



RAPID GENDER ANALYSIS OF UKRAINE

4 MAY 2022



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Cover Photo: Moldova - People fleeing the military offensive in Ukraine. UN Women/Aurel Obreja

ACKNOWLEDGEMENTS

The Rapid Gender Analysis of Ukraine (4 May 2022) was produced by UN Women and CARE International.

UN Women and CARE International acknowledge with appreciation the contributions of those who had the primary responsibility of developing and finalizing this publication: Merit Hietanen (Lead Consultant), Oksana Potapova (Consultant), Christina Haneef (CARE International), Ganna Kvit (UN Women) and Felicia Dahlquist (UN Women).

Much gratitude goes to the 179 women and men who participated in interviews during the data collection process and generously shared their experiences and perspectives on how the war has impacted their lives. A big thank you also goes to the 36 enumerators involved in conducting interviews and analysing the data under very challenging circumstances. Their bravery, strength and dedication has allowed for the many rich and powerful accounts from women and men across Ukraine to be included in this report.

Particular thanks go to the UN Women team—in Ukraine, at the Europe and Central Asia Regional Office and at Headquarters—as well as the CARE International team for their significant contributions. A special thanks goes to Erika Kvapilova, Nicolas Burniat, Isadora Quay and Siobhán Foran for their strategic guidance throughout the development process. Thanks also go to Vitória Silva, Leah McLaren and the team at Here I Am Studio for their technical guidance throughout the digital data collection process.

The development of this report was supported by funding from the Governments of Canada, Denmark and Norway, as well as from CARE Germany. UN Women and CARE International express sincere gratitude to all stakeholders who generously contributed their expertise and resources towards this exercise.

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ACRONYMS AND ABBREVIATIONS

AFU	Armed Forces of Ukraine	PSEAH	Protection from sexual exploitation, abuse and harassment
CSO	Civil society organization	RGA	Rapid Gender Analysis
ECD	Early childhood development	RUAF	Russian Armed Forces
GBV	Gender-based violence	SADDD	Sex-, age- and disability-disaggregated data
GEWE	Gender equality and women's empowerment	SEAH	Sexual exploitation, abuse and harassment
HEI	Higher education institutions	SRH	Sexual and reproductive health
IDPs	Internally displaced people	UAH	Ukrainian hryvnia
IOM	International Organization for Migration	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex and asexual	UNFPA	United Nations Population Fund
MAT	Medication-assisted treatment	UNHCR	United Nations High Commissioner for Refugees
MHPSS	Mental health and psychosocial support	UNICEF	United Nations Children's Fund
MNCH	Maternal, newborn and child health	WASH	Water, sanitation and hygiene
MPs	Members of Parliament	WHO	World Health Organization
NFI	Non-food items		
OCHA	United Nations Office for the Coordination of Humanitarian Affairs		

EXECUTIVE SUMMARY

The lives of people across Ukraine have been profoundly impacted by the humanitarian crisis brought on by the invasion on 24 February 2022. As of 29 April, 5.5 million refugees have already fled Ukraine,¹ and the number of internally displaced people (IDPs) has reached 7.7 million.² Of those who have fled the country, it is estimated that 90 per cent are women and children, while most men aged 18–60 are required to stay behind under martial law.³ Based on current data from the International Organization for Migration, 60 per cent of the adult internally displaced population are female, while 40 per cent are male.⁴ As the crisis quickly evolves, so do the needs and priorities of women and men across Ukraine.

This Rapid Gender Analysis (RGA), carried out by UN Women and CARE International, seeks to draw attention to the gender dynamics in the humanitarian crisis resulting from the war in Ukraine. The RGA also proposes recommendations for humanitarian leadership, actors and donors to ensure consideration of the gendered dimensions of risk, vulnerability and capabilities in response to this crisis.

The RGA is a progressive publication based on both primary and secondary data sources that compares pre-crisis data with up-to-date information as the situation evolves. This RGA builds upon the RGA Ukraine Brief⁵ developed by CARE International during the first week of the war and on the UN Women and CARE RGA published 29 March⁶ based on an analysis of secondary data. For this report, the RGA team reviewed English, Ukrainian and Russian sources and interviewed 179 women and men from local communities across Ukraine, as well as representatives from civil society organizations (CSOs), UN agencies and government bodies. Particular effort was made to ensure that the voices of women and men in vulnerable situations and from different marginalized groups were included.

1 UNHCR (8 April 2022). Ukraine Refugee Situation. Available at: [link](#).

2 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).

3 United Nations (24 March 2022). “One month of war leaves more than half of Ukraine’s children displaced.” Available at: [link](#).

4 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).

5 CARE (March 2022). Rapid Gender Analysis Ukraine Brief. Available at: [link](#).

6 UN Women and CARE International (29 March 2022). Rapid Gender Analysis of Ukraine: Secondary Data Review. Available at: [link](#).

Key Findings

1) Women are playing a key role in the humanitarian response but are not fully involved in decision-making.

The RGA reveals that women are performing vital roles in the immediate humanitarian response in local communities. Women’s CSOs and women volunteers are mobilizing quickly to ensure that their communities and IDPs receive the support they need to access critical services and humanitarian aid. Women’s **leadership** and their role in **decision-making** has increased at the family level and partially at the community level, with women reporting that they participate on equal terms in family decisions in response to the crisis.

“When it comes to the humanitarian needs of IDPs, locals and households, women do most of the work—they drive, they provide hospitals and locals with medication and food, [and] they care for their disabled relatives and children.”
(Woman community member)

However, at the formal decision-making level, the centralization of power and increased role of the military has made it more difficult for women to exert influence in formal political and administrative decision-making processes, thus decreasing women’s overall participation. Issues of social development and gender equality tend to be sidelined, and the voices of women are not included meaningfully in planning and decision-making around the humanitarian response or wider peace processes. Decisions are often made quickly and do not adequately reflect the needs and priorities of different groups of women and men, including those most vulnerable and marginalized.

“The decision-making process has changed. Leading positions are held exclusively by men, as a requirement of wartime, and [the process] here is not very democratic. Instead, many issues are resolved via directives.” (Representative of a women’s CSO)



A family seeking shelter in Kyiv underground. Photo: Oleksandr Ratushniak / UNDP Ukraine

2) The crisis is largely exacerbating pre-existing gender and intersectional inequalities and discrimination.

In recent years, there has been notable progress towards gender equality and women's empowerment (GEWE) in Ukraine, but women still face numerous barriers to their full, equal and meaningful participation in society. The COVID-19 pandemic intensified many inequities between women and men, including the gender wage gap, the difference in formal labour participation, and concerning reports of domestic violence.⁷ The ongoing crisis is revealing further **exacerbation of gender inequities**, particularly among women facing multiple forms of discrimination.

Women's **care burden** has increased significantly, with the lack of access to education facilities due to security risks, women's engagement in volunteer activities and men's absence due to engagement in the armed forces. The war will increasingly impact unemployment rates among all categories of the population and will likely

continue to push women into the unprotected **informal sectors** of the economy. Poverty and dependency on social payments, especially among female-headed households, will be expected to increase.

"I was forced to give up my job because I have to constantly take care of my son, who has a disability and whose condition has deteriorated due to stress." (Caregiver, single mother)

The crisis is quickly revealing the different needs of women and men, girls and boys. The data confirm that the impact of the war is particularly disproportionate for marginalized groups, such as female-headed households, IDPs, Roma people, LGBTQIA+ and people with disabilities. Women facing multiple forms of discrimination, such as women from minority groups, face particular challenges in accessing humanitarian support and have increased protection needs. The impacts on mental health are a key area of concern. Expectations on traditional gender roles are likely to

⁷ UN Women (May 2020). Rapid Gender Assessment of the situation and the needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).



Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine

have compounding impacts, with women more likely to take on additional emotional care responsibilities within the family and men less likely to seek support for mental health concerns.

3) Women are disproportionately affected by the multi-sectoral and compounded impact of the crisis.

While men's lives are deeply impacted by the conscription requirement, the multisectoral impact of the crisis is affecting women disproportionately. Women constitute the majority of those displaced within and outside of the country, and they face significantly increased **safety and protection risks**. Incidents of **gender-based violence (GBV)**, particularly **domestic violence and conflict-related sexual violence**, are reportedly increasing, but services for GBV survivors are not provided in full. In many parts of Ukraine, the police are no longer responding to cases of domestic violence. Women are also confronted with particular challenges in accessing necessary **services** and are experiencing a greater loss in sources of **livelihoods**. At the same time, they face increased pressure to provide for their families while male family members are involved in defence activities. These **compounded pressures on women** mean that they are disproportionately affected by the crisis.

“For women, this situation is very tense, and [it is worsened by] the fact that the lights are turned off in the city, or women in their homes in the communities are left alone, without communication. [...] How can a person get to another safer place? How long may a person be in that place?”
(Representative of a women's CSO)

Certain sectors require specific attention to the gender-differentiated needs within the crisis. These include addressing issues related to:

- Limited access to and availability of safe and sex- and family-segregated **shelter**
- Inconsistent access to adequate **WASH**, such as menstrual health and hygiene needs
- Restricted availability of adequate **food**, including food distributions that address the dietary needs of pregnant/breastfeeding women and newborns
- Gender-specific needs in **health care**, such as access to psychological support, and sexual and reproductive health (SRH), including maternal, newborn and child health (MNCH)

CALL TO ACTION!

During this crisis, it is critical to ensure that humanitarian assistance addresses the different needs of women, men, girls and boys in vulnerable situations and from different marginalized groups. It is vital to ensure a holistic response to the crisis that prevents and responds to gender inequalities. Women from all levels, and especially those in vulnerable situations and from different marginalized groups, need to be fully and meaningfully involved in the planning and decision-making processes to inform the way forward. The planning and programming of the humanitarian response should incorporate the cross-cutting, intersectional and sector-specific recommendations of the RGA and other gender data and analyses. Please see Chapter 8 for a comprehensive list of recommendations.

UN Women in Ukraine

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls, the empowerment of women and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security. Placing women's rights at the centre of all its efforts, UN Women leads and coordinates United Nations system efforts to ensure that commitments on gender equality and gender mainstreaming translate into action throughout the world.

In Ukraine, UN Women will continue to prioritize the needs of women and girls during the crisis caused by war and to channel funding to women's civil society organizations that are key to the humanitarian response. Through various rapid gender analyses, UN Women seeks to inform the broader humanitarian response and advocate for the priorities of all, including those from the most vulnerable groups.

For more information about UN Women's work in Ukraine, please get in touch at unwomen.ukraine@unwomen.org.

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CARE International

Founded in 1945, CARE International is a leading humanitarian organization fighting global poverty. CARE International has more than seven decades of experience helping people prepare for disasters, providing life-saving assistance when a crisis hits, and helping communities recover after the emergency has passed. CARE International places special focus on women and children, who are often disproportionately affected by disasters. To learn more, visit www.care-international.org.

As part of the Ukraine response, CARE International is currently partnering with humanitarian organizations both inside Ukraine and in neighbouring countries, including Poland, Romania and Slovakia. Aid distributions include relief items such as food, hygiene products and sleeping bags. CARE International also provides cash to affected populations and offers shelter and psychosocial support. CARE International places a particular focus on working alongside women-led organizations and women in the humanitarian response.

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1. INTRODUCTION



Borodianka, Kyiv Oblast, 6 April. Photo: Oleksandr Ratushniak / UNDP Ukraine

Many areas of Ukraine have been devastated by the war that began on 24 February 2022. As of 29 April, 5.5 million refugees have already fled Ukraine,⁸ and the number of internally displaced people (IDPs) has reached 7.7 million.⁹ Of those who have fled the country, it is estimated that 90 per cent are women and children, while most men aged 18–60 are required to stay behind under martial law.¹⁰ Based on current data from the International Organization for Migration (IOM), 60 per cent of the adult displaced population are female, while 40 per cent are male.¹¹ There have been reports of war crimes¹² perpetrated against civilians, including the use of sexual violence as a weapon of war,¹³ and targeted violence against civilians and

civilian infrastructure¹⁴ (including hospitals, schools, public buildings and private homes) in many cities.¹⁵ On 1 March, the UN Office for the Coordination of Humanitarian Affairs (OCHA) launched a Flash Appeal for Ukraine projecting that 12 million people were in need of humanitarian assistance.¹⁶ At the end of April, an updated Flash Appeal was released to reflect the current reality.¹⁷

At the beginning of 2022, before the war broke out, an estimated 2.9 million people in Ukraine were already projected to need humanitarian assistance (54 per cent of whom are women), with some 55 per cent living in non-government-controlled areas.¹⁸ In terms of

8 UNHCR (8 April 2022). Ukraine Refugee Situation. Available at: [link](#).

9 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).

10 United Nations (24 March 2022). “One month of war leaves more than half of Ukraine’s children displaced.” Available at: [link](#).

11 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).

12 Human Rights Watch (3 April 2022). Ukraine: Apparent War Crimes in Russia-Controlled Areas. Available at: [link](#).

13 Insecurity Insight (April 2022). Sexual Violence and the Ukraine Conflict. Available at: [link](#).

14 Ukraine: Statement of International and Local NGOs Regarding the Attacks on Civilian Population and Civilian Infrastructure (April 8 2022). Available at: [link to Ukrainian source](#).

15 OHCHR (4 April 2022). Comment by UN High Commissioner for Human Rights Michelle Bachelet on bodies in the town of Bucha in Ukraine. Available at: [link](#).

16 OCHA (1 March 2022). Ukraine Flash Appeal (March–May 2022). Available at: [link](#).

17 OCHA (April 2022). Ukraine Flash Appeal: March–August 2022. Available at: [link](#).

18 OCHA (February 2022). Ukraine Humanitarian Response Plan (HRP). Available at: [link](#).



The village of Novoselivka, near Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine



Borodianka, Kyiv Oblast, 6 April. Photo: Oleksandr Ratushniak / UNDP Ukraine

displacement within Ukraine, according to the statistics from the Ministry of Social Policy, there were almost 1.5 million people displaced within Ukraine from the previous conflict, of whom an estimated 60 per cent are female.¹⁹ In the years before the war, Ukrainian women made some measurable gains in terms of rights and the advancement of gender equality, and Ukraine saw the development of a strong civil society that included women- and minority-led organizations. Yet entrenched gender discrimination (disproportionately affecting the socioeconomic status of women), the compounding effects of eight years of conflict in the east, including displacement, and the increasing rates of violence against women experienced during the pandemic threaten to undo the gains made.²⁰ Pre-existing gender and intersectional inequalities worsen during a crisis, and any advances made will be further negatively affected by the current war.

Demographics prior to the war

- The population of Ukraine was made up of 54 per cent women and 46 per cent men, due in part to the higher life expectancy of women, which translates into a large population of older females.²¹
- In Donetska and Luhanska oblasts, older persons constituted 30 per cent of the people in need, representing the highest level compared to other global emergencies.²² The majority of older persons were women.

- In Donetska and Luhanska oblasts, 71 per cent of the heads of households in government-controlled areas were female. For the population over the age of 60, the share rose to 88 per cent. The situation in non-government-controlled areas was expected to be similar, but no reliable or consistent data are available at this time.²³
- Ukraine had more than 130 ethnic groups and many minority language groups.²⁴ The Roma, with a population of up to 400,000 living in Ukraine,²⁵ formed the largest ethnic minority population and faced significant discrimination. Other groups included Ukrainian nationals with diverse ethnic backgrounds and third country nationals, including international students, labour migrants, refugees and asylum seekers as well as different stateless populations who lack civil status documentation.

The data on people with disabilities are not reliable. According to the State Statistics Service, the number was 2.7 million (6 per cent of the population), but this is a recurring figure that does not appear to have been updated in at least 12 years.²⁶ There were reportedly 162,923 children with disabilities, although this figure too should be treated with caution.²⁷

19 UNHCR (5 March 2021). Registration of Internal Displacement in Ukraine. Available at: [link](#).

20 UN Women (May 2020). Rapid Gender Assessment of the situation and the needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).

21 CARE (March 2022). Rapid Gender Analysis Ukraine. Available at: [link](#).

22 HNO and HRP Ukraine 2022.

23 HNO Ukraine 2022.

24 State Statistics of Ukraine (2001) All-Ukrainian Census. Available at: [link to Ukrainian source](#).

25 Council of Europe (2021). Kyiv International Roma Inclusion. Available at: [link](#).

26 CARE International (March 2022). Rapid Gender Analysis Ukraine. Available at: [link](#).

27 State Statistics Service of Ukraine (2021). Social protection of the population of Ukraine in 2020. Statistical data. Available at: [link to Ukrainian source](#).

2. METHODOLOGY

This Rapid Gender Analysis (RGA) seeks to draw attention to the gender dynamics in the war in Ukraine—both pre-existing and emerging—and proposes recommendations for humanitarian leadership, actors and donors to ensure consideration of the gendered dimensions of risk, vulnerability and capabilities in response to this crisis. This RGA builds upon the RGA Ukraine Brief²⁸ developed by CARE International in the first week of the war and the UN Women and CARE RGA published 29 March²⁹ based solely on secondary data analysis. In addition to the primary data, the secondary resources include English, Ukrainian and Russian language information sources. This RGA is also complemented by anecdotal conversations with UN Women partners in Ukraine.

2.1 Data-collection methods

The RGA used a mixed-methods approach, with tools adapted from the CARE RGA Toolkit. The primary data were gathered between 2 and 6 April through individual interviews with both community members and key informants using three different tools for the following: (1) community member interviews; (2) storytelling interviews; and (3) key informant interviews. The sample included women and men, including those from the lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) community, Roma, people with disability, carers, female heads of households, IDPs, older women, and people in occupied and government-controlled areas. In a recently published UN Women report focusing on at-risk groups, the Roma were identified as the main minority population in Ukraine and one that faces multiple forms of discrimination. Therefore, specific effort was made to seek out the inputs of Roma people, specifically Roma women.²⁹ Nineteen regions (oblasts)³⁰ were represented among the interviews, which included people

from newly occupied areas, cities under attack and locations with a high influx of IDPs.

For all interviews, the data-collection team used a combination of convenience and purposive sampling approaches. The use of convenience sampling recognizes different people's ability to participate in the research in the current volatile context in Ukraine, while the use of purposive sampling ensured sufficient sampling across different intersectional groups, groups in vulnerable situations, genders and age groups. The sample is not fully representative of the population of Ukraine but seeks to provide more understanding of the realities of women, men, girls, boys and others from diverse groups within the current crisis.

Overall, the enumerators carried out 179 interviews (123 women, 54 men, two who preferred not to say), which included 133 community members and 46 key informants from CSOs, UN agencies and government bodies. One hundred community members were interviewed with a tool that included quantitative and qualitative data questions, while the others were interviewed with qualitative, storytelling tools. With the exception of four, all interviews were conducted remotely. Thirty-two female and four male enumerators located in different parts of Ukraine carried out the data-collection process. Enumerators included people working for different civil society organizations (CSOs), researchers and UN Women staff.

2.2 Limitations

- While the RGA aimed to include diversity among the ages, locations and vulnerabilities within the interviewee sample, it is not representative of all diverse groups in Ukraine. Additionally, children were not interviewed directly; the findings related to them come from conversations with their parents and caregivers.
- Given the security context in Ukraine, interviews were primarily carried out remotely. Face-to-face interviews were only carried out in limited cases where the interviewee did not have access to a phone.

²⁸ CARE (March 2022). Rapid Gender Analysis Ukraine Brief. Available at: [link](#).

²⁹ UN Women and CARE International (29 March 2022). Rapid Gender Analysis of Ukraine: Secondary Data Review. Available at: [link](#).

³⁰ Chernivtsi, Ivano-Frankivsk, Khmelnytskyi, Lviv, Ternopil, Zakarpattia, Kherson, Odessa, Zaporizhzhia, Kyiv, Kharkiv, Sumy, Zhytomyr, Donetsk, Luhansk, Cherkasy, Dnipropetrovsk, Kirovohrad, Poltava.

- To the extent possible, male enumerators interviewed male respondents while female enumerators interviewed female respondents. However, due to the limited number of male enumerators, women also interviewed men in a limited number of cases.
- The RGA aimed to include different marginalized groups within the sample and succeeded in capturing inputs well from rural women, Roma people, people with disabilities, older women, caregivers, female heads of households, mothers of newborn babies and displaced people. However, further information would be needed on the situation of LGBTQIA+ people as well as ethnicities other than the Roma.
- In order to inform programming and planning, the RGA was carried out quickly, which limited the time available for tool creation and development, data collection and transcription and analysis. Many of the enumerators themselves were experiencing difficulties in their own lives during the process, including but not limited to constant air raid sirens requiring evacuations to bomb shelters and unreliable Internet connectivity, which was essential for the use of the digital tools. Despite these challenges and limitations, the RGA provides important qualitative trends for programming considerations.
- **Informed and ongoing consent:** All surveys and key informant interviews were conducted on a fully voluntary basis and with the interviewees' informed consent. Informants and respondents were able to stop the interview at any point.
- **Remuneration for interviewees:** Interviewees received remuneration for their interview, considering that many people have lost their livelihoods in Ukraine and those who still have work gave their time to the interview.
- **Protection:** The interviews did not specifically ask questions on gender-based violence (GBV). This was due to the intended rapid nature of the process, staff not being specialized or trained to conduct GBV assessments, and the safety of the respondents, noting the sensitive nature of asking such questions during a rapid assessment while using remote methodology. However, the enumerators' training included that on the survivor-centred approach to responding to the disclosure of GBV and sexual exploitation, abuse and harassment (SEAH). This approach included sharing information on hotline numbers with GBV survivors for reporting SEAH. The RGA team appointed a safeguarding focal point who could be alerted to any cases that came up, but the interviewees did not disclose any cases of GBV or SEAH.

2.3 Ethical and safeguarding considerations

- **Remote interviews:** Most interviews were conducted by phone using digital tools. However, in occupied areas where phone networks do not work and where interviewing was considered to have a higher risk, respondents were requested to answer a questionnaire. The choice to conduct individual interviews remotely was made to avoid people congregating in critically insecure situations.
- **Confidentiality and data protection:** In order to mitigate the risks of manual data collection, a digital tool called Fatima was used to make phone calls to the interviewees. All data collection was confidential, with no personal identifiable data collected. Interviews were recorded within Fatima and deleted once data analysis was complete.
- **Mental health and psychosocial support and services (MHPSS):** Enumerators received a list of active MHPSS services in Ukraine that they could share with interviewees. They were also advised that, if an interviewee found it difficult to answer a question, they could finish conducting the interview at another time and instead focus on supporting the interviewee. All enumerators have been offered one-on-one support from a UN Women stress counsellor and access to a dedicated webinar with support on vicarious trauma.

3. GENDER ROLES, RESPONSIBILITIES AND RELATIONS

GENDER HIGHLIGHTS:

- Gender roles are changing in Ukraine. With many people becoming unemployed and primarily men joining the Armed Forces of Ukraine (AFU), women report taking on new roles and multiple jobs to make up for the lost family income.
- Women’s care burden has increased significantly with the lack of education facilities and institutions open, their engagement in volunteer activities and men’s absence due to engagement in the AFU. However, men who are not engaging in the AFU also report an increasing care role as they are less engaged in income-generating activities.
- Women lead and are more engaged in community humanitarian efforts that provide opportunities for humanitarian actors to seek women’s participation and guidance in the design and implementation of humanitarian action.

3.1 Paid work

Before the escalation of the war in 2022, women were more dependent on social services, vulnerable in the labour market and affected by pervasive gender stereotypes in the workplace (for more information, please refer to the RGA Secondary Data Review). In 2020, the proportion of employed women and men in Ukraine was 51 per cent and 62 per cent, respectively.³¹ A 23 per cent gender pay gap³² and 32 per cent gender pension gap made women more vulnerable to crises. Women also represented 72 per cent of social protection recipients prior to the war and their access to such assistance is suspected to be at risk.³³

In interviews with community members (both displaced persons and host communities), 28 per cent of female respondents and 33 per cent of male

respondents reported that their income has been one of the areas most impacted by the war. Some of the main reasons for the job losses are displacement, business closures, damage/destruction of infrastructure and logistics, physical inaccessibility of the place of employment (e.g. located in an occupied territory), shelling and other physical security threats, which are especially relevant in the temporarily occupied territories of Ukraine and territories under immediate attack. Men, who are seen more often in Ukraine as those responsible for a family’s financial security, experience increasing pressure because of these challenges.

“Well, of course, [there have been] specific changes in the sense that now, the opportunity to earn money [and] provide for one’s family has decreased, [so] this also imposes a certain burden and worry for the future.” (Man living in a war-affected area)

³¹ Yana Tkachenko (June 2021). Gender Equality: Women Who Manage. Available at: [link](#).

³² UNDP (2019). Gender Profile of Ukraine: Fast Facts. Available at: [link](#).

³³ UN Women (3 March 2022). “Women flee and show solidarity as a military offensive ravages Ukraine.” Available at: [link](#).



March 2022, pregnant women are forced to spend nights in the basement seeking shelter from ongoing shelling. The neonatal resuscitation is organized in a tiny room underground. Photo: UN Women/Serhii Korovainyi

“I can’t fully participate in the business. The work became partially unavailable. Fifty per cent of our business is located in the territory where the fighting is taking place.” (Mother of a newborn)

Yet many women have been left to care for their families on their own, including by being responsible for earning an income for their household. This can be due to their husband being unemployed, conscripted or deceased or due to family separation.

“Now gender roles have changed due to the fact that some men are fighting, some men are hiding. That is, now mostly women work—the men are supported by the women.” (Woman living in an area of Ukraine occupied since 2014)

“Responsibilities have changed dramatically. Instead of earning a living and going to work, I am constantly at home, running the household, taking care of the children. At the same time, [my] wife continues to go to work. The entire financial burden fell on her.” (Man living in an area occupied since 2014)

Most men between the ages of 18 and 60 are prohibited from leaving the country. However, not all of them are being conscripted; those who are excluded from conscription continue to live with their families and work if feasible.³⁴

IDPs have been affected the most by disruptions to paid work. Women and children, who comprise the majority of those displaced, are disproportionately affected. An IOM survey carried out between 24 March and 1 April shows that the proportion of displaced women reporting a monthly household income of less than UAH 5,000 (equivalent to US\$165) was 18 per cent before the war and 65 per cent after the start of the war. For male respondents, this was 6 per cent and 57 per cent, respectively. One third of displaced

³⁴ There are four stages of conscription as noted in NRCU (February 2022), Mobilization in Ukraine: Who is currently being sent to the army and whether to wait for conscription. Available at: [link to Ukrainian source](#). Ukraine is currently in its second round of mobilization; thus, not all men have been mobilized. The first round includes servicemen who have served since 2014. The second round includes graduates from military departments of universities. The third round mobilizes reserve officers, while the fourth round includes the mobilization of all residents of the country who do not have physical or age restrictions. Those who are mobilized receive an income; for some, this will mean an increase in salary, while for many, it will be a reduction. There are also around 13 categories of men who are exempted from mobilization. Among them are those who have certain health conditions, men who provide for three and more children or for children with disabilities, single fathers, employers of key infrastructure entities and students.

households indicated that they had no income in the preceding month.³⁵ Some displaced people seek jobs in their host communities, but the job markets were limited even before the war, and now the number of available jobs is scarce. Displaced women noted their interest in engaging in vocational training to find new livelihoods opportunities that fit the changing context.

“Most of the internally displaced people now use their savings. They don't have jobs, and as soon as [their savings are done], they will be out of money.” (Representative of a women's CSO)

“There is a lot of information on the Internet: we try to learn and master it as much as possible. [We] find out what opportunities internally displaced persons have [and] what kinds of support they can apply for.” (Mother of a newborn)

According to the 2019 data, women constitute the majority of people in need (54 per cent), and 71 per cent of all heads of households are female.³⁶ The interviews revealed that women with restricted mobility, including older women and female caregivers, have limited access to paid employment. The effects of the war have been particularly negative for households with less diversified sources of income who are more dependent on one paid job. This includes single mothers and female-headed households. Some interviewed women caregivers noted the need for remote part-time work, yet others noted that such work would also need to come with support for their dependents.

“My 6-year-old child no longer has access to education and care. I was forced to give up my job because I have to constantly take care of my son, who has a disability and whose condition has deteriorated due to stress.” (Caregiver, single mother)

In the occupied territories, respondents spoke about the limitations on men's mobility and access to paid

35 IOM (1 April 2022). Ukraine Internal Displacement Report. Available at: [link](#).

36 OCHA (February 2022). Humanitarian response plan Ukraine. Available at: [link](#).

work, caused by the risk of forced conscription into the Russian Armed Forces (RUAF).³⁷ To avoid mobilization and conscription into the RUAF and the local units supporting them, men living in the occupied territories of Ukraine are forced to maintain a low profile. However, not everyone chooses this strategy or succeeds in doing so.

“My husband is hiding from the mobilization in the republic. He has not been outside since 22 February 2022.” (Woman living in a territory occupied since 2014)

Pre-war estimates of the Roma employment rate in Ukraine range from 22 per cent³⁸ to 38 per cent,³⁹ with a lower employment rate among women. Prior to the escalation of the war, Roma women and men experienced discrimination in the labour market. The lack of civil status documentation and low education levels particularly among Roma women diminishes their ability to secure employment,⁴⁰ with the conflict only further exacerbating the existing discrimination. According to the interviewed Roma people, both Roma women and men have experienced a reduction in income-generating activities as a result of the hostilities and consequent displacement, with some reporting continuous discrimination in the labour market because of their ethnic origin and, in some cases, the colour of their skin. As a result of the war, employment rates in general are expected to fall further. Given that men are traditionally the main breadwinners in Roma families, unemployment among men directly affects Roma women as well in terms of family income. There are accounts of Roma women taking more responsibility in income generation to make up for the loss of employment of men in the household.

37 H. Coynash (March 2022). “Russia is forcing Ukrainians from occupied Crimea and Donbas to fight in its invasion of Ukraine.” Available at: [link](#); N. Adamovych (April 2022). Zmina: “One month hid and then fled: the story of a young man who escaped mobilization in the ‘DPR’.” Available at: [link to Ukraine source](#).

38 Romani early years network (2015). Roma population in Ukraine. Available at: [link](#).

39 UN Women (2018). The Rights of Roma Women in Ukraine. Available at: [link](#).

40 Roma Women Fund Chirikli (17 February 2017). Written comments on the situation of Romani Women in Ukraine to the United Nations Committee on the Elimination of Discrimination against Women. Available at: [link](#).



The railway station in Lviv has become a hub for those fleeing to EU countries from the war in Ukraine. Photo: UN Women/Serhii Korovainyi

“I’m looking for a job right now. My wife got a job as a seller in the market, and that’s how we live. [...] I know how to repair cars. The problem is that here [in the place of displacement], the [Roma] are not too welcome to take this job. I can work in the shop as a loader, but even for this job, unfortunately, because I am a [Roma], they don’t want to take me. My wife managed to get a job; she said that she was not a [Roma], so she was more fortunate with finding work.” (Displaced Roma man)

“There is no work. We used to trade in the market, but that is over. We have no place, no goods—we have nothing left.” (Roma woman)

To mitigate the consequences of the war, some employers implement flexible working arrangements and payment strategies such as unpaid leave, part-time work, salary reductions and teleworking where feasible. Based on interviews, women and men

whose work can be conducted remotely have been less impacted by the war. A significant percentage of the remote work in Ukraine belongs to the IT sector, which is male dominated. Most of the IT staff have relocated or left Ukraine before or at the beginning of the war.⁴¹ If they can continue to have access to a computer, electricity and an Internet connection, they can work regardless of their location and, thus, provide for themselves and their families.

However, these solutions may only be feasible for the short term. The continuation of the war will increase unemployment and prolong the negative impacts on women and men, especially the most vulnerable groups.

Poverty and dependency on social payments, especially among a growing number of female-headed households, is expected to increase. Age, disability, displacement status and other characteristics will further affect access to employment and financial resources and are likely to impact the socioeconomic situation

⁴¹ Ibid.

of the citizens of Ukraine during the war. Before the war, the informally employed population made up about 24 per cent, of whom 58 per cent were men and 42 per cent women.⁴² As a result of the war, however, informal employment will likely increase. Some respondents also mentioned that, in order for families to bring in enough income, more children aged 16–17 are entering the labour market as they “need to earn a living instead of learning,” as one activist woman noted.

“She began to work unofficially at two jobs, [because] her husband was left without work.”
(Woman living in a territory occupied since 2014)

3.2 Unpaid work

Prior to the escalation of hostilities in February 2022, unpaid domestic work in Ukraine had become a double and triple burden for women, with women spending 24.6 hours per week on such work compared to men’s 14.5 hours.⁴³ Respondents consistently noted that since the beginning of the war, the volume of unpaid work for both men and women has increased as social services, medical, education and childcare facilities are disrupted by the war. Unpaid work now includes care work, domestic work and volunteering.

“Housework and care work have increased by 50 per cent. It increased because of COVID-19 and now even more. I would say that voluntary work also takes lots of effort. We have a lot of elderly people and people with low income who need support and have low food security. We speak to them, bring them bread and care for people. I have no life—I do nothing except [unpaid] work and walk my dog.” (Woman living in a city under immediate attack)

Women in particular bear more responsibility than men for the care of children and dependent family members due to the forced family separation (such as

through displacement and the conscription of men) or the death of male family members. To compensate for the loss of services due to the war, women do much of the care work for their own families, including eldercare, childcare and homeschooling. This is especially relevant for single mothers who have to earn an income, care for their children and now organize online education, as noted by the respondents.

According to some interviews, men’s care burden has also shifted. The loss of work has contributed to men’s more active involvement in not only unpaid domestic work but also emotional care work, providing emotional support to family members. In some instances, roles have also changed further, with female household members having taken on more paid work to make up for their husband’s unemployment.

“I have to take care of my family members even more than before, especially in terms of supporting them emotionally.” (Older man with restricted mobility)

“Since 24 February 2022, [our household] duties have changed. Now my husband does not wait for me to come home from work. If he gets home first, he washes the dishes, mops the floor, collects water in containers and cooks the food.”
(Woman living in an area occupied since 2014)

For people living in the territories under immediate attack or temporary occupation, unpaid work has not only increased but is nearly the only available form of work. While unpaid work also provides opportunities for people to engage in different roles, there is still a tendency towards a gendered division of such work among the population that is forced to survive under shelling and occupation.

“We know of a large family in a bomb shelter. The constant work of mopping floors [and] taking out the garbage [is] the women’s work—their routine. The men help—they carry heavy things, and they mostly go and bring back food.” (Man)

42 ILO (2018). Undeclared Work in Ukraine: Nature, Scope and Measures to Tackle It Working paper. Available at: [link](#).

43 FAO (7 April 2022). Gender Related Impacts of the Ukraine conflict. Available at: [link](#).



The railway station in Lviv has become a hub for those fleeing to EU countries from the war in Ukraine. Photo: UN Women/Serhii Korovainyi



Anastasia Robulet, an 18-year-old student, volunteers at the Sculeni border, packing bags of supplies. Photo: UN Women



Olena Yanishevskaya, paramedic from the Hospitallers volunteer unit, based in Kyiv provides medical assistance to the territorial defense units. Photo: UN Women/Serhii Korovainyi

3.3 Women’s and men’s role within volunteer efforts

Many women and men who are not conscripted choose to volunteer to make a contribution to the current crisis and, as a result, engage in more unpaid work. Some respondents combine volunteering with paid jobs, while others who lost their jobs due to the war focus on volunteering. The key informants noted the gendered division of volunteering roles. While men tend to be more engaged in defence and security activities, women lead the assistance to vulnerable populations and support to the AFU. The respondents also noted that young men are engaging in volunteer activities more now than before the war.

Moreover, the respondents reported that on the ground, they do not differentiate between activities to provide humanitarian support to civilians and those to support the AFU or the Territorial Defence Forces with the provision of food or supplies. This lack of a clear division poses challenges regarding adherence to humanitarian principles. This RGA focuses on the humanitarian efforts carried out by communities to support civilians. For more information on women’s and men’s involvement within the AFU or the Territorial Defence Forces, please refer to the RGA Secondary Data Review.

“[In the response], women are more involved in humanitarian aid. More attention is paid to the provision of food, clothing and so on. Men deal with issues of territorial defence, logistics and the transportation of goods. Therefore, we can probably say that the roles are divided.” (Representative of the regional administration)

“A person’s activities motivate—you want to be useful. The whole family and I went to the volunteer kitchen to make dumplings on the front line. It helps to feel alive and useful today.” (Older woman)

Women are actively engaged in volunteering and are at the forefront in providing humanitarian assistance to war-affected communities. Volunteering allows

for more flexible gender roles outside the more traditional gendered division of labour—and in a more inclusive and less stigmatizing environment.

“It seems to me that everyone in our country is now a kind of volunteer who is trying to help close neighbours, [especially] old people, because I know that there are many such older people in our neighbourhood, whom we now provide assistance and advice to, buy food for and support morally. Plus, [these are] works that we can carry out in order to somehow help our relatives and the residents of our city.” (Man living in a territory under attack)

The interviews revealed that everyone—including women from different regions of Ukraine, older men and women, women and men with restricted mobility, Roma women, female heads of households, internally displaced persons and even women with newborn babies—is involved in volunteer activities and providing assistance. Those who are eligible recipients of aid are active in humanitarian work. Key areas for assistance include humanitarian aid to displaced people, communities in territories under attack and liberated territories.

“I participate in social initiatives within my locality—to buy food or bring it in.” (Older man with restricted mobility)

“I do volunteer work to be useful to the affected people. And it distracts me from my heavy thoughts.” (Mother with a newborn)

“My son and I are currently helping to deliver medicine, find safe routes and deliver diapers, baby formula and children’s medicine to the village.” (Older woman)

“The women in my family are also trying to volunteer and help refugees in every possible way.” (Woman living in a territory occupied since 2014)

4. ACCESS TO SERVICES AND RESOURCES



Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine

Both female and male respondents highlighted the importance of humanitarian assistance. Having lost their livelihoods, many are completely dependent on aid.

“Humanitarian organizations now bring food, like flour and sugar, and hygiene products. They may also bring petrol when necessary. I have a child with a disability, and they know it. So they call me and ask me what we need.” (Caregiver, woman)

However, many respondents, the majority of whom were female and older men, spoke of the challenges and barriers they face in accessing humanitarian services, including:

- The physical inability to access aid
- The distribution of aid in an undignified manner (at times)
- The failure to distribute aid in an inclusive or targeted manner, e.g. to reach individuals with restricted mobility

- The failure to deliver aid to their village
- The lack of information on when aid would arrive or what recipients were eligible for
- The fact that aid was not free but required payment
- Discrimination experienced by certain groups when seeking aid—a response common across most interviewed Roma respondents and particularly emphasized by women Roma, who noted discrimination in accessing food, shelter, NFI, health care, education and childcare

“There is nothing that is safe at the moment. It’s dangerous for people to move around the city—people die even standing in a queue.” (Representative of a women’s CSO)

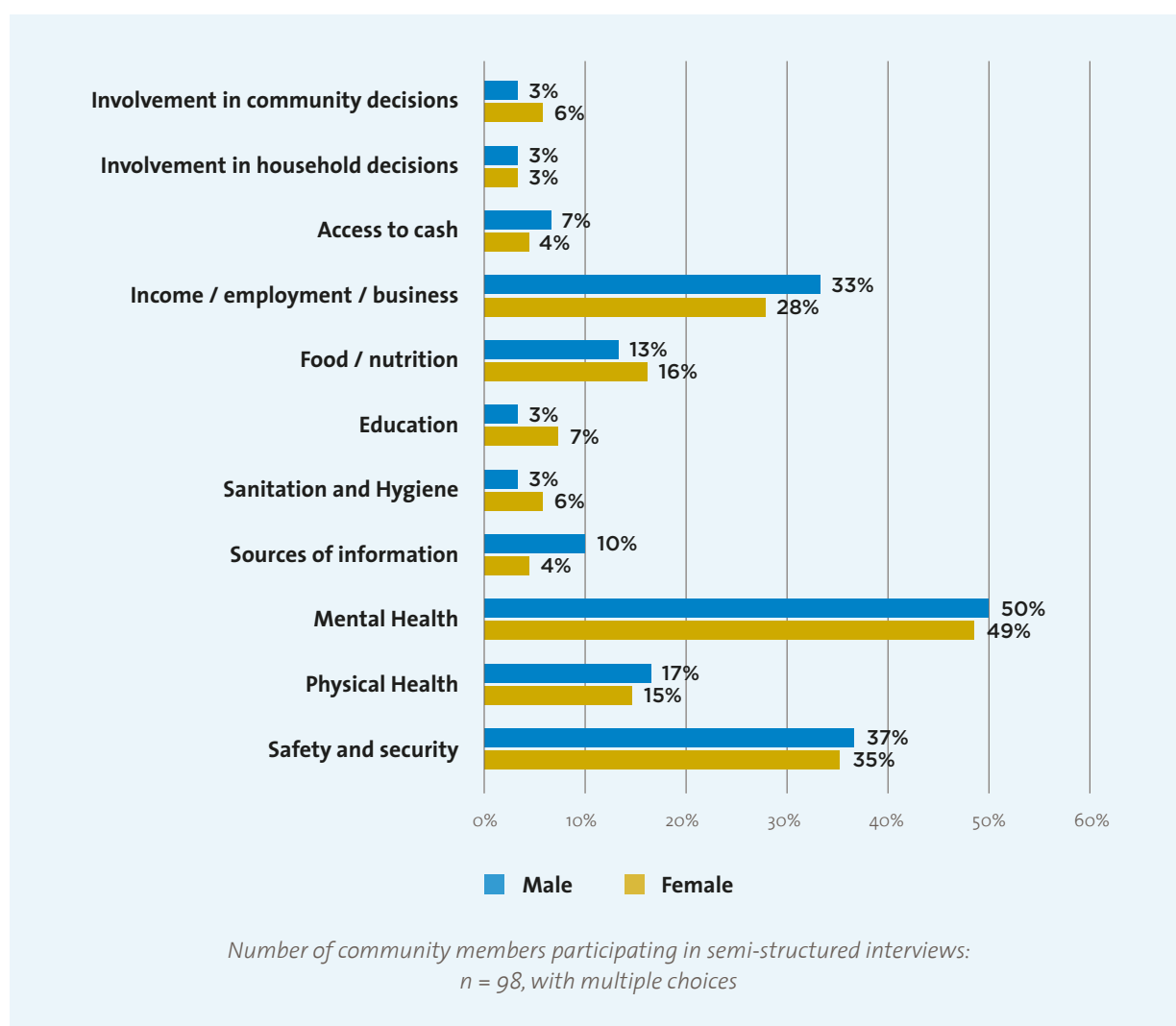
“We learned about [the aid] on the Internet. A lot of it came from other countries and cities to us in our town in Nizhyn, but personally, my family and I did not receive anything.” (Roma woman)

“There is one thing: this is both important for me and a little incomprehensible today. [...] There was no information about what we can get. I was always asked, ‘What do you need?’ And I immediately thought, ‘What can I claim? What can I ask for?’ [...] It was not clear, because they didn’t specifically say that we have the opportunity to get, for example, hygiene products [and] food. [...] It turns out, we have the right to food packages, which are very relevant for us. [...] Why didn’t they tell us right away? Our friends in another community said that they could come once every 10 days and receive food packages, diapers and hygiene products, while we were told that this

is a one-time assistance. It’s different in every community. Why not introduce some kind of unified system for receiving humanitarian aid and distributing humanitarian aid? For example, one internally displaced person is given something as a one-time set and something else as a weekly set. Then it would be clearer what we can claim.”
(Displaced woman)

Respondents were asked to describe their priority needs and the areas of their life most affected by the war. Figures 4.1 and 4.2 show the responses from women and men respondents, which are discussed in the following sections.

FIGURE 4.1:
Areas of life most affected by the war





Moldova - People fleeing the military offensive in Ukraine. Photo: UN Women/Aurel Obreja

Respondents were asked about the area of their life most impacted by the war (Figure 4.1). Fifty per cent of men and 49 per cent of women referenced mental health as the main issue. Yet, as seen in Figure 4.2, mental health services were not seen as the priority

need. The second most important issue—reported by 37 per cent of men and 35 per cent of women—was safety and security. In terms of income, 33 per cent of men and 28 per cent of women reported this as a significant issue.

FIGURE 4.2:
Priority needs

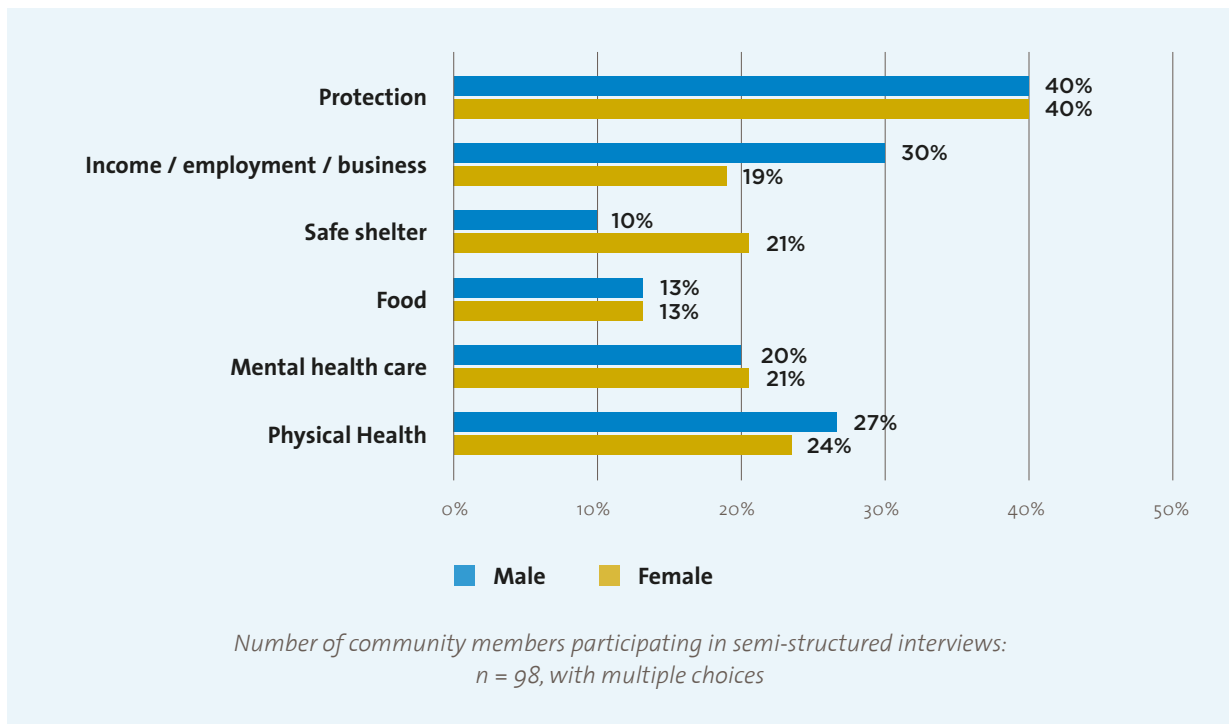


Figure 4.2 shows the top three priority needs noted by women and men respondents: 40 per cent of men and 40 per cent of women referenced protection needs (understood mainly as safety). In addition, 30 per cent of men and 19 per cent of women reported income, employment or business as a priority need, while 27 per cent of men and 24 per cent of women reported physical health.

4.1 Safe and accessible shelter

GENDER HIGHLIGHTS:

- In many cases, displaced women and children have to rely on informal and unvetted sources of shelter, which poses a potential security risk.
- Displaced men face challenges in finding shelter, as women and children are often prioritized over them.
- The lack of sex-disaggregated public toilets and WASH facilities in IDP centres increases the protection risks to women and children in particular.
- In rural areas, accessing fuel requires travel to bigger cities as well as long queues, increasing the protection risks for women in particular.
- People with physical disabilities and others with restricted mobility, as well as their caregivers, are in a particularly vulnerable position when trying to access bomb shelters and/or trying to relocate to safer areas and housing.

Twenty-one per cent of women and 10 per cent of men indicated safe shelter among their priority needs (Figure 4.2). Yet many respondents who have been displaced, both women and men, speak about their constant search for housing. The lack of access to housing increases protection risks such as sexual exploitation and trafficking as many displaced people find shelter through informal arrangements.

With people being displaced in large numbers, hastily opened collective shelters, often in schools, are subject to overcrowding, poor hygiene and a lack of basic facilities and supplies, such as beds, mattresses and blankets. In particular, women's CSOs reported the unsafe conditions that displaced women and girls in western Ukraine face with the lack of sex-segregated and well-lit toilets, creating conditions that can increase the risk of sexual harassment and other forms of sexual violence against women and girls in public spaces.⁴⁴ Women respondents also noted the lack of sufficient and hygienic areas for cooking and laundry. Similar findings were noted by the Shelter Cluster.⁴⁵ According to CSO respondents, much of the costs related to housing for displaced people are covered by local governments and village committees with limited funds from the national government, which are not enough to meet basic needs.

Based on interviews, many IDPs consider the shelter offered to the displaced as a temporary option while they search for housing. According to IOM's Ukraine Internal Displacement Report of 17 April, 43 per cent of displaced women and 41 per cent of displaced men consider further movement from their current location.⁴⁶

Yet not everyone can find housing. Many interviewees spoke of having no money for rent, while at the same time, rent prices have increased, rendering the displaced reliant on people to take them in. Many people are providing housing to friends, family and strangers alike. Such volunteer sources of shelter mean that women must rely on unvetted people, which may translate into a potential protection risk. As women make up 60 per cent of the adult IDP population, they are more affected by these developments. However, there are also accounts of discrimination against men, whereby they are not accepted as tenants or by hotels while women are prioritized. Some landlords have evicted their tenants in order to increase their rental prices and benefit from renting to others who can pay more. Many respondents spoke about experiences of spending nights at railway stations and in overcrowded hostels and hotels.

44 UN Women (2017). Safe Cities and Safe Public Spaces. Global results report. Available at: [link](#).

45 Shelter Cluster (15 March 2022). Ukraine Emergency: Situation Report #1. Available at: [link](#).

46 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).

“Life has changed dramatically. Because our place of residence has changed, now we live not in our own home, not in our own house, but in a rented apartment—a completely different life.”

(Woman, community member)

Members of the LGBTQIA+ community also disproportionately experience housing discrimination, leaving them particularly vulnerable to protection risks. To address these concerns, the LGBTQIA+ community in Lviv has created two inclusive collective centres in the city that welcome both the LGBTQIA+ community and their relatives, as well as men. The majority of people staying in the centres are gay or transgender men who cannot leave Ukraine, but there is also an LGBTQIA+ person who was in need of a safe space because they were unable to live with their parents due to conflicts arising in the household.⁴⁷

The war is exacerbating the vulnerabilities of those who were already considered to be in vulnerable situations. There are some accounts from displaced Roma women and men of experiencing discrimination when seeking shelter. They further report relying on other members of the Roma community to offer them a place to stay.

“Upon arrival, we turned to the volunteers at the station and asked where the shelter was. They told us and we went, but we were refused everywhere. We felt that it was because we were Roma. We called various organizations providing city services, and they told us at first that they would settle us, but when we said that we were Roma or when we arrived, they told us there were no places any more.” (Roma woman)

47 QUA.Community (13 April 2022). “Precious shelter during war. Ukrainian human rights NGO ‘Fulcrum’ created shelters for LGBT people and others in Lviv.” Available at: [link to Ukrainian source](#).

Many of those still living at home, especially in rural areas, note that their electricity, water and gas have been turned off or disrupted. In a recent UN study, the rural population, especially rural women, was identified as one of the main vulnerable populations in Ukraine. The situation is made more difficult by the low and declining population numbers and the subsequent lack of services, infrastructure and Internet access.⁴⁸ Currently, people from rural areas travel to bigger cities to buy fuel. They often face long queues and increasing prices, which increase the protection risks, especially for women. Many have equipped their cellars to stay in at times of shelling or other military incursions. Some have removed the glass panes from their windows so as not to have them break from the shock waves.

Accounts from women’s CSOs and CSOs working with people with disabilities note that people with disabilities have difficulties with accessing transportation and are therefore unable to leave their homes and seek safer housing. Due to the stigma around disability and the lack of specialized services, adults and children with disabilities are often placed in institutions away from home.⁴⁹ Organizations in Ukraine working with people with disabilities have raised these issues and are calling for the urgent protection of adults and children in such institutions.⁵⁰

“It is very difficult for restricted-mobility groups to seek shelter because [shelters] are located in basements that are not equipped for this purpose, and going down from the upper floors of the building to the basement is very difficult for restricted-mobility groups.” (Representative of a women’s CSO)

48 United Nations (December 2021). Operationalizing Leaving No One Behind Approach in Ukraine.

49 UNICEF (2 December 2021). “On the Day of Persons with Disabilities, the Verkhovna Rada Was Reminded of the Rights of Children by the UNICEF Initiative.” Available at: [link](#).

50 International Disability Alliance. “Through this conflict in Ukraine, what happens to persons with disabilities?” Available at: [link](#); Disability Rights International (1 March 2022). Urgent Action: Protect People with Disabilities and Children in Ukraine’s Orphanages. Available at: [link](#); The Arc (22 March 2022). The Arc Unifies with People with Disabilities in Ukraine. Available at: [link](#).

4.2 Cash, financial and social support

GENDER HIGHLIGHTS:

- For rural areas, accessing cash requires travel to bigger cities, thereby increasing the protection risks particularly for women.
- Accessing cash often requires the ability to queue for extended amounts of time, making access difficult for people with restricted mobility or older people.
- Women are particularly reliant on social support, access to which is hindered particularly in the occupied and war-affected areas.

As seen above in Figure 4.2, 30 per cent of men, compared to 19 per cent of women, mentioned income/employment as their second most pressing need. This emphasizes men's traditional role as the primary income earners. At the same time, only 7 per cent of male respondents and 4 per cent of female respondents saw access to cash as an area most affected by the war. That being said, women in particular speak about the impact that the lack of cash has had on their ability to access housing, food and non-food items, particularly hygiene items.

But there are also concerns regarding the lack of supplies that money cannot address, as noted by a mother of a newborn child: "Every day, I think about how much money I will need tomorrow and where to find this money. Yet, even with money, you are not able to buy what you need because there may be supply problems. It is very scary to find yourself in the middle of a humanitarian disaster, without the opportunity to buy food [or] hygiene products."

In the first weeks of the war, access to cash was almost impossible across Ukraine. Both women and men respondents noted the continuous problems in the **occupied territories and in the areas of active hostilities**, where ATMs, banks and Ukrposhta services (Ukrainian Post that distributes pension payments) have been destroyed or looted, are closed or are not being replenished with cash.

"Cash is impossible [to get] now because everything has been bombed out. ATMs do not work, banks do not work." (Woman living in a city under immediate attack)

"Money is a big problem. Nobody can withdraw money. Terminals do not work. Banks do not work. No one pays by cashless payment. Cards are not accepted. Money is not delivered to ATMs. There are cases of looting. [...] If any of the authorities took the initiative, if possible, [they could] organize a service to withdraw money from bank cards." (Man living in a city under immediate attack)

In the **government-controlled territories**, respondents reported having better access to cash. Apart from the long queues observed at ATMs across Ukraine during the first week of the war, which were particularly challenging for older women and men and people with restricted mobility, there are no significant impediments to accessing cash in bigger cities. In smaller, especially rural communities, the ATMs and banks are scarce, and local stores only take cash. As a result, host populations and displaced people have to travel to bigger neighbouring communities to withdraw cash, increasing the protection risks for women and girls in particular.

For many respondents, financial and social support, including pensions, child benefits and disability benefits, is their only source of income. Many are concerned about whether they will be able to access these benefits. This is especially true for female-headed households, families with persons with disabilities and families of pensioners. Moreover, this issue disproportionately affects women, who make up 72 per cent of social protection recipients and the majority of older people and caregivers in Ukraine. Some respondents also noted difficulties in completing the necessary paperwork to receive financial and social support, further delaying many respondents' access to support for which they are eligible. According to Roma CSOs, some Roma face challenges in applying due to their lack of civil status documentation.



Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine



Chernihiv. Photo: Oleksandr Ratushniak / UNDP Ukraine

“I can only rely on my pension and my mother’s pension, nothing more. Mom can’t hear or see, and she is 85 years old. I could find some extra work, but I can’t leave her alone at home.” (Woman living in a newly occupied area)

“My old mom receives a pension. Ukrposhta used to bring money home, but this service is no longer available. She does not have a [bank] card, and there are a lot of people just like her in the city. Anyway, you can’t withdraw money from your card.” (Older woman, caregiver)

“Child benefits are not enough, because we need diapers and my youngest child is on [formula]. We need formula, food and rental housing. At the moment, renting is expensive.” (Mother of a newborn)

Roma CSOs also noted concerns that the lack of civil status documentation will delay or prevent Roma from receiving cash and other humanitarian assistance. Some respondents—representatives of Roma CSOs and other individuals—reported helping Roma women with the paperwork to apply for financial assistance. At the same time, while some respondents reported receiving cash from humanitarian organizations, others who had not yet received cash assistance were concerned that this would affect their eligibility for other humanitarian assistance.

In March 2022, the Government of Ukraine launched two initiatives to improve the population’s financial support. The first is a one-time assistance payment in the amount of UAH 6,500 (equivalent to US\$215)

for individual entrepreneurs and employees who lost their income because of the war.

The second initiative is a monthly social-support payment to displaced people across 14 regions of Ukraine, with a large majority of recipients being women and children. This involves a monthly payment of UAH 2,000 (US\$66) for an adult and UAH 3,000 (US\$99) for a child or for a person with disability.⁵¹ The only requirement to apply for this support is having an IDP certificate. Applications for this assistance can be submitted either through local departments of social protection of the population or online through the Diia portal.⁵² Many internally displaced respondents confirmed their awareness of this opportunity and that they would apply for it. However, some reports have emerged of displaced people encountering challenges in applying for this assistance. The issue relates to a lack of clarity regarding the eligibility of those who were displaced in 2014 or 2015 and then lost their right to IDP benefits, for whatever reason, before 24 February 2022.

On 6 April 2022, the Government reported that it is considering the possible reduction of certain social support payments starting from May “in the event of unfavourable developments.”⁵³ No further details are currently available, but such a reduction—if it takes place—will directly affect the financial situation of those populations who are dependent on social support, the majority of whom are women and/or people from different marginalized groups.

⁵¹ Cabinet of Ministers of Ukraine. Decree No. 332 dated 20 March 2022. Available at: [link to Ukrainian source](#).

⁵² Diia. State Services Online. Available at: [link](#).

⁵³ President of Ukraine (6 April 2022). “President of Ukraine held a meeting with members of the government on the implementation of the state budget.” Available at: [link](#).

4.3 Food security and nutrition

GENDER HIGHLIGHTS:

- Women in Ukraine were already more food insecure than men prior to the escalation of the war, with 37.5 per cent of female-headed households in conflict-affected areas experiencing food insecurity.
- The number of female-headed households has increased since 24 February, making targeted food security programming for female-headed households crucial.
- Women have started to reduce their own food intake to provide food for their children.
- Food distributions are not sufficiently addressing specific dietary needs, including those for pregnant and breastfeeding women, the need for baby food and formula and the dietary needs of people with different chronic illnesses or disabilities.
- Displaced women and vulnerable populations know how food assistance and nutrition programming could be improved. Their participation in the design and distribution of programming is crucial.

Women in Ukraine were already more food insecure than men prior to the escalation of the war. In 2019, food insecurity increased from 17.3 per cent to 28.9 per cent for women and from 13.3 per cent to 24 per cent for men,⁵⁴ and the existing food insecurity has only been further exacerbated by the war. According to the Food Security and Livelihoods Cluster members' assessments, food is among the most acute needs identified across Ukraine,⁵⁵ with access-related concerns varying from one area to another. Among the respondents, 16 per cent of women and 13 per cent of men reported food to be the area in their life most affected by the war. At the same time, 13 per cent of both women and men indicated food as their priority need (Figure 4.2).

54 FAO (7 April 2022). Gender Related Impacts of the Ukraine conflict. Available at: [link](#).

55 OCHA (8 April 2022). Ukraine: Humanitarian Impact Situation Report. Available at: [link](#).

“The most important thing that I constantly need is food.” (Displaced woman, caregiver)

“It is no longer very scary whether a rocket will arrive or not from the sea, but it is scary that we will die of starvation.” (Woman living in an occupied area)

In the **occupied and war-affected areas**, 37.5 per cent of female-headed households in 2021 had already experienced food insecurity at “moderate or severe” levels, compared to 20.5 per cent of male-headed households who had experienced such food insecurity.⁵⁶ Both female and male respondents reported facing a situation of almost bare shelves in food stores in the first three to four weeks after the escalation began. While there are also accounts of some food availability and of rural women growing their own food, many respondents continue to speak of critically limited food availability due to disrupted supply chains, the lack of humanitarian aid, the lack of money and increased prices. Many nutrient-dense foods such as fish, dairy products and fruit are still in limited supply, especially where such foods were supplied from the regions affected by the war.⁵⁷

Additionally, in cities like Mariupol, the World Food Programme and media reports include accounts of “people being starved to death,” with the population deliberately blocked from food and water supplies^{58, 59} and people dying of hunger and dehydration.⁶⁰

“Nobody distributes [...] food, nobody gives anything. People are living even without bread, without food.” (Woman living in a city under immediate attack)

56 FAO (2022). *Ukraine: Note on the impact of the war on food security in Ukraine – 25 March 2022*. Rome. Available at: [link](#).

57 Segodnya. *The war brought increases prices of important products*. Available at: [link](#).

58 Associated Press (14 April 2022). *The AP Interview: UN Food Chief Says Mariupol Is Starving*. Available at: [link](#).

59 The New York Times (29 March 2022). *How Russia Is Using Ukrainians' Hunger as a Weapon of War*. Available at: [link](#).

60 The Irish Times (30 March 2022). *“People beginning to die of starvation in Mariupol, US tells United Nations.”* Available at: [link](#).

Respondents from host communities and those displaced in rural or isolated communities spoke of a lack of or limited access to food supplies. At the same time, rural women respondents also noted their self-sufficiency in food production thanks to gardens or land and cellars where they keep their stock. Yet, given the limited Internet and mobile connectivity in these territories, respondents, particularly older people and vulnerable groups, do not receive updated information regarding when food supplies arrive.

The lack of baby food remains a critical concern among respondents in different regions and among displaced populations; mothers with newborns also note the lack of baby formula. Moreover, respondents also highlighted that specific dietary food is not available nor is it included within humanitarian food distributions, which do not meet the specific needs of pregnant and breastfeeding women, newborn babies and infants, adolescents, persons with disabilities and those with various health conditions.

Data from other crises show that women and girls often eat less and last during wars as a negative coping mechanism.⁶¹ According to some interviews, women have reduced their own food intake and have started to save food and give it primarily to children and older and sick people, while also spending their savings on food when and where it is available.

Due to disrupted water, electricity and gas supplies, many resort to cooking food over fires outside their dwellings and collecting water from streams and lakes. People staying in shelters in war-affected areas are trying to make ends meet with food from volunteers in poor hygiene conditions.

“People in shelters do not eat normally. They prepare food over fires from what volunteers brought them. They do not wash vegetables, they eat wild birds, and all of this leads to diseases. People are constantly sick.” (Man living in a city under immediate attack)

Female Roma respondents reported facing discrimination in accessing food aid, including simply being refused food at distribution sites. One Roma woman respondent suggested a targeted food assistance programme specifically for the Roma population to improve access.

“If only we could be given products such as flour, oil and cereals for the Roma. [...] We would divide everything equally between the Roma families.”
(Roma woman)

For the Roma, the feeling of discrimination is so common that some Roma respondents noted they no longer try to request any aid, assuming they would be denied. One female respondent who did manage to receive a distribution package was surprised that this was even possible.

At the community level, a Roma woman also spoke about sharing food with their neighbours, putting aside any differences and negative attitudes: “We have neighbours who are not Roma, and they were not very friendly to us in the past, but this situation has brought us closer together—we exchanged food with them.”

In the **government-controlled territories**, key food security concerns include the limited availability of food necessary for specific populations (similar to the non-government-controlled areas), the increased prices and the lack of consolidated information about food assistance. Many of the host communities have programmes—sponsored by the local authorities and humanitarian organizations—to provide free food and meals for displaced people who cannot afford to pay for it. One UN agency representative noted: “As for food, the city has no problems with this. Many people really came together; a lot of canned food [...] was collected.” Many respondents reported having benefited from such programmes. At the same time, such programmes are not available to displaced people across all regions of Ukraine. Displaced women in particular spoke of food insecurity and a lack of information about food assistance and their eligibility to receive it.

⁶¹ FAO (7 April 2022). Gender Related Impacts of the Ukraine conflict. Available at: [link](#).

4.4 Health, including sexual and reproductive health services

GENDER HIGHLIGHTS:

- A majority of healthcare workers in Ukraine are women facing an increased care burden while playing a central role as front-line responders.
- The lack of access to sexual and reproductive health services, including gynaecological services, is a challenge.
- In war-affected areas, deliveries of babies are carried out in unsafe conditions. Many new mothers and newborns stay in basements and shelters with insufficient medical supplies.
- Access to needed medicine is a challenge for people with disabilities and chronic illnesses, including for people with HIV. Transgender people are also affected due to the lack of hormone therapy.

As access to health services is declining, 24 per cent of female and 27 per cent of male respondents noted physical health as their second highest priority need (Figure 4.2).

Prior to the war, 83 per cent of healthcare staff in Ukraine were women,⁶² and they continue to play a central role as front-line responders in the current crisis. In addition, many women face a significantly increased care burden for children and older, sick or injured relatives. At the same time, many medical workers, pharmacists and distributors have been displaced internally or to other countries, causing a reduction or absence in medical services and supplies⁶³ and thereby worsening the access to already significantly damaged or disrupted healthcare services, especially in war-affected areas. Access is also affected due to mined roads, the lack of medicines

and the targeted attacks on health facilities including hospitals and ambulances, which reached 103 as of 7 April.⁶⁴ About 1,000 medical facilities are located near the conflict lines or are in areas that are now occupied. In interviews, both women and men raised issues related to the access to health care. Remote villages are particularly affected by the lack of services and medicines.

“Primary healthcare options disappeared. Family doctors are mostly women, about 50 per cent of whom have left the community.” (Woman)

“I have a child with a disability, and two elderly people [live] with us. My parents need treatment and specific medications. The pharmacy in the village is closed. There is no medicine. Medication is very much needed.” (Woman)

“In small villages, there is no medical assistance, there are no convoys with humanitarian aid, and medical and obstetric points are not working and are closed because they lack medical staff.” (Woman)

Since the beginning of the war, people with disabilities, chronic diseases and other illnesses have faced major problems, including a sharp increase in hypertension and cardiovascular disease, even among young people.⁶⁵ Respondents also noted the lack of treatment for older and menopausal women (especially for diseases of the thyroid gland and musculoskeletal system, as well as other vascular and hormonal diseases).

Many respondents referred to the health risks linked to unsafe and unsanitary shelters, including the spread of COVID-19.

“People are sick all the time. They go to basements that are not okay at all—nobody prepared them [for habitation], so we have sick people, dirty children, people coming in with animals, fully unsanitary conditions, coronavirus going

62 UN Women (4 August 2020). “Women health-care professionals at the heart of the COVID-19 response in Ukraine.” Available at: [link](#).

63 *Economichna Pravda* (10 March 2022). “Do not sweep all medicines in bulk from pharmacies.” Available at: [link to Ukrainian source](#).

64 WHO (7 April 2022). “WHO records 100th attack on health care in Ukraine.” Available at: [link](#).

65 KP in Ukraine (23 March 2022). “Family doctor: Due to the war, the schedule changed, we went to the ‘distance’ as much as possible.” Available at: [link to Ukrainian source](#).



In coordination with the border police, UN Women provides wheelchairs and walkers to assist elderly people and women with small babies at the Mayaki-Udobnoe Border crossing in southeastern Moldova where thousands of refugees arrive every day to escape the war in Ukraine. Photo: UN Women/Aurel Obreja

round and round from one person to another, no available medicines,.... We don't have an ambulance; it doesn't come when called.... People can't wash. They can't even wash their hands. I won't speak of the rest.” (Man, community member)

Similar to other people with chronic illnesses who need regular medicine or medical treatment, HIV patients, the majority of whom are men, and people with drug addictions are affected by the absence of necessary medications in Ukraine. There were approximately 250,000 people living with HIV in Ukraine prior to the war, one of the world’s highest HIV incidence rates, with around half of them receiving antiretroviral therapy.⁶⁶ The World Health Organization (WHO) estimated that around 28,000 people (52 per cent men, 46 per cent women and 2 per cent children) living with HIV have fled Ukraine and need access to treatment elsewhere. At the same time, an estimated 17,000

people, of whom 80 per cent are men, must maintain their access to medication-assisted treatment (MAT) for drug dependency. Since it is mainly women and children leaving the country, it is expected that the unmet need for MAT will be particularly high in Ukraine. Of the two main manufacturers of methadone in Ukraine, one factory has been evacuated and the other is emptied of its stock. Moreover, the Russian Government cut off supplies to MAT in Crimea when it was annexed in 2014.⁶⁷

“HIV patients and drug addicts were given drugs, but in some cases, the days in the hospitals have been shortened. Humanitarian cargoes for vulnerable groups have stopped. This problem has been resolved partly by the Ministry of Social Policy, which sent humanitarian assistance, and partly by international organizations.” (Woman)

66 Clinical Trials Arena (25 March 2022). “The conflict in Ukraine necessitates increasing access to HIV services for refugees.” Available at: [link](#).

67 Aidsmap (21 March 2022). “Ukrainians displaced by Russian invasion struggling to access HIV and drug dependency treatment”. Available at: [link](#).



March 2022, pregnant women are forced to spend nights in the basement seeking shelter from ongoing shelling. The neonatal resuscitation is organized in a tiny room underground. Photo: UN Women/Serhii Korovainyi

Among those also requiring regular access to medication are transgender people, many of whom have had to stop hormone therapy due to the supply shortages.⁶⁸ Several LGBTQIA+ organizations are involved in providing access to medication to members of this community, but even this does not cover all of the needs.

Roma people too face discrimination in accessing medical services, a challenge that is only further exacerbated by the crisis. According to interviews with Roma CSOs, those without civil status documentation face difficulties in registering with family doctors and hence accessing medicines and medical services.

The war negatively affects access to sexual and reproductive health (SRH), including family planning and maternal, newborn and child health (MNCH). Multiple media reports have noted that the increase in infections, the lack of medical care, poor nutrition and stress brought on by the war have increased the risk of premature birth. In the maternity hospitals in Kharkiv and Lviv, doctors report that premature births had doubled or tripled in the preceding few weeks. UNICEF has also highlighted the importance of providing appropriate medical care and improving the hygiene conditions for premature babies in shelters, which are not equipped for such purposes.⁶⁹ Women respondents noted the lack of humanitarian aid for

infants and young children (such as prams, clothes, diapers and baby food).

“It was very scary and difficult to give birth in a combat zone. She was born in the basement of the maternity hospital, [with] no diapers or formula for feeding.” (Mother of a newborn)

“Pregnant women were not allowed into maternity hospitals, threatened with weapons and violence, so women simply gave birth at home. It is not known whether these women survived, in what conditions the children were born, and what will be the fate of these young children who are not guilty of anything.” (Woman living in Chernihiv region, occupied at the time of interview)

Women's access to gynaecological services has also declined. Most consultations have moved online, particularly in conflict-affected areas, and require access to the Internet via a computer or smartphone. Mothers of infants who have moved to rural areas report the unavailability of gynaecological services (e.g. total absence, inadequate quality, etc.).

“There is a big problem when your own gynaecologist leaves, and going to someone else who is a stranger is a difficult option. Still, having a doctor—that is what’s important.” (Woman, community member)

68 QUA Community (31 March 2022). “Lack of hormonal medication and inability to cross the border. What challenges do transgender people face during war?” Available at: [link to Ukrainian source](#).

69 BBC (29 March 2022). “The number of premature babies has increased in Ukraine. How they survive under bombs.” Available at: [link](#); ABC News (12 April 2022). “As Ukraine’s war rages, pregnant women are giving birth prematurely at an alarming rate.” Available at: [link](#).

Issues of women's hygiene are very acute in settlements where there is no water supply. Many interviewed women spoke about the lack of menstrual hygiene materials as well as incontinence materials, compounded by the poor hygiene conditions and lack of water in bomb shelters. Where such materials do exist, displaced women in particular note their unaffordability.

“Well, you adapt to everything. When, for example, we had no water for three days, I still had [my period] at that time, so I [used] pads and wet wipes. There was a choice to save water and leave it for drinking, because [we had times when] there was no water since we have a pump and the water supply depends on electricity.” (Female head of household)

4.5 Education

GENDER HIGHLIGHTS:

- Mothers in particular are raising concerns over children's schooling. Education has mostly moved online, with the burden of homeschooling falling mainly on mothers, who also must deal with air raids, evacuations and continued displacement, all of which interfere with homeschooling.
- Roma girls and women, who were already disadvantaged in terms of access to schooling, will most likely face further challenges that will have long-term effects on their access to opportunities, including livelihoods and services.
- Women from all walks of life need vocational training and livelihoods opportunities.

The consequences of the war have been dire on the access to education. As of 30 March 2022, 4.5 million, or 60 per cent of Ukrainian children, had to leave their homes because of the war.⁷⁰ As of 8 April, 84 educa-

tion institutions were destroyed and 928 damaged.⁷¹ Yet respondents referred to education less often than other areas, with issues around personal safety and other life-saving services taking priority. When education was mentioned, it was primarily female respondents who did so.

Geography plays a role in the significant differences observed in the overall availability of education. Women respondents in the **occupied territories** and in the areas of active hostilities spoke about the lack of education and the challenges and stress that this causes, as preschools, schools and higher education institutions (HEI) remain closed. The families of high school children who were to graduate this academic year are concerned about the risk of not being able to receive their graduation documents and thus enter HEI. The number of HEI is limited in the occupied territories. Therefore, recent high school graduates in the occupied territories risk delays to their continuing education, which will impact their future.

In the **government-controlled territories**, access to education is compromised by several factors. Education across the country was disrupted for approximately three weeks after the war started. After that, it was restored mostly online. Most preschools also remain closed. Where they do continue to operate in safer regions of Ukraine, they are usually overcrowded and lack any openings for displaced children. Based on interviews, similar to the experience of online schooling during the COVID-19 pandemic, the burden of online homeschooling rests mostly on women.⁷² As a result, the increased care workload prevents them from engaging in productive employment.⁷³ Access to online education is also contingent upon the availability of equipment and an Internet connection, which are less available to people with lower income. Extracurricular activities have completely stopped, adding to children's stress and creating an additional worry and care burden for women.

⁷⁰ UNICEF (30 March 2022). “Two million refugee children flee war in Ukraine in search of safety across borders.” Available at: [link](#).

⁷¹ Prosecutor-General's Office (8 April 2022). “Juvenile prosecutors: 169 children died in Ukraine as a result of Russian aggression.” Available at: [link to Ukrainian source](#).

⁷² UN Women (2020). Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).

⁷³ Ibid.



UN Women Executive Director Sima Bahous visits the Palanca – Mayaki-Udobnoe Border crossing in southeastern Moldova where thousands of refugees arrive every day to escape the war in Ukraine. Photo: UN Women/Aurel Obreja

“I am worried that my children are not receiving the education they are entitled to. They are at home now. Learning has stopped. And children need to study.” (Woman)

“The efforts to organize online learning for children [...] increased the amount of work [...] that women] have to do at home.” (Woman representing a UN agency)

Some female and male respondents from both the host and displaced populations reported seeking new vocational training opportunities to retrain and find jobs in new professions in the face of their own or a family member’s unemployment. This provides opportunities to increase women’s economic empowerment and skills relevant to the current context, perhaps within areas of employment that do not follow typical gender stereotypes. However, vocational training opportunities with government or humanitarian organizations are extremely limited.

Prior to the escalation of the war, Roma women and girls of all ages already faced challenges in accessing education. These included poverty, a lack of future employment prospects, a lack of civil status documentation and gender stereotypes that are prevalent in the Roma community, where girls’ education is often not encouraged.^{74, 75} By contrast, in general, Roma boys finish secondary school and have access to higher education. Respondents from the Roma community reported facing discrimination when placing their children in kindergartens and schools.

“We could not settle in any apartment or kindergarten or school because when they saw that we are [Roma], they said that there are no openings, although there was an opening.” (Roma man)

⁷⁴ Roma Women Fund Chirikli (17 February 2017). Written comments on the situation of Romani Women in Ukraine to the United Nations Committee on the Elimination of Discrimination against Women. Available at: [link](#).

⁷⁵ Friedrich-Ebert-Stiftung (2019). Beijing +25 years on: Parallel report, Ukraine 2014–2019. Available at: [link](#).

There are risks that the current crisis will further hinder Roma girls' access to education, as education overall will be deprioritized. A Roma woman interviewee questioned whether education is necessary at all at this time.

“Children do not go to school right now. Who needs schooling right now?” (Roma woman)

4.6 Civil status documentation

The Roma population faces multiple layers of discrimination. As noted previously, most of the Roma population lack civil status documents, causing them difficulties with accessing services like humanitarian assistance and protection. However, these barriers existed even before the war broke out.⁷⁶ In 2017, the Roma Women Fund “Chirikli” noted that 56 per cent of internally displaced Roma interviewed were not registered, thus limiting their access to humanitarian assistance.⁷⁷ In interviews for this assessment, some CSOs reported receiving requests from Roma to support them in obtaining passports and birth certificates.

It is being reported that, in some cases, the requirements around civil status documentation have been eased to improve and simplify access to services, including access to shelters, participation in volunteer humanitarian assistance and the use of public transport (e.g. in Kyiv).⁷⁸ However, Roma CSOs noted in interviews that, despite appeals to the authorities, registry offices have stopped issuing civil status documentation. Without such documentation, poor families cannot receive social support. In addition, people without such documents cannot pass through checkpoints, especially during curfews. According to the Roma CSOs, the lack of civil status documentation means that many Roma do not go out, even during the daytime.

⁷⁶ Roma Early Years Network. Available at: [link](#).

⁷⁷ Roma Women Fund Chirikli (17 February 2017). Written comments on the situation of Romani Women in Ukraine to the United Nations Committee on the Elimination of Discrimination against Women. Available at: [link](#).

⁷⁸ Radio Svoboda (February 2022). “Kyiv: schools and kindergartens are closed, public transport is free.” Available at: [link to Ukrainian source](#).

“Those who do not have documents cannot go through checkpoints, especially during curfews. They want to help their family, but they are afraid to go out because they will be detained.”

(Representative of a Roma CSO)

Aside from their civil status documentation, Roma also face challenges at the border due to the lack of other important documents, including birth certificates.

“Even if Roma end up on the border somewhere in Moldova or Romania, they have no documents, no passport. It turns out that many women with children do not have birth certificates. It [also] turns out that according to the documents [that do exist], the children were born and grew up without a father. Therefore, some families, due to disagreements in the documents, could not leave for Moldova or Romania.” (Representative of a Roma CSO)

4.7 Access to information and communication with communities

GENDER HIGHLIGHTS:

- Women respondents in particular said that they lacked knowledge of when and how humanitarian distributions are carried out. Vulnerable populations such as Roma, older people and female heads of households in war-affected areas lack information on ongoing events and evacuation options, as well as lack access to the Internet or smartphones.

Access to the most up-to-date information is directly related to security in Ukraine. Both the women and men interviewed for this study mentioned the need for information about the hostilities, evacuation opportunities and procedures, services provided, and service and aid providers in their settlement or community.

Such information may be life-saving, especially for people in war-affected territories. Both women and men in occupied territories emphasized that they lack trusted information or that there was no access to information at all. Men also mentioned that the information they do receive varies and is “drastically different data from different sources,” according to a male respondent living in an occupied territory.

Women respondents in particular said that they lacked knowledge of when humanitarian distributions are carried out. Displaced women noted the ever-changing services in different places they have stayed and the lack of awareness of what they might be eligible for—for example, knowing whether it is a regular or one-off distribution. Respondents offered many examples of how NFI and food distributions or facilities and two-way communication mechanisms should be designed to allow women and other vulnerable groups to provide feedback, thereby participating in the design of such programming.

“During the first two weeks, from 24 February to 9 March, there was no access to information because I was in an occupied territory. There was no [electricity], Internet or mobile communication. After moving [to another location], it was okay.” (Woman)

“Due to the shelling, we do not even know that a distribution is happening [because of interruptions to] the Internet.” (Displaced man)

The interviews with key informants revealed that Roma women and men have challenges in accessing information and understanding the information on ongoing events; this may possibly be linked to their lower education levels. Similarly, older people, the majority of whom are women, are often less mobile and less experienced in the use of technology; with less access to the Internet, they too lack access to information and are reliant on more limited information sources. People with lower income, including female heads of households, will have less access to smartphones and the Internet.

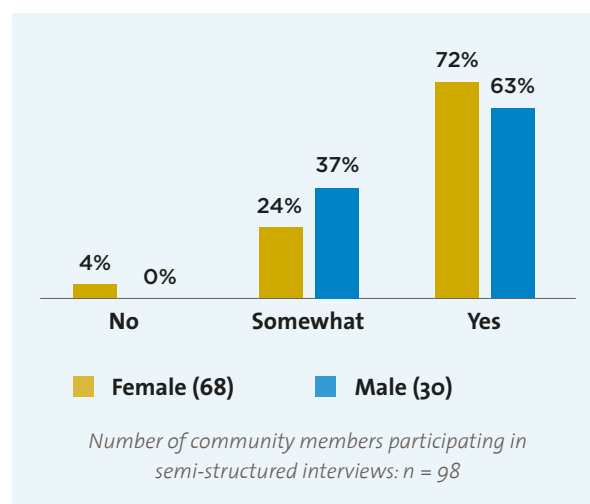
“When it comes to Internet access, older people don't have it. It is also difficult for low-income people to buy a smartphone and pay for Internet access.” (Representative of a UN agency)

“Communication between people has even improved as informal networks are being formed. For some categories of people—for example, the elderly—we use the newspaper [to convey information] because they are not on Facebook. Where necessary, we print and post information leaflets.” (Representative of a regional administration)

In interviews, 72 per cent of women and 63 per cent of men reported having access to up-to-date information (Figure 4.3). It should be noted, however, that some female respondents reported receiving the news and up-to-date information via their husbands or other family members or friends.

In general, those interviewed reported that the main barriers they face in accessing up-to-date information are poor Internet connectivity, misinformation, mobile phone problems and electricity cuts. Respondents mentioned that, at times, they cannot connect with their relatives in the occupied territories for weeks on end.

FIGURE 4.3:
Respondents' access to up-to-date information



5. SAFETY AND PROTECTION

In interviews, 37 per cent of men and 35 per cent of women identified safety and protection as the second area most affected by the war (Figure 4.1), while 40 per cent of both women and men respondents deemed it the highest priority need (Figure 4.2).

5.1 Gender-based violence

GENDER HIGHLIGHTS:

- The lack of streetlights and the increasing number of men on the streets are causing women to fear going out in public places, particularly in the evenings.
- There is a lack of access to reporting mechanisms and services for women who have experienced GBV in occupied areas.
- Domestic violence is reportedly increasing while access to services have decreased.

Women and men experience security in cities differently. Women respondents raised concerns about the lack of streetlights and the large number of men on the streets, causing them to be afraid in the evenings. Some women respondents—especially those who are displaced without male family members—spoke about their responsibility for the safety of their children and about their fears for their own safety on the streets even during the day—and in response to the news on cases of rape. Drivers (mostly women) feel it has become dangerous to drive a car because traffic lights are not working and there are no police on the streets. Yet some male respondents said that there were few people in their city at the moment, that the Territorial Defence Forces were at work and that the city was calm. In interviews, however, men were more likely than women to say that their fear and anxiety levels have increased.

“Now there are so many concentrations of men on the streets in general, even more than women. And it is very frightening, and it is not clear what is in their heads.” (Woman)

“Women and young girls—as well as young men and even children—are exposed to violence. A lot of drunk, out-of-control people (men mostly) are on the streets. It’s dark in the evenings. My girlfriend does not feel safe at all anywhere.” (Man living in a government-controlled area)

“In the city itself, it has become calmer. A lot of National Guardsmen, Territorial Defence members and the police patrol the streets. Therefore, I think that criminals and looters simply have less opportunity to operate now.” (Man)

While LGBTQIA+ people have experienced issues around discrimination and safety in Ukraine, interviews with them revealed that their current focus has shifted to surviving the war over any concerns related to discrimination.

“Based on my personal experience of communicating with friends and acquaintances, I would say that at the moment, the question of survival is still higher than any personal preferences regarding one’s way of life or sexual orientation. This is a temporary dynamic that needs to be addressed in peacetime.” (LGBTQIA+ man)

Risk of GBV increases in war. While access to services has been challenging for survivors during the crisis, with some services and consultations only available by phone or online. Cases of GBV continue to be reported, with the national GBV hotline supported by UNFPA receiving 1,515 calls and online requests in the



A refugee from Ukraine fleeing the war / UN Women

three-week period between 28 March and 17 April.⁷⁹ Numbers from helplines, however, are not illustrative of prevalence of GBV but rather can demonstrate ability or inability to seek and access services. It is crucial as risks of GBV increase that accessible services and referral mechanisms are available to survivors.

Increasing and concerning media reports of **conflict-related sexual violence** are emerging in Ukraine. Many interviewees raised GBV as a safety concern. Interviewed women CSOs highlight the particular risk of GBV in occupied and war-affected areas. According to Liudmyla Denysova,⁸⁰ Parliament Commissioner for Human Rights, 25 women and girls, the youngest of whom were 14 years old, were raped in a cellar in Bucha.⁸¹ As RUAF retreated from occupied areas around Kyiv, the Human Rights Watch also documented war

crimes including a rape case.⁸² The Executive Director of UN Women, Sima Bahous, noted in her speech to the UN Security Council that this increasing information on sexual violence committed by the RUAF is raising “all the red flags.”⁸³ Based on interviews carried out with government officials and people working with UN agencies, cases of sexual violence in the occupied territories are perpetrated mostly against women (but also against men), including minors. The interviewees also noted that survivors do not have access to services or protection. They can only report cases after moving to a safe area, but there is a need to provide evidence, which they are not always ready to do.

“[Conflict-related sexual violence] is one of the biggest problems in the territories that are occupied or where active hostilities are taking place or where there is a military presence. As long as

79 UNFPA (19 April 2022) La Strada National toll-free hotline for GBV survivors report Apr. 11- 17.

80 Liga News (12 April 2022). “Bucha. The Russians systematically raped 25 women starting from age 14. Nine of them are pregnant.” Available at: [link to Ukrainian source](#).

81 BBC (12 April 2022). “Ukraine conflict: ‘Russian soldiers raped me and killed my husband’.” Available at: [link](#); The New York Times (11 April 2022). “Bucha’s month of terror.” Available at: [link](#).

82 Human Rights Watch (3 April 2022). Ukraine: Apparent War Crimes in Russia-Controlled Areas. Available at: [link](#).

83 United Nations (11 April 2022). “Security Council 9013TH MEETING (AM) SC/14857: Mounting Reports of Crimes against Women, Children in Ukraine Raising ‘Red Flags’ over Potential Protection Crisis, Executive Director Tells Security Council.” Available at: [link](#).

victims of violence are not in places where they are safe, [and] until a system of referral of such persons is established—to the respective law enforcement agencies or for other types of assistance, such as psychological and medical—such cases will be extremely difficult to document. Unfortunately, verification itself requires time and the readiness of the victims for this whole process—the investigation.” (Representative of a women’s CSO)

“Our organization has been working on [addressing] sexual violence for eight years—we see an increase in risks during hostilities.” (Woman)

According to the respondents, domestic violence has increased, but due to the changed priorities during wartime, women cannot get the protection they need or may have had beforehand. Due to military activities in the territories, it is likely that survivors of domestic violence face increased risks as they are forced to continue to share the same space with perpetrators for long periods of time in highly stressful situations. In many parts of Ukraine, the police are no longer recording cases of domestic violence and sometimes do not respond to calls. For example, in the Donetsk region, there is no police call centre because the Main Directorate of the Donetsk Police is located in Mariupol, which has suffered greatly from the war.

“The topic of domestic violence, in general, is not currently covered and is not supported by the authorities on any such central basis. Because the war has attracted so much attention, priorities have changed greatly in terms of both women’s rights and the protection of women from domestic violence.” (Woman)

Some respondents note concerns in relation to the increase in the number of weapons in Ukraine. There are risks of long-standing impacts such as an increase in violence against women and children due to the militarization and normalization of violence within society, the wider availability of weapons,⁸⁴ the fractur-

ing of communities and the loss of support networks that will extend past the war.⁸⁵

“I think the danger is greater now. Many people are being caught now, especially after curfew. [...] The danger is associated with an increase in the number of people with weapons, mostly men. So far, it is controlled, but the overall tension is very strong. It is already noticeable that the girls try not to go out alone, more and more moving around the village in groups.” (Woman)

Services for GBV survivors are not provided in full, with some of the previous shelters for domestic violence survivors being repurposed to receive displaced women and children. Survivors’ access to response services is also difficult. Before, referrals were made by the police, but now the police work for the defence. Specialist service providers who had previously worked in safe shelters for survivors of violence have also transferred to other jobs.

5.2 Physical safety

GENDER HIGHLIGHTS:

- Safety and access to bomb shelters is limited particularly to vulnerable populations, including people with restricted mobility and women (especially single mothers) who fear for their safety in the streets at night.

Many of the women and men respondents highlighted such safety concerns as their level of physical safety in bomb shelters (if/where they exist) and the lack of access to them. Multiple respondents indicated that women with children living in apartment buildings tend to hide in a corridor (e.g. in an entrance to the building or within their own apartment) at night during alarms rather than trying to get to a bomb shelter. Some women also noted staying at home during the day rather than going to the shelters. Such decisions

84 Amnesty International (2020). “Not a Private Matter: Domestic and Sexual Violence Against Women in the East of Ukraine.” Available at: [link to Ukrainian source](#).

85 UN Women and CARE International (29 March 2022). Rapid Gender Analysis of Ukraine: Secondary Data Review. Available at: [link](#).



A family seeking shelter in Kyiv underground. Photo: Oleksandr Ratushniak / UNDP Ukraine

may be influenced by the concerns some women have about their safety on the streets.

“For women, this situation is very tense, and [it is worsened by] the fact that the lights are turned off in the city, or women in their homes in the communities are left alone, without communication. [...] How can a person get to another safer place? How long may a person be in that place?”
(Representative of a women’s CSO)

Accounts from women’s CSOs and CSOs working with people with disabilities, as well as many caregivers and respondents with disabilities, note the challenges in accessing basement-level shelters for groups with restricted mobility. Many people with disabilities, including children as well as older persons with mobility impairments,⁸⁶ are at high risk of abandonment

⁸⁶ Internal Displacement Monitoring Centre (March 2022). Conflict in Ukraine. What do we know about the Internal Displacement Situation so far? Available at: [link](#).

and family separation.⁸⁷ Shelters in Kyiv are not easily accessible, and while others rush to safety, people with physical impairments are left behind.⁸⁸ Many caregivers also choose to stay home with their dependents, often putting their own lives at risk.

“It’s like living in hell. We’re not going to the shelter because of my mother’s [injured] leg. And [the basement is hell-like] because it’s actually underground. You cannot exist underground. It’s one day at a time. Each time you wake up, you say, ‘Okay, thank you, I survived.’ Each day you go to bed, you prepare yourself to die.” (Woman living in a city under immediate attack)

Multiple respondents also shared their worries about poorly equipped bomb shelters (including subway stations), where people stay for long periods of time. They

⁸⁷ European Disability Forum (24 February 2022). Protection and safety of persons with disabilities in Ukraine. Available at: [link](#).

⁸⁸ International Disability Alliance. “Through this conflict in Ukraine, what happens to persons with disabilities?” Available at: [link](#).

also worry about cellars that are currently used as bomb shelters. Bomb shelters should have fire extinguishers, an internal water supply system, ventilation, lighting and a working alarm system. However, many of the shelters do not meet these basic standards and are not fit to accommodate people in the event of real danger.⁸⁹ For those who are mobile and spend a lot of time in bomb shelters, the risk of developing health issues increases—from catching a cold due to being in a damp space, to mental health issues connected to the lack of safety.

“There are no specific shelters in our area—only the subway where you can hide underground.”
(Woman)

“We are under shelling all the time. I worry about myself and about the lives of my children. [There are] no options for where to hide them, how to save them, what to feed them. There is no sense of security at all.” (Woman)

“The fortifications where people go, in basements, are not designed for people to hide safely in them. In the event of a collapse, they simply will not be able to get out. There are no additional exits, there are no latrines, there is no water. Take our house—we have a basement, but it is not intended to hide there. If we go down there, there is no guarantee that we will get out of there. Yes, we strengthened the house as much as we could, but this is also relative.” (Woman)

In an interview with the representative of a regional administration, they noted the limited facilities within the designated bomb shelters: “I can't say that the shelters are well equipped. There are no facilities for people with disabilities, there is not enough water, and there are not enough seats.”

⁸⁹ Apostrophe.ua (14 April 2022). “If there is a war, we will expel the janitors: what is happening with the bomb shelters in Ukraine.” Available at: [link to Ukrainian source](#).

5.3 Child protection

GENDER HIGHLIGHTS:

- Mothers and fathers are highly concerned for the physical safety of their children, particularly of their girls.
- Children are constantly afraid and experience high levels of anxiety during sirens and bombings, causing parents to worry about children's emotional well-being and mental health, both now and in the longer term.

The situation for both girls and boys has become particularly challenging. Women and men respondents—but particularly women—spoke about the safety of their children and how to keep them safe. The reports by Ukrainian authorities on the abduction of children,⁹⁰ though currently unverified, are causing alarm, and many fear particularly for girls' safety. Many interviewees said that the reason they have decided to relocate is to find safety for their children, who are affected by the constant sirens and bombings. Shelters are also not easy places for children. An older woman referred to making toys in shelters to find ways to entertain children. The concern for children is particularly pronounced among women Roma respondents.

“The most important moments for me since the beginning of the war have been when my children are safe—that they do not freeze, that they are healthy, that there is something to eat, [...] that there is a place for them not only to play around the house but also to hide in if a siren goes off. [...] Well, whatever I could do to ensure the safety of my family. As a mother, I am very afraid for the safety of my children, because there have been many reports that children have been abducted and that the fate of these children is unknown. It's very scary. Parents' fear for their children is probably the greatest fear.” (Roma woman)

⁹⁰ CBS News (11 April 2022). “Almost two-thirds of Ukraine's 7.5 million children have been displaced in six weeks of war, U.N. says.” Available at: [link](#).

In interviews with female heads of households, women raised the issues faced by their children, who are afraid. In addition to their children's physical safety, respondents are worried about their mental health due to stress. Male respondents in war-affected areas also noted not only the psychological impacts of the constant bombings but also how the anxiety of adults transfers to children. Single mothers said that they forget about their own life because they focus on their children. They try to maintain normalcy where they can, provide nutrition and encourage daily walks to reduce stress, but in many places, going outside is simply not possible.

“Children become frightened—their psyche is vulnerable to very strong stress. As soon as my child hears the siren, he starts crying.” (Single mother)

“This situation has had a serious psychological impact on children. Because the explosions are heard near our house, the constantly tense situation affects the children—the sirens are daily and practically every minute. When children have to get up in the middle of the night to go to a shelter, it is clear that they are being affected. I think that when this is all over, it will be necessary to carry out some psychological work with the children in order to get them out of this state.” (Man living in a war-affected area)

5.4 Mental health and psychosocial support

GENDER HIGHLIGHTS:

- Both women and men respondents highlighted mental health as the area of their life most impacted by the war linked to fear and anxiety as a result of trauma, displacement, family separation and loss of livelihoods.
- There is a huge need for mental health services; however, these services are often not used in Ukraine, particularly by men.

Existing data highlighted that the levels of fear and anxiety about exposure to violence and trauma—along with stressors related to displacement, family separation and the loss of livelihoods—have only risen as the war has escalated.⁹¹ Both male respondents (50 per cent) and female respondents (49 per cent) indicated mental health as the area of their life most impacted by the war (Figure 4.1). Almost all respondents reported an increase in fear, stress, tension and depression. Much of the stress is linked to their inability to meet their family's basic needs. The loss of jobs and businesses, and the resulting lack of income, is of great concern to the respondents. Many fathers, especially in the territories with military conflict, have lost the ability to earn money and are unable to provide their children with food and medicines. Female respondents also spoke about experiencing constant stress due to the lack of money, food for children, communication, work and security for their relatives.

“[There is] the constant shelling in the enclosed areas of the city, job changes, income reductions, psychological anxiety, fear for loved ones and uncertainty about future education—and not only for our children.” (Woman)

“Physically, mentally, morally feeling very badly—there remains anxiety and fear about the impossibility of obtaining income and, as a consequence, obtaining basic means of subsistence.” (Respondent who preferred not to indicate their gender)

All respondents noted changes in their psychological condition. There is a great need for psychological support, especially for those who are displaced, including displaced children. Despite this, however, multiple respondents indicated that there is no practice of seeking help from a psychologist. Based on interviews, barriers to such support are especially common among men and older people.

⁹¹ International Medical Corps (20 March 2022). Providing Relief to People Affected by the War in Ukraine. Available at: [link](#).

“The need for psychological support services for people has increased. But let’s be honest—the culture of solving these problems with the help of professional psychologists in our community did not exist. And before the war, respectively, there were no specialists, and now there are none. There is no such practice of people turning to professionals in order to overcome psychological stress. Everyone overcomes them as they can.” (Man)

Psychological help in many cases is available online, which is an important development but also means that the support is less accessible to persons who do not have reliable Internet access or the required equipment, let alone the ability and skills to use such technology, as noted by some respondents. Community social service centres that might have previously offered this support are currently catering to displaced people or are involved in collecting humanitarian aid. LGBTQIA+ people also specifically noted the need for psychological support that is non-discriminatory and safe for them to access.

In the context of traditional gender roles and the uncommon practice of seeking mental health assistance, women are often the ones who are expected to provide emotional comfort to family members. A UN Women assessment in Ukraine in 2020 found that 53 per cent of female respondents and 39 per cent of male respondents devoted more hours than others in their household to the emotional support of adult family members due to COVID-19 restrictions.⁹² Insufficient assistance in situations of forced displacement often makes women neglect their own health, preferring to take care of the health and welfare of their children and partners, despite women themselves going through extremely traumatic events.⁹³ Through the consultations, respondents noted that women were more inclined to use the services of psychologists during the war period and seek help.

⁹² UN Women (May 2020). Rapid Gender Assessment of the situation and the needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).

⁹³ Council of Europe (2020). The gender dimension of internal displacement in Ukraine: local policies, business practices and legal instruments of protection. Available at: [link](#).

“I went to a psychologist and a masseur, I take sedatives, and I communicate with displaced people who I have taken into my home.” (Woman)

“As a psychologist, I would advise everyone where there are opportunities [to do so] to get to a psychologist with the appropriate qualifications [and] seek help, because everything is not as simple as it may seem at first glance. We all need help.” (Woman)

According to the respondents, children are very stressed and unable to control their emotions. Adolescents who have access to the Internet are more aware of the crisis situation, which some respondents worry will cause long-term negative psychological impacts on them. Older people who survived the occupation and evacuations during the Second World War, however, react to war emotionally and are better prepared, according to the respondents.

People, including children, are also getting used to the situation. Sirens are becoming commonplace, and many respondents note that now children know what to do and where to go. Some worry about the situation becoming normalized.

“That is, after 30 days, of course, we react more calmly to sirens. Well, at first it was very panicky, especially for a child. Although we explained to him that this is a warning and there is no need to be afraid, the child was still very scared of these sounds. Now, of course, we react more calmly.” (Woman)

6. PARTICIPATION, DECISION-MAKING AND LEADERSHIP

GENDER HIGHLIGHTS:

- While women’s leadership has increased in community-level humanitarian efforts, their participation in formal decision-making processes at the local level has decreased. Some women, however, lead the response at the national and international level.
- Displaced women and men lack information on locally available services in places of displacement: whether the services are provided by humanitarian actors or by the local authorities; which authorities to contact for said services; and what rights IDPs have in terms of humanitarian aid and participation.
- Some displaced people want to know more or be more involved in local decision-making or humanitarian programming and its design; however, many are engaged with other priorities.
- Women’s rights, LGBTQIA+ and feminist CSOs are at the forefront of the humanitarian response.
- Decision-making related to relocation is linked to one’s gender, age, socioeconomic status, mobility, disability, language skills, networks in other parts of the country or abroad, and responsibility for dependents.

6.1 Participation at all levels of decision-making processes

When it comes to decision-making, based on the qualitative responses from both men and women, changes have been observed at all levels—from households to communities and formal (local and national) processes, with different dynamics at every level. This study found that 22 per cent of women and 27 per cent of men reported having more influence in decision-making than before the war, while 7 per cent of women and 13 per cent of men reported having less influence. However, a large proportion of respondents also reported no change (71 per cent of women and 60 per cent of men).

At the **household level**, some redistribution of decision-making power is taking place. Women’s influence over decisions at the family level seems to have increased

overall. In some families, there is more engagement in joint decision-making processes around issues of security, displacement and financial priorities, especially among family members living in the same household. In some cases, decisions are shared based on gendered responsibilities: men tend to manage security issues, while women focus on household finances.

“If we talk about the family, the decisions are made together, but the burden on women remains. [This is] because the man remains in the Defence Forces while the woman is responsible for generating the financial resources and caring for the children.” (Woman)

At the **community level**, the majority of those who have recently been displaced claim that they do



UN Women Executive Director Sima Bahous visits the Palanca – Mayaki-Udobnoe Border crossing in southeastern Moldova where thousands of refugees arrive every day to escape the war in Ukraine. Photo: UN Women/Aurel Obreja

not influence decisions in their communities, either because they are not familiar with the mechanisms in their new communities, they lack motivation due to a feeling of uncertainty and their temporary status, or in some cases, they feel excluded. Others who were active members of community decision-making structures before the war, especially on housing and infrastructure designed for children (such as playgrounds and children’s spaces), note that they are not always ready to be as active in places of displacement given their lack of familiarity with the location and the community dynamics, as well as being busy with other activities. For the most part, displaced men and women focus on their immediate needs rather than community-level engagement.

“With the beginning of the war, I moved from the city to a smaller settlement [... where] I have limited access to various forms of my usual participation in social life. In particular, I am not very focused on how to communicate, [like] how to contact the local authorities in the area where I am now.” (Displaced woman)

“So, of course I know, as I have worked with [other] communities there. I have been involved in decision-making. But now the community where I was before, I no longer take any part in. And the community I came to is not involved in decision-making. But if it becomes a permanent place for me, then yes, I plan to live there to raise my children—of course I am ready [to get involved].” (Displaced man)

Some respondents noted that in communities where large numbers of displaced people have settled since 2014, there is increased engagement by displaced people. Such engagement can be attributed to existing mechanisms for the inclusion of IDPs in local decision-making processes and/or informal relationships with the local authorities.

The majority of respondents agreed that it has become more difficult to exert influence on the **formal decision-making processes** due to the centralization of power and increased role of the military administrations in wartime decision-making. According to interviews with

women from a women’s CSO as well as a government representative, women’s participation has decreased in the formal decision-making processes.

“The decision-making process has changed. Leading positions are held exclusively by men, as a requirement of wartime, and [the process] here is not very democratic. Instead, many issues are resolved via directives.” (Representative of a women’s CSO)

“In the context of hostilities, the role of military and law enforcement agencies in making decisions that affect the life of the city has increased. In this context, the influence of men has increased. [...] But women have also become more visible in terms of leadership in the humanitarian response, [particularly on] social issues, local assistance [and] health services.” (National government representative)

In smaller communities, social media is being used as a means of participation. By following the social media accounts of the local authorities and/or providing feedback to them in local community groups, a male respondent noted feeling involved and connected to those holding power. In theory, social media is available to everyone. However, barriers can include the lack of access to computers, smartphones and the Internet, affecting particularly those with lower income levels such as female heads of households.

“There is an elder who asks questions to the community on Facebook, and everyone writes a comment. We are all in different corners, everyone is busy, but this way, we can see what is happening in the village. This is very, very important and very appropriate. Everyone expresses their thoughts, and we see what they are really doing in the village.” (Man living in an area with displaced people)

Because decisions are often made quickly, the needs of different groups are not always taken into account. There are no public consultations taking place. In an interview, a representative of a UN agency noted that

issues of social development and gender equality are sidelined due to military actions and the overloaded social services alongside the overall humanitarian and security needs.

“The issue of gender-based violence, as well as gender policy, has been deprioritized. Issues of survival, life and health—in short, the war—came to the fore. The issue of gender-based violence is a matter of social policy, which is currently overloaded. Therefore, of course, advocacy on this issue has become more complicated.” (Woman representative of a UN agency)

Still, many respondents do not know how decisions are made currently on humanitarian aid, whether by local administrations or humanitarian organizations. They see a lack of transparency on how resources, particularly humanitarian assistance, are managed, to what extent the needs of different groups are taken into account, and how said groups can impact those decisions. Yet other respondents trust that decisions on humanitarian aid are made professionally, so they do not feel the need to influence or understand those decisions.

“Unfortunately, we cannot influence decisions in the city and region. Even as volunteers, we cannot ask where you are taking this or that, to whom, etc.” (Man)

“We do not know exactly how the decisions are made, but we know that the maximum is being done so that those who remain in the city can live a full life. At least that's how I feel.” (Woman)

At the **informal community level**, in government-controlled cities, respondents note that people’s participation in decision-making and management of resources has increased, due to the active self-organizing efforts of volunteers and civil society. This is especially true for women, who lead and manage the majority of humanitarian response measures and volunteer groups, including those providing support to displaced people. In some cases, this active role of women leads to their increased visibility and voice at decision-making levels.

“Women in our country became more active, began to create cells and networks, and began to manifest themselves more as leaders. [...] They come after work and continue working. We call them the ‘Women’s Battalion’. They have their own Telegram channel, [and] they produce a lot of publications. People follow them and respond to their proposals.” (Representative of a regional administration)

In many cases, grass-roots self-organizing is seen as complementary to the work led by local administrations. The role of civil society has become more visible, more clear and more influential overall. **Feminist, women’s rights and LGBTQIA+ organizations in this response are quite prominent.** Most of them reoriented their previous work towards assisting in the evacuation of people from occupied or heavily shelled cities, helping provide basic supplies to those who are still in their hometowns, and securing shelters for the evacuated (both in Ukraine and abroad, especially in the case of at-risk groups such as LGBTQIA+ or people with disabilities). A survey conducted by UN Women with Ukrainian women’s CSOs in March 2022 showed that 66 per cent of surveyed CSOs are now providing services and interventions that they had not worked on before, and 52 per cent are reallocating funds to new priorities.⁹⁴ Since reports are emerging of sexual violence,⁹⁵ women’s rights organizations have also been providing legal advice and psychological support⁹⁶ to survivors, as well as engaging in advocacy and the documentation of cases.⁹⁷ Ukrainian women’s civil society advocacy has also reached an international level: the president of the NGO La Strada Ukraine, Kateryna Cherepakha, briefed members of the UN Security Council on 11 April⁹⁸ on the violence experienced by Ukrainian women and on civil society’s response.

94 UN Women (May 2020). Rapid Gender Assessment of the situation and the needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).

95 CNN (12 April 2022). “UN warns of rape and sexual violence against women and children in Ukraine.” Available at: [link](#).

96 Zaborona (2 April 2022). “What to do in case of rape: where to look for help and how to punish the perpetrators.” Available at: [link to Ukrainian source](#).

97 Association of Women-lawyers JurFem (6 April 2022). Preventing sexual violence in times of war and ensuring accountability: recommendations for Ukraine. Available at: [link to Ukrainian source](#).

98 United Nations (11 April 2022). “Ukraine war: Trauma risks ‘destroying a generation’ Security Council hears.” Available at: [link](#).

At the **national level**, women’s participation in decision-making is also notable. While most decisions related to military defence are made and communicated by men, including President Zelensky, his advisers, the mayors of occupied cities and security specialists, women also play an important role. Deputy Prime Minister Iryna Vereshchuk is in charge of negotiations and the management of evacuations and humanitarian corridors to and from the occupied areas.⁹⁹ Prosecutor General Iryna Venediktova is leading the work on the documentation and investigation of cases of sexual violence.¹⁰⁰ Deputy Prime Minister Olga Stefanishyna coordinates gender mainstreaming within the humanitarian crisis.¹⁰¹ Parliamentary Ombudsperson Liudmyla Denysova informs the public about alleged human rights abuses in her daily reports. The Government Commissioner for Gender Equality Policy, Kateryna Levchenko, participated in the 66th session of the Commission on the Status of Women to urge for increased support for Ukrainian women and girls.¹⁰²

Women MPs are also active on the front line of international diplomacy, given that Ukrainian men aged 18–60 are not allowed to leave the country. An all-women delegation of Ukrainian parliamentarians conducted official visits to Canada¹⁰³ and the United States¹⁰⁴ in March 2022, meeting with their counterparts and urging increased support for Ukraine. Women constitute 20.5 per cent of the current Parliament—the largest share since Ukraine’s independence.¹⁰⁵ They also make up 22 per cent of the Government (five women among 23 positions in total; three of these women occupy positions at the Deputy Prime Minister level).

99 Government Portal (10 April 2022). “Iryna Vereshchuk: We evacuated 2824 people on April 10.” Available at: [link to Ukrainian source](#).

100 Office of the Prosecutor General (5 April 2022). “Iryna Venediktova: rape in times of war is also a war crime.” Available at: [link to Ukrainian source](#).

101 Official Facebook page of the Office of the Deputy Prime Minister for European and Euro-Atlantic Integration. Available at: [link to Ukrainian source](#).

102 United Nations (18 March 2022). “Amid Changes in Working World, Government Ministers Spotlight National Efforts towards Female Economic Empowerment, as Women’s Commission Session Continues.” Available at: [link](#).

103 The Globe and Mail (1 April 2022). “Ukrainian MPs urge Canada to send ‘heavy weaponry’ to help defend against Russian invasion.” Available at: [link](#).

104 Gray DC (30 March 2022). “Congress hears sirens wail as Ukrainian legislators visit.” Available at: [link](#).

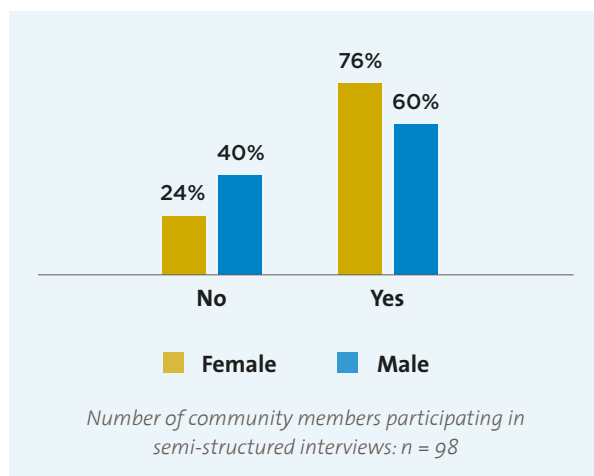
105 Ukrainian pravda (23 July 2019). “Number of women in the new parliament increases.” Available at: [link to Ukrainian source](#).

6.2 Decision-making about relocation

In interviews for this assessment, 76 per cent of women and 60 per cent of men said that they have control over their decisions about relocating (Figure 6.1), whether inside Ukraine or abroad. However, this decision-making is influenced by multiple factors.

Most Ukrainian men between the ages of 18 and 60 are currently prohibited under martial law from leaving Ukraine. One respondent noted that both young men and pre-retirement-age men may be particularly vulnerable. The former may still be students, dependent on family and without work, while older men may have difficulties accessing health care when injured or hurt as others are prioritized for services. It is worth noting that women of certain professions are required to enter the military register and may also be called to service.¹⁰⁶

FIGURE 6.1:
Do you feel you have influence over and can make decisions about relocating to another area or country?



The restriction also impacts other women, especially those with children but also women with disabilities and Roma women, who may not feel secure, able or willing to flee the country without their male family members. Roma women in particular emphasized the importance of maintaining proximity to the family and not wishing to leave family

behind. Staying in Ukraine can, however, have negative impacts on women and their children's security and can mean a lack of access to basic services. There are also accounts of family separation at the border. When women and children choose to leave, they face family separation and anxiety about the well-being of those left behind.

“I really felt how it is to live without a father. I have to make a decision with my mother. I am the eldest daughter. I have little sisters, and my mother and I are alone. In the early days, my uncle and aunt were with us, but later we separated because we wanted to leave, and they decided to stay. We are alone here, and we are afraid to go abroad because we don't know the language and we don't have anyone there. It's scary when the responsibility falls only on you.” (Displaced Roma woman)

Respondents spoke about the mental burden of the constant debate over whether to stay in Ukraine or to leave. A woman in Kyiv who is a carer for her injured mother spoke about the responsibility of this choice and how that affects her mental state, while a man in an occupied area said that he keeps his car constantly filled with petrol to prepare for evacuation.

There are multiple other reasons that compound the inability of people to flee. People who are less familiar with travel, other languages and countries and who have no connections abroad tend to stay. This was also noted by respondents who acknowledged that in war-affected areas, it is the people with restricted mobility and/or assets who are unable to leave and are most often left behind.

“My leg was amputated—I can't even go down the stairs. I open the window when no shootings are heard. I can't even think about relocation.” (Man)

“There are many people of older age with health issues and restricted mobility in my town who need help. They cannot evacuate due to their health condition. I am trying to identify them to provide help, but it is a big challenge. They are

¹⁰⁶ Decree of the Ministry of Defence of Ukraine No. 313 (adopted 3 December 2021). Available at: [link to Ukrainian source](#).



The railway station in Lviv has become a hub for those fleeing to EU countries from the war in Ukraine. Photo: UN Women/Serhii Korovainyi



hidden in their homes and are not asking for help because it is a different generation—they were raised in a different way.” (Representative of a women’s CSO)

Caregivers find themselves in perilous situations. Many cannot or do not want to flee and leave their dependents behind. Both men and women in multiple interviews spoke about their older parents, children with disabilities and family members with chronic injuries who are unable to travel. In many cases, caregivers chose to stay to care for them. Such a decision can influence other family members to stay as well.

“I have to care for my sick 80-year-old mother and my brother with a disability. I have to stay and can’t relocate with my family because of them. My wife refused to move as she wants to be with me.” (Man living in a city under immediate attack)

“People with disabilities in remote territories became ‘prisoners’ within the situation. They cannot be transported, [as] they have no access to transport services.” (Representative of a CSO working with people with disabilities)

Particularly in the occupied territories, women respondents noted the concern for the lack of money and the limitations that it poses in terms of relocation—but also the inability to simply cross the front line, which

would be the only access to Ukraine and further afield. Otherwise, the only option is to flee to Russia.

But there are also people who simply do not wish to leave the homes that they are familiar with, even if unsafe, and adapt to a new life that seems just as unsafe and unknown.

“It’s a tough decision to go [and become] refugees or IDPs somewhere. People don’t want to do this because they’re used to living a normal life in their home, so leaving is difficult.” (Woman living in a war-affected area)

Due to the lack of civil status documentation and birth certificates, according to the respondents, Roma continue to face challenges at the border preventing them from exiting the country. But throughout their journey, Roma also face other types of discrimination unrelated to their access to documents. A Roma woman explained how, on the border with Slovakia, a bus carrier refused to take 15 members of the Roma community, including children, who then had to wait a long time in the cold for another bus to come.

Those respondents who have fled spoke about the difficulties during their journey. A mother of a newborn spoke about travelling more than 1,000 kilometres with her baby. An older woman who recently had an operation spoke about needing to lie down but was unable to do so in the car. For some, escape has also been accompanied with fear for their lives, driving from petrol station to petrol station hoping they make it to their destination.

7. POSITIVE AND NEGATIVE COPING MECHANISMS

GENDER HIGHLIGHTS:

- People with restricted mobility, people with disabilities and older people are often unable to relocate or move to access safe shelter; sometimes they are unable to leave their homes on their own, needing assistance to do so.
- For women, one of the main challenges in the decision to relocate is the need to find day care and schooling for children.
- Common coping strategies for dealing with anxiety and stress include walking or spending time outdoors, but this strategy is not available to everyone, particularly those in currently occupied cities. This is especially true for women, as information about incidents of sexual violence has spread.

7.1 Coping with (in)security

For those living in areas under attack, the most common ways of responding to the immediate security needs are by taking refuge **in bomb shelters** or seeking safety through **displacement**, whether in Ukraine or abroad. However, neither option is available to everyone equally—people with restricted mobility, people with disabilities and older people are often unable to relocate, so they remain in the city or in their homes.

In addition to people with restricted mobility, most men do not have the option to travel abroad. Instead, they stay and find ways to keep busy by joining the AFU or the joint Territorial Defence Forces, working or looking after the household.

The decision to relocate, while a coping mechanism, does not come easy to families, and it is filled with challenges for women in particular, including the need to find day care and schooling for children. Different aspects of children’s security, education, health and mental well-being are central to the experience of displaced women.

Some people see the challenge of finding solutions to adversities such as the lack of money, food, education

and fuel, as something to take one’s mind off the constant bombings and insecurity. A Roma woman spoke very eloquently about how she emerged from the bomb shelter trying to take control of what she could.

“And you don’t run to the basement anymore, you don’t sit there for five to six hours anymore, you don’t spend the night in these basements. Somehow you start to get used to the shelling, to explosions. You pull yourself together and start doing something. You understand that the children need to establish a distance learning routine, [and] you need to support relatives and friends. You need to think about where to get cash, where to buy some cereal to cook something for the children. And [think about] how to keep the children warm, because then there were moments when there was no light or water and you’re just like a man from a cave who prepares food on the street and gets water from the well. It was very difficult.” (Roma woman)



UN Women Executive Director Sima Bahous visits the Palanca – Mayaki-Udobnoe Border crossing in southeastern Moldova where thousands of refugees arrive every day to escape the war in Ukraine. Photo: UN Women/Aurel Obreja

7.2 Response to financial difficulties

Financial insecurity due to job loss, increased prices for food and fuel and, in case of displacement, increasing rent prices is one of the most common challenges for the entire population of Ukraine. Men, who are seen more often as those responsible for a family’s financial security, may experience increasing pressure as a result of these challenges. Various coping strategies include putting aside resources (e.g. money, food, etc.) to prepare for more scarcity in the future; sharing finances in the family collectively; and making joint decisions on how to spend money.

“Almost every member of my family lost their job, and now we try to share all that we earn during the day inside the family—even if it is a modest amount, we share it.” (Man)

One of the most immediate responses to this has been the more than 50 per cent increase in remittances to

Ukraine since the beginning of the war.¹⁰⁷ Money is sent by relatives and friends from safer areas, either in Ukraine or abroad. However, respondents claimed that those in areas with limited access to ATMs and banking services (such as the populations in occupied settlements, rural areas and settlements under attack) are currently unable to access any financial support.

Looking for alternative employment and sources of income can be seen as one common coping mechanism. However, those who are able to rely more on social security and payments from the State do so.

“People can’t earn money like they did before, but the State provides support to those who have lost their jobs completely now and cannot work. Many live, of course, on those savings that they managed to accumulate before the outbreak of hostilities. Many are now also looking for some alternative sources—this is, remote

¹⁰⁷ Quartz (8 March 2022). “Remittances to Ukraine and Russia have shot up by more than 50% since the invasion.” Available at: [link](#).

work. Everyone in our country, in our city is trying to help to the best of his or her ability.” (Man living in a war-affected area)

“At home, I study new computer skills and other IT technologies related to the possibility of finding a remote job in the future. I am also looking for other ways to make money online.” (Man)

Another common coping mechanism is relying on existing resources and stocking up. For people living in rural areas, canned and pickled foods, as well as other previously grown and stored products, have been the main resource for survival. In rural areas where it is possible to do so, people are planning to plant new crops this spring to have food for the next season.

“As a reaction to the war, a lot of people have been infected by so-called ‘balcony disease’, saving and storing everything—just as it once was, in case of war.” (Activist woman)

“We began to save money and stock up on food and water.” (Woman)

For those who are still able to work, employment is not only an important source of income but also a valuable coping strategy that helps distract them from the news and adds a sense of meaning and teamwork to their life.

“When you work, you forget a little that there, outside the window or behind the door, there is a war going on. I communicate with my colleagues—we are all in this situation. When you are in a team, it's a little easier. When you are home alone, it's harder.” (Woman with restricted mobility)

7.3 Mental health and overall well-being

Families and individuals adapt differently to increasing stress and mental health issues. Among the most common coping strategies mentioned during the

interviews was communicating with family (especially children and grandchildren), particularly when they do not currently live under the same roof and cannot travel to see one another. This coping strategy is especially important for the elderly population.

“We have very strong family connections—we call each other all the time. We can identify different types of shelling and danger, and we have a plan for what we will do if the level of danger increases.” (Woman living in a city under immediate attack)

For some respondents, restricting their communication to only a close circle of friends and relatives, and coming together to live in one place, has been a way of dealing with the stress and emotional overload. However, in some cases, the current situation has increased tensions and conflicts inside the family. This is particularly true in cases where relatives moved in together and have to share a small space as a result of relocation. In some cases, tensions may also increase when some members of the family do not understand or accept the choices or identity of others, such as in the case of LGBTQIA+ people, as was noted already during the COVID-19 pandemic.¹⁰⁸

“We try to talk to one another as often as possible [because] we also understand that the mental and psychological perception of each person, regardless of whether it is one’s family, is different. But, in order for all of us to cope with it, we constantly sit down and talk. Secondly, we have now made the decision that we will all be staying in the same house. We chose this house because we understand that it is safer than our apartments, so altogether, about eight people live here. So, I want to say that regardless of the fact that each person accepts what has happened to Ukraine now, we are trying to figure it out together, talk and provide some psychological support to one another.” (Woman activist)

¹⁰⁸ UN Women (May 2020). Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine. Available at: [link](#).



A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 1 March 2022. Photo: UN Women/Aurel Obreja

Managing one's media consumption, especially by being more selective of what to watch and how often, is another common way to reduce anxiety, according to the respondents.

Other common strategies for dealing with anxiety and stress include walking, spending time outdoors, doing sports, working in the garden (where possible), and engaging in daily routines and mundane tasks to distract oneself. A man in an occupied area said that whenever possible, he tried to do some physical exercise and spend time in the park

“I am now constantly working, as we have a private house. Therefore, we try to do something around the house on the street, go out for a little walk, breathe fresh air and be distracted, but in general, of course, everyone feels fear.”
(Woman)

It is important to note, however, that walking and being outside is not a strategy that is available to everyone living in the currently occupied cities. Many respondents fear for their lives and choose to stay indoors. This is especially true for women, as information about incidents of sexual violence has spread.

Several interviewees mentioned that it is generally harder for men to speak about their feelings or to address their emotional state. Women, at the same time, commonly report turning to prayer or spirituality for solace.

“To be honest about prayer, I never prayed; I was a very sinful woman, but now I pray. I pray every night, every day, every minute—for children, for relatives, for parents, for everyone, for all of Ukraine. I pray that this horror will end soon.”
(Woman)



UN Women Executive Director Sima Bahous meets with Ukrainian refugee women, children and the elderly at a temporary placement centre in Costesti, 20 km from capital Chisinau, Moldova. Photo: UN Women/Aurel Obreja



Toys puzzles and art supplies offered to Ukrainian refugees by UN Women Moldova with the financial support of Sweden at the placement centre in Costesti, Moldova. Photo: UN Women/Aurel Obreja

7.4 Volunteering as a coping mechanism

For a large group of the population, volunteering has become an important coping strategy. Not all volunteer initiatives have official status, but they are trusted and have proved to be inclusive and effective. While the scale of self-organization depends on the location, available resources and security situation, nearly all of the respondent groups mentioned community organizing and mutual support as an important way of responding to the crisis. In some areas, this is limited to sharing food with one's neighbours or checking in on them regularly. In other cases, volunteer-led initiatives gather to mobilize resources for the community, with women most likely to spearhead these strategies.

“We help others and help ourselves. That is, you take part in something important, and it helps you feel a little easier psychologically in a state of war.” (Displaced woman)

“Because of my involvement in charity work, which I have been doing for a long time, there is no room for negative feelings. There is only a sense of feeling useful, and this helps to cope with the stress and tension.” (Woman)

Men tend to engage in territorial defence or the armed forces. However, those men who are not conscripted are also actively involved in volunteer work in a variety of roles—from managers to drivers.

“Men are more involved in protection and defence, while women are more involved in serving the needs of the front line. A lot of women cook food, make [camouflage] nets for protection, etc.” (Woman CSO activist)

“We seem to have become more united—that is, we are now solving some problems together, for example, finding another job, purchasing some food, [...]. We have already become somehow more responsible, [and] we make decisions faster.” (Roma man)

It was noted that there are less rigid gendered divisions of labour in volunteering. Research and interviews for this assessment revealed that some men play an active role in the humanitarian effort by providing psychological support to vulnerable people and marginalized groups. At the same time, some women support the military effort, including by providing food and equipment such as camouflage nets to the AFU and the Territorial Defence Forces.

“I feel [that those in crisis] need to be calmed down and talked to on the phone—be given some advice. A lot of people are nervous now. They need communication and support. I do this every day.” (Man living in a city under attack)

8. RECOMMENDATIONS TO ALL DONORS, HUMANITARIAN LEADERSHIP AND ACTORS

Intersectional humanitarian response

- Ensure that humanitarian assistance addresses the needs of women, men, girls and boys in vulnerable situations and from different marginalized groups. This includes single parents (particularly female heads of households), persons with disabilities, older people, pregnant and breastfeeding women, Roma and LGBTIQ+ persons.
- Ensure that all humanitarian programming interventions are suitable and accessible for single-parent households, particularly female-headed households, including such considerations as the provision of childcare.
- Ensure the direct delivery of humanitarian assistance to different populations, including people with disabilities and older women and men with restricted mobility in war-affected areas, where it is not safe or accessible for all people to queue for long periods of time for distributions.
- Ensure a participatory approach that includes women, men, girls and boys in vulnerable situations and from different marginalized groups in planning cash assistance, food, NFI and other distributions taking accessibility into account, including the location, time and security situation.
- Ensure that information on services, access and rights is widely available and accessible to all sections of the crisis-affected population, taking into consideration language, access to technology, preferred and trusted communications channels and formats, and gender roles.

Data, assessment and analysis

- Ensure that all actors, including OCHA, IOM and UNHCR, collect and share sex-, age- and disability-disaggregated data (SADDD) and prioritize transparency and the sharing of non-identifiable data collected, in order to ensure greater access to information and reduce duplication. This aims to reduce assessment fatigue, the re-traumatization of respondents and the general burden on the affected populations, as well as safeguard humanitarian staff and volunteers.
- Confirm that donors ensure that all funded proposals and interventions include a gender analysis and the use of SADDD and have budgets dedicated to addressing gender considerations.
- Ensure that different sectors integrate SADDD and conduct needs assessments that integrate a gender analysis, as well as seek the input of all population groups affected, including women, men, girls and boys of different ages, in vulnerable situations and from different marginalized groups.
- Require the use of gender markers for the allocation of funds for humanitarian interventions.

Women's participation, decision-making and leadership

- Ensure that humanitarian actors prioritize the approaches in their interventions that support women's and young people's leadership and decision-making power. One such example is CARE's Women Lead in Emergencies Approach.¹⁰⁹ Include

¹⁰⁹ CARE International. Women Lead in Emergencies. Available at: [link](#).

both formal and informal community and civil society groups in decision-making around the response and recovery phases to ensure that their voices are heard and they take a lead in influencing decisions that affect their lives. The specific situation of IDPs and the barriers they currently face in community decision-making should be taken into account.

- Ensure that humanitarian coordination and planning processes led by the United Nations and the Government meaningfully consult with representative women's civil society and create opportunities for their participation in decision-making.
- Support women-led and women's rights organizations engaged in the response through the provision of financial resources and by amplifying their voices at national and international platforms.

Gender-responsive and inclusive sectoral programming

Shelter and NFI

- Ensure safe and accessible housing for IDPs and for those unable to evacuate.
- Ensure that collective shelters have sex-segregated and/or family-segregated accommodation and adapted and inclusive WASH facilities (see below).
- Ensure that collective shelters are accessible, and support transportation for persons with restricted mobility to reach shelters.
- Ensure non-discrimination to all groups needing access to shelter, including the Roma population, LGBTQIA+ people and men.
- Adapt existing repair programmes, which focus on fixing damaged homes, to include provisions of labour to vulnerable households needing additional support in making necessary emergency repairs.
- Establish child-friendly spaces with early childhood development (ECD) activities within shelters and appropriate private spaces for pregnant and breastfeeding women.
- Carry out GBV safety audits in collective shelters to ensure safe access for women and girls.
- Ensure that less visible female-headed households (especially among older persons and people with

disabilities) are identified when assessing the distribution needs for shelter and NFI kits for IDPs and non-displaced people.

WASH

- Develop and distribute hygiene kits and dignity kits with menstrual hygiene and incontinence materials in consultation with women of different ages, including older women and adolescent girls.
- Ensure that collective IDP centres have sex-segregated toilets and bathing spaces, with functioning lighting, cubicles with internal locks and opportunities to bathe babies.
- Adapt WASH facilities to accommodate the specific needs of LGBTQIA+ people, people with disabilities, older persons and pregnant women.
- Consult with women and girls on the locations, distances and routes to access WASH facilities and collect water in order to ensure that safety risks are mitigated. The implications are twofold, not only impacting women and girls' time burden but also introducing potential protection risks if it becomes known that they regularly take that route unaccompanied.

Food security and nutrition

- Tailor food assistance to the specific needs of women and children, including adequate and appropriate nutritional food for older people, pregnant and breastfeeding mothers, children under the age of 5 and people with chronic illnesses, while mitigating access constraints that exist for specific populations.
- Provide new mothers with support in young child and infant feeding. Equip shelters to have spaces for women to breastfeed or pump. Work with the education sector to provide ECD activities, including stimulation for new mothers to improve the nutritional intake of babies.
- Plan food delivery modalities in consultation with women. These must take into consideration issues of safety for women and men when leaving their accommodation to access food.
- Ensure that information regarding the availability of food assistance is clear and accessible to all. Consider specifically those in remote and isolated



A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 1 March 2022. Photo: UN Women/Aurel Obreja

communities, and ensure that information delivery does not rely on the Internet or mobile connectivity.

Education

- Alleviate mothers' increased care burden due to homeschooling through programming that offers them support with homeschooling and works to change the attitudes at home, encouraging redistribution of the care burden among male family members.
- Provide children with after-school activities to reduce their stress and anxiety and improve mothers' access to paid employment.
- Integrate ECD programming into other humanitarian services (including health facilities, shelters and distribution points that require queuing for food and other relief items) to support children and to remove mothers' barriers to accessing services.
- Develop targeted programming for Roma girls. This includes working with parents, changing

community attitudes towards girls' education and improving livelihoods opportunities, as well as providing access to civil status documentation for Roma women, men, girls and boys.

Cash and social support

- Ensure that humanitarian actors prioritize those who are experiencing increased barriers to accessing cash, such as the affected populations in occupied territories and in the areas of active hostilities, in rural areas, and those without civil status documentation.
- Ensure that the Government of Ukraine prioritizes the continuation of social support payment schemes, especially to groups in vulnerable situations, including those who rely on social support, those who have lost their livelihoods and those in areas where there are barriers to accessing cash.
- Partner with local CSOs, particularly women-led organizations, to support affected women and children with cash and voucher disbursements.

- Design cash delivery modalities, including the timing and mechanism of distribution, in consultation with women and vulnerable populations. Ensure that GBV risk mitigation measures are in place, as well as taking into consideration women’s household care duties, the ease of movement, perceived stigma for LGBTQIA+ people, discrimination against groups such as the Roma community, access to financial institutions and familiarity with technology, such as mobile phones.
- Include women front-line health workers in decision-making spaces to improve the health response, specifically in relation to women’s health and GBV response and prevention mechanisms.

Mental health and psychosocial support (MHPSS)

Livelihoods

- Provide displaced women and men with opportunities to access vocational training and new opportunities for livelihoods, as many people are looking for ways to adapt to the unemployment they are now experiencing. Be mindful of the changing gender roles that find women seeking income opportunities when they might not have done so before. Allow for flexible, part-time remote training and working opportunities where useful/feasible.
- If appropriate, create job opportunities for displaced women, female heads of households and women from the Roma community and other ethnic minority groups in the distribution of food, shelter, winterization and NFI kits and in carrying out repairs, thereby ensuring that the programming considers and includes provisions for childcare and provides flexible working modalities where helpful.
- Engage the private sector in supporting women in job placement, including the training and retraining of displaced women.

- Ensure that safe and accessible MHPSS services are made available in locations where services are limited. Provide both offline and online services to mitigate access issues, whether caused by safety risks (particularly in currently occupied areas) or barriers to movement for older people and persons with disabilities, in addition to the lack of access to online services.
- Ensure that all humanitarian actors responding to the war make ongoing psychological support available to staff, volunteers and partners in order to prevent emotional burnout.
- Communicate and reduce stigma about the importance and value of psychological support, particularly among men.
- Ensure psychological support for LGBTQIA+ people that they can reach out to without fear of discrimination or stigma.

Health, including sexual and reproductive health (SRH)

- Support the Ministry of Health Care and other health actors in urgently ensuring services and treatment for persons with chronic illnesses including HIV and that specialized health needs are made available.
- Make SRH and MNCH care a priority by observing the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health (SRH),¹¹⁰ including the clinical care of sexual assault survivors and ensuring access to contraception.

Civil status documentation

- Ensure access to civil status documentation for anyone wanting to cross a border.
- Ensure that all services are available to those who do not have civil status documentation.

Gender-based violence (GBV)

- Support humanitarian leaders and actors in advocating for more support, resources and funding to address the increased risk of GBV caused by the ongoing crisis.
- Ensure that GBV services are complementary to government services and fill in gaps where existing services, such as shelters, have been replaced to support IDPs. Provide mobile and remote GBV services to reach out to those who are unable to access services. Where GBV services, referral pathways or actors are not available in a given location, the GBV

¹¹⁰ UNFPA (2020). Minimum Initial Service Package (MISP) for SRH in Crisis Situations. Available at: [link](#).

Pocket Guide¹¹¹ should be used as a key resource for non-specialized GBV actors in the response.

- Ensure that all front-line humanitarian actors are trained in the basic concepts of GBV, disclosures and safe referrals.
- Ensure that information regarding GBV services is made accessible, taking into account barriers to information faced by certain groups, including the lack of Internet access and mobile phone connections.
- Ensure that GBV risk assessments and safety audits are conducted progressively throughout the crisis to understand and mitigate safety concerns and protection risks, in particular in communal shelters for IDPs, as well as in planning for and implementing the distribution of humanitarian assistance and services.
- Support OHCHR and other relevant actors in ensuring the effective documentation and investigation of cases of conflict-related sexual violence.
- Provide clear messaging to the crisis-affected population on the risks of trafficking and how people can protect themselves. Work with the national authorities to strengthen their capacity to conduct checks at border crossing points to identify potential victims of trafficking.

Child protection

- Provide shelters with education/toy kits, ECD programming and/or child-friendly spaces.

Protection from sexual exploitation, abuse and harassment (PSEAH)

- Ensure that community members, particularly women and people in vulnerable situations and from different marginalized groups, have information on their rights in terms of humanitarian assistance as well as how to report misconduct.

- Ensure that all actors involved in the response adhere to the principles of zero tolerance for SEAH, with established codes of conduct and PSEAH protocols for each staff member, including for implementing partners, consultants and volunteers.
- Support all humanitarian actors in ensuring that a safe and accessible feedback and complaints system is in place to report misconduct and to prevent, mitigate and respond to SEAH.

Communication with communities: Accountability to affected populations (AAP)

- Collect further information regarding the preferred and trusted means of two-way communication by men and women and among different population groups, including men and women with restricted mobility (especially in the territories under immediate attack and the occupied territories).
- Set up gender-responsive, inclusive and confidential two-way feedback and complaints mechanisms that ensure effective procedures for follow-up.
- Share information with displaced people arriving in IDP shelters on the availability and frequency of distributions and services that are available to them.
- Disseminate information about humanitarian aid and evacuation opportunities via diverse communication channels to ensure that women and men without Internet access and/or mobile phone connections in the occupied territories and territories under immediate attack can still receive it.

¹¹¹ GBV Pocket Guide, available in [Ukrainian](#), [Russian](#) and [English](#).



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