



# Ukraine

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## Multisectoral Need Assessment Report

March 2024



*Novyi Burluk village, Kharkiv Oblast, Ukraine. IRC staff member stands inside the school building that was heavily bombed.  
(Photo: Oleksandr Rupeta for the IRC)*

**Sectors:** Economic Recovery and Development (ERD) and Winterization, Health, and Integrated Protection

**Data Collection:** From 16 - 25 January 2024 (8 days)

# INTRODUCTION AND JUSTIFICATION



Figure 1. The yellow-highlighted areas on the map indicate the locations where data collection took place.

From 24 February 2022, the escalation in hostilities in Ukraine triggered an unprecedented humanitarian crisis across the country, resulting in widespread destruction and displacement. Two years from the full-scale invasion, the war continues to inflict immeasurable human suffering, deaths and destruction, putting millions at risk of serious violations, trigger mandatory evacuations of civilians from front-line communities and generating grave humanitarian needs.

**According to sources, an estimated 14.6 million people in Ukraine need humanitarian assistance and 3.6 million people internally displaced, while 6 million Ukrainian refugees across Europe. The impacts of the conflict have resulted in destabilized lives, separated families, and placed an intense strain upon coping mechanisms, national infrastructure, and services. Vulnerable groups are experiencing growing humanitarian needs, with women and girls, older persons and persons with disabilities facing increased access barriers, and ever-increasing risk for survival.**

The International Rescue Committee (IRC) and partners are addressing the life-threatening and harmful consequences of the crisis through providing integrated protection, Economic Recovery and Development (ERD) including winterization and health assistance to people in hard-to-reach areas, focusing on internally displaced persons (IDPs), returnees and most vulnerable local communities. In order to know the pressing needs and expand and address more needs in the country, the IRC carried out multisectoral needs assessment in six oblasts in the east and southern part of the country (Kharkiv, Donetsk (Pokrovsk), Zaporizhzhia, Odesa, Mykolaiv and Kherson) focusing on the locations close to the frontline including urban and rural locations. The assessment aimed to identify unmet humanitarian needs in the assessed locations, prioritize them, and recommend a comprehensive multi-sector response. This approach seeks to be highly effective in supporting IDPs, returnees, and host communities, aiding them in rebuilding their lives and futures.

# STATEMENT OF INTENT

## Objective

The assessment's main objective is to identify the existing scale of humanitarian needs in the targeted locations, prioritize them, and recommend a comprehensive multi-sector response to address the needs of the affected people in those areas.

## Core Questions

The assessment aimed to answer the following questions:

- What are the top-priority needs identified by the affected population?
- What type of assistance do they prefer to address their household needs?
- What are the primary barriers hindering access to services within the community?
- What are the protection risks impacting the community, particularly concerning women, girls, men, and boys? Additionally, what are the identified health, economic, and winter-related needs?
- What channels or mechanisms do they prefer for providing feedback to the organization?

## METHODOLOGY

The multisectoral needs assessment employed a mixed-method approach, integrating both qualitative and quantitative methodologies. In the quantitative data collection phase, a convenience sampling strategy was implemented for the household survey. This strategy was chosen due to the challenges posed by the security situation in the location, which restricted freedom of mobility. Convenience sampling was deemed suitable given considerations such as the availability of respondents at a given time and their willingness to participate in the survey. The survey aimed for an equal distribution, targeting 50% female and 50% male respondents, encompassing both rural and urban locations, as well as including IDPs, local/host communities and returnees.

S/N	Region/Oblast	Respondents	Percentage
1	Donetsk <sup>1</sup> (Pokrovsk)	150	20%
2	Kharkiv	115	16%
3	Mykolaiv	110	15%
4	Odesa	115	16%
5	Zaporizhzhia	142	19%
6	Kherson	100	14%
<b>Total</b>		<b>732</b>	

Moreover, the survey sought to gather data from 100 households in each of the six surveyed oblasts. The results indicate that a total of 732 households were interviewed using a structured household survey tool. The demographic breakdown revealed 67% female and 33% male respondents, 63% located in urban setup, 37% in rural setup, 55% representing the host community or residents, 39% being IDPs, and 6% classified as returnees. On average, there were between 100 and 150 respondents per Oblasts.

Furthermore, utilizing a qualitative data collection tool, a comprehensive set of data was gathered, including 12 focus group discussions (FGDs) comprising 6 male and 6 female groups, as well as 18 key informant interviews (KIIs) conducted, with a distribution of 2 FGDs and 3 KIIs per Oblast. The facilitation of FGD and KII was carried out by IRC sector experts, each specializing in their respective sectors, while women-focused group discussions was conducted by female facilitators.

<sup>1</sup> Donetsk oblast - in this document represents Pokrovsk, which is a city located in the Donetsk Oblast of eastern Ukraine.

Overall, the design of the Multisectoral Needs Assessment (MSNA) tools involved consulting the IRC needs assessment question bank. However, not all questions were administered, as some data were obtained from secondary sources. Only mandatory questions that necessitated primary data collection were included in the survey.

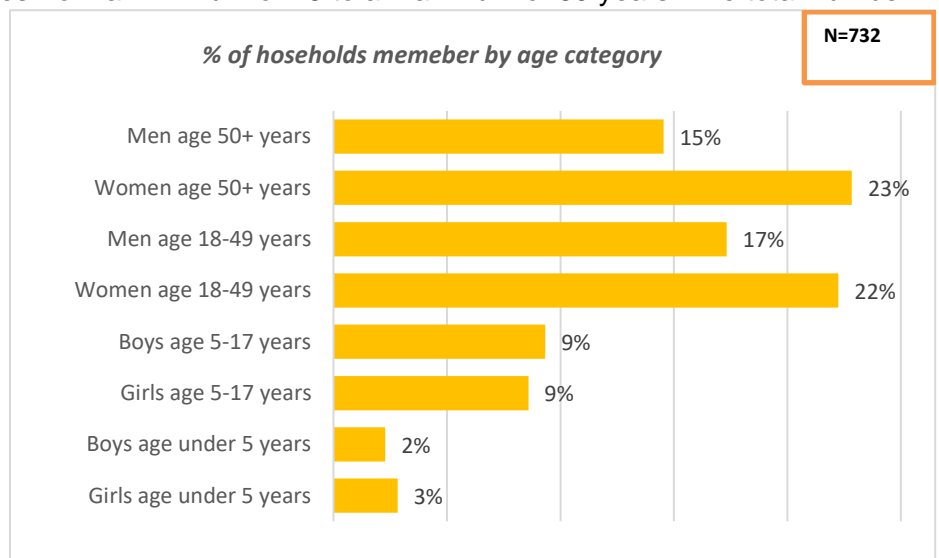
## LIMITATIONS

- Due to mobility limitations associated with the ongoing security risks, the assessment employed a convenience sampling strategy. Respondents who were available at the time of the interview and willing to participate in the survey were invited. While the overall sample may not fully represent the population of interest (POI), it aims to provide a deeper understanding of the current needs in the Oblasts. The selection of the six oblasts was purposive, considering proximity to the frontline and the high influx of IDPs in those areas and the future programming implications for the IRC.

## KEY FINDINGS

### Characteristics of the survey households

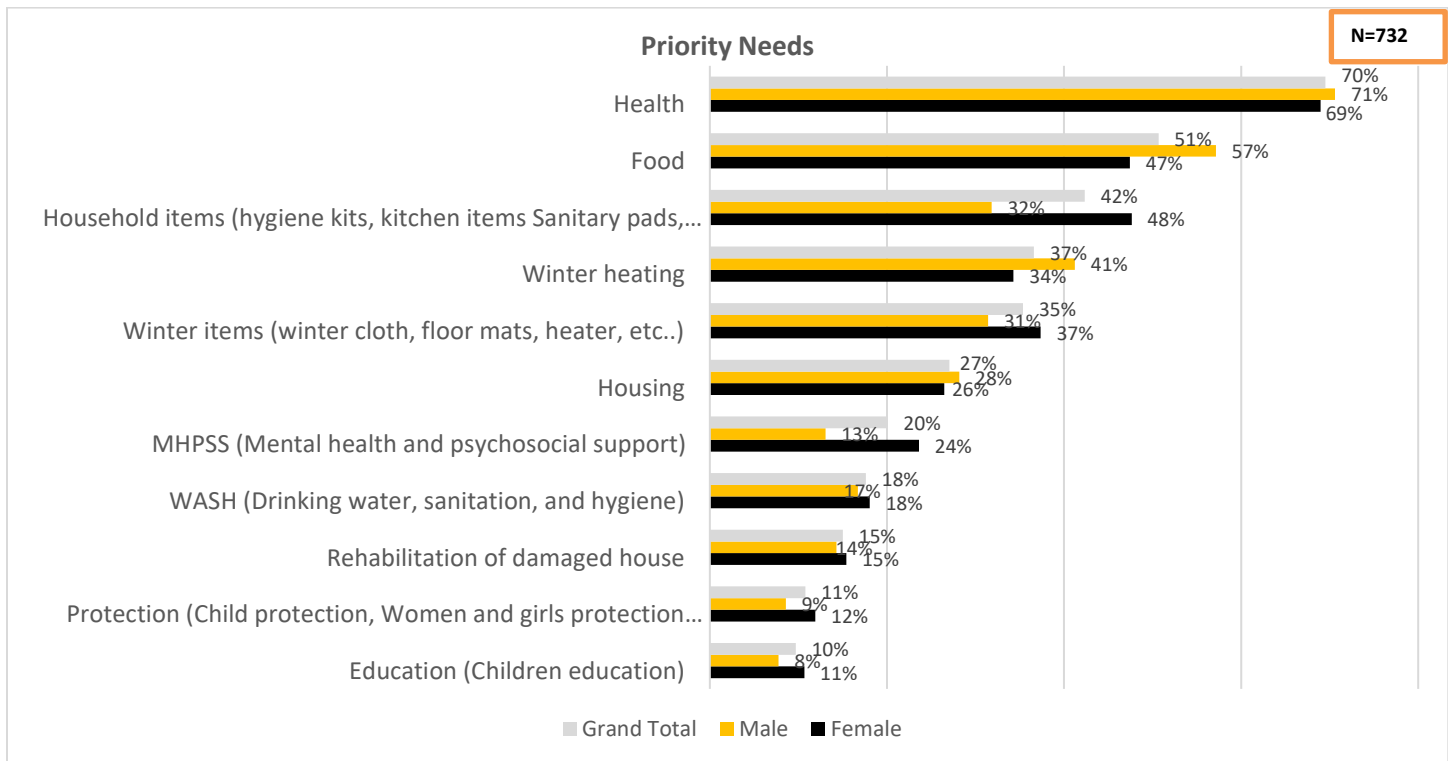
The needs assessment was conducted among a sample of 732 respondents drawn from six oblasts in Ukraine. The demographic breakdown revealed that 67% of the respondents were female, while 33% were male, with 63% located in urban areas and 37% in rural locations. Regarding the resident status of the respondents, 55% were host community residents, 39% were IDPs, and 6% were classified as returnees. Moreover, among the IDPs, 95% had been in their current location for more than 2 months. In terms of the age disaggregation of the respondents, the average age of the surveyed participants is 51 years, with females averaging 50 years and males averaging 51 years. The age ranges from a minimum of 18 to a maximum of 89 years. The total number of members in the households surveyed is 2014, and the disaggregation by age is presented in the graph. Additionally, 4% of households reported having pregnant or lactating women in the household. The average family size is 2.7. However, 22% of respondents did not have any family members other than themselves; among these, 63% were female. Out of the total family members, 41% were found to have some kind of disability, such as difficulty hearing, seeing, walking, remembering, or with self-care tasks.



Out of the total respondents, 83% expressed the intention to remain in their current location for the next 1-3 months, while only 3% (n=23) considered relocating to a different area, returning home, or leaving the country. However, 14% (n=99) are uncertain about what will happen next. Regarding the displacement history of the respondents, 28% were uprooted from Donetsk Oblast, 24% from Kherson Oblast, 19% from Zaporizhzhia Oblast, 17% from Kharkiv Oblast, 7% from Luhansk Oblast, and 4% from Mykolaiv Oblast.

## Priority Needs

Survey respondents were asked to list their priority needs. First, they were asked to list all of their needs, then asked to list, of those which were their top three priority needs. **health, food and household items** (hygiene kits, kitchen items, sanitary pads, etc..) were listed most commonly, for both questions; followed by winter heating, winter items (winter cloth, floor mats, heater, etc..), and housing (see chart below for all responses).



The focus groups in **Donetsk** identified health as a critical concern, with limited access to hospitals and doctors. Men specifically highlighted transportation difficulties and expensive heating costs. Women emphasized the importance of education for children, mental health support, and repair of damaged houses, citing issues like poor road infrastructure and inadequate water supply. In **Kharkiv**, men expressed concerns about inefficient heating and transportation, while women highlighted the urgency of winter heating, household items, and house repair. In **Mykolaiv**, men underscored employment challenges and long wait times for medical services. Women faced difficulties in paying utility bills and expressed the need for winter clothes and heaters. Limited access to functioning pharmacies and lack of some medicines in pharmacies that still operate was a shared concern. In **Odessa** men outlined the struggles with winter heating, healthcare access, and unemployment. Women stressed the need for housing, protection, water supply, and winter items. Challenges included affording utility bills and the impact of conflict on housing conditions that need repair. In **Kherson**, both men and women groups outlined that all the identified needs are crucial and urgent for the community. They prioritize hygiene kits (including diapers for adults), microgrants (especially income generation through self-employment), and children's education (through creating a safe space where children can communicate, develop, and gain knowledge). In **Zaporizhia**, men and women mentioned difficulties in affording household items, winter items and access to healthcare as biggest challenge.

The below table shows the disaggregation of needs by oblast. The top two priority needs (health and food) are uniform across respondents by locality, residing in rural and urban locations. However, the third priority in rural locations is winter heating followed by winter items. Similarly, there is a slight variation in the priority needs of households by oblast. As illustrated in the table, health is the first priority need for all locations except Kherson, where household items take precedence. Food is the second top priority for all locations except Mykolaiv and Odessa, where food is labeled as third priority. For more details, please refer to the table below.

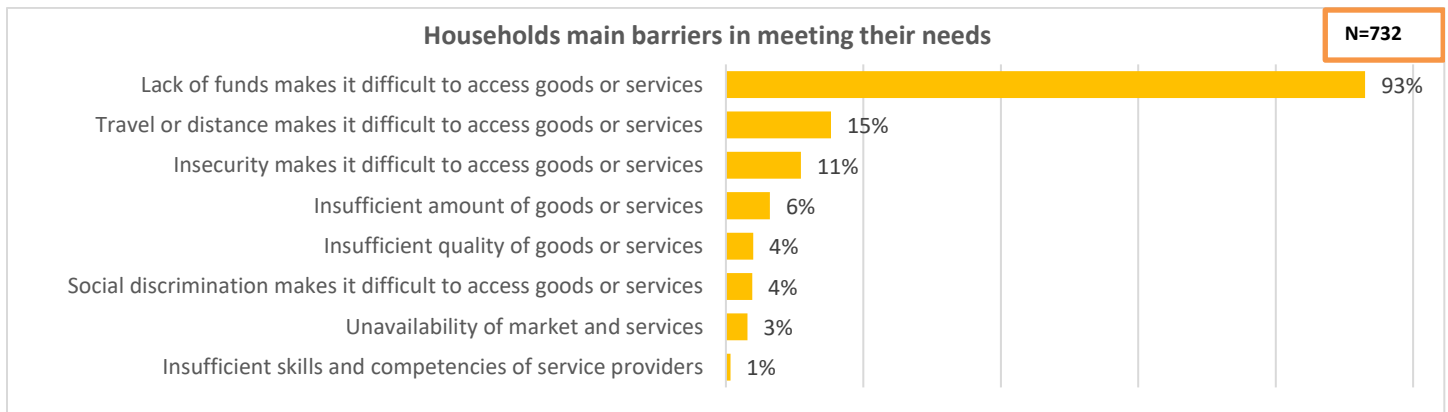
S/N	Needs	Donetsk (N=150)	Kharkiv (N=115)	Kherson (N=100)	Mykolaiv (N=110)	Odessa (N=115)	Zaporizhia (N=142)	Grand Total
1	Health	74% <sup>1st</sup>	80% <sup>1st</sup>	45%	79% <sup>1st</sup>	66% <sup>1st</sup>	69% <sup>1st</sup>	70% <sup>1st</sup>
2	Food	59% <sup>2nd</sup>	57% <sup>2nd</sup>	63% <sup>2nd</sup>	30% <sup>3rd</sup>	52% <sup>3rd</sup>	44% <sup>2nd</sup>	51% <sup>2nd</sup>
3	Household items (hygiene kits, kitchen items Sanitary pads, etc..)	45%	32%	78% <sup>1st</sup>	28%	56% <sup>2nd</sup>	23%	42% <sup>3rd</sup>
4	Winter heating	57% <sup>3rd</sup>	37%	33%	25%	44%	20%	37%
5	Winter items (winter cloth, floor mats, heater, etc..)	29%	31%	59% <sup>3rd</sup>	15%	56% <sup>2nd</sup>	27% <sup>3rd</sup>	35%
6	Housing	15%	45% <sup>3rd</sup>	10%	31% <sup>2nd</sup>	36%	27% <sup>3rd</sup>	27%
7	MHPSS (Mental health and psychosocial support)	23%	37%	11%	18%	33%	0%	20%
8	WASH (Drinking water, sanitation, and hygiene)	42%	10%	24%	20%	2%	4%	18%
9	Rehabilitation of damaged house	13%	37%	23%	11%	7%	4%	15%
10	Protection (Child protection, Women and girls' protection and legal assistance)	5%	28%	6%	8%	16%	4%	11%
11	Education (Children education)	5%	10%	19%	5%	18%	5%	10%

Table 1: Priority needs by oblasts.



The monthly protection monitoring report conducted in November 2023, December 2023 and January 2024, consistently shows that the rising in cost of essential items, low household income, unemployment, and the inability to cover basic needs were identified as the main protection concerns causing stress and anxiety for households. Securing employment opportunities is seen as the primary solution for addressing financial difficulties. However, respondents mentioned that the lack of suitable job opportunities (34.04%), informal employment practices (21.28%), and the rejection of IDPs as job applicants due to their social status (12.77%) are key challenges. Moreover, the ongoing mobilization of males aged 18-60 poses an additional obstacle to seeking employment, as employers now require the submission of lists of male employees of draft age to a military registration and enlistment office. This has discouraged male IDPs from seeking job opportunities and getting formally registered in all locations. As a result, their access to humanitarian assistance is hindered due to the lack of an IDP certificate, which is mandatory for participating in most humanitarian aid programs.

When asked about the main barriers they face in meeting the needs of their households, 93% of surveyed respondents mentioned a lack of funds, making it difficult to access service providers. This was followed by 15% who indicated that travel or distance makes it difficult to access goods or services. Additionally, 3% reported issues related to the unavailability of markets and services due to lack of transportation. The concerns related to lack of transportation to access market and services was mostly noted by respondents residing in rural locations (for more information please refer the below graph).



## Modality of assistance

Regarding the type of assistance/modality households prefer to meet their needs, 96% reported money/financial assistance, followed by 29% items in kind, and 22% preferred free service provision. There is no significant difference between location and gender. In response to the question "Are you able to purchase all your basic items in the local market?" 66% of respondents affirmed their ability to meet their basic needs in the local market. Location-based analysis aimed to identify areas facing challenges revealed that 51% in Kherson, 40% in Mykolaiv, and 36% in Donetsk reported being unable to fulfill their basic needs locally.

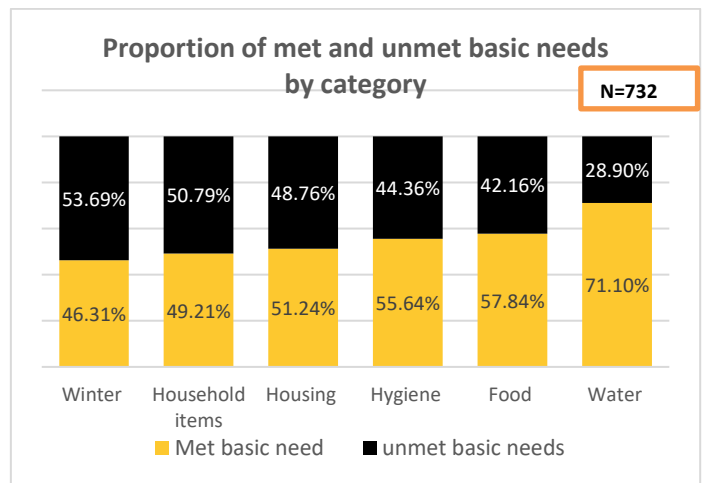
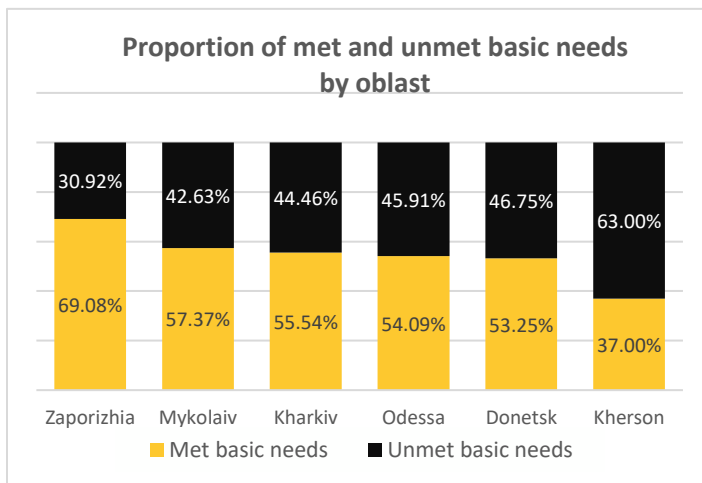


While money/financial assistance remains the predominant modality preferred across all locations, it was observed that in these oblasts (Kherson, Mykolaiv and Donetsk), there is a notable inclination towards in-kind assistance and free service modalities when compared to other oblasts. All surveyed households were asked about the closest and most convenient money disbursement options, the result showed the following distribution: 55% PrivatBank, 21% Oshadbank, 13% Ukrposhta, and 6% opted for Monobank, with the remaining 5% specifying various other banks.

## Economic Recovery and Development (ERD)

### Capacity to meet household needs

A question was forwarded aiming to capture HHs individual coverage of the six basic needs<sup>2</sup> (food, housing/shelter, household items, water, hygiene, and winter). Respondents were asked to estimate the approximate proportion of these essential needs covered by household income in each category. Out of the 732 households surveyed, 45% reported an inability to fulfill their basic needs. The breakdown of unmet needs includes winter<sup>3</sup> requirements (53.69%), household items (50.79%), shelter/housing (48.76%), hygiene (44.36%), food (42.16%), and water (28.90%). Location-specific findings reveal a significant proportion of households in Kherson facing challenges in meeting their needs. Further disaggregation by locality type indicates that rural households experience a slightly higher percentage of unmet needs (48%) compared to urban households (43%). Also, the finding by household status shows slight difference that returnees have reported high unmet needs (52%) than IDPs (46%) and host communities (43%) and there is no significant difference among male and female respondents. Detailed information about needs by category and oblast is available in the graph below.



### Access to market

All respondents characterized access to the nearest market as within walking distance, affirming the safety and security of the roads, particularly for urban residents. However, especially in Donetsk and Kherson FGD participants mentioned that there is uncertainty on the safety of the road due to frequent shelling. Moreover, given the accessibility of market in all locations, the primary concern raised by respondents is related to challenges faced by elderly and chronically ill individuals in accessing the market due to difficulties in walking

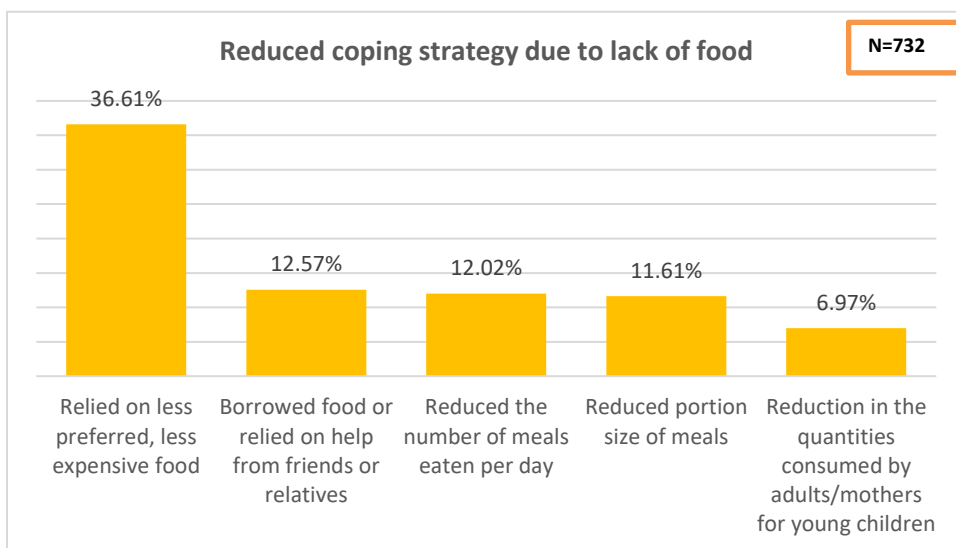
<sup>2</sup> **Basic needs:** - To facilitate the process, the following list of options, and respective estimated values are used: All of the needs (100%), Most of the needs (75%), Some of the needs (25%), None of the needs (0%), and don't know. Final value is calculated as the average of all answers provided.

<sup>3</sup> Please note that this assessment is conducted during the winter season.

and carrying heavy loads. Concerning transportation costs, respondents generally identified taxi or public bus as the available options. On average, the round-trip transportation cost to the market varies between 45 and 500 UAH, contingent on the specific location of residence.

## Coping Strategy

Among survey households, 71% reported that they adopted at least one coping strategy in reaction to reduced income and increased insecurity resulting in lack of enough food. In all oblasts majority of respondents employed at list one or multiple types of coping strategies. The analysis by oblast shows that, in Kherson almost all households (93%) employed at least one coping strategy followed by Donetsk (77%) and Kharkiv and Odessa similarly 75% and Zaporizhia 44%.

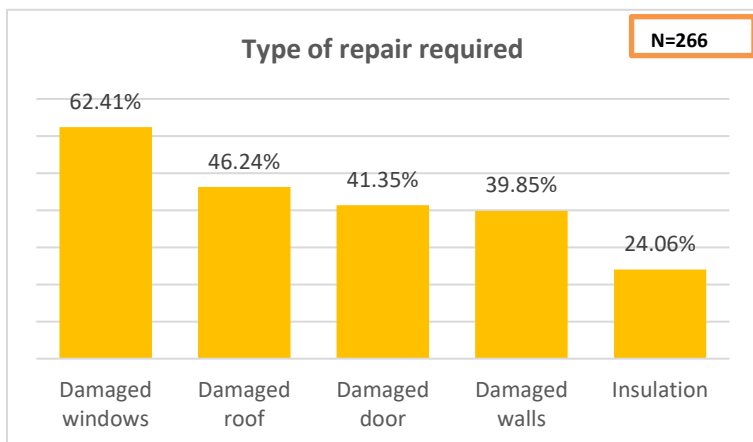


Also, the survey assessed the reduced coping strategy index (rCSI). The rCSI score is a standard global measure to help understand levels of food insecurity, based on families noting how frequently they engage in various coping methods (such as reduced size of meal or frequency); a score of 10 or above is considered 'severe coping', between 4 and 9 is considered 'moderate coping.' On average for all surveyed households the rCSI was 8.33, out of a maximum of 56.

As can be seen on the graph, more than one-third of households were found to depend on less preferred, more affordable food options.

Additionally, households either borrowed food, sought assistance from friends or relatives, or reduced the number of meals consumed per day in the preceding week. On top of this, 85% of households mentioned they spent their saving, 68% reduced essential non-food items expenditure, and 39% reduced health care expenditure, 16% accepted low paid jobs, 11% moved to poorer quality of dwelling and 6% sold means of transportation and household goods.

## Winter needs



Given the assessment is conducted in the winter season where winter heating, winter items, and housing are consistently identified among the top-priority needs across various oblasts. And these needs are particularly mentioned by households residing in rural locations. Among the surveyed households 36% (n=266), expressed the necessity for repairs in their current residences. That indicates households are passing through tough times to cope with the winter while their house needs different kinds of repairs. The accompanying graph outlines

the specific types of repairs households require, with a significant majority (two-thirds) emphasizing the need for window repair followed by roof repairs.



Saltivka residential area, Kharkiv, Ukraine.  
The houses were severely damaged as a result of shelling.  
(Photo: Tamara Kiptenko for the IRC)

Households also added that struggling with difficult choices, as competing urgent needs hinder them from independently addressing these repairs. The primary heating sources used by households during the winter period are as follows: 52% use gas heating, 28% use solid fuel, 11% rely on central heating, and 8% use electricity, while 1% reported having no heating available in their household. A notable disparity exists between rural and urban areas in the choice of heating sources, with 56% of rural households using solid fuel and 63% of urban households using gas heating. Despite having heating systems, 63% of households anticipate challenges in utility payments, identifying it as a priority winter need, followed by winter clothing (26%) and 3% mentioned challenges related to the lack and high price of coal and firewood. In response to the question, "What kind of assistance do you prefer to help you meet your household's winter needs?" 96% in both rural and urban areas expressed a preference for cash, and 21% favored in-kind assistance (26% in rural and 17% in urban areas).

## Social protection

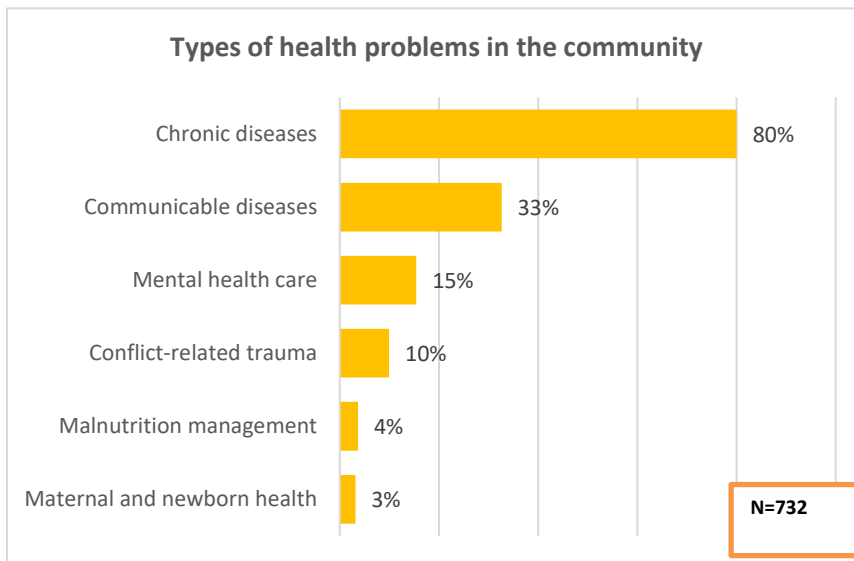
Survey households were asked "Are you currently receiving cash assistance from any government assistance programs?" The finding indicated that 37% (n=269) of respondents are receiving cash assistance, while 63% (n= 463) are not. Among those not receiving government assistance, 54% (n=242) stated they did not apply, and 46% applied for the assistance. Concerning their application status, only 22% (n=45) were approved, 27% (n=55) are pending approvals, and 52% (n=107) were rejected. When asked whether they believe the local population requires more information about available government assistance programs, 85% expressed the need for additional information about these programs.

## Health

Overall, the healthcare system in Ukraine remains operational, according to the survey finding 92% of respondents demonstrated awareness of the health center to visit in case of illness. 8% of respondents who expressed uncertainty about accessing health services were predominantly from rural locations. Among those familiar with the health center, 64% mentioned its proximity within 5 kilometers of their residence, followed by 26% at a distance of 5-10 kilometers, and 10% residing more than 10 kilometers away, primarily from rural areas.

Moreover, 89% of respondents perceive health centers as accessible. However, for the 11% (n=72) the causes of inaccessibility are: expensive care (43%), travel or distance (29%), dissatisfaction with service (13%), lack of medical personnel (6%), insufficient service quality (6%), and insecurity (3%). When respondents were asked about affording prescribed medication for family members, of the surveyed households, more than half (54%) expressed inability to afford medication. The primary reasons are lack of financial means (99%), followed by a shortage of medication in the center (1%).

The survey also assessed child health services, with households questioned about measles vaccinations for under-five children (n=89). Of these, 75% reported vaccination, 14% indicated unable to vaccinate, and 11% were unsure.



Regarding health concerns, survey respondents mentioned chronic disease and communicable diseases are the most frequently mentioned type of health issues in the community. There is slight difference by locality regarding type of health issues, communicable disease and conflict related trauma are being reported higher in rural locality than urban. The further analysis on the 4% of households who reported malnutrition management, are majorly from Kharkiv oblast and the average rCSI result for these households shows 19.3 that is considered as severe coping. That clearly shows food insecurity in those households.

Key informants emphasized the necessity for mental health support, citing prevalent issues such as stress, anxiety, and constant fear for personal safety and that of loved ones, all contributing to the development of psychological and mental problems. Factors such as the loss of loved ones and property destruction further exacerbate trauma and contribute to mental disorders within the population. Moreover, access to medical and psychological services is limited within the community. One of the key informants from Kherson oblast highlighted a concern in family crises, noting, *"I know more than 10 married couples who have separated in the last 3 months."* Generally, mental and psychosocial support is deemed crucial for fortifying family relationships and assisting children coping with persistent stressors.

Regarding disease outbreaks in the community, focus groups discussed COVID-19 and seasonal flu as major disease outbreaks in their community. Also, regarding the types of health services that need to be provided or expanded in their area/community to improve people's health, focused group and key informants mentioned the main gaps in the provision of health services. The findings from Donetsk, Kharkiv, and Mykolaiv oblasts underscore critical healthcare challenges. In Donetsk, men emphasize the need for access to family doctors and diagnostic services, with gaps identified in specialist and pediatric care. Women in the region seek expanded services like MRI and specialized medical centers for children, highlighting shortage of specialists and lack of free children medicine. In Kharkiv, both men and women report irregular visits from healthcare professionals and express concerns about the absence of essential facilities like pharmacies and cardiographs, also insufficient mental health support. In Mykolaiv, both genders stress the urgent need to expanded health care services in the rural area due to long queues and limited access to family doctors and pediatricians, while poor transport access is even making things worse.

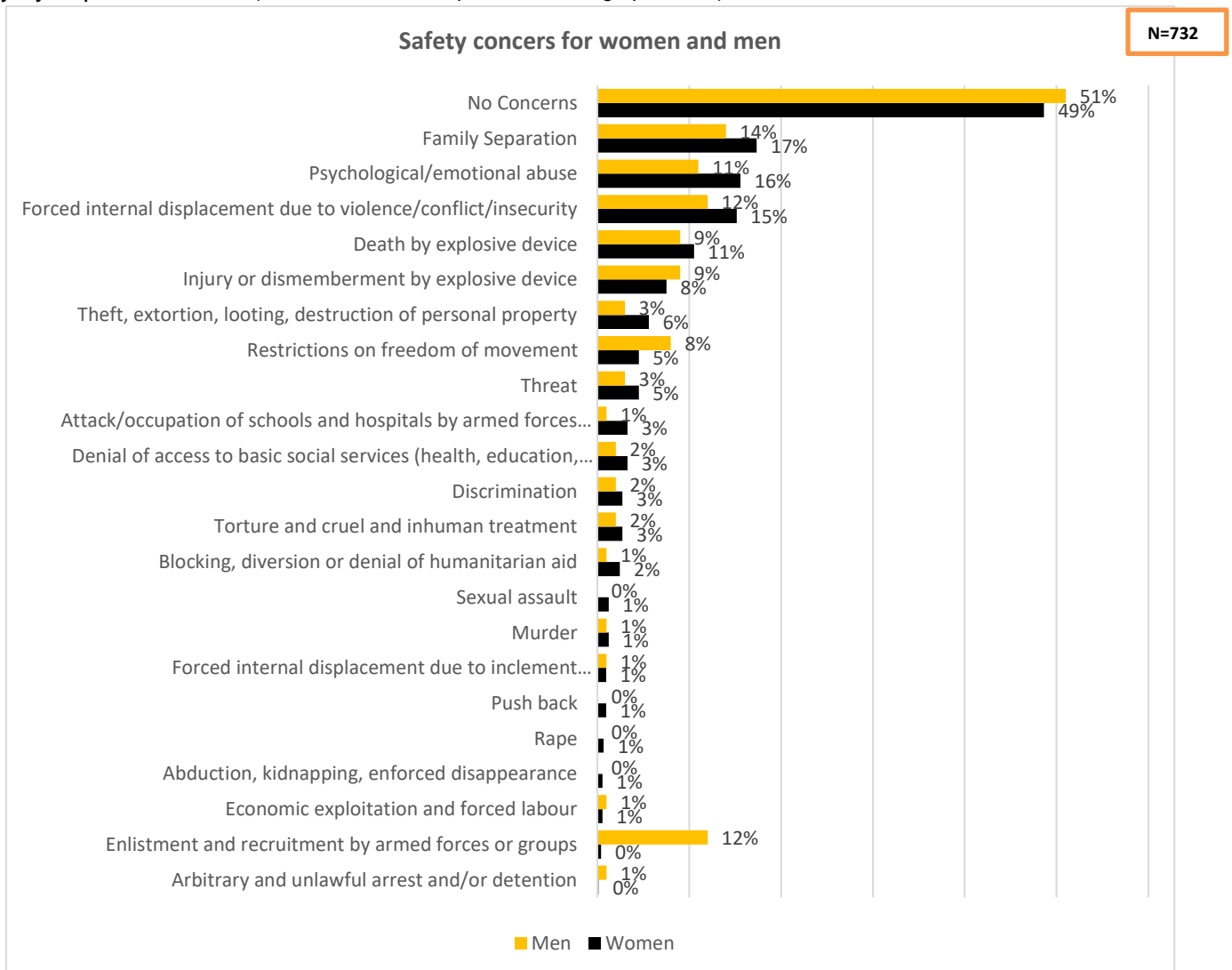
**Overall, focus groups mentioned insufficient medical personnel, lack or inadequate medicine or equipment and accessibility issues as main gap in the provision of health services.**

# Protection

## Women and men safety concerns

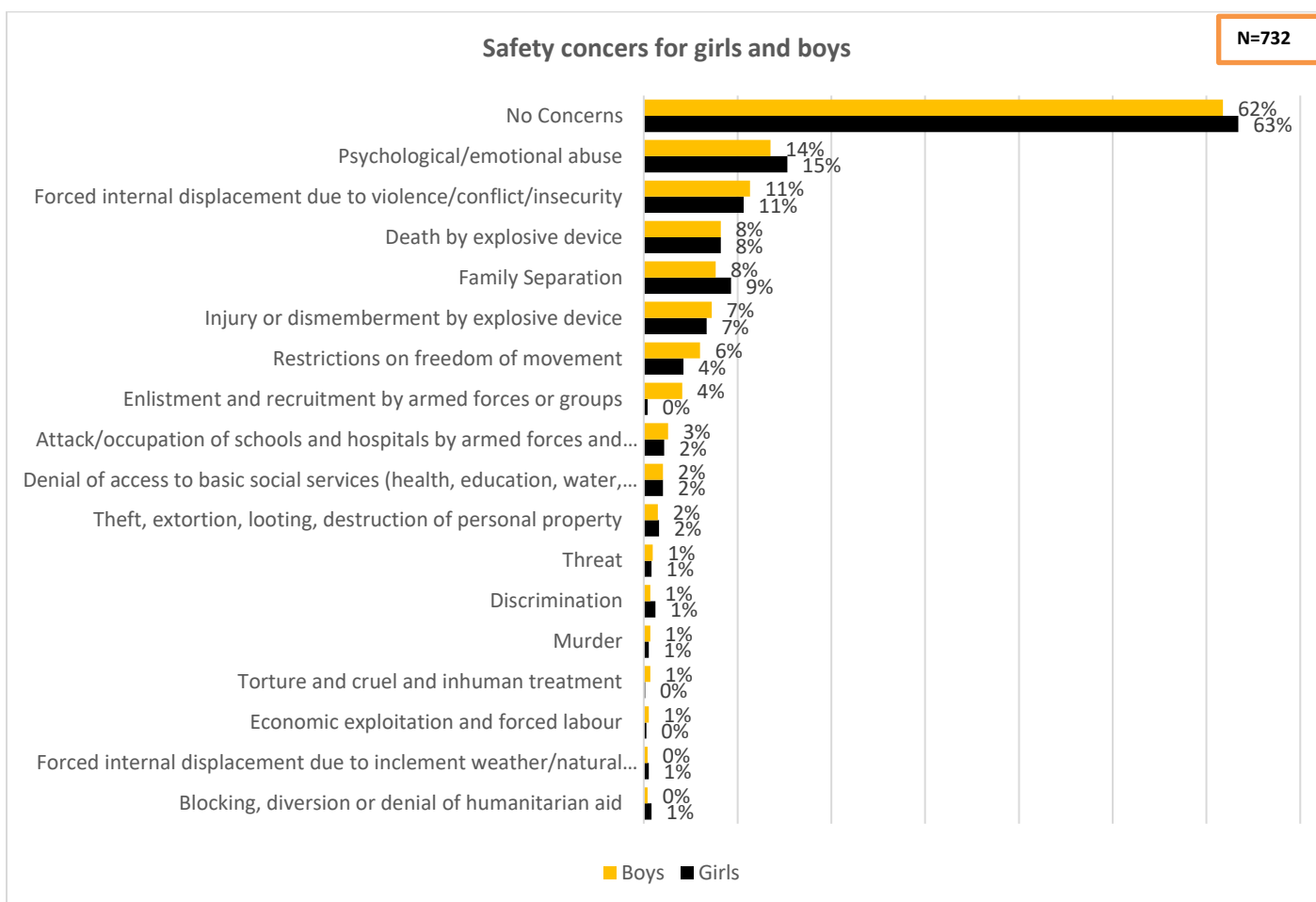
Although protection is not listed among the top three priority needs for households, the findings indicate that 51% (n=375) of surveyed households reported at least one safety concern for women in their community, while the remaining 49% reported no concern. A breakdown by oblast reveals particularly high safety concerns 85% for women in Kharkiv, followed by 68% in Kherson, 56% in Donetsk, 53% in Odessa, 41% in Mykolaiv, and 6% in Zaporizhia oblast. The breakdown by household status indicates that 78% of returnees reported at least one safety concern for women, followed by 52% for IDPs and 47% for host community/residents. Notably, there is no significant difference between rural and urban localities. Frequently mentioned women’s safety concerns are family separation, psychological/emotional abuse, forced internal displacement, death and injury by explosive device etc.

Regarding men safety concern, 49%(n=363) of households reported at list one safety concern for men, while the 51% reported no concern. Frequently mentioned men’s safety concerns are family separation, enlistment and recruitment by armed forces or groups, psychological/emotional abuse, forced internal displacement, death and injury by explosive device (for more information please see the graph below).



## Child protection (Girls and boys) safety concerns

The survey aimed to assess the safety concerns of girls and boys in their communities. Among the households surveyed, 38% (n=281) reported at least one safety concern for boys and 37% (n=268) for girls. The distribution of safety concerns for boys and girls by oblast is largely uniform, with higher levels reported from Kharkiv (64% for both boys and girls), followed by Kherson (59% for both boys and girls), Odessa (45% for boys and 38% for girls), Mykolaiv (42% for boys and 36% for girls), Donetsk (31% for boys and 32% for girls), and lastly, Zaporizhia (2% for boys and 1% for girls). The analysis by residence status showed a nearly uniform distribution for host community/residence and IDP, at 34% and 38%, respectively. However, 59% of returnees reported safety concerns for both boys and girls. As depicted in the graph below, frequently mentioned safety concerns for boys and girls include psychological/emotional abuse, forced internal displacement due to violence/conflict/insecurity, death by explosive device, and family separation. *(for more information please see the graph below).*

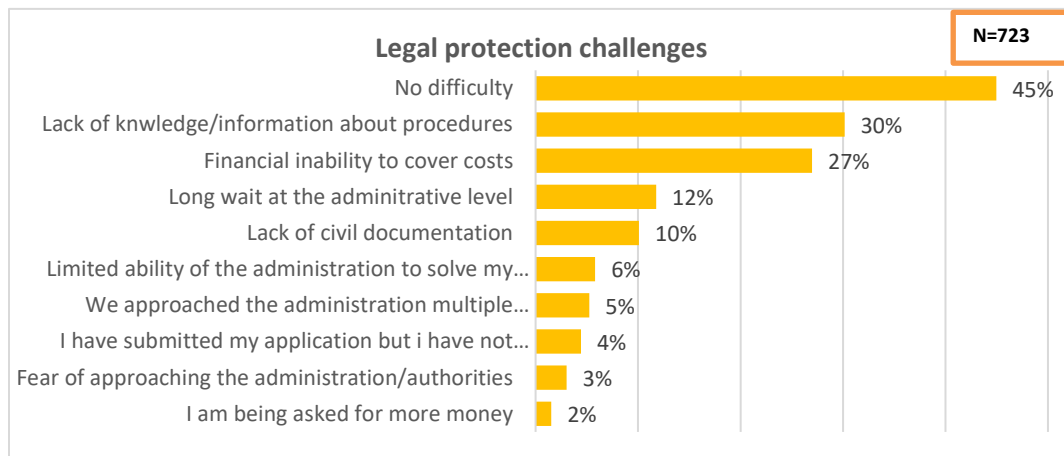


The focus groups discussed the report of violence against women and girls during the occupation, noting a decrease in major incidents presently. However, the persistent stress has led to deteriorating family relationships, fostering domestic violence. In Donetsk, the men's group observed women engaging in sexual activities for financial gain. Focus group participants in Zaporizhia, Odessa, Mykolaiv, and Kharkiv highlighted that women typically refrain from seeking assistance when facing abuse. Instead, they tend to share with their closest friends but avoid seeking help from law enforcement bodies due to feelings of shame or fear of potential retaliation from

the perpetrator. Additionally, there is also concern that involving the law enforcement bodies will lead to widespread disclosure of the issue, contributing to the reluctance to engage with law enforcement agencies. Lastly, when asked about the security and protection risks currently experienced by men, boys, girls, and women, focus groups highlighted the primary concerns for residents in their settlement. These include the potential threat of shelling, the presence of explosive objects in the vicinity of the settlement, and a notable absence of public shelters. Additionally, participants mentioned challenges related to public safety, such as instances of drunk individuals. Furthermore, there were rumors circulating about people in military uniform, particularly those returning from war zones, possibly carrying explosive objects with them considering as a safety concern. Additionally, the ongoing threat of shelling, bombing, and other military actions poses challenges to physical safety. Key informant from Kherson emphasized that constant danger and stressful situations contributed to psychological trauma across all age groups. Furthermore, concerns include reduced access to education for children, loss of homes and property, and restrictions on freedom of movement within the community are the major protection issues.

When households are asked “*what support would you like to have in the face of these acts of violence*” the respondents expressed diverse needs for support. Safety and security concerns were raised, with a focus on life safety, security, and protection from law enforcement bodies. Information-related needs centered around obtaining more information about available assistance, job opportunities, and social protection. Medical and psychological support were highlighted, including requests for medical assistance, treatment from specialized physicians/specialists, and psychological support. Financial assistance requests encompassed economic and financial support, along with a desire for employment opportunities. The aspiration for an end to the conflict was expressed, emphasizing the importance of peace. Social support needs included services for IDPs, assistance for villagers, and various forms of social and psychological support. Legal support emerged as a significant theme, with calls for more legal protection, and assistance from legal professionals.

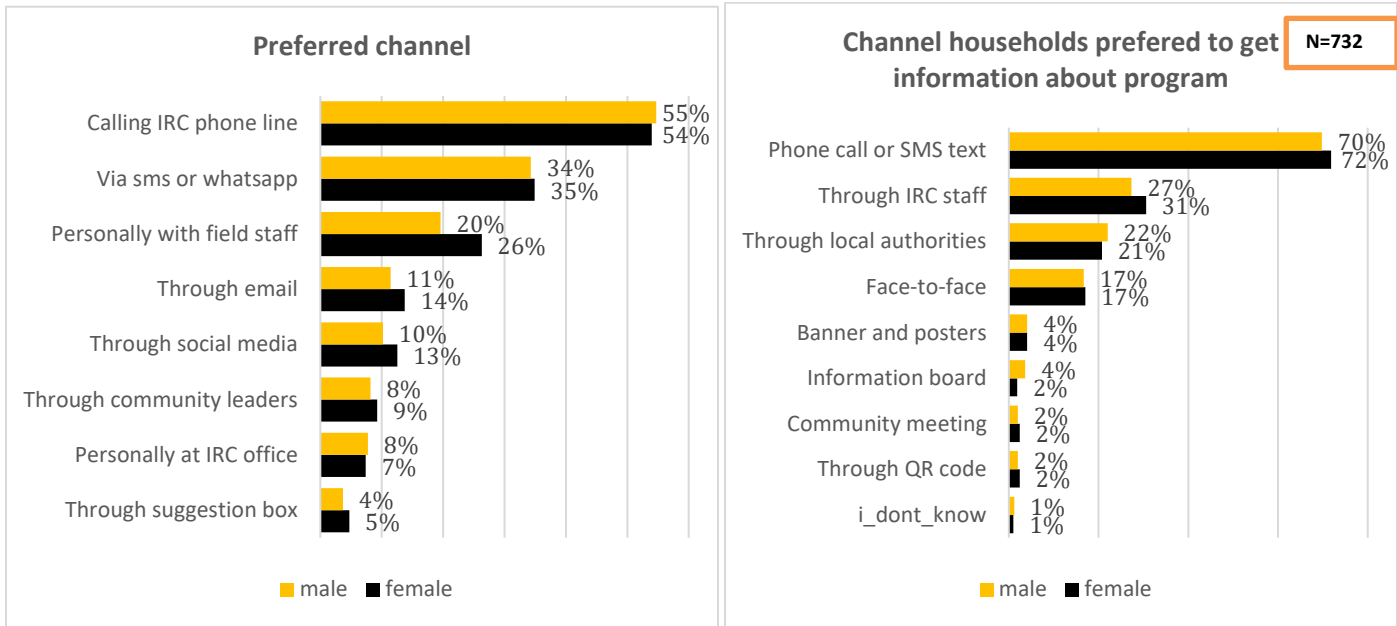
The survey also assessed the legal protection difficulties faced by households. Over half (55%) of households reported at least one type of difficulty. The top three frequently mentioned challenges in legal protection include a lack of knowledge/information about procedures,



financial inability to cover costs, and extended wait times at the administrative level. Additionally, respondents highlighted the importance of education for children, shelter, and infrastructure improvements in the villages. The comprehensive range of responses underscores the multifaceted support required to address the diverse challenges arising from acts of violence.

# Preferred Feedback Channel

The assessment also explored the preferred channels for households to provide suggestions or feedback to the IRC, the results indicate that 54% prefer communication through the IRC phone line, followed by 35% SMS or WhatsApp, and 24% direct interaction with field staff (with a slightly higher preference among female respondents compared to their male counterparts). *Further details can be found in the accompanying graph titled "Preferred Channel."* Additionally, when households were asked about the best way to receive information about the program, including distributions and disbursements, 71% indicated a preference for phone calls or SMS, followed by 30% through IRC staff, and 21% through local authorities (*please refer accompanying titled "Channel households preferred to get information about program."*)



Moreover, focus groups mentioned the best ways to communicate with the rest of the community regarding the details of a potential project, including distributions etc. They highlighted diverse platforms, including social media, Viber, and village council announcements. Notably, there is an emphasis on informing community leaders and utilizing local administration and use of SMS messages for informing financial assistance related support. The use of social networks like Telegram and Viber emerged as popular choices for disseminating information. Also, personal phone calls, and direct meetings with community representatives were identified as effective communication methods. The findings emphasize the importance of employing a multi-channel approach to ensure comprehensive coverage and accessibility when communicating project details within the community.



Vasylenkove village, Kharkiv Oblast, Ukraine. A patient of IRC Mobile Medical Unit, and IRC staff member are trying to pick up a phone signal (Photo: Oleksandr Rupeta for the IRC)



# RECOMMENDATIONS

- Based on the survey results, it is recommended to prioritize addressing the identified needs of the respondents, with a particular focus on health, food, and household items. Moreover, the lack of these basic needs increases risk of Gender Based Violence (GBV) and was raised as source of protection concerns according to protection monitoring finding. Therefore, the program should be designed to ensure access to healthcare services, economic recovery and development and access to essential household items through integrating protection will contribute significantly to improving the well-being and living conditions of the surveyed population.
- Based on the identified priorities across different oblasts, it is crucial to tailor assistance program to address the specific needs of each oblasts. Flexibility in program design and implementation will be key to effectively respond to the diverse requirements of each community. Additionally, ongoing assessments and community engagements are recommended to adapt interventions based on evolving needs and situations.
- The high prevalence of safety concerns for women, girls, men and boys suggests the need for targeted interventions to address and mitigate these issues. Initiatives should be designed with a focus on supporting family reunification, protection from psychological/emotional abuse, explosive devices risk education, legal support and financial support. Furthermore, collaboration with local communities in awareness creation is crucial to ensuring the effectiveness of these interventions.
- The overwhelming preference of modality is money/financial assistance among households (96%) underscores the importance of incorporating cash-based interventions in assistance programs. Tailoring assistance modalities based on local market conditions and addressing barriers to local fulfillment of basic needs should be considered.
- Addressing the substantial percentage of households facing challenges in meeting basic needs requires targeted interventions. Special attention should be given to winter requirements, household items, and shelter/housing needs, as these are reported as the most unmet. Tailored programs should be implemented to alleviate the challenges faced by rural households, recognizing the slightly higher percentage of unmet needs in these areas. And regular monitoring and assessment of household needs will enable adaptive interventions to ensure sustained improvement in meeting basic needs.
- To address the pressing health needs, initiatives to expand access to medical and psychological services are crucial, focusing on the locations where gaps in specialist, pediatric services, and mental health support will help to address the needs of households. Efforts should focus on capacity building of the existing medical personnel, ensuring the availability of essential medicines and equipment, and improving accessibility, particularly in rural areas through establishing mobile clinics.
- To enhance communication effectiveness, it is recommended to implement a multi-channel approach based on the preferences identified by households. Utilizing the phone line, SMS, other social medias (WhatsApp, Viber and Telegram) and direct meetings with community representatives for feedback collection and information dissemination aligns with the majority preference.
- Generally, the finding highlights the interconnected nature of health, protection, and economic recovery needs among surveyed households. To address these multifaceted challenges, there is a clear call for integrated programming that simultaneously considers health, protection, and economic recovery components. Implementing integrated programs will better serve the diverse and interconnected needs of the surveyed households, promoting sustainable well-being and resilience.

# ANNEXES

## Assessment Tools



Multi-Sectorla Rapid  
Need Assessment Toc



MSNA household  
survey tool\_ECHO\_Fir



Multi-Sectorla Rapid  
Need Assessment Toc



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The International Rescue Committee (IRC) helps people whose lives have been shattered by conflict and disaster to survive, recover and rebuild.

Founded in 1933 at the call of Albert Einstein, we now work in over 50 crisis-affected countries as well as communities throughout Europe and the Americas.

Ingenuity, fortitude and optimism remain at the heart of who we are. We deliver lasting impact by providing health care, helping children learn, and empowering individuals and communities to become self-reliant, always with a focus on the unique needs of women and girls.