



RAPID GENDER ANALYSIS

Ukraine

October 2023

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List of acronyms

BBC	British Broadcasting Corporation	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
CC	Collective center	OECD	Organisation for Economic Co-operation and Development
CCCM	Camp Coordination and Camp Management	OHCHR	Office of the United Nations High Commissioner for Human Rights
CP	Child Protection	OSCE	Organization for Security and Cooperation in Europe
CRSV	Conflict-related sexual violence	PSEA	Protection from sexual exploitation and abuse
EU	European Union	PSS	Psychosocial support
FAO	Food and Agriculture Organization of the United Nations	PTSD	Post-traumatic stress disorder
FGD	Focus group discussion	RGA	Rapid Gender Analysis
FHH	Female-headed household	SADDD	Sex-, age- and disability-disaggregated data
GBV	Gender-based violence	SEA	Sexual exploitation and abuse
GDP	Gross domestic product	SRH	Sexual and reproductive health
GiHA	Gender in Humanitarian Action	UN	United Nations
GoU	Government of Ukraine	UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
HNO	Humanitarian Needs Overview	UNDP	United Nations Development Programme
HRP	Humanitarian Response Plan	UNFPA	United Nations Population Fund
IASC	Inter-Agency Standing Committee	UNHCR	United Nations High Commissioner for Refugees
IDP	Internally displaced person	UNICEF	United Nations Children's Fund
IED	Improvised explosive device	UNODC	United Nations Office on Drugs and Crime
ILO	International Labour Organization	UNSC	United Nations Security Council
INGO	International non-governmental organization	USD	United States dollar
IOM	International Organization for Migration	UXO	Unexploded ordnance
IPV	Intimate partner violence	WASH	Water, sanitation and hygiene
KII	Key informant interview	WFP	World Food Program
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex	WHO	World Health Organization
MHH	Male-headed household	WLO	Women-led organization
MHPSS	Mental health and psychosocial support	WRO	Women's rights organization
MISP	Minimum Initial Service Package for Reproductive Health in Crisis Situations		
MPCA	Multi-purpose cash assistance		
NCD	Non-communicable disease		
NFI	Non-food item		
NNGO	National non-governmental organization		

Executive summary

This Rapid Gender Analysis (RGA) has been carried out to shed light on the gender dynamics, needs, experiences and challenges of women, men, adolescent girls and boys and people with diverse gender identities, from different groups and backgrounds, as they cope with the humanitarian crisis after more than one and a half years of full-scale war. The analysis explores how pre-existing and reinforced power relations affect people's experiences of conflict, and how they cope with the ensuing humanitarian emergency. This report draws on primary data collected in four oblasts (Kharkivska, Dnipropetrovska, Odeska, and Mykolaivska), as well as secondary data from before and during the crisis. A mix of quantitative and qualitative research methods was used, including 45 key informant interviews (KIIs), 611 individual surveys, 12 focus group discussions (FGDs), 12 community mapping exercises and eight individual stories. Data was collected from a total of 735 individuals, of which 43% female adults, 28% male adults, 18% adolescent girls, and 11% adolescent boys, including 9.5% individuals living with some form of disability, and 3.9% identifying as LGBTQI+. Additionally, the role of women-led organizations and women's rights organizations (WLOs/WROs) was highlighted, with a particular interest in understanding barriers and opportunities around leadership and participation in the humanitarian response.

The war in Ukraine is not gender neutral. Since the beginning of the full-scale invasion, women and men have been playing distinct and specific roles. As the humanitarian crisis ensues, a general trend has emerged: women are often providing alone for their families while facing loss of income, family separation, and massive disruptions in the provision of essential services; whilst many men are engaged in the more direct war efforts on the frontlines, exposing themselves to potential death, severe injuries and mental health distress. Although Ukraine has not yet adopted full conscription, men between ages 18-60 may be called into military service unless they have legal grounds for deferment or exclusion. Many Ukrainian women have also voluntarily enrolled in the military and territorial defense forces.¹ Yet, the mobilization of men is deeply rooted in beliefs around masculinity related to self-sacrifice on the battlefield and the defense of their country and family, which reinforces notions of feminine roles rooted in reproductive care. The implications of amplified and more polarized beliefs around gender roles will continue with the ongoing war and its aftermath, particularly for those who may not fit those social norms and expectations, such as people with disabilities and LGBTQI+ individuals.

¹ For more information on the role of women in Ukraine military, see Darden, Jessica Trisko, *Ukrainian wartime policy and the construction of women's combatant status*, Women's Studies International Forum, Volume 96, January-February 2023



Key findings

- With massive displacement, there is an increased number of single female heads of household carrying out a greater amount of domestic and unpaid care work since the full-scale invasion. These increased domestic and care responsibilities are mainly due to family separation, lack of childcare facilities, school closures, and reduced access to other social services. Adolescent girls have taken on more unpaid care work to support women in coping with the increased responsibility of care for children and family members.
- The war in Ukraine has led to a rise in poverty rates nationwide that is affecting more women than men, with gender disparities highest amongst people above the age of 60. Women have lower wages and less secure employment compared to men, while many women hold part-time employment to allow them time to perform unpaid care work. In addition, women over 60 are allocated a smaller pension compared to men. High inflation rates and lack of employment opportunities, especially in rural and settlement areas, have added significant pressure on women to meet households' basic needs. Factors such as lack of civil status documentation, ethnic-based marginalization, language barriers and illiteracy exacerbate difficulties for women and girls from Roma communities.
- Some men report avoiding formal registration processes due to fear of conscription, thereby reducing their access to services such as healthcare, unemployment benefits and cash assistance, as well as employment opportunities. This is particularly the case among male internally displaced people (IDPs), who are required to register to gain access to services following displacement. LGBTQI+ respondents echoed this need to remain out of the system, leading to reduced access to services and opportunities.
- The number of people suffering from mental health issues has significantly increased with the war, and social gender roles exacerbate these in different ways. For women, stressors are mostly related to being displaced, facing increased responsibility for care for children and family, and coping with fewer financial resources and services. Many men experience stressors from an inability to fulfil the traditional breadwinner role due to limited livelihood, reduced mobility, pressure to join military service, or severe mental health distress related to active combat. Men and adolescent boys are also less likely than women and girls to seek support services due to a higher level of stigma towards men's mental health. Adolescent girls suffer from mental health issues due to fear for safety, disruptions in education and leisure activities, and because of the pressures of increased involvement in childcare and domestic activities. Adolescent boys are more likely to adopt harmful coping mechanisms to manage stress, including smoking and dropping out of school. For the elderly and people living with disabilities, isolation due to family separation and lower access to essential services and goods has contributed to increased stress and anxiety.
- The damage to thousands of houses has led to displacement or increased safety risks for people who remain in their house with impaired infrastructure. The number of collective centers (CCs) established in primary schools, university dormitories, sports facilities, factories, offices and churches has significantly increased, and many people facing increased marginalization are housed in CCs, particularly the elderly, people with disabilities and female-headed households (FHHs). Many CCs require financial investment to ensure adequate, gender-responsive and inclusive facilities for improved basic living conditions.
- The potential of air attacks within or just outside of their city or community is the main safety concern reported across gender, age, location, residency, household type, diversity, and minorities groups. Many women and adolescents further reported refraining from walking outside or travelling at night to avoid looters and intoxicated people. Elderly people who have not left their home face further safety risks due to continued attacks, reduced access to bomb shelters, and living in crumbling housing

with no electricity or power. Men's mobility can be restricted by fears of conscription, while in areas under Russian military control, men's safety may be at risk of violence or forced recruitment.

- The conflict and the ensuing humanitarian crisis have increased gender-based violence (GBV) risks for women and men of all ages and diverse backgrounds, while services are disrupted and support networks dismantled. The ongoing war has heightened risks of human trafficking, sexual exploitation and intimate partner violence (IPV) for adolescent girls and women, while men in areas under Russian military control face increased protection risks due to conflict-related violence, such as forcible disappearance, extra-judicial killing, torture and sexual violence.
- Women comprise the majority of frontline workers, volunteers and first responders who support affected populations, either through formal and informal associations or *ad hoc* groups. However, the large presence of women at local and grassroots levels supporting affected populations has yet to translate into more political decision-making. The redirection of human and financial resources towards the war effort has reduced the focus on social and economic issues, making women's participation and civic engagement more challenging. Participation of the elderly remains low due to overreliance on digital platforms for civic engagement, which is an obstacle for this population group that has limited digital literacy.

- WLOs/WROs have been at the forefront of the humanitarian response to affected populations, however challenges include accessing adequate new funding, navigating humanitarian coordination systems, and high workload to meet compliance requirements leading to being severely overstretched. Influencing decision-making at various levels is restricted as WLOs/WROs have less power within the international system, despite most UN agencies and INGOs committing to WLO/WRO participation and locally-led humanitarian response.

- Pre-existing gender- and identity-based discrimination and inequalities create barriers to the participation and leadership of women and marginalized groups in the humanitarian response. Specific groups were identified as facing additional barriers, including FHHs, IDPs, people with disabilities, women without documentation (especially Roma), older populations (especially women over 70 years old), and individuals identifying as LGBTQI+. Within these groups, there is a lack of consistent approaches to understanding how overlapping identities and intersecting characteristics may affect individuals' priorities, needs, capacities and experiences of exclusion and risk. Additionally, the continued inconsistency in analysis of sex-, age- and disability-disaggregated data (SADDD) contributes to a less effectively targeted humanitarian response that enables long-term resilience, as well as the tendency to view women, men and other diverse groups as homogeneous, overlooking important aspects of their compounding identities.



Background to the conflict

More than one and a half years on from the full-scale invasion of Ukraine, the humanitarian crisis continues to inflict widespread devastation and hardship upon its population, leaving an estimated 17.6 million people in need of multisectoral humanitarian assistance within Ukraine.² This includes 6.3 million internally displaced people (IDPs), 4.4 million returnees and 6.9 million people who have remained in their homes throughout the war.³ Women and girls account for 55% of the 11.1 million people targeted, and for 57% of the 17.6 million people in need of assistance and protection;⁴ while as of August 2023, 61% of those displaced were female.⁵

The population – especially in areas under Russian military control – has experienced a collapse of living standards, with limited coping mechanisms, widespread physical and mental harm, and violations of human rights.⁶ Human rights organizations have documented war crimes and potential crimes against humanity in areas under Russian military control, including the use of sexual violence as a weapon of war, ill treatment, torture, arbitrary detention, and the forced disappearance of civilians.⁷ Country-wide, large-scale missile attacks continue to destroy and damage critical infrastructure and disrupt the provision of critical services, including water, healthcare, shelter, and electricity.⁸

The war in Ukraine has caused multifaceted consequences for its affected populations. It has led to massive economic fallout in Ukraine, in neighboring countries, and across the globe. In Ukraine, ILO estimates that nearly five million jobs have been lost since the escalation of the conflict.⁹ Moreover, in 2022, Ukraine's gross domestic product (GDP) shrank by 29.2%, and poverty increased from 5.5% to 24.1% in the same year.¹⁰ As noted by FAO, the conflict has led to the destruction of or damage to agricultural infrastructure and markets, and the disruption of food supply chains

is threatening the food security of already marginalized populations.¹¹

According to the Government of Ukraine (GoU), over 800,000 houses have been damaged or destroyed since the escalation of the war, and hundreds of thousands of people are now living either in collective centers (CCs) or damaged buildings.¹² 8.3 million people, comprising 3.4 million IDPs, 2.5 million returnees, and 2.4 million non-displaced individuals, require shelter support.¹³ The number of CCs, which include primary schools, university dormitories, sports facilities, factories, offices, and churches, has dramatically increased – from 160 in 2021 to 7,600 in 2022. As of 2023, it is estimated that 122,738 IDPs live in over 2,500 collective sites nationwide.¹⁴ Of the IDP population, 85% are elderly people, 59% are people with disabilities and 33% are female-headed households (FHHs).¹⁵ As of January 2023, roughly 25% of IDPs reported having one or more household members with a disability.¹⁶ An estimated 14.6 million people require health assistance, with 7.8 million people currently targeted for this assistance, of which 52% are women.¹⁷ The World Health Organization estimates that a majority of the population is at risk of acute stress, anxiety, depression, substance abuse and post-traumatic stress disorder.¹⁸ As the war continues, pre-existing gender and intersectional inequalities will further increase the vulnerability of marginalized groups such as LGBTQI+¹⁹, Roma²⁰, people with disabilities²¹ and people living with HIV/AIDS²² and other conditions requiring continued medical attention.²³

2 OCHA, *HNO Ukraine 2023*, December 2022

3 *Ibid.*

4 OCHA, *HRP Ukraine 2023*, February 2023

5 IOM, *Registered IDP Area Baseline Assessment Ukraine, Round 27*, August 2023

6 UNOCHA, *Ukraine page*. <https://www.unocha.org/ukraine/humanitarian-situation-ukraine>

7 Human Rights Watch, *World Report 2023: Ukraine*. <https://www.hrw.org/world-report/2023/country-chapters/ukraine>

8 OCHA, *HNO Ukraine 2023*, December 2022

9 ILO, *Nearly 5 million jobs have been lost in Ukraine since the start of the Russian aggression*, says ILO, May 2022. https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_844625/lang-en/index.htm

10 UN WOMEN, *Ukraine page*. <https://eca.unwomen.org/en/where-we-are/ukraine>

11 FAO, *Ukraine: Impact of the war on agricultural enterprises – Findings of a nationwide survey of agricultural enterprises with land up to 250 hectares (January-February 2023)*, August 2023

12 Global Shelter Cluster, *Ukraine page*. <https://sheltercluster.org/response/ukraine>

13 OCHA, *HNO Ukraine 2023*, December 2022

14 Protection Cluster, *Ukraine: Protection Analysis Update*, June 2023

15 *Ibid.*

16 IOM, *Ukraine Internal Displacement Report: General Population Survey, Round 12*, January 2023

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18 WHO, *Scaling-up mental health and psychosocial services in war-affected regions: best practices from Ukraine*, December 2022 <https://www.who.int/news-room/feature-stories/detail/scaling-up-mental-health-and-psychosocial-services-in-war-affected-regions-best-practices-from-ukraine>

19 Protection Cluster, *Protection of LGBTQ+ people in the context of the response in Ukraine*, May 2022

20 UN Ukraine, "About 30,000 Roma in Ukraine have no documents." *The story of a Roma activist*, January 2021 <https://ukraine.un.org/en/106824-about-30000-roma-ukraine-have-no-documents-story-roma-activist>

21 International Disability Alliance, *The situation of persons with disabilities in the context of the war of aggression by Russia against Ukraine*, April 2023

22 Think Global Health, *War Threatens Ukraine's Progress Curbing HIV/AIDS*, May 2022 <https://www.thinkglobalhealth.org/article/war-threatens-ukraines-progress-curb-hiv-aids>

23 UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine*, May 2022

Purpose of the Rapid Gender Analysis



This Rapid Gender Analysis (RGA) uses a gender lens to better understand specific needs, priorities, opportunities, and barriers to services and life-saving assistance available across the crisis-affected populations. Additionally, this report seeks to highlight barriers and opportunities to meaningful participation for women-led organizations and women's rights organizations (WLOs/WROs)²⁴ in the humanitarian response. Gender dynamics in humanitarian crises are complex and evolving, thus RGAs require regular updating and renewed analysis. Since the full-scale invasion in February 2022, CARE has conducted several gender analyses in Ukraine and neighboring countries.²⁵ This RGA aims to build on, validate and update previous data to provide the most real-time data for programmatic decision-making. The specific objectives of this RGA are as follows:

1. Highlight the different impacts of the war in Ukraine on women, men, adolescent girls and boys²⁶ and people with diverse gender identities, from different groups and backgrounds, and identify their unique needs, priorities, challenges and opportunities.
2. Explore pre-existing and evolving power dynamics to understand barriers and opportunities to humanitarian aid and local resilience-building strategies.
3. Investigate the roles, needs and barriers to meaningful participation of WLOs/WROs in the humanitarian response.
4. Generate actionable recommendations for humanitarian actors, including INGOs, UN agencies, donors and the GoU, to design and implement more inclusive, equitable, and targeted program interventions.

²⁴ CARE defines a Women-Led Organization (WLO) as "an organization with a humanitarian mandate and/or mission that is 1) governed or directed by women; or 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions." A Women's Rights Organization (WRO) is defined as "an organization that self-identifies as a WRO with the primary focus of advancing gender equality, women's empowerment and human rights and/or to challenge and transform gender inequalities (unjust rules), unequal power relations and promoting positive social norms." CARE International, *Time for a Better Bargain: How the Aid System Shortchanges Women and Girls in Crisis*, February 2021

²⁵ CARE International, *Rapid Gender Analysis Ukraine*, March 2022; CARE International, *Rapid Gender Analysis Brief Ukrainian Refugees in Poland*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine: Secondary Data Review*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine*, May 2022; CARE International, *Localization in Practice: Realities from Women's Rights and Women-Led Organizations in Poland*, May 2022; CARE International, *Women's Voice and Leadership Program Formative Evaluation*, May 2022; CARE International, *Rapid Gender Analysis Brief Ukrainian Refugees in Moldova*, July 2022; CARE International, *Rapid Gender Analysis Brief Ukrainian Refugees in Romania*, July 2022; Regional Gender Task Force, *Making the Invisible Visible – An evidence-based analysis of gender in the regional response to the war in Ukraine*, October 2022

²⁶ Adolescents were classified as those between ages 14-17.

Methodology

This RGA used a mixed methods approach to remotely collect and analyze qualitative and quantitative secondary and primary data. All the data collection tools were adapted from CARE's RGA Toolkit.²⁷ The primary data collection took place between March 27 and April 27, 2023 in Kharkivska, Dnipropetrovska, Odeska, and Mykolaivska oblasts. Primary data was collected by eight enumerators (five female and three male). Enumerators participated in a three-day training on RGA tools and methodology, sampling, digital devices, CARE's code of conduct, protection from sexual exploitation and abuse (PSEA) reporting protocols, and key protection and ethical principles guiding data collection. Enumerators were paired to respondents by sex and, where possible, matched by region to respondents. A pilot study was conducted to coach enumerators and to detect issues with the tools, and make the required adjustments. Informed consent from all respondents was explicitly obtained via written online forms at the onset of each data collection activity, and verbal and written consent was also obtained from adolescent participants and their parents or caregivers in advance. No personally identifiable information was collected during data collection periods to protect the confidentiality of the participants.

Data was collected remotely using key informant interviews (KIIs), focus group discussions (FGDs), community mapping, and individual stories. Stratified random sampling was used for the quantitative survey,²⁸ which reached a total of 611 individuals (353 women and 258 men). 10% of survey participants were aged 60 and over (44 women and 21 men), 4% were individuals identifying as LGBTQI+, and 9% individuals living with some form of disability (28 women and 30 men). In terms of living area, 61% lived in urban centers and 27% in rural areas or villages, while 16% were living in collective sites in rural areas. The survey participants were primarily from the host community (55%), while the remaining respondents were IDPs. The majority of respondents were ethnic Ukrainians, while 2.7% were Russians and 1.1% from the Roma community.

A purposive sampling technique based on target criteria was used to collect qualitative data. A total of 45 KIIs were conducted (38 women and seven men). 12 FGDs were held with a total of 26 adolescent girls, 23 women and 21 men. The community mapping tool was conducted in conjunction with FGDs with the same FGD groups. Among the FGD participants, 47% were IDPs and 53% were from the host community. Individual stories were collected with five women and four men of adult age, who self-selected during the FGD. (See Annex I for more details.)

The research had some challenges and limitations:

- i. Limited secondary resources on LGBTQI+ and Roma communities in national studies and nationwide surveys. Secondary sources were mainly drawn from national NGOs that conduct studies with limited sampling.
- ii. Remote data collection facilitated access to individuals in rural areas and regions affected by active conflict, yet was only available to those whose contact information CARE had access to during the data collection period, which influenced and limited sampling approaches. Additionally, the data collection team encountered some delays due to connectivity issues and slow participant enrolment.

²⁷ <https://www.careemergencytoolkit.org/gender/gender-in-emergencies/>

²⁸ The Cochran formula was used for the stratified random sample, with 95% confidence level and 8% margin of error to ensure effective representation from each oblast.



Key findings and analysis

1. Roles and responsibilities

1.1 Unpaid work

Unpaid care and domestic work includes the time and energy spent cooking, cleaning, upkeeping the house, and caring for children, the sick, and the elderly. Therefore, the time spent carrying out unpaid care responsibilities can either expand or restrain an individual's capabilities and choices to take part in economic, social, and political opportunities. In Ukrainian society, gender stereotypes and perceptions of gender roles often reinforce patriarchal social norms. A previous gender study noted that 83% of respondents agreed with the statement that the most important task of a woman is to take care of the home and family, while 75% agreed that the most important task of a man is to earn money.²⁹ Consequently, women are performing a disproportionate share of unpaid domestic work and care for family members,³⁰ and this trend has been amplified since the full-scale invasion, as reported in previous CARE RGAs.³¹ The quantitative survey data shows that while childcare is the unpaid care task in which men are most involved, there is still a gender disparity with women spending an average of 36.2 hours per week caring for children compared to 14.8 hours for men.

“War changes the way of life. For example, when rockets fell in our area, we constantly had to clean and make small repairs, change the windows. Before the war, repairs were not done often, but now we are doing them all the time.”

Mykolaiv, adolescent girl FGD participant.

FGDs revealed two main perceptions about shifting gender roles and responsibilities for women, men and adolescents. First, women recognized that they are responsible for increasingly more unpaid work since the escalation of the war, predominantly due to growing unemployment rates and family separation. Second,

men in FGDs also recognized that as men leave their homes to fight in the war, women are left behind to manage the household, leading to changes in gender roles whereby women take on roles which would have previously been filled by men, such as fixing things around the house, seeking income generating opportunities, and registering for support from government and international agencies. These shifts are perceived by women as an increase in responsibility, since men are not significantly contributing to unpaid work. Men, however, reported an increased collaboration on shared tasks they would typically be responsible for to support the household. Adolescent girls in Dnipro, Mykolaiv and Odesa reported how they have also experienced an increase in unpaid care work since the escalation of the war, especially in FHHs. Adolescent girls added that the increase in unpaid work had affected the time allocated to their education and leisure time.

1.2 Paid work

The economy of Ukraine is primarily based on multi-sectoral industries, agriculture, and services. Ukraine has made significant progress towards gender equality in the labor force through the adoption of numerous national laws, including those that promote equal rights and opportunities for women and men in the socio-economic sphere.³² Furthermore, labor laws guarantee equality of rights for Ukrainian citizens (Article 2) and the right to work (Article 5).³³ However, gender gaps persist in economic opportunities, with women having poorer working conditions, considerably less secure employment and lower pay grades.³⁴

In Ukraine, women's labor force participation has been traditionally lower than that of men (62% and 72% respectively in 2021).³⁵ The RGA quantitative data also shows that more women than men are likely to face

²⁹ https://ratinggroup.ua/research/ukraine/rol_zhenschin_v_ukrainskom_obschestve.html?fbclid=IwAR0YZsdTHZia-w5c3uJiI2M0r0pUEINcN4wBMLUXLOJNg8aX1-wuUp5FH_w Google translate, 28.09.2023

³⁰ UN Women, *Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine*, May 2020

³¹ CARE International, *Rapid Gender Analysis Ukraine*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine: Secondary Data Review*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine*, May 2022

³² UNDP, USAID and SEED, *Gender Equality and Women's Empowerment in Ukraine Identifying the pathways to economic, civic and social equality using data from the SCORE Ukraine 2021*, December 2021

³³ Mykola M. Klemparskyi, Helena V. Pavlichenko, Roman Ye. Prokopiev, Leonid V. Mohilevskiy, Yuliia M. Burniagina, *Gender inequality in the labour market of Ukraine: Challenges for the future*, Work Organisation, Labour & Globalisation, Vol. 16, No. 2 (2022), pp. 140-157

³⁴ *Ibid.*

³⁵ Figure representing the percentage of the population ages 15-64. <https://data.worldbank.org/indicator/SL.TLF.ACTI.FE.ZS?locations=UA>



unemployment, across all age groups. According to RGA respondents, men between ages 35-59 are more likely to be employed full-time compared to women within the same age group, whereas for ages 18-35, women are more likely to be employed full-time compared to men of the same age group. Lower full-time employment in young men could be explained by martial law restrictions and the various military mobilization policies put in place to recruit men to fight in the war. As one man from an FGD in Odesa explains: *“It’s also hard for men in general, I mean, it’s unreal to find an official job – everything is through the military enlistment office. You can’t always go to some big supermarket or a trade center. It’s not because there’s nothing on the shelves, but because they can take you straight to the army. And so it is with other “big” places in town. It’s better not to be seen by anyone else”.*

For unemployed men who are not in military service, FGD respondents reported that access to social support has become more difficult due to strategies adopted to avoid conscription, such as keeping a low profile, avoiding registering for unemployment benefits, and keeping their names off lists of recipients of cash assistance. LGBTQI+ respondents echoed this need to remain out of the system and challenges in securing livelihood opportunities. Additionally, according to men in FGDs,

seeking employment has been further complicated by the destruction and damage to infrastructure, manufacture and installation, as well as physical injuries and the inability to travel freely inside and outside the country as required by their jobs.

Approximately 69% of Roma respondents are unemployed, 45% reported having no current income, while about 29% have experienced a decrease in family income since February 2022. This data highlights the critically lower income levels faced by more than half of the surveyed Roma families, placing them below the poverty line. As noted by the World Bank, there are no nationwide official statistics on unemployment rates amongst the Roma community, however, one study reported that only 38% of Roma women and men were employed before February 2022.³⁶ Factors such as lack of civil status documentation, ethnic-based marginalization, and language barriers contribute to increased difficulties for Roma communities in securing income-generating activities, particularly for Roma women. Illiteracy rates in Roma communities are higher than the national average, which also presents obstacles to accessing vocational programs and training programs offered by the state through employment centers.

³⁶ *Ibid.*

Many women in FGDs and KIIs expressed that the most critical barrier to employment is the limited access to day care facilities. As a result, women are obliged to take on part-time work to balance care responsibilities. Moreover, many women in FGDs reported that employment perspectives are sparse in rural areas. In January 2023, about 21% of IDPs settled in rural areas, villages, or farms, while about 27% settled in an urban small town or village.³⁷ The lack of employment prospects for displaced populations has been noted in other assessments, with 67% of participants reporting a lack of relevant vacancies in the settlement area.³⁸

In 2019, women earned 23% less than men, and the pension gap was 32% in 2022.³⁹ RGA survey results show that women, people with disabilities and LGBTQI+ individuals earned a lower monthly income than those from other population groups, and less than half the monthly income of men. Increases in inflation rates significantly impact individual and household purchasing power and make it difficult to meet basic needs.⁴⁰ Consequently, there is an increased pressure on households to find alternative sources of income, especially as government support and existing formal safety nets (such as pensions for the elderly or social assistance) are proving insufficient.

Most respondents depend on their access to employment to pay for household expenditures, since 63% of all survey respondents do not have another source of revenue other than paid activities (53.4% women, 63.9% men, 31.8% women over 60, 42.9% men over 60, 32.8% people with disabilities and 66.7% LGBTQI+ individuals). This may reflect that men and LGBTQI+ individuals do not have other sources to rely on because of fears around registering for assistance. People with alternative sources of revenue rely on (in order of importance) social assistance from the GoU, pensions, and humanitarian assistance. In the RGA quantitative survey, humanitarian assistance as an alternative source of income was primarily attributed to adult women. If social assistance from the GoU is critical,

there is a possibility that assistance might reach fewer people in the future. First, the GoU faces a budget deficit, economic decline, and the increased cost of war.⁴¹ Second, social assistance reform intends to move away from a model whereby individuals receive assistance based on belonging to pre-established marginalized groups (such as single women, the elderly, and people with disabilities) to a case-by-case model, which could lead to increased oversight and delays, and a higher number of criteria for eligibility.⁴²

1.3. Decision-making within the household

Information on household decision-making was collected to understand if any changes in intra-household power dynamics between women and men have occurred since the escalation of the war. Based on survey data, most women (80%) and men (78%) indicated that the decision-making process within the household remained unchanged against a backdrop of conflict. For women who have experienced changes in decision-making patterns, these shifts were mostly the result of family separation or becoming a widow, which then required women to absorb the responsibility of making decisions as head of household, including work, paying bills and taking care of the family.

The quantitative survey shows that overall household decisions are primarily made jointly versus being a one-person decision, including buying and selling assets, visiting relatives, migrating, accessing healthcare, having children and children's school attendance. The sphere where women expressed having independent decision-making was mainly around their personal healthcare. A slightly higher number of women (52%) reported making their own decisions about volunteering to support affected populations as opposed to being a joint decision (41%), while an equal number of men reported that this decision was made by themselves and jointly.

37 IOM, *Ukraine Internal Displacement Report, Round 12*, January 2023

38 REACH, *Ukraine: Multisectoral CCCM Vulnerability Index Round 5 – Collective Sites Monitoring Household Survey*, November 2022

39 UNDP, USAID and SEED, *Gender Equality and Women's Empowerment in Ukraine Identifying the pathways to economic, civic and social equality using data from the SCORE Ukraine 2021*, December 2021

40 HelpAge International, "I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response, February 2023

41 Spending on social programmes and pensions makes up 17% of Ukraine's entire state budget for 2023, and is second only to spending on the army and security (43%). OpenDemocracy, *Ukraine is reforming its welfare system as the cost of war rises*, April 2023 <https://www.opendemocracy.net/en/odr/ukraine-social-policy-reform-imf/>

42 OpenDemocracy, *Ukraine is reforming its welfare system as the cost of war rises*, April 2023 <https://www.opendemocracy.net/en/odr/ukraine-social-policy-reform-imf/>

2. Access to services

2.1 Healthcare services

Although the GoU implemented healthcare reforms between 2014 and 2021, especially in rural regions,⁴³ much of the progress has been lost due to the effects of the full-scale invasion, which has compromised the healthcare system through the destruction of health care facilities, staff movement and displacement, restriction of medical resources, and escalation of healthcare expenses.⁴⁴ As of May 2023, the WHO reports more than 1,000 attacks on health care facilities since the escalation of the war, which according to the organization is the highest number ever recorded in any humanitarian emergency.⁴⁵

In 2021, the gap between women and men's life expectancy at birth was nine years, set at 74 years for women and 65 years for men.⁴⁶ In Ukraine, non-communicable diseases (NCDs) are the leading cause of mortality.⁴⁷ About 23% of surveyed respondents reported suffering from a health issue in the 30 days prior to data collection, with higher rates reported by women. The key health issues identified by adult women and women over 60 (in order of importance) were cardiovascular diseases, chronic respiratory diseases, and diabetes.

Although the majority of respondents did not identify access to health services as a core challenge, key barriers to available services were reported, such as increased costs for care and medications amidst reduced government support due to the war, long waiting lines, reduced availability of medications and supplies, inconsistent availability of medical specialists (specifically for adolescent needs) and limited vaccinations for children. Male IDPs surveyed noted challenges in accessing health care services, particularly in making

appointments and accessing necessary information, as many strive to keep a low profile to avoid conscription.

Those reported to be most strained by these barriers, according to respondents, included IDPs, people living with disabilities, single-headed households, people over 65 with limited mobility, single mothers, and widows. KII participants stressed how in-person healthcare service delivery for people over 65 is critical due to factors such as limited mobility, reduced digital illiteracy, inability to work, loss of auxiliary support, and dependency on low pensions due to the impact of the war. Reported access to health services for elderly individuals living alone or in rural areas was found more challenging compared to those in oblast centers, as reported by a WLO/WRO representative working with elderly people. Compared to the general population, reported access to healthcare for LGBTQI+ individuals is slightly lower. According to KIIs, the main barriers for LGBTQI+ individuals were financial, compounded by discrimination and breaches of patient confidentiality which can pose a potential security risk.⁴⁸

2.1.1 Sexual and reproductive health

In Ukraine, the provision of sexual and reproductive health (SRH) services is offered within the wider context of a centralized healthcare system. This translates into major cities having large, industrial health facilities supported by referral networks, while rural areas have community health clinics, midwives, and community health workers.⁴⁹ Similar to primary care, SRH services have been greatly affected by closure of pharmacies, damaged healthcare facilities, interruptions in the supply chain, and a shortage of professional obstetrical and gynaecological staff, including midwives.⁵⁰

Even before the conflict, Ukraine had one of the highest maternal mortality rates in the Eastern European region.⁵¹ Expectant mothers who are unable

43 WHO, *Health systems in action: Ukraine*, European Observatory on Health Systems and Policies, November 2021

44 707 incidents of attacks on Ukraine's healthcare infrastructure were reported between February and December 2022, resulting in significant damage or complete destruction of 218 hospitals and clinics. 65 attacks were directed toward ambulances, while 182 attacks were carried out on pharmacies, blood centres, dental clinics, and research centres. These attacks resulted in the deaths of 62 healthcare workers, while 52 others suffered injuries. Insecurity Insight and PHR, *Destruction and Devastation: One Year of Russia's Assault on Ukraine's Health Care System*, February 2023

45 WHO, *WHO records more than 1000 attacks on health care in Ukraine over the past 15 months of full-scale war*, May 2023 <https://www.who.int/europe/news/item/30-05-2023-who-records-1-000th-attack-on-health-care-in-ukraine-over-the-past-15-months-of-full-scale-war>

46 <https://www.statista.com/statistics/974733/life-expectancy-at-birth-in-ukraine-by-gender/#:~:text=This%20statistic%20shows%20the%20average.about%2065.16%20years%20on%20average.>

47 WHO, *STEPS prevalence of non-communicable disease risk factors in Ukraine 2019*, November 2020

48 Protection Cluster, *Protection of LGBTQ+ people in the context of the response in Ukraine*, May 2022

49 HIAS and VOICE, *Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine*, May 2022

50 Regional Gender Task Force, *Making the Invisible Visible – An evidence-based analysis of gender in the regional response to the war in Ukraine*, October 2022

51 ACAPS, *Thematic Report: Ukraine - Impact of the conflict on the healthcare system and spotlight on specific needs*, September 2023



to regularly attend prenatal appointments and receive relevant support leading up to birth are at greater risk of complications and unattended birth delivery, which was reported in Eastern oblasts of Ukraine where the number of unattended home births has risen.⁵² Caesarean and premature birth rates have also increased, while exclusive breastfeeding rates within the first six months have decreased since the start of 2022, especially near active conflict areas.⁵³ This aligns with Health Cluster assessment findings highlighting that reduced access to maternal care is increasing the risk of poor nutritional status for pregnant and breastfeeding mothers, and exacerbating the risks around maternal and child mortality.⁵⁴ Women living in rural areas are facing reduced access to medical care, as travelling to city centers is too risky due to road blockages, destruction caused by the war and increased costs.⁵⁵

The RGA survey found that 34% of women of reproductive age do not have access to family planning, half of which are IDPs. In both age categories, adolescents (14-17) and adults (18-59), men have higher access

to family planning services than women since they primarily use condoms that can be easily purchased. Women reported reduced access since February 2022 to modern and emergency contraception due to financial constraints (including cost of transportation), reduced access to a doctor, and deprioritizing family planning needs for other essential goods. In Ukraine, only women suffering from specific health pre-conditions (i.e. diseases that cause a high risk of death during pregnancy or delivery) are eligible to be reimbursed by government schemes for their family planning needs.⁵⁶ Hormonal contraception, including emergency contraception, is only available in pharmacies through a prescription,⁵⁷ while legal medical abortion is not reimbursed by the national health service.⁵⁸

Adolescent girls and WLOs/WROs spoke about the lack of information and continued stigma around this matter, which could explain a decrease in demand. According to adolescent girls in FGDs, there is significant stigma about SRH, which has led to available information being outdated and limited: *“There are many girls who do not know about the diseases that can be acquired during*

52 HIAS and VOICE, *Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine*, May 2022

53 Health Cluster and WHO, *Ukraine: Public Health Situation Analysis (May 2023)*, June 2023

54 *Ibid.*

55 *Ibid.*

56 Countdown 2030, *Ukraine crisis: sexual and reproductive health and rights are non-negotiable and lifesaving*, March 2022

57 Health Cluster and WHO, *Ukraine: Public Health Situation Analysis (May 2023)*, June 2023

58 <https://contracting.nszu.gov.ua/kontraktuvannya/kontraktuvannya-2023/vimogi-pmg-2023> Google translate, 28.09.2023

intercourse, or how to do it correctly. Also, what to do during menstruation.” (Dnipro, adolescent girl FGD participant). Adolescent girls reported that information about SRH is usually obtained in schools, however this is considered insufficient, whereas families are hesitant to discuss topics such as menstrual hygiene, personal boundaries, emergency contraception, and how to avoid pregnancy. With the closure of many schools and the switch to online education, information on SRH has diminished, creating a barrier to accessing expert advice and connecting to professionals. Consequently, many adolescent girls reported obtaining information through social media platforms. Using social media as a source of information is perceived to have increased during the conflict period. As explained in one FGD: “I saw a lot of information being spread on Instagram now. A lot of people raise this topic, that it should stop being taboo, that it’s okay to discuss it... We need to be more advanced, to abandon all the Soviet tabooing of this topic for children.” (Odesa, adolescent girl FGD participant).

2.1.2 Mental health and psychosocial support services

Data from 2021 shows that 30% of Ukraine’s population was dealing with mental health issues due to the compounding effects of historical Soviet-era trauma, the invasion of Ukraine in 2014, and, more recently, COVID-19.⁵⁹ Provision of mental health and psychosocial support (MHPSS) services has been declining for a number of years prior to the full-scale invasion due to a lack of mental healthcare professionals.⁶⁰ The GoU with the leadership of the First Lady of Ukraine has recently established the *Intersectoral Coordination Council for Mental Health and Psychological Assistance* to facilitate MHPSS delivery⁶¹ and the “How Are You?” Ukrainian mental health program⁶² targeting those most directly affected by the crisis. The program seeks to improve the resilience of the population in recognition that 90% of

Ukrainians are displaying at least one of the symptoms of an anxiety disorder, and 57% are at risk of developing mental disorders.⁶³

In Ukraine, MHPSS services are mainly offered in primary health care facilities (National Health Service of Ukraine), which have been overstretched and negatively affected by the crisis, while the number of people suffering from mental health issues has significantly increased.⁶⁴ Mental health stressors vary based on gender, age, culture, socio-economic factors, and social identities, whose impacts have significant potential to become exacerbated in an increasingly militarized environment.⁶⁵ Women reported that stressors are related to being displaced, facing increased responsibility for care for children and families, and coping with financial constraints. Additionally, several KII participants flagged the increasing risk of burnout amongst female volunteers as the conflict drags on, given their compounding responsibilities and stressors. For men, stressors stem from the pressures of providing financially for their families and joining military service (or feeling pressured to do this). Moreover, according to multiple KIIs, men and adolescent boys struggling with mental health issues face significantly more stigma than other groups, as mental distress can be interpreted as a sign of weakness. This stigma has contributed to increased levels of stress and aggression, which was found evident in behavior towards intimate partners and other family members.

A previous study reported stressors for adolescents including family separation, lack of peer-to-peer communication, and concerns about shelling and general safety.⁶⁶ The most common harmful coping mechanisms were reported as smoking and other addictions, followed by school drop-outs, with adolescent boys engaging in these behaviors more commonly than girls.⁶⁷ Another study found that for the elderly, representing 24% of the population, stressors are linked to deterioration of living conditions, as over 80% of elderly people did not move from or evacuate from their home and about 59% reported living in poor conditions with

59 Heal Ukraine Trauma, *Mental health in Ukraine*, April 2023

60 In 2020, Ukraine counted 10 psychiatrists, 2.6 psychiatric nurses and one psychologist per 100,000 people, as well as 69 inpatient psychiatric facilities, 493 mental health outpatient facilities, and two day care facilities. WHO, *Special Initiative for Mental Health, Ukraine* <https://www.who.int/initiatives/who-special-initiative-for-mental-health/ukraine>

61 WHO, *Ukrainian Prioritized Multisectoral Mental Health and Psychosocial Support Actions During and After the War: Operational Roadmap*, December 2022

62 President of Ukraine official website, *How are you? As part of Olena Zelenska’s initiative, Ukrainians will be told about the importance of taking care of mental health*, March 2023 <https://www.president.gov.ua/en/news/ti-yak-u-mezhah-iniciativi-ole-ni-zelenskoyi-ukrayincyam-rozk-8177#:~:text=The%20All%20Ukrainian%20mental%20health%20program%20%22How%20are%20you%3Fthe%20degree%20of%20its%20crisis>

63 *Ibid.*

64 OCHA, *HNO Ukraine 2023*, December 2022

65 Save The Children, *Ukraine Response One Year On: Impact report*, January 2023

66 World Vision, *Child Protection Multisectoral Needs Assessment - Ukraine 2023*, February 2023

67 *Ibid.*

damaged homes and limited heat, electricity, or access to water and food.⁶⁸ People with disabilities, those over 70 and older women are already exposed to higher levels of stressors due to their isolation and stigma. They face additional stressors, such as increased risk of death due to inaccessible bomb shelters and reduced access to auxiliary services to meet their physical needs, including medicines and assisted devices, such as crutches and hygiene products.⁶⁹

“Privacy is more important to me in this matter. In the volunteer center, a real person, a psychologist, sits in the middle of a center full of people and talks to another person. It doesn’t look soothing to me. I would not agree to that. I don’t trust the “hotline” either because my conversation can be recorded.”

Dnipro, adolescent girl FGD participant

29% of men and 32% of women between ages 19-59 in the RGA survey reported not having access to MHPSS, especially in more rural areas. For women over 60, access is higher than other age groups, with only 7% of women reporting no access. Overarching barriers include cost to access services, social stigma, concerns about confidentiality, and the lack of trusted information about services. The latter challenge was highlighted by LGBTQI+ respondents in the RGA survey, of which 62% reported having no access to MHPSS.

2.2 Multi-purpose cash assistance

Multi-purpose cash assistance (MPCA) is currently the main modality of assistance to cover the basic needs of affected populations across Ukraine.⁷⁰ In 2023, cash assistance was provided to 2.9 million from January to July and is projected to increase.⁷¹ Cash assistance was reported to be the greatest need and preferred modality by IDPs in a recent study, especially by women.⁷² The main uses for the MPCA reported by IDPs were health-related expenses (48%), food (45%) and

rent (42%).⁷³ Female recipients were also more likely than men to report using MPCA for needs related to NFIs (non-food items), medicines and health services related to SRH.⁷⁴ Of RGA survey respondents, 49% had received humanitarian assistance in the last 30 days prior to data collection, and adult women below the age of 60 were the principal recipients (37%). The majority of those receiving assistance reported not facing any challenges in accessing assistance (women 92% and men 93%). An equal number of women and men (88%) replied that they had not been personally consulted about their needs by aid organizations, including state and non-state actors, which could indicate the need to improve community engagement in program design prior to delivery.

According to several KIIs, INGOs and NNGOs have used the targeting framework developed by the Cash Working Group⁷⁵ as a guiding tool, rather than following the recommended selection criteria, which has led to inconsistencies in the prioritization of the most marginalized people. People with low digital literacy (usually the elderly) and people without proper documentation, i.e. the tax ID number used by the GoU (frequent in Roma communities) face increased risk of not being targeted by cash assistance, according to a KII. Single men were also identified in KIIs as having less access to cash assistance than others because of the strategies they use to avoid being mobilized to fight.

2.3 Shelter

Before February 2022, a significant portion of Ukraine’s population resided in private housing units, with the majority (83%) owning their homes.⁷⁶ The damage to housing facilities was estimated to be 50 billion USD between February 24, 2022, and February 24, 2023, with 36 billion USD in losses from damage to infrastructure.⁷⁷ The damage to thousands of multi-story and private houses has led to displacement or increased safety risks for people who remain in their house with impaired infrastructure. According to the GoU, over 800,000 houses have been damaged or destroyed since the escalation of the war, and thousands of people

68 HelpAge International, “I’ve lost the life I knew”: Older people’s experiences of the Ukraine war and their inclusion in the humanitarian response, February 2023

69 Ibid.

70 IOM and OCHA, Multi-Purpose Cash Assistance Targeting Framework, May 2023

71 <https://reliefweb.int/report/ukraine/ukraine-humanitarian-response-and-funding-snapshot-january-july-2023-enuk>

72 Health Cluster and WHO, Ukraine: Public Health Situation Analysis (May 2023), June 2023

73 Ibid.

74 Ibid.

75 IOM and OCHA, Multi-Purpose Cash Assistance Targeting Framework, May 2023

76 Cedos, Public Housing Policy in Ukraine: Current State and Prospects for Reform, November 2019

77 <https://www.statista.com/statistics/1303344/ukraine-infrastructure-war-damage>



are now living away from their homes not knowing when they will be able to return.⁷⁸ 8.3 million people, comprising 3.4 million IDPs, 2.5 million returnees, and 2.4 million non-displaced individuals, require shelter support.⁷⁹

The number of CCs established in primary schools, university dormitories, sports facilities, factories, offices and churches has significantly increased from 160 in 2021 to 7,600 in 2022. As of 2023, it is estimated that 122,738 IDPs live in over 2,500 collective sites nationwide.⁸⁰ Of the IDP population, 85% are elderly people, 59% are people with disabilities and 33% are FHHs.⁸¹ Additionally, an estimated 152 child-headed households reside in collective sites, meaning that all household members are less than 18 years old.⁸² CCs are an affordable option for temporary shelter as opposed to rental of house or apartment, as 77% of CCs reported not charging IDPs any money.⁸³ CCs are particularly attractive to FHHs, of which 20% report being unable to afford rent and utilities compared to 13% of

male-headed households (MHHs).⁸⁴ However, many CCs require financial investment to ensure sex-segregated, safe and inclusive spaces, as well as adequate facilities and structures for improved living conditions.

In September 2023, the Ministry for Reintegration of Temporarily Occupied Territories of Ukraine adopted *Resolution 930 on the Functioning of Collective Sites* stipulating minimum standards.⁸⁵ These include infrastructure and equipment for people with disabilities in CCs, and the requirement for oblast authorities to find alternative sites where these are not in place. In addition, people of different genders not belonging to one household should not be required to share the same private space, while common spaces should be provided for leisure activities, decision-making and service provision. The policy also sets minimum space requirements for CC inhabitants, and requires functional basic engineering systems for electricity, water supply, drainage, ventilation and heating. IDPs should also be provided with individual NFIs for furnishing private spaces, including beds, furniture and sleeping items.⁸⁶ However, monitoring and support

78 Global Shelter Cluster, *Ukraine page*. <https://sheltercluster.org/response/ukraine>

79 OCHA, *HNO Ukraine 2023*, December 2022

80 Protection Cluster, *Ukraine: Protection Analysis Update*, June 2023

81 *Ibid.*

82 *Ibid.*

83 CCCM Cluster, REACH and UNHCR, *Ukraine Collective Site Monitoring: Round 7 (March 2023)*, May 2023

84 REACH, *2022 MSNA Gender Focus Snapshot (February 2023)*, May 2023

85 <https://zakon.rada.gov.ua/laws/show/930-2023-%D0%BF#Text> Google translate, 28.09.2023

86 *Ibid.*

will be required to ensure that these standards can be integrated in new and existing collective sites, and that accountability systems are in place for maintaining the new policy.

As populations seek safety in bomb shelters, people living with disabilities struggle to access them due to the lack of structures to support their physical limits and mobility impairments. A previous study showed that 73% of respondents with disabilities indicated the absence of accessible bomb shelters.⁸⁷ Another study showed that the elderly also struggle to find safety, as they are less likely to evacuate from their homes and communities.⁸⁸ A majority of the elderly remain in their homes (84%), of which 59% report living in poor conditions, 12% living in damaged houses or apartments, and 13% reporting that their house or apartment needed urgent repair.⁸⁹

Many people facing increased marginalization find themselves in CCs, with 85% of CCs hosting women over 60, 74% hosting older men, 59% hosting people with disabilities and 33% hosting FHHs.⁹⁰ According to one KII, many Roma communities lack residence registration in their areas of origin or other necessary documents, which hinders their access to humanitarian cash or social payments to support with payment of rent and utilities. The respondent added that Roma community members report that organizations and individuals alike have refused them housing in western oblasts of Ukraine, due to prejudice and lack of official documentation. LGBTQI+ individuals face difficulties in finding safe shelter, as they may not feel safe in CCs and other standard shelter options due to social stigma, and often face discrimination when seeking housing, which further increases their marginalization.⁹¹ Transgender individuals may experience challenges in accessing shelter if their documents do not match their self-identified gender, while intersex people may face challenges in accessing gender-segregated shelters due to their sex characteristics.⁹² In addition, displaced

LGBTQI+ individuals often no longer have access to the community networks which could support them to find safe shelter options.⁹³

2.4 WASH

Damages to water networks and infrastructure along with regular power cuts and limited possibility for repair efforts have left one million people across Ukraine without adequate access to safe water, hygiene, and waste management.⁹⁴ The June 2023 Kakhovka Dam explosion alone caused water shortages for more than 700,000 people.⁹⁵ At the same time, repeated attacks, budget cuts and the reduced purchasing power of the population is weakening access to safe drinking water and WASH services, intensifying the risk of water borne diseases.⁹⁶ The 2023 Humanitarian Needs Overview (HNO) estimates that 11 million individuals are in need of WASH-related assistance with women and FHHs, especially those with children and family members over 65, reporting an increased priority for WASH needs.⁹⁷ As of April 2023, UNICEF estimates that 1.4 million people are without running water across war-affected areas in the east of Ukraine.⁹⁸

In 2020, Ukraine had 89% coverage of drinking water.⁹⁹ Since the full-scale invasion, damage to energy infrastructure at the local level has caused problems in pumping and sanitizing water at facilities, while at the household level, damage to houses has interrupted access.¹⁰⁰ By 2022, six million people in Ukraine were struggling to get access to daily drinking water, with 1.4 million people lacking access to safe water in the east of the country, and another 4.6 million people having only limited access.¹⁰¹ People living close to the frontline face additional difficulties due to explosive remnants contaminating rivers and lakes in these

93 *Ibid.*

94 WASH Cluster, *Sector Assessment*, January 2023

95 Save The Children, *Ukraine: Thousands of children lack safe drinking water as Kakhovka Dam crisis unravels*, July 2023

96 REACH, *Ukraine: WASH Needs Assessment – An examination of needs relating to water, sanitation, and hygiene in rural and urban Ukraine*, January 2023

97 OCHA, *HNO Ukraine 2023*, December 2022

98 UNICEF, *1.4 million people without running water across war-affected eastern Ukraine*, April 2022 <https://www.unicef.org/press-releases/14-million-people-without-running-water-across-war-affected-eastern-ukraine>

99 <https://www.macrotrends.net/countries/UKR/ukraine/clean-water-access-statistics#:~:text=Improved%20water%20sources%20include%20piped,a%200.02%25%20increase%20from%202018>.

100 WASH Cluster, *Sector Assessment*, January 2023

101 UNICEF, *1.4 million people without running water across war-affected eastern Ukraine*, April 2022 <https://www.unicef.org/press-releases/14-million-people-without-running-water-across-war-affected-eastern-ukraine>

87 World Bank, GoU, EU and UN, *Ukraine: Rapid Damage and Needs Assessment*, March 2023

88 HelpAge International, *“I’ve lost the life I knew”: Older people’s experiences of the Ukraine war and their inclusion in the humanitarian response*, February 2023

89 *Ibid.*

90 *Ibid.*

91 Protection Cluster, *Protection of LGBTQ+ people in the context of the response in Ukraine*, May 2022

92 *Ibid.*



areas.¹⁰² As one FGD participant explained: *“The water is very bad now. Salty, it is difficult to use at home. You have to collect rainwater to wash yourself and your things.”* (Mykolaiv, woman FGD participant). The limited number of drinking water points and safety concerns during distributions have been reported as an obstacle to drinking water services.¹⁰³ Women in FGDs reported that to cope with water shortages, some households have resorted to reducing household cleaning, bathing, handwashing and doing the laundry.

45% of all CCs need WASH-related repairs, including showers, and toilet renovations, while 13% of CCs reported issues with the drainage system.¹⁰⁴ Showers or toilets were reported to be insufficient in almost 20% of all CCs, while washing machines were insufficient in 29% of CCs.¹⁰⁵ There have been reports of access issues to toilets and showers due to non-existent ramps or other mobility support material to ensure safe access for the elderly and people with disabilities.¹⁰⁶ One KII participant stated that elderly women and men were assigned sleeping quarters on the second floor of a primary school while the only toilet was on the first floor,

with bad lighting making reaching it at night almost impossible. Furthermore, the lack of gender-segregated toilets and showers in approximately 20% of all CCs is cause for increased protection risks for women and girls.¹⁰⁷ *Resolution 930 on the Functioning of Collective Sites* has stipulated minimum standards for CCs on WASH, including gender-segregated and disability-accessible bathing and toilet facilities with inside locks.¹⁰⁸

There is continued demand for hygiene products that respond to specific needs, such as incontinence materials for people over 65 and menstrual hygiene materials for adolescents and women of reproductive age.¹⁰⁹ In January 2023, nearly half of IDP women reported needing menstrual hygiene items.¹¹⁰ Lack of menstrual goods combined with untreated water lead to distinct health risks and complications for women and adolescent girls of reproductive age.¹¹¹ An assessment showed that the cost of incontinence-related materials is too high for 15% of its respondents, and the main barrier to obtaining such goods was financial.¹¹²

102 WASH Cluster, *Sector Assessment*, January 2023

103 *Ibid.*

104 CCCM Cluster, REACH and UNHCR, *Ukraine Collective Site Monitoring: Round 7 (March 2023)*, May 2023

105 *Ibid.*

106 UNICEF and WASH Cluster, *WASH Needs Assessment in Collective Centres in Ukraine*, June 2022

107 REACH, *Ukraine: WASH Needs Assessment – An examination of needs relating to water, sanitation, and hygiene in rural and urban Ukraine*, January 2023

108 <https://zakon.rada.gov.ua/laws/show/930-2023-%D0%BF#Text> Google translate, 28.09.2023

109 ACAPS, *Thematic Report: Ukraine - Impact of the conflict on the healthcare system and spotlight on specific needs*, September 2023

110 IOM, *Ukraine Internal Displacement Report, Round 12*, January 2023

111 IOM, *Ukraine Internal Displacement Report: General Population Survey, Round 11*, December 2022

112 REACH, *Ukraine: WASH Needs Assessment – An examination of needs relating to water, sanitation, and hygiene in rural and urban Ukraine*, January 2023

2.5. Food security

Between 2019 and 2021, food insecurity increased from 17.3% to 28.9% for women and from 13.3% to 24% for men, mainly due to the COVID-19 pandemic, inflation and economic instability.¹¹³ A recent report found that the food insecurity situation is currently worsening, with an increase of 7.4% of people with insufficient food consumption between August and November 2022.¹¹⁴ As families prioritize essential needs like food, they are resorting to measures that have implications for their nutritional health, with 59% of FHHs intentionally purchasing cheaper food, compared to 50% of MHHs.¹¹⁵ Results from the RGA survey show that purchasing cheaper food is the main strategy adopted by women and men of different age groups, with women over 60 and LGBTQI+ people resorting to this strategy in higher numbers. More than any other group, LGBTQI+ individuals have resorted to other food-related coping strategies, such as limiting portion size and reducing the number of meals per day.

In 2022, the rate of severe food insecurity was low (2% nationwide), however 25% were moderately food insecure.¹¹⁶ The impact of the war on agricultural production is likely to significantly increase food insecurity, especially when considering an expected increase of 21% of food consumer prices in 2023.¹¹⁷ Historically, IDP households and those headed by women were more likely to have a borderline or poor food consumption score. FHHs (59%) are more likely than MHHs (50%) to use less preferred and less expensive food to cope with insufficient funds for food.¹¹⁸ Similarly, between February and December 2022, the number of older people reporting cutting back on food to save money increased from 23% to 35%.¹¹⁹ In KIIs, local organizations were reported to be responding to these strains by distributing seeds and equipment during the summer to grow vegetables in gardens in CCs, while volunteers and local authorities were supporting older

populations with mobility limitations to ensure they could access food.

2.6 Education

Since February 2022, a large majority of children (71% of children between ages 3-17) have had their education disrupted, negatively impacting their mental and physical wellbeing and safety.¹²⁰ Access to education has been disrupted due to damage to school infrastructure, ruptures in electricity and telecommunications technology systems, and a reduction in the number of teachers available to work due to massive displacement. According to the GoU, more than 3,000 schools and education institutions have been destroyed or damaged in government-held areas of Ukraine since the 2022 full-scale invasion.¹²¹

It is estimated that more than 40% of children in Ukraine will not be able to go back to school full-time in the 2023/2024 academic school year, and will have to rely on online or hybrid learning due to a lack of bomb shelters in schools and threat of air strikes.¹²² It is expected that in addition to the loss of leisure and safe space that schools provide to children, the disruption in education will lead to gaps in learning outcomes. Up to 57% of teachers report a deterioration in students' Ukrainian language abilities, 45% report a reduction in mathematics skills, and up to 52% report a reduction in foreign language abilities.¹²³ Progression in educational pathways has been made more challenging, as one third of children in primary and secondary education attend school in-person, while one third are enrolled in a mixed approach of in-person and online, and one third are strictly learning online.¹²⁴

Children enrolled in online learning only can expect further disruptions due to regular power cuts and loss of internet connectivity. In addition to these interruptions, children living in CCs with their families lack adequate separate space and material to continue

113 FAO, *Gender-related impacts of the Ukraine conflict: Entry points for gender-responsive and inclusive interventions*, April 2022.

114 FAO, *Different impacts of the war in Ukraine on people and guidance for planning gender-responsive and inclusive interventions*, December 2022

115 REACH, MSNA – *Gender Focus Brief (March 2023)*, May 2023

116 WFP, *Ukraine – Needs Assessment: Food Security and Essential Needs, June 2023 – Analysis of data from the 2022 Ukraine Multisector Needs Assessment*, June 2023

117 OSCE, *2023 Gender report: Understanding and addressing the gendered consequences of the war in Ukraine*, June 2023

118 REACH, MSNA *Gender Focus Brief (March 2023)*, May 2023

119 HelpAge International, *"I've lost the life I knew": Older people's experiences of the Ukraine war and their inclusion in the humanitarian response*, February 2023

120 OCHA, *HNO Ukraine 2023*, December 2022

121 <https://saveschools.in.ua/en/>

122 Save The Children, *Two out of every five children will miss out on fulltime school as second academic year starts during war*, August 2023 <https://www.savethechildren.net/news/ukraine-two-out-every-five-children-will-miss-out-fulltime-school-second-academic-year-starts>

123 UNICEF, *Widespread learning loss among Ukraine's children, as students enter fourth year of disruption to education*, August 2023 <https://www.unicef.org/press-releases/widespread-learning-loss-among-ukraines-children-students-enter-fourth-year>

124 *Ibid.*



their education,¹²⁵ although the new *Resolution 930 on the Functioning of Collective Sites* stipulates the inclusion of common spaces for children’s online learning in CCs.¹²⁶ Engaging and maintaining online learning is particularly challenging for children with disabilities who otherwise can obtain additional support from schools when attending in person.¹²⁷

The negative impact of online schooling on learning outcomes has been reported by several adolescent girls across all four oblasts. As one 16-year-old participant explained: “As for teenagers in our city, distance learning affects the quality of education. Not all kids like to learn and when you sit at home, you can turn off the camera, turn off the microphone and do nothing in class. When the war is over, children will want to go somewhere; their level of knowledge will be lower than that of those who graduated from school before the

war. Face-to-face education is not back everywhere, not everyone is willing to let their children go to school, and it’s not safe everywhere.” (Odesa, adolescent girl FGD participant).

125 Ibid.

126 <https://zakon.rada.gov.ua/laws/show/930-2023-%D0%BF#Text> Google translate, 28.09.2023

127 REACH and UNHCR, *Ukraine: Education Sector Assessment in Conflict-Affected Areas*, February 2023, February 2023

3. Protection

3.1 Safety

Between February and April 2023, 491 people were killed and 1,546 people were injured, of which 67% were men.¹²⁸ Overall, 91% of civilian casualties and those injured are caused by explosive weapons with wide area effects.¹²⁹ Ongoing shelling and attacks on civilians and civilian infrastructure are likely to continue, which will further increase the needs of affected individuals. The destruction will force people's displacement, and their housing may become unsafe due to failing structures hit by shells, or because explosive ordnance did not detonate appropriately which poses a safety risk.

Mines, unexploded ordnance (UXO) and improvised explosive devices (IEDs) are pervasive throughout Ukraine, which is now the most mined country in the world.¹³⁰ Reports indicate that some of the most contaminated areas include Chernihivska, Dnipropetrovska, Donetska, Kharkivska, Kyivska, Luhanska, Mykolaivska, Odeska, Sumska and Zaporizka oblasts, while Kharkivska, Luhanska, Mykolaivska and Sumska oblasts are known to have the most severe levels of contaminants in both rural and urban areas.¹³¹ The risks to those along the border with the Russian Federation are severe, especially for more vulnerable populations that may be less sensitized to the risks, such as children seeking out recreational spaces, or those with disabilities traveling unaccompanied.¹³² One report found that one in eight civilians killed or injured by landmines and UXO is a child.¹³³

Women in FGDs reported limiting their movement for safety reasons, especially in the evening and at night-time when safety issues are known to increase. Adolescent girls note that “*what scares them*” are the drunk men and looters on the streets, who often behave aggressively and harass women. Men generally reported feeling safe to move around their city

but use caution in certain outskirts areas of cities. However, men's mobility may be restricted by fears of conscription,¹³⁴ while in areas under Russian military control, men's safety may be at risk of violence or forced recruitment.¹³⁵ Adolescent girls participating in FGDs reported that their parents have restricted their movements to ensure their safety, although moving in the city or immediate surroundings is still acceptable: “*Because of the war, it is now dangerous to travel far from home. Parents put a ban – no further than the city.*” (Dnipro, adolescent girl FGD participant). Approximately 10-12% of the surveyed population identified risks of attacks (airstrikes, missile strikes, and artillery shelling) within or outside of their community as a key safety risk for women, men, girls and boys.

3.2 Gender-based violence

Gender-based violence (GBV) was known to be widespread in Ukraine before the escalation of the war and, given the rising security risks and compounding stressors, the risks for GBV have been increasing as the full-scale invasion continues.¹³⁶ In 2019, an assessment estimated that 26% of women between ages 18-74 who have ever had a partner say they have experienced physical or sexual violence at the hands of an intimate partner since the age of 15.¹³⁷ The same report identified internally displaced women, rural women, older women, women with disabilities, Roma women, lesbian, bisexual and transgender women and women from other minorities as particularly vulnerable to violence.¹³⁸ As of September 2023, UNFPA estimates that 3.6 million people need GBV prevention and response services in Ukraine.¹³⁹ The increased needs for protection and GBV services are a reflection of how conflict and humanitarian crises increase the prevalence and risks of various types of GBV for specific groups of people.

128 Since the escalation of the war, there have been 24,862 civilian casualties countrywide, with 9,083 people killed and 15,779 injured. OHCHR, *Ukraine: civilian casualty update (19 June 2023)*, June 2023 <https://www.ohchr.org/en/news/2023/06/ukraine-civilian-casualty-update-19-june-2023>

129 Ibid.

130 Washington Post, *Ukraine is now the most mined country. It will take decades to make safe*, July 2023 <https://www.washingtonpost.com/world/2023/07/22/ukraine-is-now-most-mined-country-it-will-take-decades-make-safe/>

131 Protection Cluster, *Ukraine: Protection Analysis Update*, June 2023

132 Ibid.

133 Save The Children, *Ukraine: 1 in 8 landmine casualties is a child as detonation accidents spike*, April 2023

134 BBC, *Ukraine war: The men who don't want to fight*, August 2022 <https://www.bbc.com/news/world-europe-66542065>

135 Human Rights Watch, *World Report 2023: Ukraine*. <https://www.hrw.org/world-report/2023/country-chapters/ukraine>

136 Protection Cluster and UNFPA, *Ukraine: Gender-based violence: Secondary Data Review*, April 2022

137 Study sample is 2,048 women ages 18-74 living in Ukraine. OSCE, *OSCE-led Survey on Violence Against Women – Main Report*, March 2019

138 Ibid.

139 Between January and July 2023, UNFPA and other humanitarian actors provided GBV services to at least 300,000 people, which is 28% of the targeted population. UNFPA, *Regional Response to Ukraine Emergency Situation Report #20*, September 2023



The ongoing war has heightened risks of human trafficking, sexual exploitation and intimate partner violence (IPV).¹⁴⁰ An IOM survey in October 2022 reported that 59% of Ukrainians risk exploitation through willingness to accept risky offers abroad or in Ukraine.¹⁴¹ Women and girls – especially those travelling alone – are at heightened risk of human trafficking and sexual exploitation in highly insecure areas, at border crossing points, in transit, in CCs and in bomb shelters.¹⁴² Before the full-scale invasion, hundreds of human trafficking survivors were identified annually in the context of criminal networks operating between Ukraine and countries in Europe and Central Asia.¹⁴³ According to organizations combating human trafficking, the number of calls received has significantly increased, with incoming calls from IDPs significantly on the rise since the escalation of the conflict.¹⁴⁴ Moreover, there is an increased risk of GBV in CCs due to a lack of gender-segregated bathroom facilities with insufficient locks and lighting, and a lack of private sleeping spaces.¹⁴⁵

140 Regional Gender Task Force, *Making the Invisible Visible – An evidence-based analysis of gender in the regional response to the war in Ukraine*, October 2022

141 IOM, *Every Second Ukrainian Risks Getting Exploited Amidst Devastating Impact of the War*, October 2022 <https://ukraine.iom.int/news/every-second-ukrainian-risks-getting-exploited-amidst-devastating-impact-war>

142 *Ibid.*

143 UNODC, *Global Report on Trafficking in Persons 2022*, January 2023

144 Vital Voices, *The War in Ukraine Created a Human Trafficking Crisis*, July 2022 <https://www.vitalvoices.org/news-articles/opinion/the-war-in-ukraine-created-a-human-trafficking-crisis/>

145 OCHA, *HNO Ukraine 2023*, December 2022

In KIIs with WLOs/WROs working to end violence against women, it was reported that a third of women who report cases through their organization's hotline to obtain psychosocial support (PSS) counselling are survivors of IPV. The increase in IPV is alarming notably as before the full-scale invasion, Ukraine had lower than the global average rates.¹⁴⁶ According to KIIs, previously IPV tended to develop gradually, starting with arguments, and escalating into psychological, emotional, and physical abuse. Respondents reported that this trend has escalated and now occurs within a shorter time frame, especially when husbands and partners return home from military duty for brief periods of 10-15 days. According to women participating in FGDs in Mykolaivska oblast, conflicts between couples have increased due to the conscription of Ukrainian men for military service and the post-traumatic stress disorder (PTSD) symptoms they experience. For women fleeing their homes due to IPV, they live with economic insecurities or inadequate housing, which exacerbates the adoption of coping mechanisms including substance abuse to tackle anxiety and depression.

According to KIIs with service providers from civil society organizations, IPV is frequently underreported due to the limited police capacity to respond in the

146 UN WOMEN, *Global Database on Violence against Women*, Ukraine page. <https://evaw-global-database.unwomen.org/pt/countries/europe/ukraine>

absence of proper training, as well as a prevailing rape culture within the force. In rural areas, women are less likely to report IPV as it is often minimized and understood as a private matter rather than as a serious crime allegation. Multiple KII participants shared the issue of a non-responsive police force, which explains the critical role played by NGOs in supporting survivors in accessing appropriate services. According to the GBV sub-cluster, Kharkivska and Dnipropetrovska are two oblasts categorized with severe needs.¹⁴⁷

Although the true scale remains unknown, conflict-related sexual violence (CRSV) is on the rise as reported by international and national human rights organizations, law enforcement agencies, national government authorities, and UN agencies.¹⁴⁸ A human rights monitoring mission in June 2023 documented 125 cases of CRSV committed since 24 February 2022 against civilians and prisoners of war, affecting 80 men, 42 women and three girls.¹⁴⁹ CRSV is used against women and men as a tactic of war employed to break the enemy and exert power,¹⁵⁰ and men-to-men sexual violence often

symbolizes for both survivors and perpetrators the ultimate form of humiliation and emasculation.¹⁵¹ CRSV cases are systematically underreported due to stigma and shame around sexual violence, particularly amongst men who are often expected to exhibit values of virility and power.¹⁵² In Ukraine, barriers to male survivors of CRSV accessing health and MHPSS services have reportedly included being identified, or being viewed as homosexual.¹⁵³

As pre-existing vulnerabilities of marginalized groups are exacerbated in the crisis and coping mechanisms become more depleted, the risk for sexual exploitation and abuse (SEA) by those with access to information, resources and support services relating to humanitarian aid may increase. GBV safety audits conducted in CCs showed that both IDPs and site managers have limited awareness of GBV prevention and response, including trafficking and SEA by humanitarian aid representatives.¹⁵⁴ Additionally, safe and confidential reporting through community-based complaint mechanisms were not well established or visible, leading to increased challenges in PSEA.¹⁵⁵

147 GBV Sub-Cluster, Ukraine – Gender Based Violence AoR 5 Ws reporting 2023 <https://app.powerbi.com/view?r=eyJrjoiNDY2YzkyYWFETmE2Yy00NWJSLWE0MDAtdmM-4MTY0YmIzOTIhliwidCl6ImY2ZjcwZiFlLTJhMmQ0NGYzMC04NTJhLTlTY0YjZjZmJmITkNvYisimMlO-fj9&pageName=ReportSection>

148 Council of Europe, *Working with victims of sexual violence during armed conflict: A manual for Ukrainian mental health and emergency response professionals*, November 2022; UN, *Sexual Violence ‘Most Hidden Crime’ Being Committed against Ukrainians*, Civil Society Representative Tells Security Council, June 2022 <https://press.un.org/en/2022/sc14926.doc.htm>

149 UNSC, *Conflict-related sexual violence – Report of the Secretary-General*, June 2023

150 UN, *Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence*, June 2020

151 *Ibid.*

152 *Ibid.*

153 Protection Cluster and UNFPA, *Ukraine: GBV AoR – WG on Addressing the Needs of Male Survivors of Sexual Violence (17 August 2023)*, August 2023

154 Protection Cluster, *Ukraine: Protection Analysis Update*, June 2023

155 *Ibid.*



4. Participation and decision-making



4.1 Participation in civic engagement

As part of decentralization reform to improve service delivery and strengthen local democracy, local government has been strengthened through increased responsibilities and budget, as well as through various civic engagement processes.¹⁵⁶

“Women at community level are volunteering, providing services, being nurses, being teachers, moms at home, teachers at home. So, it’s awesome. But at the same time, it is a picture of gender inequality because it means that more of the caring work, the caring jobs are in women’s hands. And this is why I imagine that there is a reproduction of gender stereotypes and roles. This is why women are more engaged in community organizations and volunteering. But then men are more in the leadership of these volunteer organizations, even if they are in the minority. So, I think that this is what is showing the picture of inequalities here.”

KII participant, Dnipro

In 2020, the service *Diia* was launched to enable Ukrainian citizens to use digital documents on their smartphones and access more than 80 governmental services and civic engagement systems and processes.¹⁵⁷ Adolescent girls in FGDs referred specifically to *Diia* as an effective tool to allow everyone to participate in decision-making through online polls.

Women reported opportunities for participation and decision-making through diverse channels such as hotlines, electronic petitions, and the city council’s website. However, inclination to participate in formal government structures has declined for both women and men – as reported in previous RGAs.¹⁵⁸ The main reason is that people are more focused on their immediate needs and those of their family due to the deterioration of socio-economic conditions. Other segments of the population face additional barriers. This is especially true for the elderly, who are three times

¹⁵⁷ UNDP, *A digital lifeline for Ukrainians on the move: How a mobile app to support displaced families in Ukraine is providing a lifeline through the chaos of war*, May 2022 <https://www.undp.org/ukraine/blog/digital-lifeline-ukrainians-move>

¹⁵⁸ CARE International, *Rapid Gender Analysis Ukraine*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine: Secondary Data Review*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine*, May 2022

¹⁵⁶ OECD, *Rebuilding Ukraine by Reinforcing Regional and Municipal Governance*, December 2022

less likely to use mobile phones and smart phones than the overall population and have less access to the internet.¹⁵⁹ Several KII participants reported that prior to the full-scale invasion, key organizations working with marginalized groups were offering digital literacy courses to facilitate civic engagement, but that these activities have now stopped due to the war.

It was reported in numerous KIIs with WLOs/WROs that women face additional challenges to their participation and decision-making in formal structures due to the increased influence of the military. The various civilian government bodies at local, regional, and national levels face increased constraints with the adoption of martial law, and subsequent mobilization of human and financial resources to support the war effort. For instance, martial law gives the military command and local military administrations the task of protecting critical infrastructure and the right to use and expropriate public and private property for defense purposes.¹⁶⁰ The military command also has the power to introduce labor obligations for able-bodied persons to meet the needs of the Ukrainian Armed Forces.¹⁶¹ Freedom of movement and other political rights and liberties, such as holding marches and demonstrations, have been restricted under martial law.¹⁶² Observers note that an increase in military spending concurrent with a reduction in social spending is likely to lead to higher gender inequality and lower female labor force participation.¹⁶³

4.2 Participation in community organizations and volunteering

Following the escalation of the war, women and men have reported increasing their involvement in volunteer activities through formal and informal groups. Women from FGDs across all four locations mentioned volunteering or receiving assistance from volunteers, while the large presence of women volunteers in support to affected populations was recognized by men in FGDs. A gender division in volunteer labor was reported in

KIIs with WLOs/WROs, whereby men conduct most of the manual and security-related work, while women are mostly involved in the care of and support to affected populations. For instance, women from RGA FGDs reported that women help care for children in CCs, wash and clean CCs, transport the elderly to medical appointments, fetch medicine for people with chronic illness, and bring water and clothes to people with limited mobility. Other women use their professional skills to support people, such as offering PSS services. This trend was previously reported in other RGAs, which could indicate a continuation of traditional gender social and culture norms.¹⁶⁴

“I started to think not only about myself. Volunteering changes priorities a bit. Before the war, I could mostly deal with my own problems, but now, as I have started helping others, my values have completely changed. Before the war, a small salary in the hospital seemed like a problem, but now a roof over your head and dinner on the table is already an achievement.”

Mykolaiv, woman FGD participant

Several women and men in FGDs mentioned that volunteering helps them to cope with the stress of the war, as a way to feel useful when so many people are struggling to access basic goods and services. Several men in FGDs echoed women’s view that volunteering has had a positive impact on their mental health (assuming they were not facing burnout from over-extending themselves): *“Many people have lost their jobs. I also lost my job because I was working abroad, where it is now forbidden for men to go. I stayed here as a volunteer and thanks to volunteering, I can still live. Voluntary organizations have helped a lot, I don’t know if I would have made it without them”*. (Odesa, man FGD participant).

159 HelpAge International, *“I’ve lost the life I knew”: Older people’s experiences of the Ukraine war and their inclusion in the humanitarian response*, February 2023

160 Darden, Jessica Trisko, *Ukrainian wartime policy and the construction of women’s combatant status*, Women’s Studies International Forum, Volume 96, January-February 2023

161 *Ibid.*

162 *Ibid.*

163 UN WOMEN, *The impact of militarization on gender inequality. Peace and security section, Research Paper*, May 2022

164 CARE International, *Rapid Gender Analysis Ukraine*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine: Secondary Data Review*, March 2022; UN WOMEN and CARE International, *Rapid Gender Analysis of Ukraine*, May 2022

5. Participation of women-led organizations and women's rights organizations in humanitarian response

WLOs/WROs along with other national actors were the first to provide emergency aid to those in need before international organizations arrived.¹⁶⁵ Before the escalation of the war, the many WLOs/WROs now involved in providing humanitarian assistance were not humanitarian organizations per se. The war has driven many to redirect their efforts to support the population with basic goods and services.¹⁶⁶ As noted in a previous study, WLOs/WROs bring valuable skills and are usually able to obtain access to hard-to-reach communities and the most marginalized people within them, in addition to bringing a strong understanding of the needs and realities of women, girls and communities.¹⁶⁷

As the humanitarian response has taken shape, so have coordination mechanisms such as UN and INGO-led sector-specific clusters, and government-led coordination systems. One study notes an increased level of

engagement between WLOs/WROs and the GoU, INGOs and donors through these various mechanisms.¹⁶⁸ The increased level of participation of WLOs/WROs in national and international fora was also reported in multiple RGA KIIs. One KII participant explained: “I mean, they are pretty vocal and by all means they don't shy away from saying what's right, what's wrong. Even if the leading UN agency has an opinion, they are strong organizations and I think they are an integral part of all this network. I don't see any agenda being imposed without their endorsement. That's my observation.” (KII participant, Dnipro).

Another KII participant reported that participation of WLOs/WROs, especially smaller organizations, has been made easier with the establishment of regional and local coordination and working groups. However, participation was reported to be difficult at times due to a lack of opportunities to organize regular meetings, and that contact is mostly the result of *ad hoc* initiatives and decisions of local authorities.

¹⁶⁵ CARE International, *One Year After the Escalation of the War in Ukraine: Making International Funding Work for Women's Organisations*, February 2023

¹⁶⁶ NGO Resource Center, *Capacities and needs of women's rights and women-led organizations in Ukraine: transformations during wartime*, January 2023

¹⁶⁷ ActionAid, *Standing up for our Rights: Feminist Insights from the Ukraine Response*, February 2023

¹⁶⁸ *Ibid.*



Many challenges to influence decisions in the humanitarian response remain despite the increased engagement of WLOs/WROs in national and international fora. In terms of national response, many WLOs/WROs report that influencing formal decision-making processes is increasingly difficult due to the centralization of power under the presidency and the growing role of the military in government affairs. This has resulted in sidelining women's rights and gender equality, and overlooking social issues amidst pressing humanitarian and security concerns.

As for influencing the international response, KII participants reported challenges such as limited access to coordination mechanisms due to language barriers (for both Ukrainian and Russian speakers), a lack of familiarity with humanitarian terminology, jargon, systems, and structures, and an insufficient recognition of the critical role played by WLOs/WROs. Others have reported how power dynamics within the international system put WLOs/WROs at a disadvantage, despite their commitment to women's participation and locally-led humanitarian response. WLOs/WROs reported feeling like passive recipients of funds or participants in capacity development efforts, and not receiving recognition that prior to the full-scale invasion, they were one of the primary actors in responding to the needs of women and girls.

Lack of financial resources of WLOs/WROs has also been identified as a barrier to advancing women's economic and political empowerment during the response. Most WLOs/WROs now work closely with INGOs as implementing partners due to limited direct funding, which is less than 1% of total humanitarian funding.¹⁶⁹ Hence, WLOs/WROs generally receive smaller grants, as INGOs strive to diversify their portfolio and support a greater number of local organizations catering to diverse target groups.¹⁷⁰ KII participants reported that WLOs/WROs face difficulty in accessing funding opportunities due to language barriers, unfamiliarity with proposal writing, or limited experience in budget management. Another KII participant reported that local WLOs/WROs are most effective in the longer term, which makes financial

support for long-term organizational and operational development more critical.

However, this financial support is lacking due to donors' focus on quick impact programming. For many KII participants, WLOs/WROs deal with limited financial support while having to tackle an increased workload to meet compliance requirements, such as documentation requirements, reporting obligations, and regular on-site visits. Increased workload due to donor requirements is one of many reasons that human resources of WLOs/WROs have reported being stretched to the maximum extent. As reported in KIIs and as found by other studies,¹⁷¹ the most critical need of WLOs/WROs is receiving support to avoid staff burnout. According to one KII, this is especially critical as support to affected populations will shift from emergency assistance to recovery and reconstruction: *"Very soon, all agencies will start drafting something and the inclusion of women's rights organizations in this process will be a huge motivation for them. Then, I think a second recommendation for all international actors that are helping Ukraine on gender equality would be to think about programming that supports institutional development of women's rights organizations, and that addresses burnout issues, and mental health support."* (KI, Odesa)

¹⁶⁹ Ground Truth Solutions, *Call for communication, collaboration, and cash: Perceptions of aid in Ukraine*, February 2023

¹⁷⁰ ActionAid, *Standing up for our Rights: Feminist Insights from the Ukraine Response*, February 2023

¹⁷¹ ActionAid, *Standing up for our Rights: Feminist Insights from the Ukraine Response*, February 2023; CARE International, *One Year After the Escalation of the War in Ukraine: Making International Funding Work for Women's Organisations*, February 2023

Recommendations to donors, humanitarian leadership and implementing actors



Data, assessment and analysis

- Conduct consistent and recurring analysis of existing SADDD for sector-specific and targeted programming and seek to address gaps in current data collection systems and programming.
- Reinforce dissemination and use of RGA findings and best practices for gender-responsive and inclusive humanitarian assistance in cluster mechanisms.
- Invest financial and technical resources to increase the number and quality of updated gender analyses carried out in partnership with WLOs/WROs to reflect ongoing changes in the crisis.
- Develop or adapt existing intersectional analysis methodology to consider the impact of compounding identities on access, opportunities and barriers, and systematically integrate this analysis into sector and multi-sector assessments and response plans.

Inclusivity of humanitarian response

- Diversify non-digital communication modalities to improve information dissemination for marginalized groups, including visualizations, audio communications and translations for those who do not speak Ukrainian.

- Collaborate with local and national social media influencers or establish official accounts to facilitate two-way communication with young people. All content should be accessible to people with different types of disabilities, including providing subtitles or transcripts, sign language translation, and easy-to-read formats.
- Train and support volunteers and local organizations who work directly with the elderly or those living with disabilities, especially individuals displaced or living alone, including conducting regular home visits, translation and accompanying them to health-care facilities.
- Scale up in-person registration for key services while ensuring targeted messaging reaches those who may have reduced access to information and opportunities through official channels, especially LGBTQI+ people and men eligible for military service.

Participation and decision-making

- Increase flexible, sustainable funding mechanisms to strengthen the operational and institutional capacity of WLOs/WROs and organizations representing marginalized groups, in order to facilitate their participation in the national and international humanitarian aid system.

- Translate funding calls into multiple languages to increase the access and diversity of smaller local organizations.
- Develop action plans, including accountability measures, within sector-specific clusters, working groups, UN agencies and INGOs to increase WLO/WRO participation and decision-making, as well as collaboration with local and national actors representing marginalized groups. These should include organizational culture assessments, capacity-building and mentorship opportunities, surveys with WLOs/WROs to identify needs, barriers and opportunities, and monitoring frameworks to assess progress.¹⁷²
- Conduct an inclusivity audit of existing programming to ensure known barriers and challenges to participation in the implementation of humanitarian response and recovery activities are being addressed, including transportation, childcare, low digital literacy, and ensuring safe spaces for participation of more marginalized groups such as women, adolescent girls, Roma, the elderly, people with disabilities, and those identifying as LGBTQI+.
- Allocate sufficient financial and human resources to apply the IASC *Gender Equality and Empowerment of Women and Girls in Humanitarian Action Policy*,¹⁷³ and ensure policies and procedures support the meaningful participation and inclusion of women, men, girls, boys, and people with diverse gender identities, from different groups and backgrounds.

Sector programming

Health

- Provide mobile healthcare service delivery for those with reduced healthcare access, particularly IDPs, adolescents, the elderly, people with disabilities, single-headed households, those without documentation, and those living in remote areas – including the provision of lifesaving and routine medicines to those with chronic conditions, such as diabetes and HIV.
- Offer training to healthcare providers in a respectful, rights-based approach to healthcare for groups experiencing social stigma, such as LGBTQI+ individuals and adolescent girls.

¹⁷² See IASC, *Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms*, July 2021

¹⁷³ IASC, *Gender Equality and Empowerment of Women and Girls in Humanitarian Action Policy*, November 2017



Sexual and reproductive health (SRH)

- Uphold the Minimum Initial Service Package (MISP) for SRH in Crisis Situations,¹⁷⁴ including access to contraception and safe abortion care.
- Increase information sharing and awareness raising on SRH for adolescent girls and boys to reduce stigma, and utilize social media to disseminate messaging through existing popular platforms.
- Increase mobile maternal healthcare provision for women living in rural areas or close to conflict areas, including perinatal care, nutritional analysis and postpartum care around lactation and mental health.

Mental health and psychosocial support (MHPSS)

- Scale up information dissemination and delivery of MHPSS services, especially in rural and remote areas, by strengthening referral systems and increasing the number and diversity of specializations of clinical psychologists.
- Adapt MHPSS messaging to reduce stigmatization of mental health issues to target groups such as adolescent boys, adult men, veterans, the elderly, LGBTQI+ individuals, and WLO/WRO staff and volunteers facing burnout.

Multi-purpose cash assistance (MPCA)

- Continue targeting marginalized women for MPCA to reduce the pressure of competing priorities on their wellbeing – especially FHHs, Roma women, women with disabilities, displaced women (particularly in rural areas) and elderly women.
- Strengthen the integration of the recommended MPCA selection criteria into programming to ensure that those affected by war and with barriers to access receive assistance, including Roma, the elderly, those with mobility issues, and men eligible for military service.
- Partner with WLOs/WROs and organizations representing marginalized and special needs groups where possible to support information dissemination, community consultation, registration, and distribution of MPCA.

- Conduct regular market monitoring and bi-annual reviews of the amount of MPCA allocated, in order to reflect inflation rates and allow for increased purchasing power to buy basic goods and access services.

Shelter

- Secure budgets for urgent repairs on damaged houses to guarantee the safety of people, particularly for FHHs, and for the elderly and people with disabilities who may not have evacuated from their homes.
- Ensure participation and consultation of women, girls and affected communities in reconstruction efforts where possible.
- Support local and national organizations, particularly those supporting Roma and LGBTQI+ individuals, to increase safe and accessible shelter options for those experiencing discrimination or documentation issues when seeking housing.

Shelter in Collective Sites

- Scale up programming that provides financial, NFI and in-kind support to community-based formal and informal volunteer groups working in CCs, including free MHPSS services for volunteers to reduce the likelihood of burnout.
- Allocate sufficient resources for Managers of CCs to work with local authorities to implement the CCCM and UNHCR *Collective Centers standards in Ukraine*¹⁷⁵ to ensure adequate facilities and structures for GBV risk mitigation and improved living conditions.
- Monitor the uptake of *Resolution 930 on Minimum Standards for the Functioning of Collective Sites* by compiling lists of CCs and working with local community groups to track its implementation, including adequate space for inhabitants, gender-segregated and disability-accessible spaces and bathing and toilet facilities with inside locks, and common spaces for children's online education. Continue to advocate for further measures, including improved lighting and specific spaces for people with diverse gender identities.

¹⁷⁴ UNFPA, *Minimum Initial Service Package (MISP) for SRH in Crisis Situations*, November 2020

¹⁷⁵ CCCM Cluster and UNHCR, *Collective Centers standards in Ukraine (May 2022)*, May 2022

WASH

- Increase water points for areas with reported contaminated water supplies where possible, and consult with women, girls, the elderly, and people with disabilities on locations, distances and routes to ensure access and mitigate safety risks.
- Improve access to incontinence materials for the elderly and people with disabilities, and to menstrual hygiene materials for adolescents and women of reproductive age, either through distribution of hygiene kits or cash assistance.

Food security and livelihoods

- Scale up livelihoods programs that target single women with dependents and include the provision of support services such as childcare to facilitate access to long-term employment, while working to re-create support systems to manage increased unpaid care responsibilities.
- Provide vocational training and livelihoods opportunities, particularly for women, men eligible for military service, Roma and LGBTQI+ individuals, and support part-time, flexible and remote training and work opportunities where possible. Provide support to Roma communities with civil status documentation, and language and literacy training to remove barriers to employment opportunities.
- Tailor food assistance to single women with dependents, people with disabilities, the elderly and LGBTQI+ individuals, ensuring appropriate nutritional food depending on specific needs. Plan food delivery modalities in consultation with these groups, particularly those in remote and isolated communities.

Education

- Increase face-to-face learning opportunities (versus remote) where possible, particularly for girls, children with disabilities and children from vulnerable families.
- Adapt and encourage parenting programs to promote men's increased engagement in unpaid care work, including shared childcare responsibilities.

Protection

- Scale up online and in-person awareness raising within Ukraine on the risks of trafficking and mitigation measures to recognize and prevent

recruitment, especially among IDPs and populations in conflict-affected rural areas, and in urban areas with fewer employment opportunities.

- Collaborate with specialized organizations on tailored services (particularly MHPSS) for survivors of conflict-related violence such as torture, focusing on the needs of male survivors.

Gender-Based Violence (GBV)

- Strengthen more robust GBV prevention initiatives and risk mitigation measures across all sector programming, such as increasing consultative sessions with stakeholders, providing GBV training to frontline workers, and conducting engagement activities with men and boys focused on gender-transformative social norm change.
- Continue to work with relevant actors at all levels to improve the quality and number of GBV services and referrals, including barriers to services due to social stigma. Develop targeted services for older women, women in rural areas, women with disabilities, LGBTQI+ individuals, and female and male survivors of CRSV.
- Expand GBV response programming to include training of police forces on survivor-centered approaches, especially in cases of IPV.

Child Protection (CP)

- Provide after-school activities and increase leisure space for children to increase mental and physical wellbeing, improve learning outcomes and provide better access to employment opportunities for mothers and single-headed households.
- Strengthen coordination between CP and mine action actors to raise awareness on mine safety measures among children.

Protection from Sexual Exploitation and Abuse (PSEA)

- Share information at the beginning of every project on the right to free humanitarian assistance, and conduct consultations with affected populations to set up safe community-based complaints mechanisms – particularly women, marginalized groups, and people in rural and remote locations.
- Provide adequate financial and technical resources to mainstream PSEA policies, systems, and procedures in the humanitarian response to prevent, mitigate and respond to SEA.

Annex I

Demographics of participants in data collection.

Quantitative data from the individual survey

611 individual surveys were administered. A total of 65 respondents were 60 years of age and older, including 44 women and 21 men. Of the survey participants, 9.5% were individuals living with some form of disability (28 women and 30 men). The survey included 24 individuals who self-identified as LGBTQI+, constituting 3.9% of the total respondents. In terms of living area, 61% lived in urban centers and 27% in rural areas or villages, while 16% were currently living in collective sites in rural areas. Survey participants were primarily comprised of individuals from the host community (55%), while the remaining respondents were IDPs. The majority of respondents were ethnic Ukrainians, while 2.7% were Russians and 1.1% were from the Roma community.

Oblasts	Female				Female Total	Male				Male Total	Grand Total
	17 and under	18-35	36-59	60+		17 and under	18-35	36-59	60+		
Dnipropetrovska	26	23	26	12	87	21	15	22	10	68	155
Kharkivska	23	28	28	9	88	20	14	22	7	63	151
Mykolaivska	28	19	31	9	87	22	13	28	2	65	152
Odeska	24	20	33	14	91	19	14	27	2	62	153
Grand Total	101	90	118	44	353	82	56	99	21	258	611

Qualitative data from individual stories, KIIs and FGDs

Individual stories were collected with five women and four men of adult age. 45 KIIs were carried out with 38 women and seven men of adult age.

Organization	Number
Member of UN agency, cluster and/or working group	17
International NGO	6
WLOs/WROs	15
Independent gender expert/academic	1
Donor	1
Media	1
Member of volunteer network	2
Governmental authority (Ukraine)	2
Total	45

FGDs were carried out with 70 individuals, comprising 26 adolescent girls, 23 women, and 21 men. Among the FGD participants, 47% were IDPs and 53% were from the host community.

Location of FGD	Women	Men	Adolescent girls
Dnipropetrovska	6	6	7
Kharkivska	6	5	5
Mykolaiivska	5	5	7
Odeska	6	5	7
Total	23	21	26



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