RAPID GENDER ANALYSIS OF UKRAINE: SECONDARY DATA REVIEW

29 MARCH 2022
ACKNOWLEDGMENTS

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# ACRONYMS AND ABBREVIATIONS

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<tr>
<td>AAP</td>
<td>ACCOUNTABILITY TO AFFECTED POPULATIONS</td>
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<td>ARMED FORCES OF UKRAINE</td>
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<td>BIPOC</td>
<td>BLACK, INDIGENOUS AND PEOPLE OF COLOUR</td>
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<td>CRSV</td>
<td>CONFLICT-RELATED SEXUAL VIOLENCE</td>
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<td>CIVIL SOCIETY ORGANIZATIONS</td>
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<td>FAO</td>
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<td>GBV</td>
<td>GENDER-BASED VIOLENCE</td>
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<td>HUMANITARIAN RESPONSE PLAN</td>
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<td>IOM</td>
<td>INTERNATIONAL ORGANIZATION FOR MIGRATION</td>
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<td>LGBTQIA+</td>
<td>LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, INTERSEX AND ASEXUAL</td>
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<td>MHPSS</td>
<td>MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT</td>
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<td>NFIS</td>
<td>NON-FOOD ITEMS</td>
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<td>OCHA</td>
<td>UNITED NATIONS OFFICE FOR THE COORDINATION OF HUMANITARIAN AFFAIRS</td>
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<td>UN WOMEN</td>
<td>UNITED NATIONS ENTITY FOR GENDER EQUALITY AND THE EMPOWERMENT OF WOMEN</td>
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Since 24 February 2022, and the invasion of the sovereign territory of Ukraine, there have been devastating effects in the country, including massive civilian displacement and casualties. As of 25 March, 3.7 million refugees have already fled Ukraine, and the number of displaced people has reached 10.2 million. Of those who have fled the country, 90 per cent are women and children, while men aged 18–60 are required to stay behind. Twelve million people are projected to need urgent humanitarian assistance.

This Rapid Gender Analysis (RGA) seeks to draw attention to the gender dynamics in the war in Ukraine—both pre-existing and emerging—and draws out recommendations for humanitarian leadership, actors and donors to ensure consideration of the gendered dimensions of risk, vulnerability and capabilities in response and preparedness to this crisis. This RGA is a progressive publication based on secondary data resources—both pre-crisis information as well as information that has been released after 24 February. Resources comprise of English, Ukrainian and Russian language sources across humanitarian information sources and media as well as being informed through anecdotal discussions with UN Women partners. The secondary data review was conducted between 14 and 22 March 2022. This RGA builds upon the RGA Ukraine Brief developed by CARE International during the first week of the crisis and will be followed by another publication that will include an analysis of both primary and secondary data.

Findings at a glance

1) The war is impacting women and men in different ways and is exacerbating pre-existing inequalities. Women from groups in vulnerable situations are being left behind and disproportionately affected by disruptions caused by war.

2) Women and men are largely taking on different roles in the context of war. While women and women's organizations are playing a crucial role in the humanitarian crisis, they are largely absent from decision-making at the local and national level, as well as in the current negotiation process between the Russian Federation and Ukraine.

3) Unemployment rates among all categories of the population will likely increase and continue pushing women into the unprotected informal sectors of the economy.

4) Women and men face diverse challenges in accessing the services and resources they need, including:
   • The lack of safe and accessible accommodation
   • Severe shortages of food, water and energy supplies
   • Barriers to accessing cash and financial and social support
   • Acute disruptions to health services, including access to sexual and reproductive health (SRH), with various groups needing access to specialized medication and treatment
   • Disruptions to education, impacting children, young people and their caregivers
   • The lack of civil status documentation, which can limit access to humanitarian assistance
   • Limited access to information, especially as the Internet and electricity have been unreliable or disrupted in the worst-affected areas

5) There are many emerging protection concerns, such as increased risks for gender-based violence (GBV), which disproportionality affect women and girls, especially those from vulnerable groups. This especially includes:
   • Safety concerns relating to GBV, conflict-related sexual violence (CRSV) and trafficking
   • The increased need for mental health and psychosocial support (MHPSS)

6) The displacement and refugee flow is largely gendered, with women facing many challenges at the border and some groups of people, including women, men, boys and girls with disabilities, being unable to leave the country.

7) Women activists, civil society actors, journalists and human rights defenders are facing increased risks to their safety and security, including increased risks of abductions and persecution.

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2 United Nations (24 March 2022) One month of war leaves more than half of Ukraine’s children displaced. Available at: [link](#)
3 OCHA (March–May 2022). Ukraine Flash Appeal (March–May 2022). Available at: [link](#)
4 Some information was updated on 29 March prior to publishing this report.
5 CARE (March 2022) Rapid Gender Analysis Ukraine Brief. Available at: [link](#)
SUMMARY OF RECOMMENDATIONS TO DONORS AND HUMANITARIAN ACTORS

Overarching recommendations

• Ensure that data and evidence is collected from persons of all genders and at-risk groups to inform a gender-responsive and intersectional humanitarian response and are reflected in budgeting, programming and service delivery.

• In each area of intervention, and wherever possible, in collaboration with local women’s organizations, conduct progressive RGAs and gender-integrated needs assessments to understand the distinct needs, priorities and capacities of women, girls, boys and men from diverse groups.

• Actively seek and include partnerships with local women’s CSOs and civil society working with different minority groups. Provide direct, flexible and needs-based funding to local Ukrainian women’s rights organizations to ensure a more rapid and timely response, as well as support the sustainability of local organizations.

• Ensure that the humanitarian coordination system has appointed and sustained Gender in Humanitarian Action (GiHA) capacity to make sure that commitments to standards are adhered to including the integration of gender into all stages of the humanitarian response and programme cycles.

Women’s participation, decision-making and leadership

• Ensure the meaningful participation of women and girls, including those from marginalized groups, in all decision-making processes, including but not limited to humanitarian planning, coordination, implementation and monitoring, peace negotiations and recovery processes at the national, regional and community levels.

• Where safe to do and being mindful of do no harm, provide visibility of the diverse roles that men and women are taking, in humanitarian response and decision-making, including promoting the voices of marginalized groups. Highlight cases that break away from traditional gender norms as well as women’s agency and leadership, instead of portraying women only as victims, recipients of assistance and those in need of help.

• Consider and address structural barriers to participation, such as the security of women’s rights activists, access to childcare facilities and other supporting care infrastructure and socio-economic security, to mitigate barriers for caregivers, particularly women, to participate in community humanitarian response.

Intersectional humanitarian response and gender-responsive sectoral programming

• Ensure sex and age-appropriate protection, evacuation, support and access to information and services for populations with limited mobility, including older people and people with disabilities, as well as those at risk of abandonment in orphanages and other institutions.

• Ensure that all humanitarian programming is suitable and accessible for single-parent households, particularly female-headed households, as well as separated and unaccompanied children, recognizing the high proportion of such groups among both pre-war and current-war populations.

• Ensure that sectoral programming is underpinned by a gender analysis and needs assessment. Integrate the detailed recommendations from this RGA report relating to various sectors, including:
  o Health, including MHPSS, SRH and services for at-risk groups
  o Education
  o Food and Livelihoods
  o Shelter and non-food items (NFIs)
  o Water, sanitation and hygiene (WASH)
  o Cash and Voucher Assistance (CVA)
  o Protection and GBV
Access to information and accountability

- Identify affected people’s preferred and trusted channels of communication. Recognize that different groups depending on sex, age and other characteristics (e.g. single mothers with young children, people with disabilities, Roma communities, as well as other ethnic minority groups, separated and unaccompanied children) will have different communication and information needs and channels, languages and formats.
- Develop Accountability to Affected Population (AAP) mechanisms that are inclusive and take account of the preferred media and communication methods used by different groups in vulnerable situations. In addition, ensure avenues for two-way communication for people in need of humanitarian support, especially so they can give feedback or log complaints about services provided and receive timely responses.
- Ensure the gender, age and diversity-oriented inclusive content of briefing materials, talking points, speeches and websites.

Protection of at-risk groups, including protection against sexual harassment, exploitation and abuse (PSHEA)

- Ensure protection, evacuation and support to civil society activists and human rights defenders, including women human rights defenders and LGBTQIA+ people
- Develop programming to address the lack of civil status documents for Roma and other population groups. Ensure that people fleeing the country have access to documents even if they would be able to exit without them.
- Ensure that women and children who are internally displaced, women and children refugees and all those engaged in humanitarian assistance are aware of the risks of trafficking and are taking effective prevention and protection measures.
- Map, continually update and share GBV services and referral pathways within communities in languages and formats accessible to all groups. The continuity of GBV response services should be prioritized and categorized as essential and lifesaving, and assistance to local organizations that provide services and shelter to GBV survivors must remain a priority, with a specific focus on women and girls on the move within Ukraine as well as older women and women with disabilities, who have been identified as particularly at risk.
- Ensure the continued and expanded implementation and compliance with the existing Humanitarian Country Team Framework on Protection from Sexual Harassment, Exploitation and Abuse (PSHEA) in Ukraine. This includes maintaining the inter-agency community-based complaints mechanism and dissemination to the affected population, including information on what PSHEA is, what their rights are and how they can access the complaints mechanism.
- Ensure that all actors in Ukraine’s humanitarian response, including their staff, partners’ staff, consultants and contractors, are aware of their responsibility and obligations in terms of PSHEA, including reporting cases of sexual exploitation and abuse and maintaining adherence to codes of conduct.

Protection at the border

- Collect gender, age and disability data on refugees from Ukraine fleeing violence. Include, where safe to do so, data on other aspects of intersectionality. Work with partners to ensure that the data is used to understand the gender, age and diversity dynamics of refugee flows and to inform a gender-sensitive and intersectional response in terms of programmes and service delivery.
- Monitor the risks of human trafficking and sexual exploitation and abuse of all refugees, with specific attention to women and girls, and separated and unaccompanied children, especially at border crossing points and large travel junctions. Provide information on safety and risks directly to refugee women including those identified as most at risk such as older women and men and women, men and children with disabilities.
- Ensure non-discriminatory treatment of non-Ukrainian residents, specifically black, Indigenous and people of colour (BIPOC) who remain in Ukraine and those leaving.
- Ensure that all entry systems are protection sensitive, gender, age and disability responsive and open to all legitimate applicants. This intends to encourage all asylum seekers to avoid irregular means of entry, which can greatly increase their protection risks and exclude them from accessing the specific protection and humanitarian services they require to meet their immediate needs, as well as hamper their long-term prospects.

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 in close cooperation with women’s civil society organizations and other partners. Through several upcoming rapid gender analyses, UN Women will seek to inform the humanitarian response and will advocate for the priorities of all, including those from the most vulnerable groups. Together with CARE International, UN Women will be producing an upcoming Rapid Gender Analysis that includes primary data, raising the voices of women and men from across the country, which will be available mid-April 2022.

For more information about the progressive rapid gender assessments in the context of the war in Ukraine, and for further information about UN Women’s work in Ukraine, please get in touch at unwomen.ukraine@unwomen.org.

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 lifesaving 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 organisations both inside Ukraine as well as neighbouring countries, including Romania, Slovakia and Poland. Aid distributions include relief items such as food, hygiene products and sleeping bags. CARE International also provides cash to affected populations, offers shelter and psychosocial support. We place a particular focus on working alongside women-led organizations and women in the humanitarian response.
Since 24 February 2022, and the invasion of the sovereign territory of Ukraine, there have been devastating effects in the country, including massive civilian displacement and casualties. The number displaced as of 25 March is estimated at 10.2 million. Attacks have taken place across the country, including Kyivska oblast and the capital city of Kyiv, as well as the eastern oblasts of Donetsk and Luhanska, which were already affected by conflict.

Prior to the recent escalation, modest gains had been made in Ukraine in terms of the advancement of gender equality and women’s rights in the country. Much of this is to the credit of an advanced women’s rights civil society. Yet these gains were under pressure from deeply entrenched gender discrimination as well as eight years of conflict and displacement and the disproportional socioeconomic impact (including violence against women) caused by the COVID-19 pandemic. Pre-existing gender and intersectional inequalities worsen during a crisis, and any advances made will be further affected by the current war.

This Rapid Gender Analysis (RGA) seeks to draw attention to the gender dynamics in the war in Ukraine—both pre-existing and emerging—and draws out recommendations for humanitarian leadership, actors and donors to ensure consideration of the gendered dimensions of risk, vulnerability and capabilities in response and preparedness to this crisis. This RGA is a progressive publication based on secondary data resources—both pre-crisis information as well as information that has been released after 24 February. Resources comprise of English, Ukrainian and Russian language sources across humanitarian information sources and media as well as being informed through anecdotal discussions with UN Women partners. The secondary data review was conducted between 14 and 22 March 2022. This RGA builds upon the RGA Ukraine Brief developed by CARE International during the first week of the conflict and will be followed by another publication that will include an analysis of both primary and secondary data.
Citizens of Kyiv, capital of Ukraine, spend the night at the metro station Heroes of the Dnieper during the first days of the war, end of February 2022. Photo: UN Women/Serhii Korovainyi.
The recent escalation of violence has led to an exponential rise in food insecurity and the disruption or failure of many essential services, particularly for women, children and specific at-risk groups. 19 As a result, women and girls face higher risks of human rights violations and sexual exploitation and abuse, including transactional sex, survival sex and conflict-related sexual violence (CRSV). 20

Some of the worst-affected areas are besieged cities such as Chernihiv, Kharkiv and Mariupol, which are experiencing heavy bombardment. Humanitarian corridors are limited, causing a devastating lack of access to basic needs like food, water and medicines. 21 Pictures of a missile strike on a maternity hospital, with women and newborns being moved to hospital basements, highlighted the gendered impacts of the conflict. At the start of the crisis, UNFPA estimated that 80,000 women in Ukraine were expected to give birth in the following three months, while access to emergency obstetric care and pre- and postnatal care is hindered. 22

### 3. DEMOGRAPHIC PROFILE

The population of Ukraine has distinct gendered characteristics, with 54 per cent women and 46 per cent men. The disparity is explained by the higher life expectancy of women translating into a particularly large population of older females. 23

In Donetska and Luhanska oblasts, older persons constitute 30 per cent of the people in need, according to the 2022 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP). This proportion represents the highest level compared to other global emergencies. 24 The majority of older persons are women. The biggest share of women (68 per cent) aged 65+ can be found in the regions of Chernihiv, Dnipropetrovsk, Kyiv, Zaporizhzhia and Zhytomyr, while the smallest share is in the Zakarpattia region—where on average the population is typically younger. 25

Prior to the escalation of the war, 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 is expected to be similar, but no reliable or consistent data are available at this time. 26

Ukraine has more than 130 ethnic groups and many minority language groups. 27 These groups include Ukrainian nationals with diverse ethnic backgrounds as well as third country nationals, who include international students (estimated as more than 76,500 as of 202128), labour migrants, refugees and asylum seekers as well as different stateless populations who lack civil status documentation. The Roma minority, with a population of up to 400,000 living in Ukraine, 29 forms the largest ethnic minority population that faces significant discrimination.

Data on people with disabilities is not entirely reliable. According to the State Statistics Service, the number is 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. 30 There are reportedly 162,923 children with disabilities, although this figure is also to be treated with caution. 31 The number of people with disabilities is expected to be growing, as anecdotal reports from women’s civil society organizations (CSOs) in the southeast regions speak to increasing numbers of women, men and child amputees in hospitals.
4. GENDER ROLES AND RELATIONS

4.1 Paid and unpaid work

Gender stereotypes remain a significant factor preventing the achievement of gender equality in all spheres of life, despite Ukraine’s accession to international agreements and adoption of national legislation on equal rights and opportunities for women and men. These stereotypes are perpetuated largely by the media and the formal education sector, resulting in the gendered selection of professions, the unequal distribution of unpaid work and the rise of gender-based violence (GBV), more specifically domestic violence. Conservative groups and movements are another influential actor supporting and advancing harmful gender norms and anti-gender policies.

Existing gender norms translate into the imbalance of unpaid care work, which is predominantly performed by women. 92.2 per cent of single parents in Ukraine are mothers, who often manage care, domestic and income-generating work. In the government-controlled areas of Donetsk and Luhansk, 71 per cent of households were female-headed, prior to 24 February. Since 2006, Ukraine’s ranking in economic participation and opportunity in the Gender Gap Index has fallen from 24th to 44th place. Concurrently, the female labour force participation rate in Ukraine has declined from 67 per cent in 1991 to 60.8 per cent in 2021. Some of the factors limiting women’s employment opportunities and increasing their care burden include the limited availability of preschool for children and that mothers take unpaid parental leave. Restrictions related to COVID-19 caused further pressure on women to combine their professional duties with their household duties and care work. To illustrate, in 2020, the employment rate of women aged 25–44 with children aged 3–5 was 52 per cent. At the same time, the employment rate of women who did not have children aged 3–5 was 20 percentage points higher (71 per cent).

Gender segregation and discriminatory attitudes towards women permeate the workplace (namely, age discrimination of women over 45, women with small children and pregnant women). Employed women have less access to finances compared to men: the gender pay gap between women and men in Ukraine is 23 per cent. This disparity is also reflected in women receiving lower pensions than men. With women living an average of 10 years longer than men, this situation ultimately leads to the feminization of poverty. UN Women’s Rapid Gender Assessment of the COVID-19 pandemic in Ukraine revealed that women constitute two thirds of those living in dire circumstances and in need of state benefits and social support.

In 2020, women’s employment rates were lower than men: 51 per cent versus 62 per cent. The socioeconomic impact of the crisis since 2014 has affected women and men’s access to paid work, increasing unemployment by 30 per cent. For internally displaced persons, the gap was even higher: according to the National Action Plan for the Implementation of UN Security Council Resolution 1325 (published in 2020), only 43 per cent of internally displaced women had found employment, as opposed to 58 per cent of men. At the same time, there has been an expanding informal economy of which Ukrainian women have become a crucial part. The negative effect of the COVID-19 pandemic on the overall economy, including...
Employees of the Library for Youth set up a room for making healthy sweets for Ukrainian soldiers at the front. They pack nuts and honey in disposable bags and make energy bars from honey, nuts and dried fruits. Photo: UN Women/Serhii Perepelytsya

A nurse at the train station provides medical attention for Ukrainian refugees. WHO / Marta Soszynska

Response to the Ukraine refugee crisis – train station, Poland – March 2022. WHO / Uka Borregaard
entrepreneurs and households, further aggravated the economic and financial insecurity of the population in Ukraine. Older women and single mothers constitute the majority of the poor population of Ukraine.

The war will impact unemployment rates among all categories of the population and will most likely continue pushing women into the unprotected informal sectors of the economy. Poverty and dependency on social payments, especially among a growing number of female-headed households, will be expected to increase. Age, disability, displacement status and other characteristics further affected access to employment and financial resources in the pre-war period and are likely to impact the socioeconomic situation of the citizens of Ukraine during the war.

4.2 Women’s and men’s role within the war

Ukrainian society mobilized quickly in response to the invasion. Some men are being conscripted, while others join the Armed Forces of Ukraine (AFU) voluntarily through the Territorial Defence Forces. Some of those who have not been conscripted choose to support the defence forces by other means, including by contributing to the fortification of infrastructure. However, women also participate actively in the armed forces: service-women make up 12 per cent of the AFU, and women constitute 22 per cent of all AFU personnel.

Since the beginning of the conflict in the east of Ukraine in 2014, women have been fighting in both volunteer battalions and as part of the Armed Forces. Their role and visibility in the defence and security sector has increased significantly due to the powerful advocacy campaign of the “Invisible Battalion”, a grass-roots project and its joint efforts with national-level decision makers and the media. The campaign led to the cancellation of a gendered ban of more than 450 professions, including construction, underground work, the driving of heavy vehicles and others. Moreover, the campaign resulted in the opening of combat positions to women in the AFU and to the official recognition of women in the defence and security sector. However, a gendered division of labour continues to be present in the sector, where women mostly have so-called ‘feminized’ professions like, logistics and communications. The role of LGBTQIA+ people in defence and security has also become much more visible, compared to the Maidan protests, mostly through the advocacy of the Association of LGBT Soldiers.

5. ACCESS TO SERVICES AND RESOURCES

5.1 Safe and accessible shelter

Given the number of people displaced and of houses and infrastructure damaged or destroyed, accommodation and access to basic services, including heating and water, are high priorities. Based on anecdotal information, men tend to face informal discrimination when trying to access public evacuation transport, shelters and services for internally displaced persons, often leaving them without a safe place to stay.

War affects the population’s access to basic resources and further exacerbates the vulnerabilities of those who were already considered to be in vulnerable situations. With people being displaced in large numbers to locations including Chernivetska, Dnipropetrovska, Donetsk and Kirovohradska, hastily opened

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46 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]
48 Ukrainer (March 2022). “With or without weapons, Ukrainian women defend their country.” Available at: [link]
50 The Global Advocacy Project Invisible Battalion. Available at: [link]
51 Decree of the Cabinet of Ministers No. 1254. Available at: [link]
52 The Law On Amendments to Certain Laws of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men During Military Service in the Armed Forces of Ukraine and Other Military Formations. Available at: [link]
54 Ibid
55 Facebook page of the Association of LGBT Soldiers. Available at: [link]
shelters are subject to overcrowding and lack basic materials, such as beds, mattresses and blankets. Separation by sex or space for family units in these crowded spaces is often lacking, increasing protection risks.56

People with disabilities, including children, as well as older persons57, face challenges in accessing shelter and are at high risk of abandonment and family separation.58 Shelters in Kyiv are not accessible, and while others rush to safety, people with physical impairments are left behind.59 Due to stigma around disability and the lack of specialized services, adults and children with disabilities are often placed in institutions away from home.60 There are huge concerns about their access to services and safety in the current context.61

5.2 Cash, financial and social support

Everyone residing in the occupied territories and those where military actions are taking place have limited access to cash due to the temporary closure of banks and the inability to load ATMs. Those reliant on pensions or other social support, a large majority of them women, have not been able to access their funds.62 Operating CSOs, including women’s CSOs, also face a variety of operational challenges, including a lack of funds, disruptions to the delivery of supplies and an inability to move within communities to support the affected populations.63 This ultimately impacts the delivery of lifesaving goods and services to those in the most vulnerable situations.

One of the key challenges facing local organizations in the current situation is the inability to access funds to respond to the needs of communities. Women’s rights organizations (WROs) are connected to their constituencies and are well positioned to respond to the situation on the ground. However, given the modality of project-based funding and the lack of institutional support for women’s CSOs and WROs, most organizations do not have emergency budgets set aside. In addition, in some cases, donors have been reluctant to allow the reallocation of current project budgets for humanitarian needs. 64 Many women’s CSOs are setting up alternative fundraising avenues to finance their current work. However, these avenues are not accessible to everyone, as pursuing them often requires good knowledge of English because the main funders are within the international community. Acquiring funds is the key need of WROs, as revealed by a UN Women rapid analysis of the impact of the war on 67 CSOs in March 2022.65 One of the anticipated challenges among women’s CSOs is that the incoming funds for humanitarian support will be channelled mostly through large international non-governmental organizations and not to national and local organizations with better access to affected communities.

5.3 Food security

According to WFP66 the food security situation in Ukraine is worsening. In some cities, people are isolated and are experiencing heavy shelling and, as a result, face severe shortages of food, water and energy supplies. At the same time, food supplies have diminished, and prices are increasing quickly. As insecurity persists and supply chains are disrupted, there is a risk that people will fall deeper into emergency levels of hunger and malnutrition in some regions. For some population groups like female-headed households, which were already significantly food insecure (23 per cent, compared to the 13 per cent of male-headed households),67 the situation is particularly grave.

5.4 Health, including sexual and reproductive health services

The war in Ukraine – and the resulting displacement of millions of people – has created a profound health crisis, with women, children and historically marginalized groups bearing the brunt. Sexual and reproductive health (SRH) is particularly at risk, with millions facing disruption to life-saving SRH health services including contraception and emergency contraception, obstetric and new-born care, providing safe abortion and post-abortion care services to the full extent of the law including for survivors of rape.

The war in Ukraine is a sexual and reproductive health (SRH), including maternal, newborn and child health (MNCH), crisis for millions,68 making it harder to deliver new-borns, provide

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57 Internal Displacement Monitoring Centre (March 2022). “Conflict in Ukraine: What do we know about the internal displacement situation so far?” Available at: link.
59 Internal Displacement Monitoring Centre (24 February 2022). “Conflict in Ukraine: What do we know about the internal displacement situation so far?” Available at: link.
61 International Disability Alliance. “Through this conflict in Ukraine, what happens to persons with disabilities?” Available at: link.
63 Ibid.
64 Based on informal communication with women’s networks and women CSO leaders. 65 UN Women (March 2022). Rapid Assessment: Impact of the War in Ukraine on Women’s Civil Society Organizations. Available at: link.
abortion services and ensure access to birth control and other essential services.

At the start of the crisis, it was estimated by the health sector that 265,000 women in Ukraine were pregnant, with 80,000 expected to give birth over the first three months of the crisis. Just in the first week of the war, local media reported that at least five women gave birth in bomb shelters, including one in a Kyiv subway used as a shelter, with the bombing and destruction of a maternity and children’s hospital reported. As of 9 March 2022, in Mariupol alone, food and lifesaving medicines and medical supplies were unavailable for almost 3,000 new-born babies. The occupation of large cities creates additional barriers to women’s access to health services, including maternity hospitals.

Since the majority of the displaced population are women and children, there will be more need for women, adolescent- and child-specific services, including SRH services, protection, GBV prevention and response services and women and child-friendly spaces. Access to contraception and emergency contraception is also limited, both for women inside Ukraine and for those who cross the border. In Ukraine, pharmaceutical companies are running out of supplies. Existing legal and policy restrictions on SRH and rights in bordering Hungary, Poland, Romania and Slovakia severely limit access to urgent and essential SRH care and emergency contraception for those fleeing Ukraine.

Various groups require regular access to specialized medication, including people living with HIV, transgender people, older people and people with chronic illnesses. These groups are experiencing difficulties and disruptions in their access to treatment, which can be the result of power cuts, interruptions to the supply of medicines and equipment, the destruction of pharmacies, the lack of access to funds and displacement. In larger cities, CSOs or volunteers provide assistance with medications for these groups whenever possible, but it is safe to assume that those who are outside of larger cities cannot be easily reached and therefore experience dire needs.

At the beginning of March, HelpAge carried out an assessment among the older population in the regions of Donetsk and Luhansk. They found that many have difficulties with accessing basic services, including food (91 per cent), drinking water (75 per cent), electricity (91 per cent), health services (34 per cent) and hygiene items (75 per cent). The difficulties they encounter include their limited mobility, their dependence on assistance and the lack of resources. As the conflict continues, the number of older people in need and the extent of their needs is expected to increase across the country.

### 5.5 Education

The Education Cluster estimates that access to education for 5.7 million children and adolescents is at risk. Although school education is resuming online, many children and teachers—especially those displaced—may have difficulties accessing classes due to the lack of computers, Internet access, books and stationery, as well as the lack of surroundings conducive to hours of studying. This will ultimately also have an impact on their family members and particularly mothers, who tend to take the main responsibility of home-schooling their children.

While now all children will face access challenges to education, Roma women and girls of all ages, face particular challenges in accessing education. This includes barriers linked to 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. By contrast, Roma boys widely finish secondary school and have access to higher education. In 2013, Ukraine adopted the Strategy and Plan of Action for the Protection and Integration of the Roma National Minority into Ukrainian Society, yet neither addressed gender issues or the needs of Roma women and girls. A 2019 report by Minority Rights Group Europe on the Roma in Ukraine noted the continuing discrimination and violence against the group. In 2021, the Strategy and Action Plan for Promoting the Realization of the

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68 Wired (March 2022). “The War in Ukraine is a Reproductive Health Crisis for Millions.” Available at: [link](https://www.wired.com/)
70 WHO (March 2022). Surveillance system for attacks on healthcare. Available at: [link](https://www.who.int/)
71 The Kyiv Independent (February 2022). “Women give birth to 6 babies in Ukraine’s bomb shelters.” Available at: [link](https://kyivindependent.com/)
72 CNN (March 2022). “Babies: Maternity hospital bombed in Ukraine.” Available at: [link](https://cnn.com/)
73 Radio Free Europe/Radio Liberty (9 March 2022). “Mariupol Maternity Hospital Destroyed by Russian Air Strike, Triggering Global Horror, Outrage.” Available at: [link](https://rferl.org/)
74 DW (March 2022). “Children of war: childbirth in Ukraine to the sounds of gunshots.” Available at: [link](https://www.dw.com/)
75 Wired (March 2022). “The War in Ukraine is a Reproductive Health Crisis for Millions.” Available at: [link](https://www.wired.com/)
76 Center for Reproductive Rights (March 2022). Call to Action: The sexual and reproductive health and rights of women and girls and marginalized populations affected by the conflict in Ukraine. Available at: [link](https://www.crr.org/)
77 Facebook (March 2022). Access to medical supplies for Transgender people in Kyiv provided by Cohort NGO. Available at: [link](https://www.facebook.com/)
78 HelpAge (4 March 2022). Eastern Ukraine: The Needs of Older People. Available at: [link](https://helpage.org/)
80 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](https://www.unwomen.org/)
81 Roma Women Fund Chiriki (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](https://www.chiriki.org/)
83 UNHCR (March 2022). Education Update: Ukraine. Available at: [link](https://www.unhcr.org/)
84 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](https://www.unwomen.org/)
86 HelpAge (4 March 2022). Eastern Ukraine: The Needs of Older People. Available at: [link](https://helpage.org/)
87 Facebook (March 2022). Access to medical supplies for Transgender people in Kyiv provided by Cohort NGO. Available at: [link](https://www.facebook.com/)
88 HelpAge (4 March 2022). Eastern Ukraine: The Needs of Older People. Available at: [link](https://helpage.org/)
90 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](https://www.unwomen.org/)
91 Roma Women Fund Chiriki (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](https://www.chiriki.org/)

A theater in Lviv has become a temporary shelter for dozens of refugees fleeing Russian aggression in Ukraine. Photo: UN Women / Serhiy Korovailyi
Rights and Opportunities of Persons belonging to the Roma National Minority was adopted, which is an improvement on the previous strategy and includes indicators for girls’ access to education.

5.6 Civil status documentation

The majority of the Roma population lack civil status documents, creating difficulties with accessing employment, health services and education. In 2017, the Roma Women Fund “Chirikli” noted that 56 per cent of the internally displaced Roma interviewed were not registered, which limits their access to humanitarian assistance.

Other people lacking civil status documentation in Ukraine include some displaced people from eastern Ukraine who have been reported to have difficulties with accessing services because of their lack of documents, which were lost or left in the occupied territories. Veterans, especially women, who fought in volunteer battalions in eastern Ukraine in 2014 and 2015 have also had difficulties with receiving an official veteran status, which has affected their access to a range of veteran services.

It is reported that, in some cases, 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 use of public transport (e.g. in Kyiv).

5.7 Information

The main sources of information for Ukrainians are national television (57.7 per cent), Internet resources (55.4 per cent), social media (39.8 per cent), social networks (9 per cent), local television (8.5 per cent) and radio (5.7 per cent).

Women tend to use the Internet more than men in Ukraine (52 per cent compared to 47 per cent). However, Internet connectivity has been disrupted, particularly in the southern and eastern parts of the country where fighting has been heaviest, dropping to 87 per cent of national connectivity compared to ordinary levels.

There is a risk of a lack of access to information for different population categories, especially older people, the majority of whom are women. For these groups in particular, television is their main source of information. It has been reported that the communication infrastructure may be attacked (e.g. attacks on the Kyiv TV towers), which would have a disproportionate impact on these groups.

No or limited access to information about bomb alerts, evacuation corridors, access to social and basic services and resources, new regulations and geopolitical developments increases people’s security risks. It also disrupts communication with family members and friends, which is essential for people’s security, wellness and cohesiveness. This is especially critical for those who stay in unsafe areas and are in vulnerable situations, dependent on social and health public services. In some non-governmental controlled cities, mobile connection has been cut off for more than 14 days, leaving relatives and family members in the dark regarding the safety and lives of their relatives.

Social media is an extremely important source of information and support nowadays. There is an increasing number of civil society initiatives providing targeted psychological and information support to conflict-affected populations, including the families of soldiers, pregnant women and new mothers, and citizens affected by hostilities, by Telegram and on the Instagram and Facebook platforms.

6.1 Safety and GBV

Gender-based violence has long been a serious problem in Ukraine. According to a 2019 study, 75 per cent of women in the

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84. Ministry of Foreign Affairs of Ukraine (18 July 2021). Comment by the Ministry of Foreign Affairs of Ukraine on the adoption of the Strategy for Promoting the Realization of the Rights and Opportunities of Persons belonging to the Roma National Minority. Available at:
85. Roma Early Years Network. Available at:
86. 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:
88. Radio Svoboda (February 2022). “Kyiv Schools and kindergartens are closed, public transport is free.” Available at:
89. KIS (December 2021). “Socio-political attitudes of the population of Ukraine: the results of a survey conducted 9–17 December 2021 via face-to-face interviews.” Available at:
90. Mind ua (November 2019). “Almost 23 million Ukrainians regularly use the Internet - research.” Available at:
91. Reuters (February 2022). “Internet in Ukraine disrupted as Russian troops advance.” Available at:
92. I. Radchenko (January 2021). “Teaching Roma girls in schools and universities: challenges and victories.” Available at:
93. J. Tsidny, BBC (March 2022). “Ukraine says it is fighting first ‘hybrid war.’” Available at:
94. I. Pankova, Zaxid.net (March 2022). “I learned to distinguish between the sounds of vacuum cleaners, ‘Grads’ and ‘Hurricanes.’” Available at:
95. Interfax (March 2022). “Number of victims of missile strike on Rivne’s TV tower grown to 19, removal of rubble continues – local authorities.” Available at:
96. O. Vynogradov, Radio Svoboda (March 2022). “Air strike instead of a green corridor. The first call for the blockade of Marinka.” Available at:
97. I. Pankova, Zaxid.net (March 2022). “I learned to distinguish between the sounds of vacuum bombs, ‘Grads’ and ‘Hurricanes.’” Available at:
98. Veteran Hub (March 2022). “Get support from your people during the war.” Available at:
99. Telegram: contact @bezpekavagitnihua. Available at:
100. NV (February 2022). “If you feel scared and anxious. Where and how Ukrainians get free psychological help.” Available at:
6. SAFETY AND PROTECTION

country said that they had experienced violence since age 15, of whom one in three had experienced physical or sexual violence. Older women are also at risk of violence. Research by HelpAge International on conflict-affected older women and men in Donetsk and Luhansk found that 21 per cent of older people (76 per cent of whom were women) were experiencing at least one type of violence and abuse. 

History has repeatedly shown that the outbreak of conflict and war increases the exposure of women, girls and boys, including unaccompanied children, to rights violations, especially all forms of GBV. In 2019, a study by Amnesty International demonstrated a 76 per cent increase in reported cases of GBV in the conflict-affected Donetsk region and a 158 per cent increase in the Luhansk region, compared to an average of the previous three years. According to another study carried out by UN Women in 2020, 82 per cent of surveyed women in Zolote (Luhansk oblast) noted that the military conflict in Ukraine worsened the sexual harassment situation and other forms of GBV against women and girls in public spaces. This study observed a clear correlation between the proximity to the contact line and the increased concerns of physical and sexual assault of women from these communities. It also observed a higher number of sexual harassment cases in the communities located on the contact line. The results of this assessment also point out the fact that women from Zolote (on the contact line) experienced sexual harassment inflicted by military men on average three times more often than women from other communities.

Many people are experiencing and participating in traumatic and violent events. 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, the fracturing of communities and the loss of support networks.

Experience from different conflicts in the world also demonstrates an increase in GBV during displacement. UNFPA’s 2019 study in Ukraine indicated that displaced women and girls’ risk of experiencing GBV was three times higher than that for local women who were not displaced. Since the onset of the war, GBV actors have already received accounts of sexual harassment and violence during displacement, with the Protection Cluster noting in their report, allegations of rape being seen in media reports.

OHCHR - HRMMU reports that allegations of conflict-related sexual violence (CRSV) continue to increase but that they have not been able to confirm any instances of CRSV in line with its methodology since 24 February. The ongoing hostilities and stigma surrounding this topic pose challenges in documenting such incidents. The Minister of Foreign Affairs of Ukraine has raised the issue of an increasing number of CRSV allegations in Ukraine and difficulties with officially registering such cases. Concerns of human trafficking for the purposes of sexual exploitation in connection with women and girls travelling alone are also increasing.

Despite the prevalence of GBV in conflict-affected areas of Ukraine, reports indicate that previous Humanitarian Response Plans (HRPs) only mobilized a fraction (12.9 per cent of the USD 3.2 million needed for the 2019 Ukraine HRP) of what was needed to implement GBV prevention, mitigation and response activities. With this lack of access to survivor services and support, it is estimated that most women who have experienced violence (81 per cent) do not seek help from specialized services and do not report such cases. Unaccompanied and separated children face heightened risks of violence, abuse and exploitation and it is therefore critical that services are available and accessible, to ensure their protection and address their needs. UNFPA have supported the development of municipal GBV response systems in 30 cities, which covers approximately 30 per cent of the Ukrainian population.

While early marriage is not widely prevalent in Ukraine, it does occur among the Roma community, for whom early marriage is seen as an important part of cultural identity and a socio-economic coping mechanism. Hence, the current crisis may

101 OSCE (2019). Wellbeing and safety of Women. Available at: link
102 HelpAge International (2018) Missing Millions: How older people with disabilities are excluded from humanitarian response. Available at: link
104 UN Women (2020). Internally displaced women in Ukraine face abuse and exploitation. Available at: link
105 UNFPA (2019). Internally displaced women in Ukraine face abuse and exploitation. Available at: link
106 OSCE (2019). Wellbeing and safety of Women. Available at: link
107 Protection Cluster (6-9 March 2022) Ukraine Response Protection Snapshot. Available at: link
108 OHCHR (March 2022). HRMMU Situation Update 12 – 18 March 2022; HRMMU Situation Update 19 – 25 March 2022
result in an increased number of early marriages among this community. Early marriage leads to early pregnancies and hinders access to education among Roma girls. Authorities tend to ignore child marriage within Roma communities on the grounds of not wanting to interfere in a ‘cultural’ matter. This reinforces the multiple forms of discrimination that Roma girls can face, making it more difficult for them to seek help if they want to avoid marriage or escape an abusive relationship, thus further entrenching their marginalization. 117

Wars and armed conflicts in other parts of the world confirm that cases of persecution, threats, sexual violence and ‘corrective rape’ against lesbian, gay, bisexual, transgender, queer, intersex and asexual (LGBTQIA+) persons increase during violent escalations. 118 Thus, the protection and safety of people with different sexual orientations and gender identities, as well as an appropriate response to such cases of discrimination and violence, is necessary in this context. 119 It is important to recognize intersecting vulnerabilities in Ukrainian society where LGBTQIA+ people among the Roma minority, for example, might be at particular risk. 120

6.2 Mental health and psychosocial support

After eight years of conflict in the east of the country and the restrictions implemented due to COVID-19, the Ukrainian people have been exposed to stress, anxiety, psychological trauma and isolation. Psychologists in Ukraine have been operating in a context of ongoing armed conflict, facing the mass traumatization of civilians and a lack of resources to cover mental health services. 121

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 UNWomen assessment in Ukraine in 2020 found that 53 per cent of female respondents and 39 per cent of male respondents devoted more hours to the affective/emotional support of adult family members due to COVID-19 restrictions. 122 In such conditions, the focus of women’s work shifts to fulfilling their own and family needs and those of their communities, with little time, energy and means of communication. 123

In 2019, a study published found that in Ukraine, displacement affected the mental health of women more than men. 124 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. 125 A particular type of retraumatization is experienced by those who have already been displaced from their homes and then experience secondary displacement. The conflict-affected population is also in urgent need of mental health and psychosocial support (MHPSS) services, 126 and some of these services 127 are provided 128 by women’s rights organizations or volunteer initiatives. Whenever those services are not available, women will compensate for this gap. However, based on an earlier study, 129 as well as an assessment carried out by International Medical Corps among the refugee population in Poland, 130 an important way to address mental health is by providing accommodation and basic services, thereby addressing stressors and safety concerns.

Emotional burnout is a common factor among human rights defenders and dialogue facilitators who have been working with conflict-affected populations for the past eight years. 131 Psychosocial support is also important for those working in the caring professions, such as medical staff, emergency workers, train conductors who accompany evacuation trains, and others. 132 To date, the Ukrainian Government has not provided a comprehensive response to these needs, but some initiatives 133 exist at the local government level.

Key barriers to women’s participation in decision-making include stereotyping that prevents women from being included and represented, pre-existing gender inequalities, and the lack of security for women. The latter factor increased significantly with the escalation of the war, when many women found themselves without access to basic needs, shelter, income and means of communication. In such conditions, the focus of women’s work shifts to fulfilling their own and family needs and those of their communities, with little time, energy and

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119 Ukrainian Helsinki Human Rights Union (March 2022). Ensuring the rights of the LGBT+ community in conditions of armed conflict. Available at: link to Ukrainian source.
120 Council of Europe (June 2017). Being Roma and LGBTI at the crossroads of discrimination. Available at: link.
121 OCHA (March 2022). HROMU Situation Update 12 – 18 March 2022, HROMU Situation Update 19 – 25 March 2022
122 Ibid.
124 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.
125 Council of Europe (2020). The gender dimension of internal displacement in Ukraine: local policies, business practices and legal instruments of protection. Available at: link.
127 International Medical Corps (20 March 2022). Providing Relief to People Affected by the War in Ukraine. Available at: link.
129 The Women’s March initiative started a telegram bot with 24/7 psychosocial support for women and children. Available at: link.
130 NGO “Women’s Perspectives Centre”. Facebook post on 25 February 2022 about the increased number of requests for psychological assistance among their clients. Available at: link.
131 Kuznetsova and others (2019). Mental Health of Internally Displaced People and General Public in Ukraine. Available at: link.
132 International Medical Corps (20 March 2022). Providing Relief to People Affected by the War in Ukraine. Available at: link.
133 The Human Rights Situation of the Women Human Rights Defenders (WHRDs) in Ukraine (2020).
7. PARTICIPATION, DECISION-MAKING AND LEADERSHIP

resources left for strategic decision-making. The increasing number of women and children refugees outside of Ukraine may also lead to a lack of capacity inside Ukraine to ensure women’s active role in addressing the humanitarian crisis inside the country.

Stereotypes permeate the civil society sector and constitute one of the key barriers to the work of human rights defenders. Women’s participation in the Euromaidan protests in 2013 and 2014 was on a par with men and made women more visible, while also highlighting the gendered division of labour at protest sites. Being seen as ‘weak’ or ‘beautiful’, women, who made up half of the protesters, were moved away from many lines of protest to roles that supported the ‘true protesters’ with cooking, coordination and medical assistance.

During the recent escalation of the war, women have taken up an active role similar to the dynamics observed during the COVID-19 response and the previous eight years of war. At the grass-roots level, women are the first responders to the needs of their communities. They have taken up a number of diverse roles, based on their professional qualifications (as nurses, doctors, psychologists, managers, etc.) or based on the needs within communities (humanitarian supplies, assistance to older people, etc.).

The majority of women’s rights and feminist organizations, including those working with LGBTQIA+ that had been active in advocacy, mobilization and direct engagement with communities, have reoriented their work towards the evacuation of people from occupied or heavily shelled cities, the provision of basic supplies to those who are still in their hometowns, and securing shelters for the evacuated (both in Ukraine and abroad, especially in cases 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 shows that 66 per cent of surveyed CSOs are now providing services and interventions that they have not worked on before, and 52 per cent are reallocating funds to new priorities.

The Women’s March, a grass-roots movement and a collective of activists involved in organizing the annual women’s march in Kyiv, reoriented its online resources to provide information on women’s security during displacement and migration, ensuring access to mental health support as well as information on sexual and reproductive health and hygiene in the context of war. Several regional feminist collectives mobilized to provide legal advice and assistance for the evacuation of queer and transgender people from Ukraine, who are experiencing particular challenges due to the inability of men aged 18–60 to leave the country.

Women’s roles and contributions have been made visible through media coverage (especially around 8 March) and social media. The symbolic recognition of women’s equal contribution is also reflected in the speeches of President Volodymyr Zelensky, who thanks both male and female warriors in his addresses to the public. While this visibility is a sign of potential shifts in the perceptions of women’s roles in society, it has not necessarily led to their inclusion in decision-making at the higher levels.
Volunteers support the armed forces of Ukraine and weave camouflage nets in Lviv, Western Ukraine. Photo: UN Women/Serhiy Korovainyi.
While women and women’s organizations play a crucial role in the humanitarian crisis, they are largely absent in decision-making at the local and national level, as well as in the current negotiation process between the Russian Federation and Ukraine. Similarly, women were also underrepresented in the Trilateral Contact Group negotiation process, with only two women participating in the Ukrainian delegation. Deputy Prime Minister Iryna Vereshchuk is one of the examples of a woman in a high-level decision-making role in the current war response. She has been involved in addressing the humanitarian situation and providing regular briefings to the public. She is currently responsible for negotiations around humanitarian corridors for the civilian population of the occupied cities.

In UN Women’s recent survey with women’s CSOs, respondents raised the lack of recognition and decision-making that is offered to women actors and women’s organizations in the response. All the while, OCHA’s Humanitarian Needs Overview (HNO) notes the criticality of women’s and other minority CSOs in order to have an effective humanitarian response.

Internal and external forced migration are among the common coping mechanisms employed by women and men to minimize the individual risks and consequences of the war. There are no official restrictions to relocating inside Ukraine. However, certain categories of the population may not be fully able to use this coping mechanism, such as persons with limited mobility (people with disabilities, older people, etc.), their caretakers, people without private vehicles and members of the rural population who care for livestock, as well as people residing in remote areas. People living in the territories affected by the war, will face significant challenges in moving to safer areas. Those who decide to stay in their cities and communities are seeking protection in nearby bomb shelters or are remaining in their homes.

8. POSITIVE AND NEGATIVE COPING MECHANISMS

In the beginning of March, HelpAge carried out an assessment among the older population in the regions of Donetsk and Luhansk and found that 99 per cent of those surveyed did not want to evacuate. Their decision was, at least in part, due to mobility restrictions. It is likely that the number of older people and people with disabilities who have been left behind or have chosen initially to stay behind and who cannot take care of themselves is increasing.

Social media discussions highlight the increase in remittances from relatives and friends from safer areas, either in Ukraine or abroad, which are sent to populations in vulnerable situations in Ukraine, given the reduced opportunities to earn a living. However, 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.

War in Ukraine has resulted in the rapid growth of the volunteer movement. Many people volunteer as a coping mechanism to be useful in the response to the crisis. Volunteers are responsible for the provision of many of the emergency shelters for women, children and older people, as well as many other types of humanitarian assistance.
Many businesses are finding ways to adjust production to meet the needs of the military. For example, restaurants have started cooking for the Territorial Defence Forces, and clothing manufacturers are producing military uniforms and related gear. Moreover, new regulations have allowed businesses to evacuate to safer areas in Ukraine, in addition to a range of other mechanisms of support. Women are owners of about 28.3 per cent of businesses in Ukraine (with larger representation among microbusiness owners compared to other businesses), and 30.6 per cent are top managers in companies. Thus, it is likely that they will benefit from these regulations as well.

Since the start of the conflict in 2014 in the regions of Donetsk and Luhansk, increasing numbers of women selling sex have been recorded. There are concerns that the current war may also impact the rates of sex work, as well as survival sex, as a negative coping mechanism particularly among women and adolescent girls in the severely war-affected settlements.

According to informal conversations, storytelling is used as a coping mechanism by those who have chosen to remain in war-affected areas. Some try to keep a diary or record stories of people they are helping or living with in order to make this experience visible later. Those who have skills, resources and access to the Internet have started media projects based on storytelling, which highlight the different experiences of men and women in this war. The goal of one such project, via the Instagram account “War Stories from Ukraine”, is to document and make visible the current war to the world; thus, the account is available in both Ukrainian and English.

9.1 Situation on the border

Civil society provides organized assistance to the displaced population on both sides of the border. The Ukrainian state border services provide regularly updated information about the waiting times at the crossing points. Outside of Ukraine, there are reports emerging of criminal gangs targeting displaced Ukrainian women, exploiting their need for lifesaving support and assistance and trafficking them into sex slavery. There are also concerns about the exploitation of women and unaccompanied minors travelling on their own. International Medical Corps carried out an assessment among displaced populations in Poland and found a high risk of exploitation as shelter and immediate assistance is often provided by informal actors. There is an urgent need to ensure that accommodation and basic services are sufficiently covered by the authorities and humanitarian actors.

9.2 (In)ability to leave Ukraine and how it affects different groups
Fleeing to other countries is prohibited for Ukrainian men between the ages of 18 and 60, with certain exemptions applied to men within all age groups. This includes cases in which they are exempt from military service, have a disability, are a single parent, or when raising three or more children under the age of 18, or are the legal guardian of another person.

In cases where such exemptions do not apply, this restriction impacts families, as some women, especially women with children but also women with disabilities or Roma women, do not feel secure, able or willing to flee the country without their husband, partner, father or son. Reasons include a lack of access to information, a language barrier, or a fear linked to their lack of previous travel or that people wish to stay in Ukraine, and keep families together. This can have negative consequences for their and their children’s security and access to basic services. When women and children choose to leave, they face family separation and anxiety about the future well-being of their family members.

According to news reports, some LGBTQIA+ people fear that the war will have a detrimental effect on their rights. However, LGBTQIA+ people of conscription age who are male, or whose ID cards identify them as male, are unable to flee the country. Transgender people, whose ID cards and passports do not reflect their real gender, also report facing challenges in exiting the country. Based on recommendations provided by local activists, it is possible for people with male documents to leave the country if their papers confirm their exemption from military service. However, obtaining these papers may be problematic due to the overload at military enlistment offices.

There have also been reports in the international media about cases of discriminatory treatment of non-Ukrainian residents, specifically black, indigenous and people of colour (BIPOC), on both sides of the borders. On the Ukrainian side, challenges mostly arise when it comes to prioritizing access to transport or places in line on the border. However, according to human rights activists in Ukraine, the challenges have to do mostly with the overall stress and chaos at the border due to the overload of people fleeing and long waiting times. Both men and women who are non-Ukrainian citizens have the right to leave Ukraine. At the beginning of March, the Ministry of Foreign Affairs of Ukraine created a hotline to assist BIPOC students wishing to leave Ukraine, and the Minister of Foreign Affairs, Dmytro Kuleba, made a statement assuring that Ukraine is assisting everyone to evacuate from shelled cities and to cross the border.

Of separate concern to the human rights defenders are the statements from States bordering Ukraine, which in some cases do not allow people from third countries to enter. The Ukrainian human rights community has called on the governments of bordering countries to open their borders to people of all nationalities fleeing the war in Ukraine.

The temporary suspension of restrictions on crossing the border with pets is a supporting factor for those who want to flee the country, particularly for families with children. While crossing the border is not an issue, challenges may arise when looking for accommodation in the new countries or communities.

**Overarching recommendations**

167. Cabinet of Ministers of Ukraine (1 March 2022). “Human Right Defenders call on countries neighboring Ukraine to open borders for all citizens who are forced to flee from war.” Available at: link to Ukrainian source.

168. Cabinet of Ministers of Ukraine (4 March 2022). “Improved rules for border crossing by children in foster care during the time of war.” Available at: link to Ukrainian source.

169. State Border Service of Ukraine (16 March 2022). “Temporary rules for transporting pets to the EU (Poland) during the armed conflict.” Available at: link to Ukrainian source.


171. ZMINA Human Rights Centre (3 March 2022). “Evacuation of foreign citizens from Ukraine - is the situation right?” Available at: link to Ukrainian source.


173. ZMINA Human Rights Centre (5 March 2022). “Human Right Defenders call on countries neighbouring Ukraine to open borders for all citizens who are forced to flee from war.” Available at: link to Ukrainian source.

174. ZMINA Human Rights Centre (1 March 2022). “Human Right Defenders call on States bordering Ukraine, which in some cases do not allow people from third countries to enter.” Available at: link to Ukrainian source.

175. ZMINA Human Rights Centre (1 March 2022). “Human Right Defenders call on States bordering Ukraine, which in some cases do not allow people from third countries to enter.” Available at: link to Ukrainian source.

176. Gender Stream (March 2022). “Full instruction on crossing the border for transgender people.” Available at: link to Ukrainian source.

177. Cabinet of Ministers of Ukraine (4 March 2022). “Improved rules for border crossing by children in foster care during the time of war.” Available at: link to Ukrainian source.

178. Ukrainska Pravda (3 March 2022). "Kuleba: Lavrov is lying. Ukraine is helping evacuate foreign citizens from territories of armed conflict." Available at: link to Ukrainian source.


182. Cabinet of Ministers of Ukraine (4 March 2022). “Improved rules for border crossing by children in foster care during the time of war.” Available at: link to Ukrainian source.
10. RECOMMENDATIONS TO ALL DONORS, HUMANITARIAN LEADERSHIP AND ACTORS

• Ensure that data and evidence is collected from persons of all genders and at-risk groups in the conflict to inform a gender-responsive and intersectional humanitarian response and are reflected in budgeting, programming and service delivery.

• In each area of intervention and, wherever possible, in collaboration with local women’s organizations, conduct progressive RGAs and gender-integrated needs assessments to understand the distinct needs, priorities and capacities of women, girls, boys and men from diverse groups.

• Actively seek and include partnerships with local women’s CSOs and civil society working with different minority groups. Provide direct, flexible and needs-based funding to local Ukrainian women’s rights organizations to ensure a more rapid and timely response, as well as support the sustainability of local organizations.

• Ensure that the humanitarian coordination system has appointed and sustained Gender in Humanitarian Action (GiHA) capacity to make sure that commitments to standards are adhered to including the integration of gender into all stages of the humanitarian response and programme cycles.

• Establish an inter-agency/intersectoral gender working group—in addition to the Protection Cluster and its GBV Sub-cluster—to facilitate a common understanding through dialogue and information exchange. Such a group should consist of relevant representatives from government, the UN system, non-governmental organizations and local civil society (especially local women’s organizations).

Women’s participation, decision-making and leadership

Women in Ukraine are on the front lines of the conflict and must be at the table, at all levels, deciding the future of their country. The war in Ukraine has led to localized and complex impacts that require locally driven, tailored responses through which women should influence the recovery decision-making processes.

• Ensure the meaningful participation of women and girls, including those from marginalized groups, in all decision-making processes, including but not limited to humanitarian planning, coordination, implementation and monitoring, peace negotiations and recovery processes at the national, regional and community levels.

• Where safe to do and being mindful of do no harm, provide visibility of the diverse roles that men and women are taking in, humanitarian response and decision-making, including promoting the voices of marginalized groups. Highlight cases that break away from traditional gender norms as well as women’s agency and leadership, instead of portraying women only as victims, recipients of assistance and those in need of help.

• Document the impact of the war on the changes in gender roles to inform longer-term gender equality strategies.

• Consult with Ukrainian women leaders and representatives of marginalized groups, such as disability rights organizations and the Roma community, to understand their needs and to increase their influence in humanitarian decision-making in and for their communities.

• Provide access to quality childcare facilities to enable women to have better access to the labour market as well as mitigate barriers to their political participation, paying specific attention to childcare access barriers for rural women and poor women who experience multiple barriers to employment.

Intersectional humanitarian response

• Ensure protection, evacuation and support to populations with limited mobility, including older people and people with disabilities. Ensure that they have accessible information on the situation and services and full access to all humanitarian assistance, including shelters, NFIs and lifesaving medical supplies. Recognize the immediate need to support women, men and children with amputations (as highlighted by CSOs), as well as those at risk of abandonment in orphanages and other institutions.

• Ensure that women, men boys and girls, people with disabilities and LGBTQIA+ people are meaningfully involved in all humanitarian action starting from the design phase, either directly or through their representative organizations.
Response to the Ukraine refugee crisis – train station, Poland – March 2022.
WHO / Uka Borregaard

Kyiv railway station. 3 March 2022.
Photo UNDP Ukraine/Oleksandr Ratushniak

Response to the Ukraine refugee crisis – train station, Poland – March 2022 WHO. Photo WHO / Uka Borregaard
• Ensure that all humanitarian programming is suitable and accessible for single-parent households, particularly female-headed households, as well as separated and unaccompanied children, recognizing the high proportion of such groups among both pre-war and current-war populations.

Gender-responsive and inclusive sectoral programming

• **Health and MHPSS**: Ensure the availability of systematic, targeted and accessible health and mental health programmes to different population categories affected by the war including Roma women and girls, and including those who currently are providers of assistance themselves.

• **SRH services**: Coordinate with SRH sub-working group and local CSOs and health actors to ensure access to lifesaving SRH care services including 24/7 access to emergency obstetric and new-born care and clinical management of rape, in line with the Minimum Initial Service Package (MISP).

• **Health for at-risk groups**: Ensure access to medication and assistive devices for at-risk groups and those relying on regular medical support, such as older people, children, people with disabilities, people with chronic conditions, people living with HIV, and transgender people, in line with the identified needs of each respective group.

• **Education**: Ensure that any educational programming for children, integrates education opportunities that are inclusive all children, including Roma children. 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, boys and girls.

• **Livelihoods**: Integrate early childhood development (ECD) activities and childcare in all livelihoods programming for women and men in order to ensure parents’ ability to respond to children’s emotional and education needs. Take any opportunities to integrate ECD into humanitarian programming, such as within health facilities.

• **Shelter and NFIs**: Provide sex-segregated and family-segregated accommodation, including WASH facilities and basic services, to displaced populations. This aims to mitigate the risks of exploitation, abuse, trafficking and forced prostitution, as well as mental health issues. Support programmes that ensure the fair and equal access of both displaced women and men to housing and the provision of essential household items. If appropriate, create job opportunities for displaced women, female-headed households, Roma women, as well as women from other ethnic minority groups, in the distribution of shelter/winterization/NFI kits and in carrying out repairs, ensuring that the programming takes into account and includes provisions for childcare.

• **WASH**: Ensure that WASH facilities are sex-segregated, provide adequate privacy and lighting, and have functioning locks inside cubicles. Ensure that hygiene kits are developed in consultation with women, men (including older women and men), girls and boys, and include the provision of sanitary items that have been developed in consultation with women and girls.

• **Cash and Voucher Assistance (CVA)**: Partner with local organizations, especially women-led organizations, to support affected women and girls with cash voucher disbursements. CVA disbursements should be aimed to meet the needs of all household members, including children and older people.

Access to information and accountability

• Identify affected people’s preferred and trusted channels of communication. Recognize that different groups depending on sex, age and other characteristics (e.g. single mothers with young children, people with disabilities, Roma communities, as well as other ethnic minority groups, separated and unaccompanied children) will have different communication and information needs and channels, languages and formats.

• Develop Accountability to Affected Population (AAP) mechanisms that are inclusive and take account of the preferred media and communication methods used by different groups in vulnerable situations. In addition, ensure avenues for two-way communication for people in need of humanitarian support, especially so they can give feedback or log complaints about services provided and receive timely responses.

• Ensure the gender, age and diversity-oriented inclusive content of briefing materials, talking points, speeches and websites.

Protection of at-risk groups, including protection against sexual harassment, exploitation and abuse (PSHEA)

• Ensure protection, evacuation and support to civil society activists and human rights defenders, including women human rights defenders and LGBTQIA+ people

• Develop programming to address the lack of civil status documents for Roma and other population groups. Ensure that people fleeing the country have access to documents even if they would be able to exit without them.

• Ensure that women and children who are internally displaced, women and children refugees and all those engaged
in humanitarian assistance are aware of the risks of trafficking and are taking effective prevention and protection measures.

• Map, continually update and share GBV services and referral pathways within communities in languages and formats accessible to all groups. The continuity of GBV response services should be prioritized as lifesaving, and assistance to local organizations that provide services and shelter to GBV survivors must remain a priority. A specific focus should be on women and girls on the move within Ukraine, particularly unaccompanied or separated children, as well as older women who have been identified as particularly at risk. Where GBV services, referral pathways or actors are not available in a given location, the GBV Pocket Guide ** should be used as a key resource for non-specialized GBV actors in the response.

• Ensure GBV risk assessments are conducted progressively throughout the crisis to ensure the safety concerns and protection risks of all are understood and can be mitigated through the response.

• Ensure the continued and expanded implementation and compliance with the existing Humanitarian Country Team Framework on Protection from Sexual Harassment, Exploitation and Abuse (PSHEA) in Ukraine. This includes maintaining the inter-agency community-based complaints mechanism and dissemination to the affected population, including information on what PSHEA is, what their rights are and how they can access the complaints mechanism.

• Ensure that all actors in Ukraine’s humanitarian response, including their staff, partners’ staff, consultants and contractors, are aware of their responsibility and obligations in terms of PSHEA, including reporting cases of sexual exploitation and abuse and maintaining adherence to codes of conduct.

** Protection at the border

• Collect gender, age and disability data on refugees from Ukraine fleeing violence. Include, where safe to do so, data on other aspects of intersectionality. Work with partners to ensure that the data is used to understand the gender, age and diversity dynamics of refugee flows and to inform a gender-sensitive and intersectional response in terms of programmes and service delivery.

• Monitor the risks of human trafficking and sexual exploitation and abuse of all refugees, with specific attention to women and girls, and separated and unaccompanied children, especially at border crossing points and large travel junctions. Provide information on safety and risks directly to refugee women including those identified as most at risk such as older women and men and women, men and children with disabilities.

• Ensure non-discriminatory treatment of non-Ukrainian residents, specifically black, indigenous and people of colour (BIPOC) who remain in Ukraine and those leaving.

• Ensure that all entry systems are protection sensitive, gender, age and disability responsive and open to all legitimate applicants. This intends to encourage all asylum seekers to avoid irregular means of entry, which can greatly increase their protection risks and exclude them from accessing the specific protection and humanitarian services they require to meet their immediate needs, as well as hamper their long-term prospects.

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UN Women in Ukraine

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** GBV Pocket Guide, available in Ukrainian, Russian and English.
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 in close cooperation with women’s civil society organizations and other partners. Through several upcoming rapid gender analyses, UN Women will seek to inform the humanitarian response and will advocate for the priorities of all, including those from the most vulnerable groups. Together with CARE International, UN Women will be producing an upcoming Rapid Gender Analysis that includes primary data, raising the voices of women and men from across the country, which will be available mid-April 2022.

For more information about the progressive rapid gender assessments in the context of the war in Ukraine, and for further information about UN Women’s work in Ukraine, please get in touch at unwomen.ukraine@unwomen.org.

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 lifesaving 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 organisations both inside Ukraine as well as neighbouring countries, including Romania, Slovakia and Poland. Aid distributions include relief items such as food, hygiene products and sleeping bags. CARE International also provides cash to affected populations, offers shelter and psychosocial support. We place a particular focus on working alongside women-led organizations and women in the humanitarian response.