



RAPID GENDER ANALYSIS

Ukraine

August 2024

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List of acronyms

AAP	Accountability to affected people	MSNA	Multi-Sectoral Needs Assessment
CS	Collective site	NFI	Non-food item
CSO	Civil society organisation	NGO	Non-governmental organisation
CCCM	Camp coordination and camp management	NNGO	National non-governmental organisation
CRSV	Conflict-related sexual violence	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
FAM	Feedback and complaint mechanism	OPD	Organisation of persons with disabilities
FAO	Food and Agriculture Organisation of the United Nations	PSEA	Protection from sexual exploitation and abuse
FGD	Focus group discussion	PTSD	Post-traumatic stress disorder
FHH	Female-headed household	RGA	Rapid Gender Analysis
GBV	Gender-based violence	SADDD	Sex-, age-, and disability-disaggregated data
GiHA	Gender in Humanitarian Action	SEA	Sexual exploitation and abuse
GiHA WG	Gender in Humanitarian Action Working Group	SRH	Sexual and reproductive health
GoU	Government of Ukraine	UHF	Ukraine Humanitarian Fund
HCT	Humanitarian Country Team	UN	United Nations
HHS	Household survey	UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
IASC	Inter-Agency Standing Committee	UNDP	United Nations Development Programme
IDP	Internally displaced people	UNFPA	United Nations Population Fund
IFRC	International Federation of Red Cross and Red Crescent Societies	UNHCR	United Nations High Commissioner for Refugees
INGO	International non-governmental organisation	UNICEF	United Nations Children's Fund
IOM	International Organisation for Migration	WASH	Water, sanitation, and hygiene
IPV	Intimate partner violence	WFP	World Food Programme
KII	Key informant interview	WHO	World Health Organisation
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, intersex	WRO	Women's rights organisation
MHH	Male-headed household		
MHPSS	Mental health and psychosocial support		
MISP	Minimum Initial Service Package for Reproductive Health in Crisis Situations		

Executive summary

This Rapid Gender Analysis (RGA) applies a gender lens to better understand specific needs, priorities, and barriers to services and life-saving assistance available to war-affected people in Ukraine. Since the full-scale invasion in February 2022, CARE has conducted several gender analyses¹ in the country to highlight the compounding vulnerabilities of internally displaced people (IDPs), returnees, and non-displaced people across diversity categories such as women, adolescents, female-headed households (FHHs), Roma communities, LGBTQI+ people, people with a disability, and older people. This RGA builds upon that foundation to better understand how pre-existing vulnerabilities are changing over time as the war evolves, while centring the essential role of women’s rights organisations (WROs) in the humanitarian response.

A mixed methods approach was used to collect, consolidate, and analyse qualitative and quantitative data for this RGA. While being triangulated with secondary sources, primary data was collected during the months of March and April 2024 in Dnipropetrovska, Donetsk, Kharkivska, Khersonska, Mykolaivska, Odeska, and

Zaporizka oblasts. These locations were selected based on the population size of people in need of assistance, with the addition of three oblasts (Donetska, Khersonska and Zaporizka) since the 2023 RGA.

The RGA primary data comprised: a household survey (HHS) with 2,027 respondents; 17 focus group discussions (FGDs) with displaced and resident people of different genders and ages, both in rural and urban areas; and 23 key informant interviews (KIIs). The KIIs were with sector-specific and cross-cutting theme leads and gender focal points within the humanitarian response, and representatives of the Government of Ukraine (GoU) authorities and international and national non-governmental organisations (INGOs and NNGOs), including WROs and organisations representing the Roma and LGBTQI+ communities.

Building upon the findings of the 2023 RGA, the summary below highlights trends and sector-specific findings to support the development of more inclusive humanitarian programming and inter-agency coordination in Ukraine.

¹ CARE (2 March 2022). [Rapid Gender Analysis Brief for Ukraine](#); CARE (29 March 2022). [Rapid Gender Analysis of Ukraine: Secondary Data Review](#); CARE (16 March 2022). [Rapid Gender Analysis: Ukrainian Refugees in Poland](#); CARE and UN Women (4 May 2022). [Rapid Gender Analysis of Ukraine](#); CARE (October 2023). [Ukraine Rapid Gender Analysis](#)



Gender roles and responsibilities

The number of displaced FHHs has been consistently higher since the full-scale invasion of Ukraine, and women's time constraints due to increasing involvement in unpaid work have been compounded by the growing need for them to become responsible for providing for the family as more men enter military service.

Changes in conscription laws have increased the pressure on men to fulfil traditional roles as “defenders”, and have led to renewed avoidance strategies that prevent men from accessing employment opportunities, professional training, and humanitarian services.

Food security

Male and female IDPs seeking to meet their basic food needs continue to rely on the following coping mechanisms: shifting to cheaper and less-preferred foods, reducing portion size, and spending their savings. Given heightened economic stressors and increasingly stretched social support systems, people with compounding vulnerabilities, such as female IDPs and FHHs that have a person with a disability or multiple dependants, continue to use more severe coping strategies than men or male-headed households (MHHs).

Livelihoods

Employment opportunities for IDPs remain challenging due to the inability to match their experiences and skills with vacancies in new locations. The lack of training opportunities combined with reports of discrimination, especially for groups such as FHHs (particularly those with children), Roma people, older people, people with a disability, and LGBTQI+ people, has led to increased pressure on people to accept jobs with less security, lower salaries, or riskier working conditions.

More women than men across all age groups typically face unemployment, and more women than men rely on humanitarian assistance; about 23% of FHHs reported extreme livelihood needs compared to 14% of MHHs.² The top barrier to employment reported is a lack of adequate childcare and social service facilities for children.

² OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

Health

Older people, displaced residents, and those living in rural areas face additional barriers in accessing primary healthcare. This is due to limited financial resources from a fixed pension income, and limited access to information and telehealth options due to low digital literacy. Men, especially older men, are less likely to seek healthcare, deprioritizing it in relation to more urgent needs. Roma people also have difficulty accessing healthcare services due to a lack of identifying documentation, low levels of awareness of available services and biased attitudes from service providers.

Sexual and reproductive health (SRH)

An overburdened healthcare system leaves critical gaps around SRH services, especially midwifery care referrals for pregnant women. The inability to retain specialised and skilled medical professionals is a critical limitation.

Mental health and psychosocial support (MHPSS)

Family separation, destruction caused by the war, disruptions to support networks, and constant fear for the safety of loved ones continue to be the main drivers of psychological distress, regardless of gender, age, location, and displacement status. Marginalised groups, including LGBTQI+ people, continue to face barriers in accessing MHPSS due to stigmatising attitudes from service providers, while Roma people face additional language and cultural barriers. Men often do not identify their need for psychological support due to gender stereotypes which stigmatise men who seek help.

Water, sanitation, and hygiene (WASH)

The supply of clean water continues to be an issue across Ukraine due to the destruction of infrastructure, and logistical and financial challenges related to timely installation and repair of damaged water systems. Access to safe water and sanitation facilities in Roma communities – already a critical issue before the escalation of the war – has worsened.

Shelter

The availability of affordable accommodation is becoming more challenging, with factors such as gender, age, disability, and large household size contributing to poorer living conditions and additional non-food item (NFI) needs. Roma communities continue to face barriers to housing repair and access to shelter due to lack of documentation. Transgender and non-binary people can face similar barriers due to a mismatch of gender assignment in their documents.

Camp coordination and camp management (CCCM)

Systematic consultations with women, girls, LGBTQI+ people, and people with a disability to ensure their meaningful engagement in decision-making related to the management of collective sites (CSs) remain inconsistently implemented. There continues to be a significant lack of disability-inclusive and gender-segregated infrastructure and facilities in CSs, leading to access issues and protection risks. There is a need for increased training on referrals and reporting mechanisms in CSs in cases of sexual exploitation and abuse (SEA), gender-based violence (GBV), and trafficking.

Education

Respondents noted the lack of in-person education as contributing to harmful coping mechanisms and a decline in the mental health of adolescents. Access to educational opportunities has particularly worsened for Roma children and children with a disability, creating multi-layered barriers to learning while they live in temporary settlements or host communities. There are also challenges with teacher retention in this predominantly female employment sector, due to the lack of support for teachers, including adequate wages and psychological support services.

Cash assistance

All population groups have a strong preference for cash as the main modality of assistance, reported by 88% of adult women and 93% of adult men, as well as 94% of all older people. However, fewer adult men are receiving cash assistance from both humanitarian organisations and the GoU, particularly in relation to government-provided social benefits, with 59% of adult women obtaining financial support compared to 30% of adult men. This can be partially explained by a reluctance among men to formally register for humanitarian assistance as part of conscription avoidance strategies.

Protection

Bomb shelters and information about their locations remain largely insufficient, especially for displaced people, older people and Roma. Access to bomb shelters is severely limited for people with a disability and older people with restricted mobility, in part due to limitations in accessing technology.

Seeking support from family remains the main strategy to address increased protection risks for both women and men, and there is a fairly high level of trust in the police in case of experiencing physical violence. Support is rarely sought outside of these sources, which could be explained by a lack of information about available services and means of delivery.

Gender-based violence (GBV)

GBV remains prevalent in Ukraine and is continuing to increase, especially for women and girls. Yet cases are likely to be systematically underreported as victims/survivors may not seek help due to shame and stigma around sexual violence that may be heightened for men, LGBTQI+ people and Roma communities. Despite recent progress, the scope of specialised services for GBV victims/survivors is still insufficient and referral pathways are not always available.

Child protection

Both adolescent girls and boys are taking on more adult responsibilities on behalf of the household, increasing their safety and protection risks. There are concerns about adolescent boys being at heightened risk from mines and explosive ordinance while spending time outside the home.

Accountability to affected people (AAP) and protection from sexual exploitation and abuse (PSEA)

Establishing safe, inclusive, culturally appropriate, and contextualized feedback and complaint mechanisms (FAM), especially those which are accessible to vulnerable groups, is critical to ensure that war-affected people are able to access information about available assistance and report any issues related to the assistance they receive, including incidents of SEA. However, there are still gaps among war-affected people in understanding PSEA measures established by humanitarian organisations, including identifying potential SEA cases and reporting incidents.

Participation and decision-making of women's rights organisations (WROs)

WROs continue to play a critical role in humanitarian response efforts; however, they still report difficulties in accessing flexible funding compared to in-kind support or project-specific funding for humanitarian assistance. Significant challenges remain in achieving the meaningful participation of WROs and civil society organisations (CSOs) representing marginalised people, especially smaller organisations. This is due to unequal decision-making in the design and development of programmes, language barriers, and the use of humanitarian technical jargon. There is also a greater need for transparency regarding how agenda items are selected for meetings.

Recommendations

The RGA reflects a depth of data highlighting the diverse experiences of women, men, and multiple marginalised groups. Key overarching recommendations include the need to: invest in intersectional gender analysis through in-depth sectoral analysis alongside quarterly cross-sectoral situation reports; invest in gender and disability-inclusion training for humanitarian actors, while prioritizing the meaningful involvement of WROs and organisations representing minorities as training providers; more systematically undertake community consultation sessions with vulnerable population groups across all sectors; and address and improve accountability gaps in the implementation of past RGA recommendations. Further expansion of sector-specific recommendations can be found at the end of the report, seeking to advance understanding and elevate the response to the diverse needs of the most vulnerable people in this ongoing crisis.



Background to the war

The full-scale invasion of Ukraine has led to massive displacement, destruction of infrastructure, extensive economic loss, and human suffering on an unprecedented level in the country. In 2024, about 14.6 million Ukrainians are anticipated to be in need of humanitarian assistance³, a decrease from 17.6 million in 2023.⁴ This includes 8.1 million women, 6.5 million men, 2.1 million people with a disability, and 3.4 million people aged 60+.⁵ Although the overall numbers have reduced from the previous year, the severity of the war and the humanitarian crisis remains catastrophic, especially on the frontlines. At the same time, 3.6 million internally displaced people (IDPs) and 2.6 million returnees⁶ face complex challenges in their reintegration, while the impacts of the war continue to exacerbate pre-existing socio-economic inequalities.

At the time of the report publication in August 2024, there are ongoing hostilities in the east and south of the country, with frontline zones facing intense shelling, damage to housing infrastructure, and continued constraints in meeting basic needs such as water, electricity, and health services.⁷ An estimated 2.9 million people in these frontline areas and areas under Russian occupation have the most severe needs, where humanitarian access to households remains limited.⁸ IDPs and returnees in vulnerable groups – such as women, adolescents, female-headed households (FHHs), Roma communities, people with a disability, LGBTQI+ people, and older people (aged 60+) – face additional barriers to accessing services and increased exposure to protection risks, forcing them to adopt new coping mechanisms.

Within the humanitarian landscape, significant changes have taken place that have influenced the overall response. Notably, overall funding has continued to decrease, from \$4.6 billion in 2022 to \$3.5 billion in 2023 – with \$932 million total funding reported at the end of June 2024.⁹ Given the strain on funding, the emergency response has been more targeted at the frontline regions, particularly in the east and south of the country, where the needs are most severe.¹⁰ While women's rights organisations (WROs)¹¹ have played a critical role in the response from the beginning, challenges in creating the conditions for their equal and meaningful participation and decision-making power – including by providing flexible and long-term funding – limit their ability to more substantively influence the response.

3 *Ibid.*

4 ACAPS (29 February 2024). [Ukraine: Scenarios: Update on Scenarios and Outlook into 2024](#)

5 OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

6 *Ibid.*

7 World Bank, GoU, EU, and UN (February 2024). [Ukraine: Third Rapid Damage and Needs Assessment \(RDNA3\) February 2022 – December 2023](#)

8 UNICEF (2024). [Ukraine and Refugee Response](#)

9 Financial Tracking Service (FTS). [Ukraine 2024](#)

10 UN OCHA (3 Jan 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

11 For this report, WRO refers to an organisation that 1) self-identifies as a woman's rights organisation with the primary focus of advancing gender equality, women's empowerment, and human rights; or 2) an organisation that has, as part of its mission statement, the advancement of women's and girls' interests and rights (or where 'women', 'girls', 'gender' or local language equivalents are prominent in their mission statement); or 3) an organisation that has, as part of its mission statement or objectives, to challenge and transform gender inequalities (unjust rules), unequal power relations, and promoting positive social norms. The definition was developed by the Ukraine GiHA WG Taskforce.

Objectives

The 2024 Rapid Gender Analysis (RGA) aims to build on the evidence generated in the previous RGAs conducted since the full-scale invasion of Ukraine began in February 2022. Its objectives are to:

- 1) Highlight ongoing trends that have carried over from past RGAs and continue in 2024.
- 2) Emphasize the intersectional and compounding experiences of vulnerable people in the crisis, and explore their opportunities and barriers in accessing humanitarian services and resources.
- 3) Explore the roles and contributions of local WROs to the humanitarian response and their barriers to participation and decision-making.
- 4) Build upon past and present RGA findings to make practical, sector-specific programming and strategic recommendations to support more gender-sensitive and inclusive humanitarian programming and inter-agency coordination in Ukraine.

“Effective, equitable and participatory humanitarian action cannot be achieved without understanding and responding to the specific needs, priorities and capacities of diverse women, girls, men and boys in different age groups.”

IASC Gender Handbook for Humanitarian Action¹²



¹² IASC (February 2018). [Guideline: The Gender Handbook for Humanitarian Action](#)

Methodology

The 2024 RGA used a mixed methods approach to collect, consolidate, and analyse qualitative and quantitative secondary and primary data. Compiling existing sources and providing sex-, age-, and disability-disaggregated data (SADDD) where possible, served as an evidence base to support the triangulation of findings from primary sources.¹³ The primary data was collected online and in-person in **March and April 2024 in Dnipropetrovska, Donetska, Kharkivska, Khersonska, Odeska, Mykolaivska, and Zaporizka oblasts** (Fig. 1). Locations were selected based on the concentration of people in need of assistance, with the addition of three oblasts (Donetska, Khersonska and Zaporizka) since the 2023 RGA.

Primary data comprised a **household survey (HHS), focus group discussions (FGDs), and key informant interviews (KIIs). Stratified random sampling was used for the HHS with 2,027 respondents (84% women and 16% men), with 68% adults (aged 18-59) and 32% older people (aged 60+) (Annex I).** 29% of FHHs and 28% of male-headed households (MHHs)¹⁴ had a person with a disability. All of the surveyed population lived near the frontline, in areas with frequent fighting or shelling (55%), sporadic fighting or shelling (27%), or no fighting for at least a month (18%). A slight majority of respondents were displaced by war (55%), of whom 41% were currently living in temporary settlements, 16% with host families, and 3% in collective sites (CSs). 72% of respondents lived in urban centres, while the remainder lived in rural areas.

Fig. 1. Locations of primary data collection



13 The comprehensive desk review drew on secondary data, documents produced by CARE Ukraine, and reports and assessments by UN agencies, INGOs, and national CSOs, including WROs.

14 In the HHS, FHHs and MHHs were classified based on the head of household who is the sole or main income earner and decision-maker.



A purposive sampling technique based on target criteria was used to collect qualitative data. A total of **23 KIIs** were conducted online and in-person, comprising 15 sector-specific leads, cross-cutting theme leads, and gender focal points within the humanitarian response coordination system, and six representatives from national organisations, including WROs and organisations representing the Roma and LGBTQI+ communities. Two experts from the Office of the Government Commissioner on Gender Equality and the Ministry of Social Policy of Ukraine also contributed with interviews. **17 FGDs** were conducted with displaced and resident people in rural and urban centres (57 adult women and 46 adult men aged 18-59, 12 older women and 10 older men aged 60+, 12 non-binary adults, 19 adolescent girls and 20 adolescent boys (aged 15-17)). This included one FGD with Roma people (11 women) and one FGD with 12 people identifying as LGBTQI+.

Limitations of the study

- While CARE sought to obtain a gender balance of enumerators, due to recruitment difficulties this team mainly comprised women. Enumerators were therefore not always the same sex as respondents, which may have influenced some responses.
- The HHS had a lower number of male respondents due to higher refusal rates. This may have been caused by the lack of male enumerators, or by a distrust of surveys in the context of increasing military conscription.
- Enumerator training was conducted online due to security and access issues, which may have affected learning outcomes.
- FGD sample sizes were smaller than planned and inconsistent across oblasts, due to the fluctuating security situation and access challenges.



Key findings

1. Gender roles and responsibilities

ONGOING TRENDS

Decision-making within the household remains consistent with pre-crisis dynamics, in which joint decisions are most common across all household spheres. Gender differences include men having greater influence in decisions regarding selling assets, and women on matters related to health.¹⁵

Women and adolescent girls continue to carry disproportionate expectations and pressures around unpaid care work,¹⁶ especially childcare, which particularly impacts displaced FHHs and those with multiple dependants.¹⁷

IN FOCUS

As Ukraine seeks to sustain its military presence there have been a number of changes in conscription laws, aiming to expand conscription and tighten enforcement.¹⁸ For men of conscription age, the implications include increased social pressure to fulfil traditional roles as “defenders”, emerging avoidance strategies leading to reduced access to employment and humanitarian services, and an overall reduction of younger men in an already fragile workforce. This is increasing household pressures as more men remain at home, and overall tensions within the family rise as economic stressors are exacerbated. Women are also contributing to military service with over 62,000 women enlisted, including 5,000 stationed at the frontline and 43,479 on active duty.¹⁹

The number of displaced single FHHs has been consistently higher since the full-scale invasion of Ukraine,²⁰ making women in these households the primary decision-makers for their families, including in decisions about the safety and security of dependants.²¹ In households with both partners, important decisions are predominantly made jointly, but older women, particularly in rural areas, report having less decision-making power than younger women.²² This may reflect more persistent traditional gender norms and expectations among older people. Roma women in the FGDs particularly highlighted that men remain an authority in household decision-making, while women’s role is often more one of support and consultation.

The KII respondents and women in the FGDs reported that their unpaid care responsibilities had increased due to ongoing displacement and disintegration of families, destruction of social services, conscription of male household members, and the return of veterans with a disability. This trend is particularly stark among IDPs with decreased support networks; single, divorced, and separated women in FHHs who cannot rely on the support of male partners; and households with children, older people, and a person with a disability.

The HHS showed that the level of involvement of women and men in unpaid care varies based on the type of work, with greater gender inequalities reported for caring for children,²³ cleaning the house,²⁴ washing clothes,²⁵ and caring for older people.²⁶ Gender disparities were lowest for tasks such as purchasing food,²⁷ collecting water,²⁸ farming activities,²⁹ and tending livestock.³⁰

15 2024 RGA Focus Group Discussion

16 According to the commonly accepted definition, unpaid care work includes: “All unpaid services provided by individuals within a household or community for the benefit of its members, including care of persons and domestic work. Common examples include cooking, cleaning, collecting water and fuel, and looking after children, older people, and people with an illness or disability [...] Women and girls have disproportionate responsibility for unpaid care and domestic work [...] preventing women from moving into paid employment and better-quality jobs.” [A Toolkit on Paid and Unpaid Care Work: From 3Rs to 5Rs](#)

17 2024 RGA Focus Group Discussion

18 Verkhovna Rada (the Parliament) of Ukraine. (30 May 2023). [The Verkhovna Rada of Ukraine Adopted the Law on Reducing the Minimum Age of Citizens on the Military Registration of Conscripts from 27 to 25 Years of Age](#)

19 UN Women (22 February 2024). [Over 8 million Women and Girls in Ukraine Will Need Humanitarian Assistance in 2024](#)

20 IOM (20 February 2024). [Ukraine & Neighbouring Countries 2022-2024: 2 Years of Response](#)

21 2024 RGA Focus Group Discussion

22 2024 RGA Focus Group Discussion

23 2024 RGA Household Survey: 97% of women and 71% of men; women spent 56 hours of unpaid work per week caring for children versus 24 hours spent by men.

24 2024 RGA Household Survey: 97% of women and 68% of men

25 2024 RGA Household Survey: 97% women and 64% of men

26 2024 RGA Household Survey: women spending 46 hours per week caring for older people versus 12 hours carried out by men.

27 2024 RGA Household Survey: 95% of women and 90% of men

28 2024 RGA Household Survey: 88% of women and 83% of men

29 2024 RGA Household Survey: 69% of women and 71% of men

30 2024 RGA Household Survey: 77% of women and 74% of men



Older women reported making significant contributions to cooking, caring for children, and cleaning, while older men reported participating in collecting water and purchasing food for the household in higher numbers than older women. Women's time constraints due to increasing unpaid work are compounded by the growing need for them to become the main providers for the family as more men enter military service.³¹

These gender inequalities are replicated among adolescents. Girls in the FGDs reported spending more time on household chores and caring for younger siblings, while boys reported contributing to the upkeep of the household and working on land, farming, and livestock. Overall, adolescents reported an increase in responsibilities that were previously taken on by adults, with a correlating effect on their well-being and leisure activities, and boys reporting a sense of duty to take care of the family.³²

³¹ 2024 RGA Key Informant Interview

³² PLAN International. (June 2024). [Adolescent Girls in Crisis: Voices from Ukraine, Poland and Romania](#)

2. Sector-specific priorities, access, and needs

2.1. Food security and livelihoods

Food security

ONGOING TRENDS

Economic uncertainty, depleted savings, and loss of property, in combination with displacement status, continues to heighten vulnerability to food insecurity for marginalised groups such as FHHs, older women, people with a disability, Roma communities, and LGBTQI+ people.³³

Male and female IDPs seeking to meet their basic food needs continue to rely on coping mechanisms, with the most frequently used tactics reported as shifting to cheaper and less preferred foods, reducing portion size, and spending savings.³⁴ Given heightened economic stressors and increasingly stretched social support systems, those with compounding vulnerabilities, such as female IDPs and FHHs with a person with a disability, continue to apply more extreme coping strategies than men or MHHs.³⁵

IN FOCUS

As of January 2024, approximately 7.3 million people in Ukraine were struggling with moderate or severe food insecurity (3.8 million women and 3.5 million men, including 1.2 million children and 2 million people aged 60+).³⁶ The areas in the east and south which are more directly affected by the war experienced the highest levels of food insecurity.³⁷

Households with older people (aged 60+)³⁸ and households with a person with a disability³⁹ have significantly higher levels of food insecurity and make up the largest share of food-insecure households. The particular vulnerability of older women can be attributed to

higher levels of economic dependence due to having lower pensions than men,⁴⁰ and barriers to access to information on food assistance due to greater isolation, as they are more likely to live alone because of the gender gap in average life expectancy.⁴¹ Although there has been relative economic stabilisation over the past year in terms of inflation and unemployment,⁴² household purchasing power is more limited for vulnerable groups. Roma people, especially women, continue to experience barriers to accessing food assistance, as they have historically been denied support services due to biased attitudes and lack of documentation.⁴³

Access to food is being affected by insufficient means of transportation and damage to roads and infrastructure, such as energy and irrigation systems, warehouses, ports, and dams, due to ongoing shelling, especially near the frontline. This not only impacts the availability of food but also erodes livelihoods opportunities.⁴⁴ Households with access to small parcels of land or gardens have prioritised growing vegetables and other foods to supplement household food supplies.⁴⁵ However, this is becoming ever more challenging due to an increase in unexploded ordnance and mines, with estimates of 2 million mines scattered across fields, forests, and communities.⁴⁶

According to the Ministry of Economy of Ukraine, approximately 17.4 million hectares are potentially contaminated in this way,⁴⁷ while the Ministry of Agriculture of Ukraine reports that approximately 20% of land used for crops in 2021 is now unavailable.⁴⁸ People in rural households, especially those living near the frontline,

33 2024 RGA Focus Group Discussions

34 Food Security Information Network (2023). [Ukraine: Acute Food Insecurity](#); Vos, R. (4 April 2024). [The War in Ukraine Continues to Undermine the Food Security of Millions](#)

35 2024 RGA Household Survey

36 Food Security Cluster (29 November 2023). [FSI cluster People in Need and Target Cluster Objectives, Ukraine 2024](#)

37 REACH/WFP (October 2023). [Multi-Sector Needs Assessment \(MSNA\) 2023 - Food Security Preliminary Findings](#)

38 World Bank, GoU, EU, and UN (February 2024). [Ukraine: Third Rapid Damage and Needs Assessment \(RDNA3\) February 2022 - December 2023](#)

39 Food Security Information Network (2023). [Ukraine: Acute Food Insecurity](#)

40 HelpAge International (23 February 2023). [Ukraine: Older People Unable to Afford Food, Medicines, Other Essentials](#)

41 Based on the latest available data (2021), men's average life expectancy at birth (66 years) was 10 years shorter than women's one (76 years). For more information see EU4GENDEREQUALITY Reform Helpdesk (2023). [Ukraine Country Gender Profile](#)

42 ACAPS (29 February 2024). [Ukraine: Scenarios - Update on Scenarios and Outlook into 2024](#); World Bank (April 2024). [Poverty & Equity Brief: Ukraine](#)

43 Bilak, H. (3 November 2023). [Ukraine: 'This is How Most Roma Girls Live'](#)

44 ACAPS (29 February 2024). [Ukraine: Scenarios - Update on Scenarios and Outlook into 2024](#); OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

45 2024 RGA Focus Group Discussion

46 Stewart, B. (2 May 2024). [The World's Largest Minefield: Landmines are Part of the Deadly Legacy of the Ukraine War](#)

47 Food Security Cluster (11 June 2024). [FAO Ukraine: Humanitarian Response Update - 5 June 2024](#)

48 European Council in Action (February 2024). [Economic Impact of Russia's War on Ukraine: European Council Response](#)

have lost their productive capacities due to displacement, damaged land, infrastructure, and equipment, and lack of access to key production inputs.⁴⁹ While marginalised households' access to food assistance remains challenging in rural areas, the FGDs with rural women and men indicated that closer collaboration between volunteers and local authorities has helped with the identification and targeting of more vulnerable IDP households.

Livelihoods

ONGOING TRENDS

IDPs continue to face heightened barriers to employment and are more likely to report a depletion of savings and to rely on humanitarian assistance and benefits.⁵⁰ Displaced FHHs, FHHs with children, Roma people, older people, and people with a disability continue to report experiencing discrimination and feeling pressured to accept jobs with lower salaries or riskier working conditions.

A lack of adequate childcare and social service facilities for children continues to be the top barrier to women's employment and more diverse livelihood opportunities.⁵¹ There are reports of women increasingly seeking part-time employment, occasional work, and ad-hoc short-term jobs in order to balance paid work with household care responsibilities.⁵²

Due to intensifying military mobilization strategies, men and LGBTQI+ people who seek to evade conscription face challenges accessing employment, skill-building programmes, social support services (including cash assistance programmes), and other opportunities inside or outside the country, as they may seek to restrict their movements and avoid official registration processes. This leads to more men getting involved in the informal sector and accessing ad hoc employment opportunities via word of mouth.⁵³

49 FAO (2024). *Ukraine: Emergency Response Plan, January–December 2024: Protecting Agricultural Livelihoods of Rural Populations in War-Affected Areas*

50 IOM (April 2024). *Ukraine - Thematic Brief - Economic Resilience in Wartime: Income, Employment and Social Assistance in Ukraine (April 2024)*

51 Unity for the Future (2023). Research presentation: *Women of Ukraine in the Conditions of War*

52 2024 RGA Key Informant Interview

53 *Ibid.*

An overall reduction in employment opportunities in insecure environments, combined with increasing household expenses, continues to drive women and men to relocate.⁵⁴ However, in new locations, matching available employment vacancies with displaced people's qualifications and skills is often challenging due to regional specialisation of industrial and agricultural activities. This tension between available jobs and the skill sets of IDPs or returnees continues to be identified as a key obstacle to employment.⁵⁵

IN FOCUS

Despite profound challenges, women entrepreneurs have become crucial to Ukraine's economy. Currently, one out of every two new businesses in the country is founded by a woman, and in 2023 alone, Ukrainian women led the creation of over 10,000 new companies.⁵⁶ Despite this surge, as of early 2024, and consistent with historic employment trends, women are less represented in the labour force and comprise 76% of those officially registered as unemployed.⁵⁷ The challenges of securing livelihoods are pervasive, as overall household income has decreased while unemployment rates have risen. This trend is especially prevalent among displaced and returnee FHHs, thus increasing their reliance on humanitarian assistance and social protection programmes run by the GoU, such as low-interest loans for farmers and small businesses.⁵⁸

As of December 2023, 4.4 million Ukrainians have returned to their place of residence.⁵⁹ These returnees face complex and compounding challenges in their reintegration, particularly around employment and lack of livelihoods, repairing or finding new housing, and exposure to explosive hazards and contaminants.⁶⁰

The difficulties IDPs and returnees face in re-establishing their livelihoods are exacerbated by gender,

54 REACH (28 May 2024). *Multi-Sectoral Needs Assessment (MSNA) 2023: Economic and Livelihoods Situation Overview - May 2024 | Ukraine*

55 For more information see a series of *Rapid Economic Assessments by REACH*

56 UN Women (22 February 2024). *Over 8 million Women and Girls in Ukraine Will Need Humanitarian Assistance in 2024*

57 UKRINFORM (20 February 2024). *The Number of Unemployed Has Dropped Almost Twice in Ukraine*

58 OCHA (3 January 2024). *Ukraine Humanitarian Needs and Response Plan 2024 (December 2023)*

59 IOM (13 March 2024). *Strategic Response Plan: Ukraine & Neighbouring Countries 2024-2026*

60 OCHA (3 January 2024). *Ukraine Humanitarian Needs and Response Plan 2024 (December 2023)*



age, and disability-related challenges. These are even more heightened for Roma and LGBTQI+ communities; in the FGDs, they reported being confronted with discrimination in accessing employment and humanitarian assistance. There is increased pressure across all households to find alternative sources of income, especially as pre-existing formal safety nets are reduced and become less reliable. More women than men across all age groups typically face unemployment, and more women than men also rely on humanitarian assistance; in one study, about 23% of FHHs reported extreme livelihood needs compared to 14% of MHHs.⁶¹

Women in the FGDs, particularly those with many dependents or a person with a disability in their household, reported several barriers to sustaining employment. These include household responsibilities, challenges accessing humanitarian assistance, and a lack of supportive social services such as skilled care services for people with a disability.⁶² Additionally, FHHs that are displaced have less time, energy, and money to undertake professional training programmes due to the lack of appropriate services such as childcare or transportation.⁶³ In particular, with their social safety nets disrupted, IDPs experience reduced access to support services in host communities. This creates safety and protection anxieties for women who have to leave their children unattended while seeking employment

opportunities to sustain the household.⁶⁴ To address this challenge, some respondents reported a coping strategy involving pooling resources and time to provide childcare services to fellow working mothers.⁶⁵

While employment patterns caused by gender-based occupational segregation remain prevalent in Ukraine's labour market, there is also increasing evidence of women breaking into areas and roles once dominated by men, such as truck driving, security, locksmithing, and working as machine operators.⁶⁶ Despite this, consistent with pre-war trends,⁶⁷ FHHs report lower incomes than MHHs and are more reliant on less stable income sources (58% versus 45%).⁶⁸

Older people continue to struggle, as regular monthly pension allowances are reported to be insufficient.⁶⁹ Older women face greater hardship than older men in meeting their basic needs as their pensions are, on average, 30% smaller than those of men.⁷⁰ This hardship could be even greater for people with a disability due to smaller disability pensions, which range from 50% to 100% of the old-age pensions.

61 *Ibid.*

62 2024 RGA Focus Group Discussions

63 Unity for the Future (2023). Research presentation: [Women of Ukraine in the Conditions of War](#)

64 2024 RGA Key Informant Interview

65 2024 RGA Focus Group Discussions

66 The New Voice of Ukraine (3 May 2024). [Men shortage sparks role reversal: Ukrainian women step in across industries](#)

67 Based on the latest available data, the gender pay gap in Ukraine was 18.6% in 2021. For more information see EU4GENDEREQUALITY Reform Helpdesk (2023). [Ukraine Country Gender Profile](#)

68 REACH (2024). [Multi-Sectoral Needs Assessment 2023: Economic and Livelihoods Situation Overview, May 2024](#)

69 IOM (15 April 2024). [Defining Vulnerability: Impact of the Changes to the IDP Living Allowance - April 2024](#)

70 HelpAge International (23 February 2023). [Ukraine: Older People Unable to Afford Food, Medicines, Other Essentials](#)

2.2. Health

ONGOING TRENDS

The destruction of healthcare facilities and roads continues to impact access to primary healthcare, especially for those with mobility challenges, such as people with a disability and older people.⁷¹ Frequent power cuts due to damaged energy infrastructure, staff shortages, disruptions to medicine supplies, and increased costs of medications also negatively impact access to healthcare.⁷²

Older people continue to face additional barriers in accessing primary healthcare. This is due to limited financial resources from a fixed pension income, and limited access to information and telehealth options due to low digital literacy.⁷³ In addition to an increase in healthcare costs, associated costs such as transportation are critical barriers to those who need frequent medical attention.⁷⁴

Chronic and communicable diseases are still identified as major issues.⁷⁵ Men continue to demonstrate fewer health-seeking behaviours due to stereotypical social norms around the understanding of masculinity⁷⁶, and deprioritising healthcare for more urgent needs.

IN FOCUS

In a recent needs assessment, both FHHs and MHHs reported healthcare and provision of medication as top priority needs, with larger proportions of FHHs prioritising these needs.⁷⁷ Healthcare and medication are also prioritised by households with a person with a disability (54%) and households with older people (57%).⁷⁸

There are notable gender and age disparities in access to primary healthcare. The HHS shows that access to primary healthcare facilities is higher for adult women (85%) than adult men (67%), and for adults than for older people (only 70% of older women and 64% of older men reported having access). Older men, IDPs, and those living in rural areas have the lowest access to healthcare. The KII respondents also raised concerns that young men who maintain a low profile to avoid conscription may not be able to access essential healthcare services, putting them at serious risk of not having their medical needs met. The FGD participants also reported older men not seeking healthcare services, including mental health services, as they are deprioritising healthcare for more urgent needs. In addition, Roma people have difficulty accessing healthcare services due to a lack of identifying documentation and low levels of awareness of available services.⁷⁹

Conflict-related physical injuries are increasing, with health facilities reporting a high influx of trauma patients, especially in rural areas and areas where there are active hostilities.⁸⁰ According to estimates, at least 35,000 people in Ukraine needed prostheses as of February 2024, and this number is constantly growing.⁸¹ A recent needs assessment shows that men aged 26-50 are more likely than women to report needing trauma care and rehabilitation.⁸² However, in the context of an already overburdened healthcare system, access to physical rehabilitation services remains limited across the country.

71 WHO (21 May 2024). [Refining Primary Health Care Financing in Ukraine: Examining Provider Costs and Impact of War](#)

72 *Ibid.*; 2024 RGA Key Informant Interview

73 REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024, Ukraine](#)

74 2024 RGA Key Informant Interview

75 International Rescue Committee (1 April 2024). [Ukraine Multisectoral Need Assessment Report, March 2024](#)

76 UNFPA (2018). [Masculinity Today: Men's Attitudes to Gender Stereotypes and Violence against Women](#)

77 39% of FHHs and 31% of MHHs reported medication as their top priority, while healthcare was reported as a top priority by 28% of FHHs and 23% of MHHs. For more information see: REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024, Ukraine](#)

78 *Ibid.*

79 Public Service of Ukraine on Ethnopolitics and Freedom of Conscience. [Roma Strategy 2030](#) (accessed 20 June 2024)

80 International Rescue Committee (1 April 2024). [Ukraine Multisectoral Need Assessment Report, March 2024](#)

81 Siyak, I. (21 February 2024). [Can Ukraine Meet the Growing Demand for Prosthetics?](#)

82 REACH (23 April 2024). [Multi-Sectoral Needs Assessment: Gender, Age and Disability Situation Overview, Ukraine, January 2024](#)

2.2.1. Sexual and reproductive health (SRH)

ONGOING TRENDS

The overall impact of the war on health facilities continues to disrupt access to SRH services. This is especially true in rural areas, as SRH services are often offered in hospitals located in urban centres.⁸³

Despite time constraints, financial challenges, and safety concerns around travel, people from rural areas are accessing SRH services through referrals to the cities.⁸⁴

Reduced access to maternal care continues to put pregnant and lactating women and their newborns at increased risk of malnutrition and mortality.⁸⁵ This is especially true for Roma women, who often give birth at home and do not apply for birth certificates due to their own lack of documentation.⁸⁶

IN FOCUS

One of the key barriers to accessing SRH services is their poor integration into primary healthcare services. This is partly due to a lack of clarity for general physicians and family doctors about their role in the provision of SRH services.⁸⁷ Thus, a trend has emerged whereby these health professionals may refer patients to specialists, particularly midwives, or request additional administrative and medical procedures to obtain SRH services due to their own lack of skills or willingness to provide them.⁸⁸ This means referrals to midwives are made not only in relation to prenatal care and other pregnancy-related services, but also for other SRH services such as family planning, screening for disease, and information about reproductive health. This is in the context of a shortage of trained midwives, especially in the east and south of the country, as many have fled the war.

The need to navigate complex medical referral systems and a shortage of trained SRH professionals, together with other healthcare challenges, make it increasingly difficult for people to access SRH services. Women with a disability and LGBTQI+ people may face discrimination in healthcare facilities and not receive proper treatment due to a lack of inclusive medical practices.⁸⁹ Reports also highlight the prevalence of stigma experienced by groups such as adolescent girls, HIV-positive women, and sex workers when accessing SRH services.⁹⁰ Limited medical supplies and financial resources pose additional barriers for transgender and intersex people accessing HIV medication and hormone therapy treatments, leading to serious health risks.⁹¹

“Everyone’s needs have worsened during the war. As for the situation in Tsyrukny, there is nothing. We need to go to Kharkiv, and humanitarian organisations support this referral.”

Adult woman, FGD in Tsyrukny, Kharkivska oblast

Another key barrier is an overall sentiment that SRH rights and services are not a priority – a perception shared especially, but not exclusively, by older people and men. The FGD participants reported SRH being perceived as a “women’s health” issue, and some men chose not to answer any SRH-related questions, stating that this is not the time for such questions. Another study found that between 2021 and 2023, there was a decrease of 10% in women’s and 9% in men’s perceptions that it is absolutely necessary “for women to have the freedom to have an abortion”, suggesting a potential decrease in the perceived necessity of SRH services.⁹²

83 HIAS and VOICE (May 2022). [Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine](#)

84 2024 RGA Focus Group Discussion

85 OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

86 Bilak, H. (3 November 2023). [Ukraine: ‘This is How Most Roma Girls Live’](#)

87 SRH Working Group. [MISP/Comprehensive SRH Services in Ukraine](#) (accessed 10 June 2024)

88 2024 RGA Key Informant Interview

89 UNHCR and Protection Cluster (17 May 2022). [Protection of LGBTQI+ People in the Context of the Response in Ukraine](#)

90 PLAN International (June 2024). [Adolescent Girls in Crisis: Voices from Ukraine, Poland and Romania](#); Legalife-Ukraine (27 August 2022). [Sex Work, Gender Violence and the HIV Epidemic during the War in Ukraine](#); Alliance for Public Health (2023). [Women and War: Risks of HIV Infection in Ukraine](#)

91 UNHCR and Protection Cluster (17 May 2022). [Protection of LGBTQI+ People in the Context of the Response in Ukraine](#)

92 SeeD, UNDP, and USAID (5 November 2023). [Ukraine Gender Snapshot: Findings from the reSCORE 2023 \(September 2023\)](#)



2.2.2. Mental health and psychosocial support (MHPSS)

ONGOING TRENDS

Family separation, destruction caused by the war, disruptions to support networks of friends and neighbours, and constant fear for the well-being of loved ones continue to be the main drivers of psychological distress, regardless of gender, age, location, and displacement status.⁹³

Women continue to volunteer to provide humanitarian assistance despite the risks of burnout and negative mental health impacts. Due to social expectations and pressure on women to fulfil their perceived “natural” caring responsibilities, they provide ongoing volunteer services in the midst of compounding stressors, such as increased household responsibilities and financial challenges.⁹⁴

General insecurity, participation in military service, intensifying pressures of conscription, and an inability to financially provide for their families continue to be key stressors for men.⁹⁵

Marginalised groups, including LGBTQI+ people,⁹⁶ continue to face barriers in accessing MHPSS due to discrimination and stigmatizing attitudes from service providers, while Roma people face additional language and cultural barriers.⁹⁷

IN FOCUS

There is widespread recognition that the full-scale invasion of Ukraine has negatively affected people’s mental health as a result of constant shelling, uncertainty about the future, fear of death in the family, and the pressures of dealing with the manifold ramifications of the war.⁹⁸ According to a study of mental health based on the World Health Organisation (WHO) Five Well-Being Index (WHO-5 score), population groups with the lowest subjective well-being scores include women, people aged 46+, people from the south and east of the country, and those lacking financial resources.⁹⁹ This data aligns with findings from the FGDs, which show that women, older people, and children have particular needs for MHPSS services.

93 2024 RGA Household Survey and Focus Group Discussions

94 2024 RGA Key Informant Interview with WRO

95 NGO Girls and HIAS (9 October 2023). [MHPSS Needs Assessment – Ukraine 18 Months Later: A Mental Health and Psychosocial Needs Assessment Across Ukraine](#)

96 UNHCR and Protection Cluster (17 May 2022). [Protection of LGBTQI+ People in the Context of the Response in Ukraine](#)

97 Roma Foundation for Europe (April 2024). [Report: Fighting for a Fairer Future](#)

98 World Economic Forum (31 May 2024). [Olena Zelenska: War is Harming Global Mental Health – Even for People Living in Safety](#)

99 NGO Girls and HIAS (9 October 2023). [MHPSS Needs Assessment – Ukraine 18 Months Later: A Mental Health and Psychosocial Needs Assessment Across Ukraine](#)



However, given the various stressors that men also face, as well as persistent stigma towards men who seek help, it is possible that men underreport or do not identify their MHPSS needs, especially older men. Indeed, 90% of male respondents in a previous survey had no experience seeking professional psychological support, despite being under significant stress.¹⁰⁰

Compared to men, women tend to report more physical symptoms due to stress, such as insomnia, fatigue, difficulty concentrating, body aches, mood swings, and apathy.¹⁰¹ Although women's involvement in volunteer groups and committees facilitates their access to information about services and contributes to a higher inclination to seek help,¹⁰² increased pressure and responsibilities to support other people lessen the positive impact of being part of a volunteer network. Women in the FGDs expressed their need for support to cope with mounting pressures and financial constraints.

Access to MHPSS remains uneven based on gender and age, with fewer men and older people accessing

these services.¹⁰³ In addition, displaced people often have less awareness of MHPSS services in their new locations, and consequently may not seek services. Women in the FGDs, especially those with children and a person with a disability in their household, and therefore considerably less time at their disposal due to care responsibilities, reported that mobile clinics offering MHPSS have largely facilitated their access to much-needed support.

2.3. Water, sanitation, and hygiene (WASH)

ONGOING TRENDS

The supply of clean water continues to be an issue across Ukraine, especially in areas in the south and east affected by ongoing hostilities, and water services are frequently interrupted due to the destruction of infrastructure as a result of shelling.¹⁰⁴

There is continued demand for specific hygiene products, such as incontinence materials for older people and menstrual hygiene materials for adolescents and women of reproductive age, especially in rural areas.¹⁰⁵

Gender segregation and inclusiveness of WASH facilities remain a critical issue for many CSs, posing additional protection risks for women and girls, and accessibility challenges for people with a disability and older people.¹⁰⁶

IN FOCUS

The WASH Cluster reports that 9.6 million people are in need of essential water supply and sanitation services in 2024 alone.¹⁰⁷ These needs are exacerbated by unpredictable capacity for installation and repair of damaged water systems due to continued shelling, increased costs, decreased revenues, loss of equipment, and a lack of skilled labour due to displacement and increasing conscription.¹⁰⁸ In rural areas and areas near the frontline, central water systems are frequently interrupted.¹⁰⁹ This particularly affects people with low

100 UNFPA (19 November 2023). [UNFPA Has Launched a Psychological Support Online Chat for Men](#)

101 NGO Girls and HIAS (9 October 2023). [MHPSS Needs Assessment – Ukraine 18 Months Later: A Mental Health and Psychosocial Needs Assessment Across Ukraine](#)

102 UN Women (2023). [Report: Impact of Security Challenges for Girls and Boys, Women and Men in Ukraine](#)

103 2024 RGA Household Survey: access to MHPSS was reported by 86% of adult women, 72% of adult men, 69% of older women and 67% of older men.

104 Water Mission International (23 February 2024). [Safe Water is Saving Lives Two Years into Ukrainian War](#)

105 2024 RGA Household Survey

106 REACH (12 March 2024). [Ukraine Collective Site Monitoring Round 12](#)

107 World Bank, GoU, EU, and UN (February 2024). [Ukraine: Third Rapid Damage and Needs Assessment \(RDNA3\) February 2022 – December 2023](#)

108 2024 RGA Key Informant Interview

109 DFS and IMPACT Initiatives (2024). [Ukrainian Crisis, Situational Analysis, 5 March 2024](#)

incomes or decreased mobility, due to the high cost of water and transportation.¹¹⁰

Where water systems are damaged and emergency water supplies are provided by humanitarian organisations, most HHS respondents (87%) who collect water at water points reported being able to obtain water in less than 30 minutes. The KII respondents recognised that relatively short wait times and the shared responsibility for water collection are counteracting the high workload of other unpaid care carried out by women. However, older people in the FGDs expressed concerns about the distance to water points. For more than 70% of all women and men in the HHS, access to water points is considered safe. In Roma communities, access to safe water and sanitation facilities was already a critical issue before the escalation of the war¹¹¹ and has significantly worsened. All Roma women in the FGDs reported not having reliable, clean water and toilets inside their houses.

War-affected people continue to require humanitarian assistance to meet their specific hygiene needs. In the HHS, 92% of adult women reported disposable pads as their primary menstrual hygiene need, of whom 83% said that all their hygiene needs are met. While cash is the preferred modality among all respondents for purchasing hygiene items, women in the FGDs reported that the distribution of menstrual hygiene items was welcome. Items which are expensive and in high demand, such as incontinence items, are less available due to increasing costs and supply issues, especially in rural areas and areas close to the frontline. Supply chains of these items have difficulty reaching areas with heavy shelling or rural areas without big supermarket chains, leading to people travelling longer distances to obtain them. This results in higher transportation costs and security risks, while those with reduced mobility, such as older people and people with a disability, have reduced access to these items.¹¹²

In September 2023, the GoU *Resolution 930 on the Functioning of Collective Sites*¹¹³ stipulated minimum WASH standards for CSs, including gender-segregated and disability-accessible bathing and toilet facilities with inside locks, with humanitarian organisations engaging in ongoing monitoring efforts. However, a monitoring study of CSs in April 2024 found that only 60% had a sufficient number of toilets, while 54% had sufficient bathing facilities.¹¹⁴ Less than one-third of toilets and bathing facilities were found to be gender-segregated, with partial segregation in 14% and 10% of facilities respectively, leading to increased protection risks for women and girls. In addition, only 24% of CSs had disability-inclusive toilet and bathing facilities, making it difficult for people with a physical disability to safely meet WASH needs. Although there is limited data around the experience of LGBTQI+ people in accessing WASH services, these groups are at heightened risk of discrimination and violence when using public toilets and bathing facilities.¹¹⁵



110 2024 RGA Key Informant Interview

111 Roma Foundation for Europe (April 2024). [Report: Fighting for a Fairer Future](#)

112 2024 RGA Key Informant Interview

113 Cabinet of Ministers of Ukraine. (1 September 2023). [Resolution 930 On Some Issues of Functioning of Places of Temporary Residence of Internally Displaced Persons](#)

114 REACH (12 March 2024). [Ukraine Collective Site Monitoring Round 12](#)

115 Water for Women (August 2022). [Partnerships for Transformation: Guidance for WASH and Rights Holder Organisations](#)

2.4. Shelter

ONGOING TRENDS

FHHs remain more vulnerable to poor housing and living conditions, with factors such as displacement, disability, rural location, and large household size contributing to additional NFI needs of war-affected people.¹¹⁶

For displaced people, access to temporary shelter is made more difficult by a lack of trusted networks when displaced for an uncertain period of time, and by increased tensions between IDPs and host communities.¹¹⁷

Inaccessibility of shelter and temporary modular housing and the lack of inclusion in the humanitarian response for people with a disability are still common problems across Ukraine,¹¹⁸ while Roma and LGBTQI+ people continue to face challenges in shelter options due to discrimination based on ethnicity and sexual orientation.¹¹⁹

IN FOCUS

Shelter needs in Ukraine continue to be impacted by heavy shelling, particularly in areas near the frontline. In the east and south of the country, one study showed nearly half of respondents reporting damage to their house, and only 40% of them were able to access repair services.¹²⁰ Overall, based on the Shelter Cluster estimates, 7.9 million people are in need of shelter and NFI assistance in 2024.¹²¹

Nearly three-quarters of all HHS respondents reported feeling safe in their house, whether living in urban or rural areas. Displaced women (69%) reported feelings of safety in slightly lower numbers than men (73%) and non-displaced women (71%), which may be the result

of disrupted social networks in new environments. In a recent needs assessment, diminished income – which is most acute among displaced women with dependants¹²² – was reported to reduce options for safe housing that is sanitary, structurally sound, with accessible bomb shelters, and located in an area with access to services.

As the availability of affordable rented accommodation lessens with population movements, higher numbers of women are relying on cash assistance to pay rent and utilities.¹²³ Cash-based Rental Assistance programmes¹²⁴ have sought to support IDPs with rental payments for defined periods to mitigate difficulties in finding suitable rented accommodation.

An increasing shortage of skilled workers (up to 50% of workers required at construction sites¹²⁵) and construction supplies creates significant delays in repairs to housing, particularly in remote and hard-to-reach rural areas.¹²⁶ Women in the FGDs reported undertaking minor repairs by themselves and with volunteers from their community, both to save money and due to the lack of skilled labour. The new skills they gain may provide an opportunity for women to move into paid work in this sector.

Roma communities face additional barriers to housing repair services due to a lack of documentation, especially official housing registration, which often prevents them from receiving compensation when their housing is damaged or destroyed. Discrimination continues to be an obstacle to Roma groups accessing shelter, with half of Roma IDPs in a recent survey reporting negative attitudes and prejudice when seeking shelter, of whom two-thirds were denied shelter. As a result, many Roma people must rely on family and friends to meet their shelter needs.¹²⁷

116 REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024 | Ukraine](#)

117 2024 RGA Household Survey

118 European Disability Forum (24 February 2023). [One Year of War: Persons with Disabilities in Ukraine](#)

119 Shevtsova, M. (5 April 2024). [Queering Displacement: The State of the Ukrainian LGBTQI+ Community During the Russian Full-Scale Invasion](#); Oxfam (28 September 2023). [Further into the Margins: A regional Report on Roma Communities Displaced by the Ukraine Crisis](#)

120 Norwegian Refugee Council (21 February 2024). [Ukraine Two Years on: Destruction and Displacement, the Devastating Impacts of the Escalation of War Revealed in New NRC Report](#)

121 Shelter Cluster Ukraine (April 2024). [Shelter Cluster Ukraine Response Update](#)

122 The lowest median income per capita was found among single FHHs with at least one child, while the highest income was found among households comprising only male members. See REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024 | Ukraine](#)

123 World Bank, GoJ, EU, and UN (February 2024). [Ukraine: Third Rapid Damage and Needs Assessment \(RDNA3\) February 2022 – December 2023](#)

124 Shelter Cluster, UNHCR (2024). [Cash Based Interventions: Rental Assistance Recommendations and Guidelines for Ukraine](#)

125 Open4Business (9 November 2023). [Survey: Shortage of Workers at Construction Sites in Ukraine is up to 50% - Survey](#)

126 Reuters (22 March 2024). [Ukraine's Tech Sector Has Proved Resilient in Wartime. Women's Startups Have Offered Hope.](#)

127 Roma Foundation for Europe (April 2024). [Report: Fighting for a Fairer Future](#)

Transgender and non-binary people may face barriers in accessing shelter due to a potential mismatch of gender assignment in official documents, or biased attitudes from private landlords when looking for rental options. Despite some NGOs providing shelters for LGBTQ+ people to cater to their safety and support needs, availability is limited.¹²⁸

Overall, temporary shelter needs are increasingly being met by informal networks. The HHS shows women and men of all age groups being able to obtain temporary shelter for a few nights from their social networks more than any other type of support, such as financial and in-kind. Notably, older women are more often able to access temporary shelter through their support networks, regardless of displacement status, although the reasons for this remain unclear.

2.5. Camp coordination and camp management (CCCM)

ONGOING TRENDS

CSs continue to play a crucial role in supporting the most vulnerable displaced people, with approximately 2,400 active CSs across Ukraine hosting more than 85,000 IDPs.¹²⁹ Women make up the majority of CS residents (62%), with the proportion of older women in CSs notably large compared to the demographic structures of both displaced and non-displaced population groups.¹³⁰

The presence of vulnerable groups in CSs remains high, including FHHs, older people, people with a disability, people with chronic illnesses (including mental health issues), and families with many children. CSs also report the presence of unaccompanied children and people who require care support that sometimes cannot be provided on site.¹³¹

Roma and LGBTQI+ people continue to face additional barriers to accessing accommodation in CSs due to discrimination and harassment.¹³²

Persistent gender issues in CSs are related to lack of privacy and dignified accommodation, including unsafe WASH facilities, limited knowledge of GBV, SEA, and trafficking risks among site managers, and a lack of site-level systems in place to report such cases.¹³³

IN FOCUS

A higher unemployment rate among working-age people living in CSs is reported by numerous assessments. One study notes that involvement in either formal or informal employment is particularly low for women (31%), with a significant portion primarily engaged in household and care responsibilities.¹³⁴ 73% of the HHS respondents living in CSs (all of whom were adult women, with 29% in a household with a person with a disability) reported not participating in paid work. In addition to increased care responsibilities, limited access to employment for CS residents is driven by physical limitations preventing work, scarcity of job opportunities, and lack of relevant skills, affecting both women and men.¹³⁵

While the adoption of the GoU *Resolution 930 on the Functioning of Collective Sites*¹³⁶ in September 2023 has improved CS living conditions, much work is still needed to ensure that all CSs are compliant with minimum standards. Despite progress, as of April 2024, only about 50% of CSs had disability-inclusive infrastructure such as elevators, ramps, and horizontal bars on doors.¹³⁷ Alongside the need for gender-segregated WASH facilities, the FGD and KII participants reported a lack of gender-segregation in sleeping areas shared by households, leading to increased protection risks, especially for women and girls.

128 Shevtsova, M. (5 April 2024). [Queering Displacement: The State of the Ukrainian LGBTQ+ Community During the Russian Full-Scale Invasion](#)

129 REACH (20 June 2024). [Ukraine: Collective sites online map](#) (accessed 20 June 2024)

130 REACH and CCCM Cluster (3 May 2024). [Outlook and Way Forward: Durable Solutions for People Living in Collective Sites in Ukraine, May 2024](#)

131 CCCM Cluster, REACH, and UNHCR (13 June 2024). [Ukraine Collective Site Monitoring: Round 12, March - April 2024](#)

132 Shevtsova, M. (5 April 2024). [Queering Displacement: The State of the Ukrainian LGBTQ+ Community During the Russian Full-Scale Invasion](#)

133 CCCM Cluster, REACH and UNHCR (2 February 2024). [Ukraine Collective Site Monitoring: Round 11, December 2023](#)

134 REACH and CCCM Cluster (3 May 2024). [Outlook and Way Forward: Durable Solutions for People Living in Collective Sites in Ukraine, May 2024](#)

135 *Ibid.*

136 Cabinet of Ministers of Ukraine. (1 September 2023). [Resolution 930 On Some Issues of Functioning of Places of Temporary Residence of Internally Displaced Persons](#)

137 CCCM Cluster, REACH, and UNHCR (13 June 2024). [Ukraine Collective Site Monitoring: Round 12, March - April 2024](#)



Despite these limitations, all HHS respondents living in CSs reported having access to healthcare services and MHPSS. This correlates with other studies finding that CS residents are more likely than other IDPs to report awareness of existing social, psychological, and legal services. This can be partly explained by on-site availability and preferential pricing, with free or less expensive access to services or items.¹³⁸ However, not all HHS respondents in CSs had access to medication; this was mainly due to insufficient financial resources, which the FGD participants also reported as a critical barrier. Other key needs reported by female FGD participants living in CSs include legal support to access key housing documents and to assist with family reunification.

Systematic consultation with women, girls, LGBTQI+ people, and people with a disability in the development and reconstruction of facilities to ensure their safety and access to services was a key recommendation in the May 2022 *Collective Centers standards in Ukraine* guidance.¹³⁹ However, implementation of this recommendation has not yet been fully endorsed.¹⁴⁰ As of early 2024, despite some improvement, 42% of CSs still had no site-level system in place to report cases of

GBV, human trafficking incidents and SEA, while only 31% of site administrators had completed training on protection topics (such as protection from SEA and GBV prevention).¹⁴¹

2.6. Education

ONGOING TRENDS

Women and men in all locations continue to prioritise girls' and boys' education: only 3% of families in the HHS do not send their children to school at all. Children with a disability enrolled in formal schooling are more likely not to attend school in any way (remotely, in-person, or a combination of these) than children without a disability.¹⁴²

Access to education still relies heavily on online teaching, which is affected by the lack of adequate technology for children from low-income families, and disrupted connectivity, which was reported as a barrier by over half of respondents in the HHS. For Roma children in particular, the lack of digital devices and bandwidth issues create multiple barriers to learning while they are living in temporary settlements or host communities.¹⁴³

¹³⁸ REACH and CCCM Cluster. (3 May 2024). [Outlook and Way Forward: Durable Solutions for People Living in Collective Sites in Ukraine, May 2024](#)

¹³⁹ CCCM Cluster and UNHCR (24 May 2022). [Collective Centers standards in Ukraine - May 2022](#)

¹⁴⁰ 2024 RGA Key Informant Interview

¹⁴¹ CCCM Cluster, REACH, and UNHCR (2 February 2024). [Ukraine Collective Site Monitoring: Round 11, December 2023](#)

¹⁴² REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024 | Ukraine](#)

¹⁴³ Oxfam (28 September 2023). [Further into the Margins: A Regional Report on Roma Communities Displaced by the Ukraine Crisis](#)

The prevailing delivery of education online continues to negatively impact children's caregivers, predominantly women, jeopardizing their economic opportunities and adding to their unpaid workload.¹⁴⁴

School attendance remains affected by digital fatigue among young people as well as by increased psychological health issues due to social isolation, fear of death or injury, and displacement.¹⁴⁵

Time spent on education and out-of-school learning remains impacted by an increase in care work (girls) and engagement in small repairs, home maintenance, and farming activities (boys, particularly in rural areas).¹⁴⁶

IN FOCUS

As of May 2024, only half of schools across Ukraine were able to provide full-time education to children, in part due to the lack of safe shelter in educational buildings.¹⁴⁷ Of the 2.7 million children regularly attending school, over 620,000 were still studying remotely and nearly 300,000 were studying in a hybrid format (a combination of face-to-face and online).¹⁴⁸ However, children who attend school in person also face disruptions during air raids, as shelters are typically not equipped for teaching. In the regions where the HHS was conducted, education is still predominantly delivered online, with only a marginal increase of 2% in in-person teaching from last year.¹⁴⁹

The FGD respondents shared that parents are increasingly worried about the potential long-term effects of the current hybrid educational model. This was echoed by adolescent boys and girls in the FGDs expressing concerns about the disruption to their ability to attend school in-person, which also plays a critical role in their emotional development. The lack of social connection provided by learning environments correlates with increased mental health stressors for boys and girls.¹⁵⁰

144 REACH (23 April 2024). [Multi-Sectoral Needs Assessment \(MSNA\): Gender, Age and Disability Situation Overview - January 2024 | Ukraine](#)

145 2024 RGA Key Informant Interview

146 2024 RGA Focus Group Discussions

147 UNICEF (14 May 2024). [Catch-up Classes Help Children in Ukraine Recover Lost Learning](#)

148 Espresso (5 June 2024). [Quarter of Ukrainian Children Cannot Attend School because of War](#)

149 2024 RGA Household Survey

150 Plan International (June 2024). [Adolescent Girls in Crisis: Voices from Ukraine, Poland and Romania](#)

Learning outcomes are mostly higher for girls than for boys upon graduation from secondary school,¹⁵¹ but 20% of HHS respondents reported that children's learning outcomes have worsened over the past year. In another study, 63% of teaching staff noted a decline in academic performance,¹⁵² indicating the negative effect of the ongoing war on education standards.

Overall, the sector of secondary education, with its predominantly female employment, faces immense challenges in Ukraine. These include frequent power outages and connectivity issues, the need to provide additional emotional support and supervision to pupils, an insecure working environment, increased working hours due to understaffing, and non-competitive wages – particularly affecting the living standards of displaced teachers and those with damaged housing.¹⁵³ As of October 2023, 7,500 teachers who taught in Ukraine's schools before the full-scale invasion remained abroad. While this number has decreased since the figure of 12,000 at the end of 2022,¹⁵⁴ there is no reliable data to assess whether this is due to teachers returning to Ukraine or termination of their contracts.

2.7. Cash assistance

ONGOING TRENDS

Cash assistance remains the highest priority for war-affected people, irrespective of gender, age, location, and residence status, surpassing sanitation and hygiene, healthcare, shelter, and food.¹⁵⁵

The preference for receiving cash assistance is especially reported by FHHs, including those which are displaced, FHHs with a person with a disability, and FHHs with at least one child, who generally have lower per capita incomes.¹⁵⁶

People with no proper documentation, such as Roma men and women, continue to face barriers in accessing cash programmes, while men who are eligible for military service, as well as transgender

151 Cedos (March 2024). [Gender Segregation in Professional Pre-Higher and Higher Education](#)

152 SavED (10 February 2024). [War and Education. 2 Years of Full-Scale Invasion](#)

153 Cedos (November 2023). [Working Condition of Teachers During the Full-Scale War](#)

154 *Ibid.*

155 RGA Household Survey and Focus Group Discussion

156 REACH (23 April 2024). [Multi-Sectoral Needs Assessment: Gender, Age and Disability Situation Overview January 2024 Ukraine](#)

and non-binary people, have less access to these programmes because of the strategies they may use to avoid conscription.¹⁵⁷

IN FOCUS

As of September 2023, 77% of all IDPs reported that they or their households had received the IDP living allowance.¹⁵⁸ Rising prices and a lack of paid work are deepening people's financial difficulties and their ability to meet basic needs, driving the need for cash support.¹⁵⁹ In the HHS, cash was reported as the main priority by 88% of adult women and 93% of adult men, as well as 94% of older people (both women and men).

In order of importance, both FHHs and MHHs spent cash on: food, healthcare, and shelter, including rent and utilities.¹⁶⁰ Households with a person with a disability were more likely than others to report using cash assistance to buy fuel and cars, which may be due to limited availability of accessible public transportation.

Cash assistance remains the highest priority despite more prolonged and frequent disruptions to supply chains, reduced availability of certain goods in local markets, and power cuts that render ATMs unusable for taking out cash.



The combination of cash assistance from humanitarian organisations and GoU social benefits gives war-affected people additional resources to cover their basic needs. This is especially the case for those living on a fixed income which is not regularly adjusted for inflation or consumer price increases. In most cases, these two streams of cash assistance are complementary for the recipients due to limited variations in the definition of vulnerability.¹⁶¹

Overall, the issue of affordability has become increasingly pressing nationwide, with one in four customers unable to afford store-available goods.¹⁶² Given women's lower income due to the gender pay gap¹⁶³ and smaller pensions,¹⁶⁴ this leads to increased vulnerability of FHHs, particularly those with children, older people, and a person with a disability. Recent tightening of eligibility criteria for the GoU monetary assistance programme to IDPs¹⁶⁵ is expected to particularly affect FHHs, limiting their ability to meet basic needs.

Fewer adult men than women in the HHS reported receiving cash assistance from both humanitarian organisations and the GoU. The gender gap is nearly double for government-provided social benefits (such as unemployment, low-income, and child allowances), with 59% of adult women obtaining financial support compared to 30% of adult men. Men's lower access to cash assistance can be partly explained by the reluctance of some men to register with humanitarian organisations or governmental agencies for fear being identified for conscription.

Numerous measures have been put in place to facilitate access to cash assistance, such as mail delivery through postal offices (also contributing to the mitigation of domestic violence risks where women may not have full access to their bank accounts) and building support networks in the community to help with banking.¹⁶⁶

157 2024 RGA Key Informant Interview and Focus Group Discussion

158 IOM (15 April 2024). [Defining Vulnerability: Impact of the Changes to the IDP Living Allowance - April 2024](#)

159 DFS and IMPACT Initiatives (6 March 2024). [Ukrainian Crisis: Situation Analysis, 05 March 2024](#)

160 2024 RGA Household Survey

161 2024 RGA Key Informant Interview

162 REACH (16 May 2024). [Ukraine: Joint Market Monitoring Initiative \(JMIMI\), 10 - 20 March 2024](#)

163 Ministry of Economy of Ukraine (14 October 2023). [Government plans to reduce the gender pay gap from 18.6% to 13.6% by 2030](#)

164 HelpAge International (23 February 2023). [Ukraine: Older People Unable to Afford Food, Medicines, Other Essentials](#)

165 IOM (15 April 2024). [Defining Vulnerability: Impact of the Changes to the IDP Living Allowance - April 2024](#)

166 2024 RGA Key Informant Interview



3. Protection

ONGOING TRENDS

There continues to be a lack of safe places in the community as safety concerns correspond to the intensification of armed hostilities.¹⁶⁷ Shelling and attacks on civilians and infrastructure, as well as the prevalence of mines and unexploded ordnance, continue to heavily impact the safety of women, men, boys, and girls.¹⁶⁸

People with a disability and older people are still disproportionately affected by protection risks, as they comprise the majority of those remaining in frontline settlements.¹⁶⁹

Women and girls still fear the risk of physical harassment or violence inside and outside their communities, and men are at continued risk of armed violence.¹⁷⁰

167 OCHA (11 January 2024). [Ukraine Winter Attacks, Humanitarian Impact of Intensified Strikes and Hostilities, Flash Update #5 \(11 Jan 2024\)](#)

168 REACH (May 2024). [Humanitarian Situation Monitoring Calibration Assessment 2024](#)

169 REACH (March 2024). [Ukraine: Humanitarian Situation Monitoring - Overview of Protection Concerns and Population Vulnerabilities in Frontline Areas](#)

170 Mackenzie, J. (17 June 2024). BBC News. [Conscription Squads Send Ukrainian Men into Hiding](#)

IN FOCUS

Although the KII respondents reported a growing desensitization to shelling and missile attacks,¹⁷¹ all HHS respondents highlighted that safety and security concerns have increased over the last year, with the lack of safe places in communities mentioned as a primary concern by both women (67%) and men (57%).¹⁷² The severity of protection concerns was echoed by the REACH 2024 Multi-Sectoral Needs Assessment (MSNA), where 25% of households reported safety and security incidents in their communities during the previous three months, with armed violence and shelling mentioned most frequently.¹⁷³ Looting of private property has also increased, becoming a key protection concern.¹⁷⁴

Despite efforts to increase the number of bomb shelters they remain largely insufficient,¹⁷⁵ with physical structure and poor conditions often rendering them inaccessible for people with a disability and older

171 2024 RGA Key Informant Interview

172 2024 RGA Household Survey

173 REACH (May 2024). [Humanitarian Situation Monitoring Calibration Assessment 2024](#)

174 REACH (March 2024). [Ukraine: Humanitarian Situation Monitoring - Overview of Protection Concerns and Population Vulnerabilities in Frontline Areas](#)

175 DFS and IMPACT Initiatives (6 March 2024). [Ukrainian Crisis: Situation Analysis, 05 March 2024](#)

people with restricted mobility. Lack of information about bomb shelters is a critical barrier for displaced people unfamiliar with their new location, and for older people due to the digitalisation of this type of information. Roma people also face challenges in accessing information due to limited access to digital technologies.¹⁷⁶ Women are generally more informed than men about the location of the nearest bomb shelter; however, they are less aware of the appropriate response to finding unexploded ordnance or suspicious items in public spaces.¹⁷⁷

The FGD respondents reported that older men are more likely to refuse evacuation, with ownership of land and housing a critical factor in their decision. Ownership of assets was higher among men (63%) than women (50%) in the HHS; this, combined with gender social norms, drives the expectation that men should stay behind to safeguard their property, further exposing them to the risk of death and injury.¹⁷⁸

To address increased protection risks, most HHS respondents of all ages (over 60% of men and more than half of women) reported seeking support from family. This highlights the importance of supporting family reunification to increase people's support mechanisms and their perceptions of safety and security. As the war continues, people seem to increasingly feel a sense of desperation and lack of control over their own lives.¹⁷⁹

The police force remains the main entity from which people seek support after experiencing an act of violence. While there is no notable gender disparity in the support-seeking behaviour of older women and men, fewer adult women (62%) than men (75%) in the HHS reported being inclined to seek support from the police. For men of all ages, the tendency to contact the police is higher among non-displaced people and returnees compared to IDPs. Overall, there is a fairly high level of trust in security forces to tackle crime and ensure safety and security.¹⁸⁰ However, it is important

to mention that crimes related to sexual or domestic violence have previously been noted as underreported due to lack of confidence in the police.¹⁸¹

Support is rarely sought outside of these sources, with only 7% of the HHS respondents seeking support in community centres after experiencing violence. This could indicate a lack of knowledge of available services, absence of community centres in the vicinity, or fear of ostracization and retaliation from perpetrators, which community centres cannot offer protection against. Only 0.4% of the HHS respondents reported seeking help from international organisations, which could be explained by a lack of information regarding the type of services provided and means of delivery.

3.1. Gender-based violence (GBV)

ONGOING TRENDS

People with diverse vulnerabilities are continuously exposed to various forms of GBV, including intimate partner violence (IPV), conflict-related sexual violence (CRSV), sex trafficking, and survival sex, among others, due to the war, displacement, and loss of income.¹⁸²

Domestic violence, particularly IPV, remains prevalent in Ukraine and the problem has been significantly exacerbated by the war.¹⁸³ Despite a recent increase in the police administrative reports on domestic violence,¹⁸⁴ it is likely that this is underreported, as victims/survivors may not seek assistance due to IPV being seen as a private matter or because they do not feel confident of receiving proper support.¹⁸⁵

CRSV continues to be a major concern, where perpetrators use methods such as rape, forced nudity, threats of and attempted rape, and forcing people

176 Ibid.

177 UN Women (2023). [Report: Impact of Security Challenges for Girls and Boys, Women and Men in Ukraine](#).

178 2024 RGA Key Informant Interview

179 2024 RGA Focus Group Discussion

180 Protection Cluster and UNHCR (11 January 2024). [Protection Monitoring Findings, 1 January - 31 December 2023](#).

181 CARE International (October 2023). [Rapid Gender Analysis: Ukraine](#).

182 OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#).

183 Kotliuk, G. (June 2024). Global Public Policy Institute. [The Hidden Front of Russia's War: Addressing Gender-Based Violence in Ukraine](#).

184 In 2023, the National Police of Ukraine registered more than 291,000 cases of domestic violence, a 20% increase from 2022. For more information see Ministry of Internal of Ukraine (30 March 2024). [The Number of Domestic Violence Cases Increased by 20%: the Ministry of Internal and the Parliament are Working on Strengthening Responsibility](#).

185 Foroudi, L. (3 August 2023). [Rising Domestic Violence is a Hidden Front in Ukraine's War](#).



to watch the sexual abuse of loved ones.¹⁸⁶ Although cases of CRSV are increasingly documented,¹⁸⁷ it is still systematically undercounted as victims/survivors may not know where to access services, or may not seek help due to stigma and shame around sexual violence, particularly among male victims/survivors.¹⁸⁸

While Ukraine was a source, transit, and destination country for human trafficking before the escalation of the war, the risk of trafficking has increased with the full-scale invasion.¹⁸⁹ Lack of financial resources and safe alternatives for income generation, displacement, and loss of key infrastructure and support systems have created conditions which leave people vulnerable to trafficking for sexual exploitation, particularly women, girls, and boys.¹⁹⁰

¹⁸⁶ Prey, E., Domi, T. and Spears, K. (20 September 2023). [Conflict-Related Sexual Violence in Ukraine: Lessons from Bosnia and Herzegovina and Policy Options for Ukraine, the United States, and the International Community](#).

¹⁸⁷ Between February 2022 and June 2024, Ukraine's prosecutors documented 298 cases of CRSV, including 109 male survivors (of them one minor) and 189 female survivors (15 of them minors). For more information see Ministry of Foreign Affairs of Ukraine. (19 June 2024). [Statement of the Ministry of Foreign Affairs of Ukraine on the International Day for the Elimination of Sexual Violence in Conflict](#)

¹⁸⁸ GBV AoR Ukraine Protection Cluster (2023). [Guidance Note – Working with Male Survivors of Sexual Violence in Ukraine](#)

¹⁸⁹ Regional Gender Task Force (10 October 2022). [Making the Invisible Visible – An Evidence-Based Analysis of Gender in the Regional Response to the War in Ukraine](#); GBV Sub-Cluster Ukraine (18 May 2022). [Ukraine: Gender-Based Violence: Secondary Data Review, 27 April 2022](#)

¹⁹⁰ Cockbain, E. and Sidebottom, A. (12 October 2022). [War, Displacement, and Human Trafficking and Exploitation: Findings from an Evidence-Gathering Roundtable in Response to the War in Ukraine](#)

IN FOCUS

As reported by other studies¹⁹¹ and echoed by the KII respondents working with victims/survivors and WROs, domestic violence remains prevalent in Ukraine and has increased since the full-scale invasion began.¹⁹² Furthermore, 26% of women and 17% of men respondents in the HHS reported concerns about violence in the home, while 21% of women and 11% of men mentioned concerns about sexual violence and abuse.

The impacts of the war exacerbate factors linked to IPV, as they compound pre-existing inequalities. These include women being subject to unequal pay and increased financial dependency on men, and having poorer working conditions and less secure work environments.¹⁹³ Men's limited access to the labour market and increased family tensions due to financial strains also contribute to IPV, as men may turn to negative behaviours such as alcohol misuse as a means to cope with emotional distress, increasing the risk of violence.¹⁹⁴ There has also been a significant increase in the number of people suffering from post-traumatic

¹⁹¹ Danish Refugee Council and Government of Denmark (13 March 2024). [Rapid GBV Assessment: Chernihiv and Sumy Oblasts \(February 2024\)](#)

¹⁹² 2024 RGA Key Informant Interviews

¹⁹³ Unity for the Future (2023). Research presentation: [Women of Ukraine in Conditions of War](#)

¹⁹⁴ Danish Refugee Council and Government of Denmark (13 March 2024). [Rapid GBV Assessment: Chernihiv and Sumy Oblasts \(February 2024\)](#); 2024 RGA Key Informant Interview

stress disorder (PTSD),¹⁹⁵ especially men in the military and veterans,¹⁹⁶ with the KII respondents reporting increased rates of IPV when male partners return from military service during breaks or after having been demobilised.

Recent evidence shows that lack of income and economic opportunities are linked with exacerbated risks of survival sex and trafficking, especially in some rural areas near the frontline.¹⁹⁷ In addition, there is an increase in online recruitment for sexual services, as traffickers and abusers take advantage of people in vulnerable positions.¹⁹⁸ Despite the implementation of preventive measures such as information campaigns, hotlines, and training of frontline workers,¹⁹⁹ women and girls remain particularly vulnerable.

While high levels of stigma around GBV have been continuously reported in Ukraine,²⁰⁰ this topic is considered a particular taboo in the Roma community because of a prevalent patriarchal culture.²⁰¹ Social norms and perceptions that “normalise” GBV and inter-generational violence in Roma families also prohibit reporting such incidents to law enforcement and seeking help.²⁰² LGBTQI+ people are also vulnerable to GBV during the war, as they might be specifically targeted because of their sexual orientation or gender identity.²⁰³ Although there is limited data, it is also important to recognise that older people and people with a disability, particularly women, are at greater risk of GBV as they may be dependent on others and could potentially experience abuse at the hands of caregivers.²⁰⁴

To support access to medical, psychological, and legal support for victims/survivors of any form of violence

during the war, the GoU established a network of Survivor Relief Centres, with 12 centres operating in different regions as of June 2024.²⁰⁵ In addition, a pilot project on immediate interim reparations to CRSV victims/survivors was launched, where 500 people will receive one-time financial compensation as well as psychosocial, reintegration, and rehabilitation support.²⁰⁶

Overall, the Ministry of Social Policy of Ukraine reported a 15% increase in victim/survivor access to specialised services in 2023, linking this to a strengthened system of GBV prevention and response, and improved awareness of GBV services.²⁰⁷ However, there is still a shortage of places in shelters for GBV victims/survivors, and the overall number of specialised support services remains insufficient (as of early 2024, there were only 57 shelters and 82 daytime centres providing psychosocial support to victims/survivors of GBV).²⁰⁸

3.2. Child protection

ONGOING TRENDS

Children are at continued risk of being killed or maimed due to attacks on civilian infrastructure such as schools and health facilities, and the presence of landmines and explosive ordnance in communities.²⁰⁹

Protection risks among youth remain gendered, with adolescent girls at higher risk of experiencing GBV²¹⁰ and adolescent boys at more risk from exposure to mines and unexploded ordnance while spending time outside the home.²¹¹

The lack of peer-to-peer communication among girls and boys continues to have an impact on adolescent mental health, as do rising tensions in

195 European Psychiatric Association (8 April 2024). [War in Ukraine is Increasing the Prevalence of Mental Health Conditions in Children, New Study Finds](#)

196 Khalilova, D. (25 April 2024). [PTSD Crisis Looms as Troops Shortages Take Toll on Ukrainian Soldiers' Mental Health](#); WHO (27 May 2024). [Post-Traumatic Stress Disorder](#)

197 Danish Refugee Council and USAID (2024). [Rapid GBV Assessment Dnipropetrovsk and Zaporizhzhia Oblasts](#)

198 IOM (30 May 2024). [CT-Related Risks and Measure Identified in Ukraine](#)

199 OSCE and UN Office of the SRSG on Sexual Violence in Conflict (30 March 2023). [OSCE and UN Special Reps statement on trafficking for the purpose of sexual exploitation and sexual violence in the context of war against Ukraine](#)

200 Danish Refugee Council and USAID (2024). [Rapid GBV Assessment Dnipropetrovsk and Zaporizhzhia Oblasts](#)

201 UN Women (4 April 2024). [“I Want to Build a Network of Powerful Roma Women and Girls” – Anzhelika Bielova on Roma Women's Activism and Leadership in Ukraine](#)

202 Voice of Romni (2024). [Identity, Gender Aspects, and Traditions. Study of Gender Practices and Cases of Gender-Based Violence in Roma Communities](#)

203 Outright International and Projector (3 September 2023). [Report on Documenting War Crimes against LGBTQ+ People in Kherson Oblast during March-September 2023](#)

204 WHO (27 March 2024). [WHO Calls for Greater Attention to Violence against Women with Disabilities and Older Women](#)

205 UNFPA Ukraine (2024). [Survivor Relief Centres Provide Lifesaving Social and Psychological Assistance to Those Affected by the War](#)

206 Official website of the President of Ukraine (4 March 2024). [Olena Zelenska: Immediate Reparations to Victims of Sexual Violence by the Occupiers is a Step towards Restoring Justice](#)

207 Ministry of Social Policy of Ukraine (22 December 2023). [Results of the Year in the Field of Gender Equality. Oksana Zholnovich Took Part in the Meeting of the Government Commission](#)

208 Vyhovsa, V. (14 May 2024) Vox Ukraine. [Will the New Legislation Help Protect Victims of Domestic Violence?](#)

209 Child Protection AoR (29 March 2024). [Child Protection AoR's Key Messages](#)

210 Danish Refugee Council (22 May 2024). [DRC Quarterly Protection Monitoring Report - Ukraine, January - March 2024](#)

211 UNICEF (6 June 2024). [53% of Ukrainian Teenagers Engage in Risky Behaviour Despite Being Well-Informed About Risks Posed by Mines and Unexploded Ordnance UNICEF Study](#)



the household, family separation, increased unpaid work, safety concerns, inability to attend school, and intense family discussions about relocating to safer areas.²¹²

Reduced socialisation is reported to be inciting increasing numbers of adolescents – particularly boys – to adopt risky behaviours and harmful coping mechanisms such as petty crime, smoking, and substance abuse.²¹³

IN FOCUS

The HHS respondents primarily understood key protection concerns for adolescents to be a lack of safe places within the community as the direct result of the ongoing armed hostilities and the presence of mines, unexploded ordnance, and missile attacks.²¹⁴ Protection risks resulting from mass displacement, disruption of social services, diminished income and economic opportunities, and heightened militarisation vary for adolescent boys and girls. Adolescent girls are

increasingly involved in unpaid care work, exposing them to higher risks of child abuse as a result of disrupted family systems and caregiver fatigue among parents.²¹⁵ Albeit to a lesser degree than adolescent girls, adolescent boys are also conducting more work to support their households with house repairs and upkeep.²¹⁶ While unpaid household work conducted by youth has increased, adolescents' paid work to supplement household income has not been reported as a key protection risk. As explained by a KII respondent, child labour is highly regulated in the legislation of Ukraine, which continues to prevent the exploitation of youth.

Adolescent boys are at greater risk of being exposed to mines and unexploded ordnance by engaging in risky behaviours and spending more time unattended away from home due to a lack of organised leisure activities.²¹⁷

Adolescent girls in the FGDs expressed protection concerns over drunk and aggressive men roaming the streets, and bad lighting, which could indicate that their

212 DFS and IMPACT Initiatives (6 March 2024). [Ukrainian Crisis: Situation Analysis, 05 March 2024](#); SavED. (10 February 2024) [War and Education, 2 Years of Full-Scale Invasion](#); Child Protection AoR (29 March 2024). [Child Protection AoR's Key Messages](#)

213 World Vision (2023). [Child Protection Multisectoral Needs Assessment in Dnipro, Kharkiv and Kherson Oblasts](#); IMPACT Initiatives (2024). [Child Protection Assessment, June 2024](#)

214 2024 RGA Household Survey

215 Burlaka, V., et al. (12 October 2023). [Parenting Practices, Bullying Perpetration, and Conduct Problems among Ukrainian Children](#)

216 2024 RGA Key Informant Interview

217 UNICEF (6 June 2024). [53% of Ukrainian Teenagers Engage in Risky Behaviour Despite Being Well-Informed about Risks Posed by Mines and Unexploded Ordnance UNICEF Study](#); 2024 RGA Key Informant Interview

safety concerns are related to the significant increase in the number of security actors near the frontline.²¹⁸ In another study, adolescent girls expressed fears about experiencing sexual violence.²¹⁹

The negative impacts of the war on adolescents' well-being also raise protection concerns, as isolation increases due to online education, reduction in social activities, and more time spent inside the home. These factors can negatively impact their mental health, emotional well-being, and development, especially in terms of interpersonal communication and social skills, which can have long-term ramifications.²²⁰ Due to increased levels of stress and anxiety, many adolescents adopt negative coping mechanisms such as using substances and smoking,²²¹ experience sleep disorders (which are exacerbated by extended periods of time on the internet and smartphones at night), and develop eating disorders, especially adolescent girls.²²² Separation from their families and support networks puts children at an increased risk of all forms of violence, abuse, and trafficking.²²³

Children with a disability, particularly girls, face additional protection risks as they are more likely to experience violence, abuse, and neglect than children without a disability.²²⁴ They also are at higher risk of being among civilian casualties due to mobility challenges and limited access to transportation and shelters.

Before the escalation of the war, Ukraine had the highest number of children in institutional care in Europe (residential care institutions, orphanages, boarding schools, and other care facilities) – nearly half of them children with a disability.²²⁵ After the full-scale invasion, children in institutional care faced unique risks related to evacuation and lack of access to essential services, including proper protection services; many of them were sent home without proper risk assessments of their home environments.²²⁶ There continues to be a high percentage of Roma children in state care institutions due to poverty, risk of early marriage, and illegal involvement in child begging.²²⁷



218 Danish Refugee Council (22 May 2024). [DRC Quarterly Protection Monitoring Report - Ukraine, January - March 2024](#)

219 Plan International (June 2024). [Adolescent Girls in Crisis: Voices from Ukraine, Poland and Romania](#)

220 Danish Refugee Council (22 May 2024). [DRC Quarterly Protection Monitoring Report - Ukraine, January - March 2024](#)

221 Reported by 54% of girls and 77% of boys aged 14-17, and 43% of girls and 39% of boys aged 9-13. For more information, see World Vision (2023). [Child Protection Multisectoral Needs Assessment in Dnipro, Kharkiv and Kherson Oblasts](#)

222 Plan International (June 2024). [Adolescent Girls in Crisis: Voices from Ukraine, Poland and Romania](#)

223 Child Protection AoR (29 March 2024). [Child Protection AoR's Key Messages](#)

224 *Ibid.*

225 European Roma Rights Centre (July 2023). [In Time of War: Romani Children in State Care in Ukraine](#)

226 *Ibid.*

227 UNICEF (10 June 2022). [Ukraine War Response: Children with Disabilities](#)

4. Accountability to affected people (AAP) and protection from sexual exploitation and abuse (PSEA)

ONGOING TRENDS

AAP mechanisms continue to require strengthening through improved coordination, accessibility of information on assistance, and engagement with community members.²²⁸

PSEA remains a top priority among humanitarian actors in Ukraine as the increased presence of humanitarian workers exacerbates sexual abuse and exploitation (SEA) risks.²²⁹ The PSEA Network established the *2024 Humanitarian Country Team (HCT) Action Plan to Prevent and Respond to Sexual Exploitation and Abuse in Ukraine* to provide “*minimum operational standards and requirements to measure progress and analyse effectiveness, impact, and progress on measures to prevent and respond to SEA country wide*”.²³⁰

Awareness-raising about PSEA at the community level remains a critical need. This includes the identification of safe and inclusive reporting of SEA incidents, as well as improving war-affected people’s understanding of their right to report SEA or suspected cases, and their right to access services.²³¹

IN FOCUS

Establishing safe and inclusive feedback and complaint mechanisms (FAM) is a critical part of AAP, by ensuring that war-affected people are able to access information about humanitarian assistance and to report any issues related to this, including SEA incidents. The ability for communities to be well-informed and for humanitarian actors to respond quickly to feedback and complaints largely depends on the diversity of communication channels such as social media, hotlines, or organisations physically going into communities to talk with

war-affected people.²³² However, information and FAM are often not accessible for people with a disability and older people, who might face physical, hearing, visual, and intellectual challenges.²³³ Additional barriers in access to humanitarian assistance may be faced by the Roma community due to lack of documentation²³⁴ and transgender people whose gender identity does not match their official documents.²³⁵

With the influx of information about the war and different services available, there have been reports of war-affected people feeling overwhelmed and concerned about misinformation.²³⁶ Furthermore, some people may find it difficult to understand information in public documents due to complex language and irrelevant cultural contexts. For example, some international non-governmental organisations (INGOs) quickly established their own FAM and shared information without taking the time to learn from civil society organisations (CSOs) about existing services and ways of working.²³⁷ This often resulted in poorly framed questions and information, potentially creating distrust and frustration among communities that have different needs and expectations. Recognising this issue across multiple humanitarian contexts, the Community Engagement Forum²³⁸ established a guidance note that clearly defines community engagement as an approach to achieve AAP, to ensure that information, FAM, and response efforts are inclusive and relevant.²³⁹

Regarding PSEA, various assessments show that channels to report SEA incidents are well established by

228 CDAC (2 February 2023). [The State of Communication, Community Engagement and Accountability Across the Ukraine Response](#)

229 OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

230 PSEA Network Ukraine (1 February 2024). [2024 HCT Action Plan to Prevent and Respond to Sexual Exploitation and Abuse in Ukraine](#)

231 OCHA (3 January 2024). [Ukraine Humanitarian Needs and Response Plan 2024 \(December 2023\)](#)

232 CDAC (2 February 2023). [The State of Communication, Community Engagement and Accountability Across the Ukraine Response](#)

233 UNICEF. [Disability Inclusion in Accountability to Affected Populations](#)

234 USAID (7 June 2024). [Towards an Inclusive Ukrainian Recovery](#)

235 Shevtsova, M. (5 April 2024). [Queering Displacement: The State of the Ukrainian LGBTQ+ Community During the Russian Full-Scale Invasion](#)

236 CDAC (2 February 2023). [The State of Communication, Community Engagement and Accountability Across the Ukraine Response](#)

237 CDAC (July 2023). [Learning Sessions: Insights on Communication and Engagement from the Ukraine Crisis Hosted by the CDAC Network](#)

238 The Community Engagement Forum is an online, inter-agency community of practice for CCCM and other humanitarian practitioners working in displacement responses.

239 Community Engagement Forum (February 2024). [Community Engagement Definition, Terminology and Framework: A Guidance Paper for the CE Forum](#)



humanitarian organisations in Ukraine.²⁴⁰ In the HHS, 64% of older women and 68% of older men, as well as 71% of adult women and 70% of adult men, reported that humanitarian organisations have communicated their feedback channels. Also, more than half of all women and over 60% of all men reported that humanitarian organisations have communicated information on PSEA processes, including how and where to report incidents. KII respondents shared that overall levels of knowledge on PSEA processes and reporting mechanisms have increased over the past year.

Nevertheless, there seems to be a gap between understanding of PSEA measures in place and the ability to identify potential SEA cases. While more than half of all HHS respondents mentioned that humanitarian organisations communicated PSEA processes, only 36% of adult women and 46% of adult men reported being able to identify potential SEA incidents.²⁴¹ There is also a gap among the HHS respondents between awareness of PSEA measures and knowledge of where and how to report SEA, with a 9% difference for adult women, an 8% difference for older women, and a 6% difference for older men.²⁴²

Levels of confidence in reporting SEA incidents vary considerably. Most women in the FGDs, including those

from the Roma community and those living in CSs, said that they were confident in reporting, yet most men – regardless of status and location – reported not knowing their confidence level, while many refused to answer the question. All LGBTQI+ participants in the FGD reported not knowing their confidence level in reporting SEA incidents; this could suggest a certain mistrust in humanitarian organisations' ability to provide support, based on previous experiences of discrimination.²⁴³

Multiple factors are hindering reporting behaviours for women and men, including confusion and misunderstanding of concepts such as GBV, SEA and CRSV.²⁴⁴ Organisations often use different messaging in their communications, and given the high number of humanitarian organisations in Ukraine,²⁴⁵ some of which are less familiar with international humanitarian standards of practice on PSEA, there is a risk of inconsistency. The KII respondents reported a lack of willingness among some communities to accept that humanitarian workers would commit SEA, given their appreciation of the efforts of those supporting war-affected people in Ukraine. In addition, survivors may minimise SEA incidents in the context of socio-political narratives on the sacrifices made by those in the military, or not report due to fear of being stigmatised by the community.²⁴⁶

240 Among 194 organisational participants of the SEA Risk Assessment in 2023 (19% UN, 34% INGO, 42% NNGO/CSO, and 5% WG/Cluster), only 5% reported not offering complaints mechanisms. For more information, see PSEA Network Ukraine (23 January 2024). [Ukraine Sexual Exploitation and Abuse Risk Assessment Report 2023](#)

241 Among older people in the HHS, 48% of women and 47% of men reported being confident in identifying potential PSEA cases.

242 For adult men, the difference was minimal (1%).

243 Shevtsova, M. (5 April 2024). [Queering Displacement: The State of the Ukrainian LGBTQI+ Community During the Russian Full-Scale Invasion](#)

244 2024 RGA Key Informant Interviews

245 400 international and national organisations are providing humanitarian assistance in Ukraine. OCHA (December 2023). [Ukraine. Humanitarian Response and Funding Snapshot \(January-December 2023\)](#)

246 2024 RGA Key Informant Interview

5. Participation and decision-making of women's rights organisations (WROs)

ONGOING TRENDS

WROs continue to play a critical role in response efforts. The impetus to adopt localisation and feminist approaches is increasing in humanitarian spheres; however, significant challenges remain in ensuring the meaningful participation of WROs and CSOs representing marginalised groups (such as Roma communities, people with a disability, and LGBTQI+ people), especially smaller organisations.²⁴⁷

Partnership agreements between WROs and INGOs do not favour equal decision-making power due to increased workload for already overstretched WRO staff, language barriers, and exclusion of WROs from decision-making spaces.²⁴⁸

WROs continue to report that accessing flexible funding is a challenge. Access to flexible funding remains a crucial priority for WROs; however, this is more difficult to obtain than in-kind support or project-specific funding for humanitarian assistance.²⁴⁹

IN FOCUS

There has been an ever-growing normative framework for gender equality in humanitarian response and an increasing number of donors are adopting a feminist approach to humanitarian assistance (e.g. institutional donors from Canada, France, Germany, and Sweden). As the impetus grows, CSOs who have been working for gender equality and women's rights in Ukraine since before the full-scale invasion are being increasingly recognised by international actors. These WROs have since played a vital role in providing life-saving assistance, notably as the result of their strong support network of volunteers and knowledge of critical issues affecting women and girls.²⁵⁰

²⁴⁷ 2024 RGA Key Informant Interviews; Oxfam (5 April 2024). [Joint Statement on Gender Inclusion in the Ukraine Crisis Response and the Role of Women's Rights Organisations](#)

²⁴⁸ *Ibid.*

²⁴⁹ 2024 RGA Key Informant Interviews

²⁵⁰ HIAS and VOICE (24 February 2024). [Still Waiting for the Sky to Close: Women's Organisations at the Frontline of the Ukrainian Crisis Two Years On](#)

Efforts to facilitate the meaningful participation of WROs have materialised over recent years at the highest level of the UN-led response – including the UN Resident and Humanitarian Coordinator, IASC GenCap Advisor, OCHA and UN Women.²⁵¹ These include capacity-strengthening workshops for WROs, organisations of persons with disabilities (OPDs), and other CSOs focused on marginalised groups (such as Roma and LGBTQI+ people), as well as dialogues with WROs to enhance coordination on gender equality, women's empowerment, and humanitarian response.²⁵²

A key mechanism to promote and support WRO participation and leadership is the Ukraine Gender in Humanitarian Action Working Group (GiHA WG).²⁵³ This has a national WRO as co-chair on a rotational basis, and one of its key strategic outcomes is the inclusion and meaningful participation and leadership of WROs in the coordination, programming, implementation, and decision-making structures of humanitarian action.²⁵⁴ Interviews conducted with WROs by Oxfam revealed a positive perception of and appreciation for the efforts made by the GiHA WG.²⁵⁵ Furthermore, the KII respondents from WROs and CSOs representing marginalised groups reported gaining considerable visibility through the approach of the humanitarian community. Many see this trend as positive, and a way of ensuring that gender equality and discrimination against women and marginalised groups remains in focus as the full-scale invasion continues into its third year.²⁵⁶

²⁵¹ UN Women (2024). [Championing Gender Equality amidst the War in Ukraine. An Update on UN Women's Work in 2023](#)

²⁵² *Ibid.*

²⁵³ See Terms of Reference, GiHA WG (January 2023). [Gender in Humanitarian Action Working Group](#)

²⁵⁴ *Ibid.*

²⁵⁵ Oxfam (22 February 2024). [Two Years at the Forefront: Exploring the Needs and Experiences of Women-Led, Women's Rights, and LGBTQIA+ Led Organisations Two Years into the Ukraine Humanitarian Response](#)

²⁵⁶ 2024 RGA Key Informant Interview



However, despite this increased engagement of WROs in some areas of the humanitarian response,²⁵⁷ significant gaps and challenges remain. Decision-making power is not equal among all humanitarian actors. The KII respondents also shared that WROs are less active in the design of programmes due to complex and time-consuming financial and programme reporting requirements for already overstretched staff. Language barriers and unfamiliarity with humanitarian technical jargon continue to impede WROs' ability to influence decisions in various structures. There is also a need for more transparency regarding how agenda items are selected for meetings, with multiple KII respondents reporting that WROs are often told what will and will not be discussed, with limited opportunities to add topics. While some progress has been made in terms of greater participation, decision-making, and access to funds for larger WROs within the humanitarian system and its coordination and advocacy spaces, smaller WROs at grassroots level, especially those representing marginalised groups, often remain sidelined.²⁵⁸

The ability of WROs and organisations representing marginalised groups to cover their overhead costs and invest in organisational capacity building remains

limited.²⁵⁹ Without sufficient flexible funds, it is challenging for them to hire and retain additional staff who can support donor reporting and expand programme initiatives as the humanitarian response shifts to recovery and reconstruction. This is especially critical in a context where women, including WRO employees, are facing increased time poverty and struggling with competing priorities to meet their families' needs.²⁶⁰

In addition, some WROs that acted as first responders at the onset of the full-scale invasion are now seeking to return to their fundamental mission of advocacy for gender equality and women's rights, citing access to flexible funding as critical to making this shift.²⁶¹ While donors and humanitarian organisations have agreed to increase institutional support and direct funding to local and national organisations under their localisation commitments, there is still a lack of targets for funding to WROs.²⁶² To address this issue in Ukraine, the GiHA WG Taskforce has developed a definition of WROs to ensure better tracking of funding to and engagement with these actors across the coordinated response.

257 CARE International. (October 2023). [Rapid Gender Analysis: Ukraine](#)

258 Oxfam (5 April 2024). [Joint Statement on Gender Inclusion in the Ukraine Crisis Response and the Role of Women's Rights Organisations](#)

259 2024 RGA Key Informant Interview

260 In 2023, approximately 5% of total UHF allocations, or \$9 million, went to WROs.

261 2024 RGA Key Informant Interview

262 See workstreams 2, 7 and 8 in IASC (2021). [Grand Bargain Commitments by Workstream](#). In 2023, UHF gave approximately 5% of its 2023 funding directly to WROs. OCHA (2024). [Ukraine Humanitarian Fund Annual Report 2023](#)

Recommendations to donors, humanitarian leadership, and implementing actors

Overarching recommendations

1. Invest in intersectional gender analysis through sectoral analysis and quarterly cross-sectoral situation reports on gender equality-related challenges and trends, as well as monitoring uptake of recommendations to inform humanitarian clusters' strategies and activities.
2. Continue to apply the adapted Inter-Agency Standing Committee (IASC) Gender with Age Marker for activity-based costing and planning. The GIHA WG should use this tool to track and regularly report to humanitarian coordination mechanisms on gender-integrated and inclusive humanitarian response.
3. With the support of the GiHA WG, continue to invest in gender-sensitivity, disability-inclusion, and diversity training for humanitarian actors, and prioritise WROs and organisations representing minorities as training providers. Include capacity development for service providers to reduce discriminatory behaviours and attitudes towards marginalised groups.
4. Ensure the systematic integration of social services such as childcare and MHPSS in sector-specific programming through humanitarian coordination mechanisms, to reduce the pressure of unpaid care work on women and adolescent girls. At a minimum, establish a mapping of childcare and social services, and relevant referral mechanisms for programme interventions with women and girls.
5. Include vulnerable men in gender-based targeting and gender-specific community consultations for humanitarian assistance to ensure that conscription-avoidance strategies are considered, including restrictions on movement and reduced access to official employment and social assistance.
6. Increase humanitarian activities to support family reunification, rebuilding of support networks for displaced people, and community-based protection interventions (especially for displaced and older

women) to mitigate protection risks, increase access to essential services, and reduce mental health issues.

Recommendations for participation and decision-making of WROs

1. Work with WROs to develop targets for partnerships and establish tracking and reporting mechanisms through humanitarian coordination systems. Adopt the GiHA WG Taskforce definition for WROs to ensure financial support to organisations focused on gender equality and women's and girls' rights.
2. Increase the volume and improve the quality of funding to WROs, including funding for core costs, institutional development, networking between WROs, and psychosocial support to prevent burnout. Simplify bureaucratic funding application processes to increase the ability of smaller WROs to secure funding, including by adopting the IASC *Harmonized Reporting Template*²⁶³ and adapting due diligence benchmarks and funding eligibility criteria.
3. Develop a strategic plan at the HCT level to enhance the participation and decision-making of WROs in humanitarian response. This should include well-defined objectives, targets, indicators, timelines, means of verification, budgets, needs assessments and capacity strengthening (including training and mentorship). The plan should be developed with the full participation of WROs, be monitored regularly, and have clear accountability lines.
4. Develop guidance for WROs to navigate funding opportunities across the humanitarian-development nexus with non-humanitarian donors and institutional donors to complement short-term humanitarian funding with longer-term, flexible funding. This should aim to improve the sustainability of WRO participation in initiatives on advocacy and social norm change as well as humanitarian response and recovery.

²⁶³ IASC (13 September 2019). [Harmonized Reporting Template \(8+3 template\) - final](#).

Sector-specific recommendations

Food security and livelihoods

1. Conduct labour assessments to focus on key areas of skills shortages in livelihoods programmes and provide training in these areas, targeting displaced women, FHHs, households led by older women, and households that have a person with a disability.
2. Include childcare services in vocational training and livelihoods programming, and support flexible, part-time, remote and in-person training and employment opportunities, especially for women with unpaid care responsibilities, men of conscription age, LGBTQI+ people, and people with a disability.
3. Engage with the private sector and local authorities to support safe job placements, leveraging the new skills that women have gained through volunteer work and unpaid work, such as house repairs and reconstruction.
4. Work with local authorities and volunteer networks to identify vulnerable households such as IDPs, FHHs, older people, and people with a disability, and provide tailored food assistance, especially in remote areas and areas near the frontline.

Health

1. Raise awareness among social workers to mitigate barriers and support war-affected people to access critical services, especially for men (in particular older men), IDPs, and Roma communities.
2. Raise awareness among older people and people with a disability to improve their access to healthcare services, and support healthcare providers to offer online medical consultations to increase access to healthcare in hard-to-reach areas.
3. In frontline and rural areas without healthcare facilities, continue the provision of mobile health clinics and provide transportation to urban centres, especially for older people and people with a disability.
4. Invest in physical rehabilitation services in rural areas and areas of active conflict, especially for adult men requiring trauma-related care.

Sexual and reproductive health (SRH)

1. Strengthen advocacy efforts towards the Ministry of Health of Ukraine, healthcare providers, and health organisations on SRH as a priority in the humanitarian response.
2. Integrate the *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations*²⁶⁴ at the primary healthcare level; invest in training programmes for midwives to deliver SRH services to war-affected people in the east and south of the country.
3. Increase the provision of SRH services through mobile health clinics in frontline and rural areas, where no other health provider is available and when outreach visits from existing primary healthcare facilities are not possible. Offer gender-responsive SRH services, with referral pathways to other key services. Referrals to urban-based services should include the provision of transportation or cash to cover expenses.
4. Provide training to healthcare providers on safe, ethical, and inclusive referrals to specialised services based on the patient-centred approach, particularly for vulnerable peoples who experience stigma when accessing SRH services, such as women, adolescents, people with a disability, LGBTQI+ people, Roma communities, women living with HIV, and sex workers.

Mental health and psychosocial support (MHPSS)

1. Strengthen information dissemination on mental health awareness and comprehensive services, with messaging adapted for different gender and age groups. Messaging should recognise the impact of volunteering on women, and seek to reduce the stigma that prevents many men from seeking help.
2. Provide in-person and online services to mitigate men's reluctance to seek mental health support, and to facilitate access for IDPs.
3. Conduct sensitivity training for MHPSS providers, and strengthen institutional policies and administrative procedures to increase access for Roma and LGBTQI+ people.
4. Scale up youth establishments that offer MHPSS services, social activities, and referrals to key services. Raise awareness among adolescent boys of the benefits of psychosocial group activities to increase their participation.

²⁶⁴ UNFPA, *Minimum Initial Service Package (MISP) for SRH in Crisis Situations*, November 2020



Water, sanitation and hygiene (WASH)

1. Provide cash and voucher assistance for high-demand hygiene items, depending on needs (e.g. menstrual, incontinence), in areas where these are available, and markets are accessible. Distribute a tailored selection of hygiene items based on needs assessments for those with mobility restrictions or in areas where market access is disrupted. Work with the private sector to (re)build market access for hygiene items in rural areas and areas near the frontline.
2. Support maintenance and repair of water supply systems to improve infrastructure and household access to the central water supply. Where this is not possible, improve access to low-cost and fast collection water distribution points to decrease household expenditure and time spent on unpaid work.
3. Explore vocational skill training programmes for women (e.g. in water utilities) to support WASH infrastructure maintenance and repair, and to create job opportunities.
4. Target Roma communities with combined support for WASH infrastructure, clean water supply, and access to hygiene items.

Shelter

1. Support access to safe housing, targeting FHHs, IDPs, Roma communities, and LGBTQI+ people, by raising awareness of these vulnerable groups on available opportunities, scaling up cash-based Rental Assistance programmes,²⁶⁵ and integrating a strict AAP component in programming. Conduct impact assessments to ensure sustainability of the intervention after the assistance period is over and compliance with *do no harm* principles.
2. Continue targeting women for paid work in reconstruction programmes as well as providing training programmes to strengthen skills, ensuring that childcare services are offered to women with children.
3. Hold regular sessions to share information and deepen collaboration with the private sector working group dedicated to affordable, safe housing and social housing.
4. Coordinate with OPDs to ensure that the needs and priorities of people with a disability are included in the design and planning of housing reconstruction.

²⁶⁵ Shelter Cluster, UNHCR (2024). [Cash Based Interventions: Rental Assistance Recommendations and Guidelines for Ukraine](#).

Camp coordination and camp management (CCCM)

1. Continue to work with local community groups to support and monitor the implementation of *Resolution 930 on the Functioning of Collective Sites*²⁶⁶ to ensure that CSs have gender- and family-segregated accommodation, disability-inclusive infrastructure, and adapted WASH facilities.
2. Ensure consultation with women, girls, LGBTQI+ groups, and people with a disability on development and improvement to CSs, in alignment with the *Collective Centers standards in Ukraine*.²⁶⁷
3. Engage with the private sector and local authorities to establish employment training programmes within CSs, ensuring provision of childcare services and support for people with mobility restrictions. Work with employers to reduce discrimination against IDPs, Roma people, LGBTQI+ people, and older women.
4. Work with the Protection Cluster, GBV Area of Responsibility (AoR), and PSEA Network to provide specialised services and referrals for CS residents, including support with legal access to housing documentation, case management, and family reunification (among others). Guarantee capacity building of site administrators through training in protection topics, such as GBV, PSEA, human trafficking, and improve reporting mechanisms in CSs

Education

1. Support training of teachers and school psychologists to strengthen their gender equality and inclusion competencies, including non-discriminatory attitudes and GBV risk-mitigation measures. Build their capacity to provide support to both adolescent girls and boys, including addressing harmful coping mechanisms and risky behaviours.
2. Establish youth centres that offer MHPSS in addition to sports and leisure activities for displaced young people, to support formal education by reducing digital fatigue and enhancing attendance in online classes.

3. Identify parental support mechanisms and increase childcare support to ensure that online learning does not further exacerbate high rates of women's unpaid labour.
4. Advocate for duty of care and *do no harm* principles in engagement with teachers, recognising reliance on the labour of this overstretched, underpaid, and predominantly female workforce.

Cash assistance

1. Ensure that cash assistance continues to be prioritised and targets the most marginalised groups, particularly displaced FHHs, FHHs with children, FHHs with people with a disability, households led by older people, Roma communities, and people with a disability who can spend cash. Include consultations with vulnerable men and transgender and non-binary people who may avoid registration procedures, to ensure their access to assistance.
2. Contribute to research on effective vulnerability criteria-based targeting, and improve alignment and transparency of vulnerability criteria between the GoU and humanitarian organisations to target these marginalised groups and reduce gaps in allocation.
3. Strengthen partnerships with WROs and organisations representing marginalised groups and hard-to-reach people to support information sharing, community consultation, registration, and distribution of cash assistance.
4. Integrate gender analysis, including the use of SADD, in regular market monitoring, cash feasibility assessments, risk analysis, and post-distribution monitoring tools.

Protection

1. Conduct consultations to identify security measures, community support networks, and community-based protection interventions, targeting IDPs and households in frontline locations.
2. Work with relevant clusters, the AAP Working Group, WROs, OPDs, and organisations representing marginalised groups and provide regular updates to the Protection Cluster Services Advisor Platform,²⁶⁸ to

²⁶⁶ Cabinet of Ministers of Ukraine. (1 September 2023). [Resolution 930 On Some Issues of Functioning of Places of Temporary Residence of Internally Displaced Persons](#)

²⁶⁷ CCCM Cluster and UNHCR (24 May 2022). [Collective Centers Standards in Ukraine – May 2022](#)

²⁶⁸ See: <https://ukraine.servicesadvisor.net/en>

reduce information gaps about the means of delivery and services provided by humanitarian organisations and community centres.

3. Ensure that all frontline humanitarian actors and local authorities are trained in basic concepts of gender, inclusion, and protection mainstreaming, psychological first aid, trauma-informed approaches, disability inclusion, and safe referrals. Promote access to protection services for marginalised groups, including IDPs, older people, adolescents, and people with a disability.
4. Strengthen gender-sensitive approaches in ongoing protection analysis, including the upcoming *Protection Analysis Update*, as well as in protection mainstreaming training activities undertaken in collaboration with other clusters.

Gender-based violence (GBV)

1. Work with WROs, OPDs, and LGBTQI+ and Roma organisations to provide training and capacity-building initiatives to local authorities, including the police, on safe referrals and trauma-informed and survivor-centred approaches.
2. Develop gender-transformative messages to target men, adolescent boys, and LGBTQI+ people to improve support-seeking behaviour for GBV services. Communications should be adapted to the specific risks faced by male and LGBTQI+ victims/survivors of GBV and address the barriers they encounter in accessing services.
3. Increase awareness of IPV that includes targeted messaging for men and adolescent boys, as both potential perpetrators and victims/survivors of this type of violence.
4. Work with the Food Security and Livelihoods, Shelter, and CCCM Clusters and Cash Working Group to identify women and girls vulnerable to trafficking, and provide support services related to cash assistance, livelihoods, and accommodation to decrease vulnerability.

Child protection

1. Prioritise the mental health and psychosocial well-being of children and their caregivers through access to adequate support and resources, counselling services, and enhanced coping mechanisms. Integrate mental health and well-being programmes into child protection initiatives to address the underlying issues that contribute to substance abuse, such as trauma, stress, and peer pressure.
2. Strengthen gender-responsive and inclusive services for children to ensure that specialised assistance is available. Integrate activities related to personal safety, including developing accountable personal safety plans and coping strategies, in programmes targeting children and youth, including child-friendly spaces and youth centres.
3. Design sector-specific programmes and activities to ensure support for adolescents with increased household roles and responsibilities.
4. Develop targeted messages for children and youth about risks related to unexploded ordnance and mines.

Protection from sexual exploitation and abuse (PSEA)

1. Ensure that all frontline humanitarian actors are trained in basic PSEA concepts, complaint mechanisms, referrals, and survivor-centred approaches adapted to the specific needs of women and men victims/survivors.
2. Harmonize PSEA messaging in communication materials to raise awareness and recognition of SEA incidents, including on gender-discriminatory social norms which may act as a barrier to reporting.
3. Provide support for the implementation of gender-sensitive and inclusive prevention messaging, reporting mechanisms, and management of SEA allegations.
4. Continue dialogues with WROs, OPDs, and organisations representing Roma and LGBTQI+ groups to improve policy implementation and overcome barriers to reporting, especially for older people, Roma communities, LGBTQI+ people, and people with a disability.

ANNEX I

HHS and FGD participants by gender, age group, and region of Ukraine

Oblast	Female			Female total	Male			Male total	Non-binary	Total
	<18	18-59	+60		<18	18-59	+60		18-59	
Dnipropetrovska	0	295	29	324	0	32	9	41	0	365
Donetska	0	241	57	298	0	18	13	31	0	329
Kharkivska	0	204	69	273	0	24	34	58	0	331
Khersonska	0	88	144	232	0	44	45	89	0	321
Mykolaivska	0	160	64	224	0	19	12	31	0	255
Odeska	1	163	65	229	0	26	18	44	12	285
Zaporizka	19	167	29	215	20	44	38	102	0	317
Grand total	20	1,318	457	1,795	20	207	169	396	12	2,203

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