

A photograph showing a group of people, including women and children, walking outdoors in a cold environment. They are wearing heavy winter coats and hats. Some are carrying bags or suitcases, suggesting they are refugees or displaced persons. The background shows a paved area and some trees without leaves.

ACTION BRIEF



SUMMARY OF THE RAPID GENDER ANALYSIS OF UKRAINE

4 May 2022

Introduction

As of 29 April, 5.5 million refugees have already fled Ukraine,¹ and the number of internally displaced people (IDPs) has reached 7.7 million.² It is estimated that 90 per cent of those who have fled the country are women and children, while most men aged 18–60 are required to stay behind under martial law.³ For people displaced inside Ukraine, 59 per cent of adults are female and 41 per cent are male.⁴ On 1 March, the UN Office for the Coordination of Humanitarian Affairs (OCHA) projected that 12 million people needed humanitarian assistance.⁵

At the beginning of 2022, before the escalation of war, an estimated 2.9 million people in Ukraine were already projected to need humanitarian assistance. Of these, 54 per cent are women and 55 per cent living in non-government-controlled areas.⁶ In addition, of the almost 1.5 million people displaced within Ukraine from the previous conflict, an estimated 60 per cent are female.⁷

In the years before the war, Ukrainian women made some measurable gains in terms of rights, the advancement of gender equality and the development of a strong civil society that included women and minority-led organisations. However, entrenched gender discrimination, and the compounding effects of eight years of conflict in the east of the country and increasing levels of violence against women during the COVID-19 pandemic threaten to erode the gains made.⁸

Between 2–6 April, 2022, 32 female and four male enumerators conducted 179 interviews (123 women, 54 men, and two who preferred not to say) in 19 regions (Oblasts). This included 133 community members, and 46 key informants from CSOs, UN Agencies and government bodies. In addition to the primary data, the secondary resources include English, Ukrainian and Russian language information sources. The RGA included women and men, including those from the lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA+) community, Roma, people with disability, carers, female heads of households, IDPs, older women, and people in occupied and government-controlled areas. The sample is not fully representative of the population of Ukraine but seeks to provide more understanding of the realities of women, men, girls, boys and others from diverse groups within the current crisis. Given the security context in Ukraine, interviews were primarily carried out remotely. Face-to-face interviews were only carried out in limited cases where the interviewee did not have access to a phone.

This is a summary of the Rapid Gender Analysis of Ukraine (4 May 2022). For the full report, follow this [link](#).

Key conclusions

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

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

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

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

In recent years, there has been notable progress towards gender equality and women's empowerment (GEWE) in Ukraine, but women still face numerous barriers to their full, equal and meaningful participation in society. The COVID-19 pandemic intensified many inequities between women and men, including the gender wage gap, the difference in formal labour participation, and concerning reports of domestic violence.⁹ The ongoing crisis is revealing further **exacerbation of gender inequities**, particularly among women facing multiple forms of discrimination.

Women's **care burden** has increased significantly, with the lack of access to education facilities due to security risks, women's engagement in volunteer activities and men's absence due to engagement in the armed forces. The war will increasingly impact unemployment rates among all categories of the population and will likely continue to push women into the unprotected **informal sectors** of the economy. Poverty and dependency on social payments, especially among female-headed households, are expected to increase.

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

(Caregiver, single mother)

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

3) Women are disproportionately affected by the multisectoral and compounded impact of the crisis.

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

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

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

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

Findings

GENDER ROLES, RESPONSIBILITIES AND RELATIONS

- Gender roles are changing in Ukraine. While many people across Ukraine have become unemployed as a result of the war and it is primarily men who engage in the Armed Forces of Ukraine (AFU), women report taking on new roles and multiple jobs to make up for the lost family income.
- Women's care burden has increased significantly with the closure of education facilities and institutions, their engagement in volunteer activities, and men's absence due to engagement in AFU. However, men who are not engaging in AFU also report an increasing care role as they are less engaged in income-generating activities.
- Women lead and are more engaged in community humanitarian efforts providing opportunities for humanitarian actors to seek their participation and guidance in the design and implementation of humanitarian action.

Paid work

In 2020, the proportion of employed women and men in Ukraine was 51 per cent and 62 per cent respectively.¹⁰ With a 23 per cent gender pay gap¹¹, 32 per cent gender pension gap and comprising 72 per cent of social protection recipients, women were more vulnerable to crises.¹² Since the war broke out, 28 per cent of women and 33 per cent of men stated that income is one of the main areas the war has impacted. The war is expected to increase unemployment and reduce access to social assistance, due to displacement, business closures, damage/destruction of infrastructure and logistics, physical inaccessibility of the place of employment, shelling and other physical security threats.

IDPs—who are predominantly women and children—are affected disproportionately. The number of displaced women who earned a monthly household income of less than 5,000 UAH (165 USD) jumped from 18 per cent before the war to 65 per cent by the beginning of April. For men, the number increased from 6 per cent to 57 per cent. Some interviewed women caregivers noted the need for remote part-time work and, at the same time, support for their dependents.

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

Unpaid work

Prior to the escalation of hostilities in February 2022, women spent 24.6 hours a week on unpaid domestic work compared to 14.5 hours a week for men. Respondents consistently noted that, since the beginning of the war, the volume of unpaid work for both men and women has increased due to disruptions to social services, and medical, education and childcare facilities. While men's care burden has shifted, women still have the bigger share of the care of children and dependent family members due to the forced family separation (such as through displacement and the conscription of men) or the death of male family members.

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

ACCESS TO SERVICES AND RESOURCES

Both female and male respondents highlighted the importance of humanitarian assistance. Having lost their livelihoods, many are completely dependent on aid. However, people also reported substantial barriers to accessing humanitarian aid, including physical inaccessibility for whole communities or for people with restricted mobility, lack of information about when aid is available and who is eligible, issues around distribution, where payment is required, and discrimination experienced by certain groups, including the Roma. Roma women in particular noted discrimination in accessing food, shelter, NFIs, healthcare, education and childcare.

Priority impact areas

Respondents were asked about the area of their life most impacted by the war (Chart 1). The top three areas are: **Mental health** (50 per cent of men, 49 per cent of women); **safety and security** (37 per cent of men, 35 per cent of women); and **income** (33 per cent of men, 28 per cent of women).

In terms of needs, people's top three priorities were (Chart 2): **Protection**, which was understood mainly as **safety** (40 per cent of both men and women); **income** (30 per cent of men, 19 per cent of women); and **physical health** (27 per cent of men, 24 per cent of women).

CHART 1:

Areas of life most affected by the war

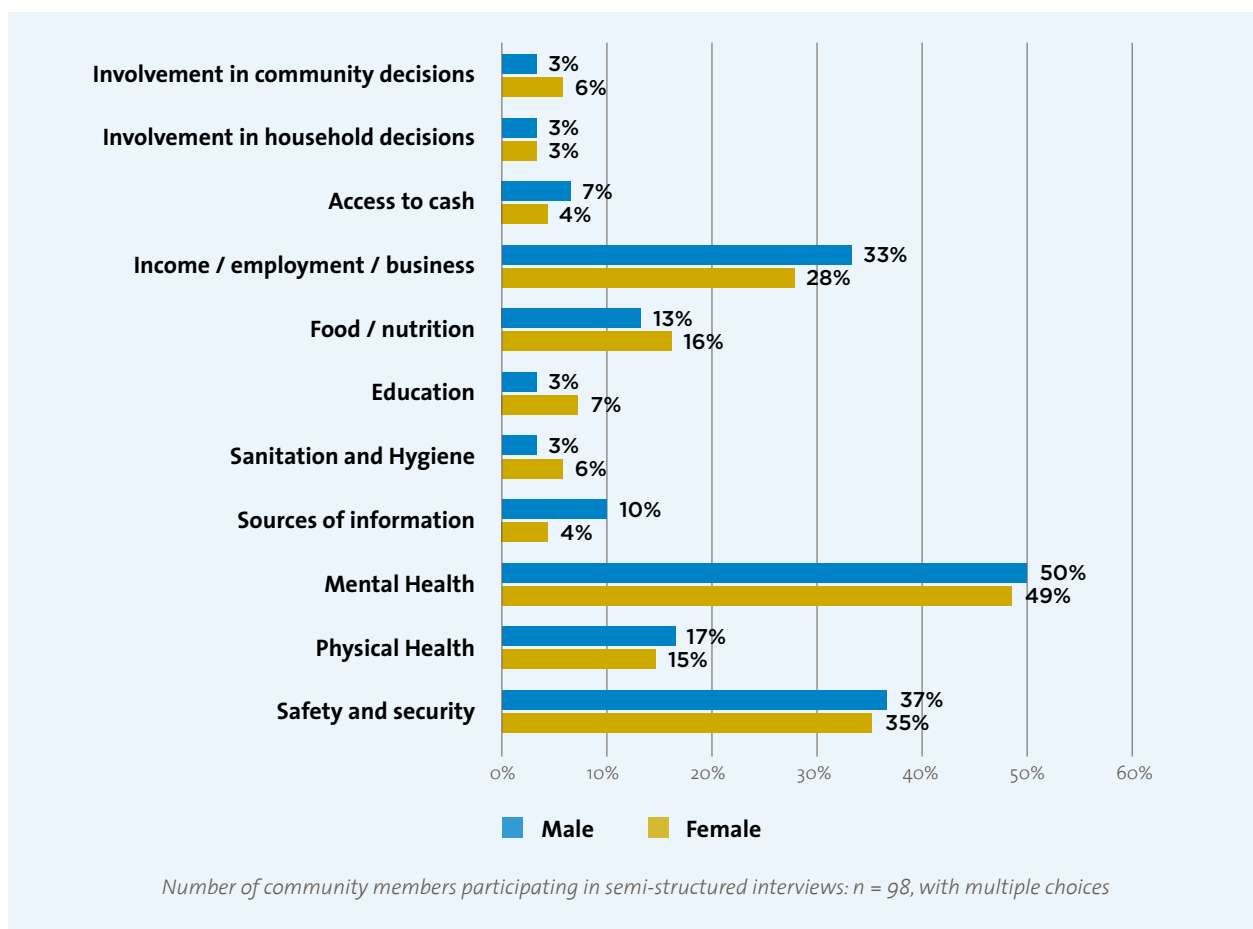
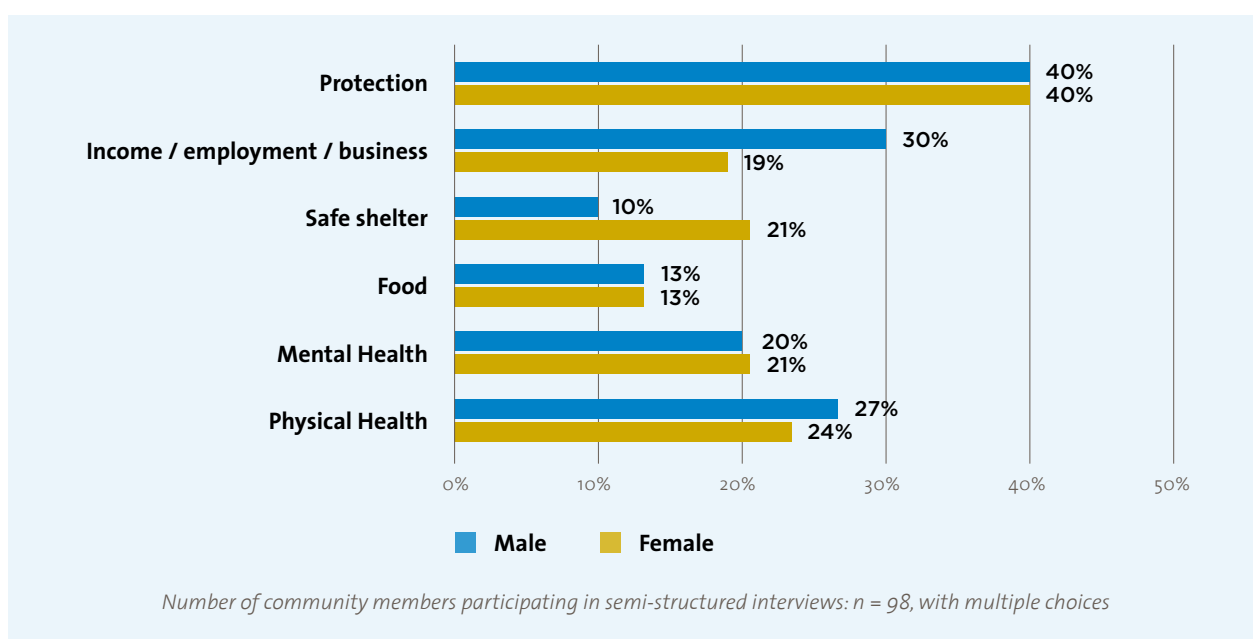


CHART 2:

Priority needs



Safe and accessible shelter

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

Twenty-one per cent of women and 10 per cent of men list safe shelter among their priority needs (see Chart 7). Many interviewees spoke of the constant search for housing and having no money for rent. There are also accounts of men not being accepted as tenants or into hotels, while women are prioritized. LGBTQIA+ people also face significant discrimination around housing. The LGBTQIA+ community in Lviv has created two centers that welcome LGBTQIA+ people and their relatives, and men. They primarily house gay and transgender men.

Some displaced Roma women and men also reported experiencing discrimination when seeking shelter.

“...various organizations...told us at first that they would settle us, but when we said that we were Roma when we arrived, they told us there were no places anymore.”

(Roma woman)

The lack of access to housing increases protection risks such as sexual exploitation as many displaced people are forced to find shelter through informal arrangements. Women’s CSOs in particular reported the unsafe conditions displaced women and girls in Western Ukraine face, including the lack of sex-segregation and adequate lighting in toilets.¹³

Accounts from women’s CSOs and CSOs working with people with disabilities note the difficulty people with disabilities face in accessing transportation and hence their ability to leave their homes and seek safer housing.¹⁴

Cash, financial and social support

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

Thirty per cent of men compared to 19 per cent of women mentioned income as their second most pressing need. This emphasizes men’s traditional role as the primary income earners. However, only 7 per cent of male respondents and 4 per cent of female respondents saw access to cash as an area most impacted by the war.

For many respondents, financial and social support, including pensions, child benefits and disability benefits, is their only source of income, and the war has made it harder to access these benefits. Women make up 72 per cent of social protection recipients and this situation particularly impacts them.¹⁵ Roma CSOs also noted concerns that the lack of civil status documentation will impede Roma receiving cash and other humanitarian assistance. Disruptions and destruction of ATMs and banks have made it substantially harder for people to access cash.

Food security and nutrition

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



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

Prior to the escalation of war, women in Ukraine were already more food insecure than men. In 2019, women's food insecurity increased from 17.3 to 28.9 per cent and men's from 13.3 to 24 per cent.¹⁶ Sixteen per cent of women and 13 per cent of men reported food as the most affected area in their life due to the war.

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

In 2021, 37.5 per cent of female-headed households and 20.5 per cent of male-headed households in conflict-affected areas already experienced food insecurity at “moderate or severe” levels.¹⁷ Both female and male respondents reported facing a situation of almost bare shelves in food stores in the first three to four weeks of the war. Disrupted water, electricity and gas supplies also impact food preparation and hygiene. According to some interviews, women have reduced their own food intake and have started to save food/give food primarily to children, older and sick people, and to spend their savings on food when and where it is available.

Female Roma respondents reported facing discrimination in accessing food aid, including simply being refused food at distribution. For Roma, the feeling of discrimination is so common that some Roma respondents noted they no longer try to request for aid assuming they would not be given any.

Health, including sexual and reproductive health (SRH) services

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

As access to health services is declining, 24 per cent of women and 27 per cent of men respondents noted physical health as their second highest priority need (see chart 2). Many medical workers - 83 per cent of whom were women¹⁸ - are displaced,¹⁹ worsening access to already significantly damaged or disrupted health care services especially in war-affected areas. Remote villages are particularly affected by the lack of services and medicines.

“Primary health care dropped out. Family doctors are mostly women, about 50 per cent of whom have left the community.” (Woman)

People with disabilities, chronic diseases and other medical needs face major problems. Since the beginning of the war, there has been a sharp increase in patients with hypertension, and cardiovascular disease, including among young people.²⁰ The World Health Organization (WHO) estimated that around 28,000 people (52 per cent men, 46 per cent women and 2 per cent children) living with HIV have fled Ukraine and need access to treatment elsewhere. At the same time, an estimated 17,000 people, of whom 80 per cent are men, must maintain their access to medication-assisted treatment (MAT) for drug dependency. With most men remaining in Ukraine, it is expected that the unmet need for MAT will be particularly high there. Many transgender people have had to stop hormonal therapy due to shortage of supply.²¹ Several LGBTQIA+ organizations are involved in providing access to medication to members of this community. Roma people face discrimination in accessing medical services, a challenge that is further exacerbated in the crisis. According to interviews with Roma CSOs, those without civil status documentation face difficulties in registering with family doctors and hence accessing medicines and medical services.

The war negatively affects access to sexual and reproductive health (SRH), including family planning, and maternal, newborn and child health (MNCH). In the maternity hospitals in Kharkiv and Lviv, doctors report that premature births had doubled or tripled in the previous few weeks. In occupied areas, children are born in unsafe conditions in bomb shelters. Women's access to gynecological services has also declined. Issues of women's hygiene are very acute in settlements where there is no water supply. Many interviewed women spoke about the lack of menstrual hygiene and incontinence materials – or unaffordability where they are available - compounded by poor hygiene conditions and lack of water in bomb shelters.

Education

- Mothers in particular are raising concerns over children's schooling. Education has mostly moved online, with the burden of homeschooling falling mainly on mothers, who also must deal with air raids, evacuations and continued displacement, all of which interfere with homeschooling.

- Roma girls and women, who were already disadvantaged in terms of access to schooling, will most likely face further challenges that will have long-term effects on their access to opportunities, including livelihoods and services.
- Women from all walks of life need vocational training and livelihoods opportunities.

As of 30 March 2022, 4.5 million, or 60 per cent of Ukrainian children, had to leave their homes because of the war²², and as of 8 April 2022, 84 education institutions were destroyed and 928 damaged.²³ Respondents referred to education less often than other areas, with issues around personal safety and other life-saving services taking priority. After a three-week disruption, education in government-controlled territories was restored mostly online, where the burden of online homeschooling rests mostly on women.²⁴ Online education is less available to people with lower income and less internet connectivity. Extra-curricular classes have completely stopped, adding to children's stress and creating additional worry and care burden for women.

Prior to the escalation of war, Roma women and girls of all ages already faced challenges in accessing education. These included poverty, a lack of future employment prospects, a lack of civil status documentation and gender stereotypes that are prevalent in the Roma community, where girls' education is often not encouraged.^{25 26}

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

Civil status documentation

As noted previously, most of the Roma population lack civil status documents. Even before the war, this created difficulties for them to access services, including humanitarian assistance and protection.²⁷ Based on interviews for this assessment, some CSOs report receiving requests from Roma to support them in getting passports and birth certificates. For those Roma who present at borders, CSOs representing this population report they often encounter difficulties due to the lack of or irregularities in their civil status documentation.

Access to information and communication with communities

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



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

Twenty-eight per cent of women and 37 per cent of men report no or limited access to up-to-date and life-saving information about the hostilities, evacuation opportunities and procedures, services provided and service and aid providers in the settlement/community. Both women and men in occupied territories say they lack trusted information or that there was no access to information at all. Women respondents in particular said they lacked knowledge of when humanitarian distributions are carried out. Displaced women noted the ever-changing services in different places they have stayed and the lack of awareness of their eligibility for different distributions. Respondents offered many examples of how food and non-food (NFIs) distributions or facilities and two-way communication mechanisms should be designed to allow women and marginalized groups to provide feedback and participate in design of programming.

The interviews with key informants show that Roma women and men have challenges in accessing and understanding information on ongoing events. Older people, the majority of whom are women, are often less mobile, and less experienced in the use of technology. With less access to the internet, older people and people with lower income, including female heads of households, also lack access to the information and are reliant on more limited information sources.

SAFETY AND PROTECTION

Safety and protection are the second most affected area for respondents due to the war (37 per cent of men and 35 per cent of women (see Chart 1). It is also the highest priority need according to 40 per cent of both women and men respondents (see chart 2).

Gender-Based Violence (GBV)

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

An increased number of cases of GBV are being reported. The UNFPA-supported national GBV hotline received more than 2,300 calls and online requests in the three-week period

between 11 March and 3 April and 1,515 in the three-week period between 28 March and 17 April. Numbers from helplines, however, are not illustrative of prevalence of GBV but rather can demonstrate ability or inability to seek and access services. As the risk of GBV increases, it is crucial that services and referral mechanisms are available and accessible to survivors.

Increasing and concerning media reports of conflict-related sexual violence are emerging in Ukraine. Interviewed women CSOs highlighted the particular risk of GBV in occupied and war-affected areas. Human Rights Watch also documented war crimes, including a rape case, as RUAF retreated from occupied areas around Kyiv.²⁸

“[Conflict-related sexual violence] is one of the biggest problems in the territories that are occupied, where active hostilities are taking place or where there is a military presence. As long as victims of violence are not in places where they are safe, [and] until a system of referral of such persons is established—to the respective law enforcement agencies or for other types of assistance, such as psychological and medical—such cases will be extremely difficult to document. Unfortunately, verification itself requires time and the readiness of the victims for this whole process—the investigation.”

(Representative of a women’s CSO)

According to respondents, domestic violence has increased, and due to the changed priorities during war time, women cannot get the protection or services they need or may have had beforehand. In many parts of Ukraine, police are no longer recording cases of domestic violence and sometimes do not respond to calls.

“Because the war has attracted so much attention, priorities have changed greatly in terms of both women’s rights and the protection of women from domestic violence.”

(Woman)

Physical safety

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

Many women and men respondents indicated that women with children living in apartment buildings tend to hide in the corridor (entrance or apartment) at night during alarms rather than trying to get to a bomb shelter. Some women are said to stay at home during the day rather than go to the shelters due to their concerns about safety on the streets. Respondents also referred to the poor conditions in shelters and their inaccessibility for older people and people with disabilities.

“It’s like living hell. We’re not going to shelter because of my mother’s [injured] leg. And because it’s ...underground. You cannot exist underground. It’s one day at a time. Each time you wake up, you say okay, thank you, I survived. Each day you go to bed, you prepare to die.”

(Woman living in a city under immediate attack)

Mental health and psychosocial support (MHPSS)

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

Existing data highlighted that the levels of fear and anxiety about exposure to violence and trauma—along with stressors related to displacement, family separation and the loss of livelihoods—have risen as the war has escalated.²⁹ Male and female respondents - 50 per cent and 49 per cent respectively - indicated mental health as the main area of life impacted most by war (see Chart 1). Almost all respondents reported an increase in fear, stress, tension, and depression with much of this linked to their inability to meet their family’s basic needs.

In many cases, psychological help is available online. This is an important development but, as noted by some respondents, this also means the support is less accessible for those without [good] internet access, or the ability to use such technology. Community social service centers that might have previously offered this support are currently catering for displaced people or are involved in collecting humanitarian aid. LGBTQIA+ people also specifically noted the need for psychological support that is non-discriminatory and safe for them to access.

PARTICIPATION, DECISION-MAKING AND LEADERSHIP

- While women’s leadership has increased in community-level humanitarian efforts, their participation in formal decision-making processes at the local level has decreased. Some women, however, lead the response at the national and international level.
- Displaced women and men lack information on locally available services in places of displacement: whether the services are provided by humanitarian actors or by the local authorities; which authorities to contact for said services; and what rights IDPs have in terms of humanitarian aid and participation.

- Some displaced people want to know more or be more involved in local decision-making or humanitarian programming and its design; however, many are engaged with other priorities.
- Women's rights, LGBTQIA+ and feminist CSOs are at the forefront of the humanitarian response.
- Decision-making related to relocation is linked to one's gender, age, socioeconomic status, mobility, disability, language skills, networks across Ukraine or abroad, and responsibility for dependents.

Twenty-two per cent of women and 27 per cent of men report having more influence on decision-making than before the war, while 7 per cent of women and 13 per cent of men report having less. However, a large proportion of respondents also report no change (71 per cent of women and 60 per cent of men).

At the household-level, some redistribution of decision-making power is taking place. Women's influence over decisions at the family level seems to have increased overall. In some families, there is more engagement in joint decision-making processes around issues of security, displacement, and financial priorities, especially in cases when they live in the same household. In some cases, decisions are shared based on gendered responsibilities: men tend to manage security issues, while women focus on household finances.

Inclusion and transparency have weakened at all levels. Because decisions are often made quickly, the needs of different groups are not always taken into account. There are no public consultations taking place. An interview with a representative from a UN Agency notes that issues of social development and gender equality are sidelined due to military actions and overload of social services with overall humanitarian and security needs. Many respondents do not know how decisions are made currently on humanitarian aid whether by local administrations or humanitarian organizations. They see a lack of transparency on how resources, particularly humanitarian assistance, are managed and to what extent the needs of different groups are taken into account and how they can impact those decisions.

Women's rights, feminist and LGBTQIA+ organizations in this response are quite prominent. Most of them have reoriented their previous work towards assisting in evacuation, provision of basic supplies, and securing shelters (both in Ukraine and abroad, especially in cases of at-risk groups, such as LGBTQIA+ or people with disabilities). Sixty-six per cent of surveyed CSOs are now providing services and interventions that they have not worked on before, and 52 per cent are reallocating funds to new priorities.³⁰

At the national level, women's participation in decision-making is also notable. While most military defense related decisions are made and communicated by men, including President Zelensky, women also play an important role as advisors, mayors of occupied cities and security specialists.

Recommendations to all donors, humanitarian leadership and actors

Intersectional humanitarian response

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

Data, assessment and analysis

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

- Require the use of gender markers for the allocation of funds for humanitarian interventions.

Women's participation, decision-making and leadership

- Ensure that humanitarian actors prioritize the approaches in their interventions that support women's and young people's leadership and decision-making power. One such example is CARE's Women Lead in Emergencies Approach.³¹ Include both formal and informal community and civil society groups in decision-making around the response and recovery phases to ensure that their voices are heard and they take a lead in influencing decisions that affect their lives. The specific situation of IDPs and the barriers

they currently face in community decision-making should be taken into account.

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

Recommendations for gender-responsive and inclusive sectoral programming are available in the [full report](#).³²

Endnotes

- 1 UNHCR (8 April 2022). Ukraine Refugee Situation. Available at: [link](#).
- 2 IOM (17 April 2022). Ukraine Internal Displacement Report Round 3. Available at: [link](#).
- 3 United Nations (24 March 2022) One month of war leaves more than half of Ukraine's children displaced. See [link](#).
- 4 IOM (1 April 2022) Ukraine Internal Displacement Report. See [link](#).
- 5 OCHA (1 March 2022). Ukraine Flash Appeal (March–May 2022). See [link](#).
- 6 OCHA (February 2022) Ukraine Humanitarian Response Plan (HRP). See [link](#).
- 7 UNHCR (5 March 2021) Registration of Internal Displacement in Ukraine. See [link](#).
- 8 UN Women (May 2020). Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine. See [link](#).
- 9 UN Women (May 2020). Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine. See: [link](#).
- 10 Yana Tkachenko (June 2021). Gender Equality: Women Who Manage. See [link](#).
- 11 UNDP (2019) Gender Profile of Ukraine: Fast Facts. See [link](#).
- 12 UN Women (3 March 2022) Women flee and show solidarity as a military offensive ravages Ukraine. See [link](#).
- 13 UN Women (2017) Safe Cities and Safe Public Spaces. Global results report. See [link](#).
- 14 UNICEF (2 December 2021) "On the Day of Persons with Disabilities, the Verkhovna Rada Was Reminded of the Rights of Children by the UNICEF Initiative." Available at [link](#).
- 15 UN Women (3 March 2022) Women flee and show solidarity as a military offensive ravages Ukraine. See [link](#).
- 16 FAO (7 April 2022) Gender Related Impacts of the Ukraine conflict. See [link](#).
- 17 FAO (2022) Ukraine: Note on the impact of the war on food security in Ukraine – 25 March 2022. Rome. See [link](#).
- 18 UN Women (4 August 2020) Women health-care professionals at the heart of the COVID-19 response in Ukraine. See [link](#).
- 19 Ekonomichna Pravda (10 March 2022). Do not sweep all medicines in bulk from pharmacies. Available at: [link \(Ukrainian\)](#).
- 20 KP in Ukraine (23 March 2022). Family doctor: Due to the war, the schedule changed, we went to the "distance" as much as possible. See [link \(Ukrainian\)](#).
- 21 QUA Community (31 March 2022). Lack of hormonal medication and inability to cross the border. What challenges do transgender people face during war? See [link \(Ukrainian\)](#).
- 22 UNICEF (30 March 2022). "Two million refugee children flee war in Ukraine in search of safety across borders." See [link](#).
- 23 Prosecutor-General's Office (8 April 2022). Juvenile prosecutors: 169 children died in Ukraine as a result of Russian aggression. See [link to Ukrainian source](#).
- 24 UN Women (2020) Rapid gender assessment of the situation and needs of women in the context of COVID-19 in Ukraine. See [link](#).
- 25 Roma Women Fund Chirikli (17 February 2017). Written comments on the situation of Romani Women in Ukraine to the United Nations Committee on the Elimination of Discrimination against Women. See [link](#).
- 26 Friedrich-Ebert-Stiftung (2019). Beijing +25 years on: Parallel report, Ukraine 2014–2019. See [link](#).
- 27 Roma Early Years Network. See [link](#).
- 28 Human Rights Watch (3 April 2022) Ukraine: Apparent War Crimes in Russia-Controlled Areas. See [link](#).
- 29 International Medical Corps (20 March 2022). Providing Relief to People Affected by the War in Ukraine. See [link](#).
- 30 UN Women (May 2020). Rapid Gender Assessment of the situation and needs of women in the context of COVID-19 in Ukraine. See [link](#).
- 31 CARE International. Women Lead in Emergencies. See [link](#).
- 32 Rapid Gender Analysis of Ukraine (4 May 2022) See [link](#).



CARE International Geneva
Chemin de Balexert 7-9, 1219 Chatelaine (Geneva),
Switzerland
cisecretariat@careinternational.org
www.care-international.org
<https://twitter.com/CAREGlobal>
<https://www.youtube.com/user/CAREinternational>



UN Women in Ukraine
20, Esplanadna Str., Kyiv, 01023, Ukraine
unwomen.ukraine@unwomen.org
www.unwomen.org
www.facebook.com/unwomenukraine
www.twitter.com/unwomenukraine
www.youtube.com/unwomen