior to data collection:



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Proportion of HHs reporting a reduction in their meals in the 7 days prior to data collection⁷:

	5 km	5-20 km	>20 km
Reduced number of meals eaten per day	21%	12%	13%
Reduced portion size of meals	20%	14%	11%
Adults reducing their food intake so children can eat	12%	5%	6%

EDUCATION

19% of HHs have school aged children ages (6-17).²⁰

5% of HHs with school aged children reported having no access to any education facility.

Security concerns around education facilities most reported by HHs with children attending school^{5,7}:

	<5 km	5-20 km	>20 km
Heard shelling	50%	11%	2%
Saw shelling	10%	7%	0%
Land Mines	5%	1%	0%
Mined Fields	1%	0%	0%
Mined roads	1%	0%	0%

Available school services reported by HHs with children attending school^{5,7}:

Medical support	86%
Free school books	77%
Drinking water	71%
Lunch (paid)	69%
Psychological support (PSS)	66%
Afterschool care	56%
Extracurricular activities	48%
Lunch (free)	40%

Proportion of HHs that cannot afford all school supplies (of HHs with children attending school)⁵:

<5 km Rural	28%
5-20 km Rural	33%
>20 km Rural	31%
<5 km Urban	35%
5-20 km Urban	23%
>20 km Urban	12%

Most reported problems with schools reported by HHs with children attending school:

	<5 km	5-20 km	>20 km
Quality of staff	8%	12%	10%
Distance to school	6%	8%	6%
Price for service	4%	6%	3%
Lack of PSS	2%	9%	2%

Proportion of HHs reporting their children missed more than 1 month of school during the previous academic year by distance to LoC (of HHs with children enrolled in school)⁵:

<5 km	17%
5-20 km	11%
>20 km	6%

Proportion of HHs reporting their children missed more than 4 months of school during the previous academic year by distance to LoC (of HHs with children enrolled in school)⁵:

<5km	7%
5-20 km	4%
>20 km	0%

Main reported reasons for gaps in school attendance by HHs with children enrolled in school⁵:

	<5 km Rural	5-20 km Rural	>20 km Rural	<5 km Urban	5-20 km Urban	>20 km Small Urban	>20 km Large Urban
Health issues	71%	78%	52%	57%	40%	100%	100%
School is closed	4%	0%	0%	35%	60%	0%	0%
Security concerns	24%	13%	0%	8%	0%	0%	0%

Most reported means of transport to school reported by HHs with children attending school⁵:

- 81%** of HHs reported their children travelling to school by walking.
- 26%** of HHs in rural areas reported their children travelling to school using a free bus.
- 3%** of HHs in urban areas reported their children using a free bus to travel to school.

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HEALTH

93% of HHs reported being within 5 km of the nearest functional primary healthcare centre.

Reported distance for HHs to travel to their nearest primary healthcare centre:

	Rural	Small urban	Large urban	Overall
0-5 km	92%	96%	89%	93%
6-10 km	3%	4%	8%	5%
11-15 km	3%	0%	2%	1%
16-20 km	1%	0%	0%	0%
21-25 km	0%	0%	0%	0%

Reported distance for HHs to travel to their nearest functional government multi-speciality hospital:

	Rural	Small urban	Large urban	Overall
0-5km	15%	68%	84%	62%
6-10km	18%	13%	12%	13%
11-15km	12%	5%	3%	6%
>15km	53%	13%	1%	17%

48% of HHs reported not knowing how far the nearest functional private clinic is.

Top three types of specialised healthcare reported as available by distance to LoC:

	<5km	5-20km	>20km
Ambulance	86%	86%	90%
Outpatient care	76%	79%	88%
Polyclinic	62%	81%	84%

Proportion of HHs reporting lack of specialised healthcare (top 3 services) by distance to LoC:

	<5km	5-20km	>20km
Obstetric-Gynaecological	57%	35%	31%
Gastroenterology	59%	41%	30%
Mental healthcare	67%	52%	36%

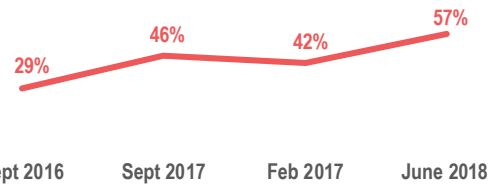
Proportion of HHs reporting availability of psychological support by distance to the LoC:

	<5 km	5-20 km	>20 km
Yes	20%	37%	30%
No	25%	18%	17%
Do not know	50%	40%	48%

Proportion of HHs reporting difficulties in accessing healthcare:

<5 km	57%
5-20 km	39%
>20 km	35%

Proportion of HHs reporting difficulties in accessing healthcare with 5 km of the LoC since 2016^{1,9}:



Most reported barriers to accessing healthcare by distance to the LoC⁷:

Barrier	<5 km	5-20 km	>20 km
Cost of medicine	57%	77%	80%
Have to pass through GCA checkpoint	45%	33%	30%
Distance to facility	36%	24%	30%
Cost of appointment		33%	20%
Distance to facility		24%	20%
Cost of travel to facility			20%

Proportion of HHs reporting reducing spending on essential healthcare by distance to LoC:

<5 km	46%
5-20 km	39%
>20 km	42%

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WASH

Main sources of drinking water by settlement type:

	Rural	Small Urban	Large Urban
Piped water	33%	60%	52%
Bottled water	11%	17%	40%
Tubewell/borehole	28%	7%	1%
Dug well	20%	9%	1%
Water truck	4%	5%	5%
Spring water	2%	2%	1%

Main sources of non-drinking water by settlement type:

	Rural	Small Urban	Large Urban
Piped water	45%	85%	98%
Tubewell/borehole	29%	7%	1%
Dug well	23%	8%	0%

Reported frequency of water shortages amongst HHs that rely on piped water as the main source for drinking purposes⁵:

	<5 km	5-20 km	> 20 km
No shortages	42%	54%	62%
Infrequently	26%	26%	21%
Once per week	11%	8%	4%
Once per day	15%	10%	11%

Proportion of HHs reporting treating drinking water by settlement type:

Large urban	34%
Small urban	43%
Rural	36%

Main water treatment method(s) of HHs treating water before drinking^{5,7}:

Boil	64%
Water filter (sand, ceramic)	29%
Let water stand and settle	22%

Reported use of coping mechanisms to address water shortages amongst HHs by distance to LoC (of HHs reporting shortages)⁵:

	<5km	5-20km	>20km
No need for any	45%	35%	51%
Store water	51%	64%	48%
Clean less often	6%	4%	3%
Drink less water	4%	3%	2%
Bathe less often	3%	2%	2%
Other	3%	1%	1%

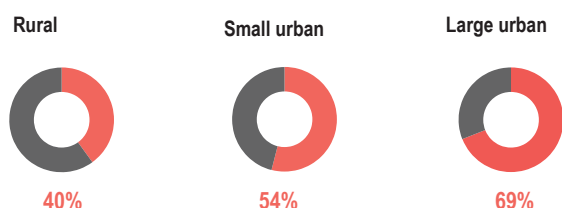
Proportion of HHs reporting drinking only bottled water by settlement type:

Large urban	33%
Small urban	15%
Rural	7%

Proportion of HHs reporting daily water shortages within 5 km of the LoC since Sept 2016³:



Proportion of HHs that reported being dissatisfied with the quality of water available by settlement type²¹:



ENDNOTES

¹REACH Multi-sector needs assessments: Inter-agency vulnerability assessment, November 2016 Available [here](#). Analysis of humanitarian trends, September 2017, Available [here](#). Winter assessment, February 2018, Available [here](#).

²Settlements in Ukraine are officially classified as "village", "urban-type village", or "city". This assessment classifies villages as "rural" and urban-type villages/cities as "urban".

³Overall aggregate.

⁴Referring to HHs with at least one returnee member no longer displaced but still collecting IDP benefits.

⁵Findings relating to a subset of the population may have a lower confidence level or a wider margin of error.

⁶Non-government controlled area.

⁷Respondents could provide multiple responses

⁸7% of HHs within 5km area reported receiving cash assistance between January and August 2017 outlined in REACH Humanitarian Trend Analysis 2017. The REACH Trend Analysis of September 2017 focused on areas within 5km of the LoC so we can compare September data to data from June 2018 only within this strata.

⁹The previous REACH MSNAs focused on populations within 5km of the LoC so we were able to compare data with previous years only within this strata.

¹⁰Official exchange rate from the National Bank of Ukraine on the 1 June 2018, 1 UAH = 26.122 USD.

¹¹Including both salary, pensions and cash assistance (if received).

¹²Based on Shelter Cluster categorization of shelter damage. Partially damaged refers to minor, moderate or significant damages and destroyed refers to completely collapsed or missing roof, frame, walls, or an incomplete foundation.

¹³REACH, 2016. Inter-Agency Vulnerability Assessment.

¹⁴Other answers were 3% 'hosted accommodation' and 1% 'other'. 'Free' accommodation refers to HHs occupying empty accommodation permitted by either local authorities or local home owners

¹⁵From a subset of the 32% of HHs reporting being displaced, partially displaced or returnees. This subset of displaced HHs were asked if their shelter in their AoO has been damaged as a result of the current conflict.

¹⁶Including warm jacket, winter boots, sock, gloves, scarf, warm underwear, bed sheet, warm clothing, mattress, blanket, and towel.

¹⁷Including legal services, visiting relatives and leisure activities.

¹⁸The data below provides information on perception of mine risk for surveyed households and not actual mine contamination as identified by mine risk agencies

¹⁹Retrieved from WFP. Consolidated Approach to Reporting Indicators of Food Security (CARI). Available online.

²⁰School age is between 6-17, officially defined by Ukrainian law available to review [here](#).

²¹Including water for all purposes (drinking and non-drinking water).

About REACH

REACH is a joint initiative of two international non-governmental organisations - ACTED and IMPACT Initiatives - and the UN Operational Satellite Applications Programme (UNOSAT). REACH facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. All REACH activities are conducted in support to and within the framework of inter-agency aid coordination mechanisms.

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