Making the Invisible Visible

An evidence-based analysis of gender in the regional response to the war in Ukraine

Regional Refugee Response
for the Ukraine Situation

October 2022

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Cover image: A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 4 March 2022. Courtesy of UN Women / Aurel Obreja.

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See the full list of RGTF members in Annex 4.

Acronyms

CRSV	Conflict-related sexual violence
CSO	Civil society organisation
GBV	Gender-based violence
GTF	Gender Task Force
IDP	Internally displaced person
LGBTIQA+	Lesbian, gay, bisexual, transgender, intersex, queer/questioning, asexual, plus
NGO	Nongovernmental organisation
PSEA(H)	Protection from sexual exploitation and abuse (and sexual harassment)
RGA	Rapid gender analysis
RGTF	Regional Gender Task Force
RRRP	Regional Refugee Response Plan
SEAH	Sexual exploitation and abuse (and sexual harassment)
SOGIESC	Sexual orientation, gender identity and expression and sex characteristics
SRH	Sexual and reproductive healthcare
SRHR	Sexual and reproductive health and rights
UNHCR	United Nations High Commissioner for Refugees
WLO	Women-led organisation
WRO	Women's rights organisation

Executive Summary

The escalation of the war in Ukraine began on 24 February 2022, causing thousands of civilian casualties; destroying civilian infrastructure, including hospitals, and triggering the fastest-growing displacement crisis in Europe since World War II. The demographic profile of Ukraine, combined with the implementation of martial law and conscription policies, led to an awareness of gender- and age-related factors within the regional humanitarian response that recognised the pre-crisis situation of persons of all genders and diversities and how the war and subsequent regional crisis were compounding the risks that they face.

From the early days of the response, Rapid Gender Analyses (RGA) and other analyses and assessments were conducted, and the Regional Gender Task Force (RGTF) recognised the emergence of common concerns. Four key areas of concern related to:

- The participation and leadership of women and marginalised groups in the response
- Gender-based violence (GBV)
- Sexual and reproductive health and rights (SRHR)
- The collection and analysis of data on gender and intersectionality and the degree to which the data were being integrated into the response

It was identified that the solutions to these concerns required national, regional and cross-border solutions rooted in broad changes in policy and the humanitarian architecture. However, at the time, gender themes, including trends, gaps and specific challenges faced by women and men belonging to different socio-economic and ethnic groups, across the humanitarian and refugee response in the region had not been captured adequately.

Aim of the report

To fill this critical evidence gap, this regional analysis was undertaken to consolidate findings, analyses, and recommendations from existing national and regional studies to increase understanding of gender and other social aspects and trends across the region related to four areas of enquiry:

- Participation and leadership of women-led organisations (WLOs), women's rights organisations (WROs), women and marginalised groups
- Prevention, mitigation and response to GBV
- Access to and availability and enjoyment of SRHR
- Intersectionality of gender and diversity factors affecting the multiple and intersecting challenges faced by women, girls, boys and men

The regional analysis was conducted to determine what data exist, identify gaps in data and in the response, and provide clear recommendations to address these gaps.

Objectives of the report

- Analyse emerging regional trends related to the regional crisis for people of all genders and across intersectional diversities under the key areas of enquiry.
- Consolidate the evidence base regarding the areas of enquiry to inform advocacy and planning at regional and national levels.
- Develop practical recommendations that will inform regional and, where appropriate, national responses to the crisis and guide the design of gender-responsive and gender-transformative policies and investments.

A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 4 March 2022. Photo: UN Women / Aurel Obreja.

Approach and scope

The target audience is decision-makers within the humanitarian response, states, policy makers and donors.

The regional analysis was designed to consolidate secondary analyses from Ukraine and neighbouring countries, including Hungary, Moldova, Poland, Romania and Slovakia. Reports that covered a broader European focus were also included where relevant.

The regional analysis process took place between 13 April and 31 August 2022 using resources published between 24 February and 10 August 2022. The process included a validation exercise conducted between 28 July and 10 August 2022.

Findings and analysis

The analysis shows how Ukrainian citizens and civil society mobilised rapidly as first responders and highlights the critical role that women and women's organisations in countries hosting refugees play in the response. Impacts of the escalated war and the regional crisis have affected decision-making in various ways. High levels of volunteerism have allowed for more flexible gender roles, including women's increased participation in the household, informal and community decision-making and management of resources and men's involvement in providing psychological support in the community. However, women's roles as volunteers and first responders have not adequately translated into their increased or active participation and leadership in formal decision-making processes with international and government actors.

The analysis further highlights the low level and poor quality of funding for WROs and WLOs as a key barrier to women's meaningful participation and leadership, which is seen to undermine their autonomy and limit their ability to continue meeting pre-war mandates in addition to meeting new and emerging needs and providing equal opportunities to participate in planning and benefit from interventions. Although gaps in the development of WROs' and WLOs' capacity were noted, local groups called on humanitarian actors to focus on advocating and strengthening this capacity rather than funding international nongovernmental organisations (INGOs). The analyses and the validation process showed that, while a lot has been achieved and continues to be established with regards to humanitarian coordination mechanisms, these opportunities are not fully and equally accessible for local organisations to engage with and meaningfully participate in.

Before the escalation of the war, GBV was already widespread and increasing in Ukraine and highly prevalent in the region. Three main forms of GBV were most often mentioned in the documents reviewed for this analysis: conflict-related sexual violence (CSRV), domestic violence and human trafficking. Risks related to sexual exploitation and abuse were also noted. Available data were insufficient to allow an accurate representation of the full spectrum of risks and intersecting forms of violence that individuals experience. The analysis also noted gaps in the current operational response, including in the application of minimum standards for GBV

risk mitigation in collective shelters in Ukraine and in private shelters and accommodations in refugee-hosting countries, as well as a lack of risk analysis at border and transit sites. The review highlighted the need to ensure that all survivors of violence have safe access to quality GBV services and survivor-centred care. This is particularly evident for groups who face specific or additional barriers, exclusion and discrimination, such as the Roma population and transgender women.

Current restrictions in the legal and political environment in some contexts in the region, together with longstanding gaps and different levels of prioritisation, funding and discrimination in areas of GBV and SRHR, are seen to affect access to and availability of services and the rights of individuals to access these services. The current escalation of the war and the regional crisis are compounding the pre-crisis environment.

Access barriers to sexual and reproductive healthcare (SRH) systems differ from country to country. In Ukraine, since the war escalated, military attacks on civilian infrastructure and disruptions to health systems impede access. Pregnant women experience particular challenges accessing good-quality obstetric care, and internally displaced persons (IDPs) and people in active conflict and rural areas face additional obstacles in accessing basic SRH goods and services.

The review highlighted the importance of paying more attention to the SRH needs of women and girls; GBV survivors, and lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, plus (LGBTIQA+) persons. In some of the border countries, the following challenges that make it difficult to navigate complex foreign health-system requirements were noted: restrictive laws on abortion and emergency contraception, the high cost of certain forms of health care and language barriers. There are also challenges related to a lack of robust health system protocols for certain forms of health care, longstanding delays in access to specialised care in gynaecology and obstetrics, limited cooperation between the public health system and civil society support structures and weak protection frameworks for certain groups. Pre-existing barriers, as well as constraints on donor funding, which vary between countries, make it difficult to integrate SRHR into the humanitarian and refugee response. This is particularly notable for local civil society organisations (CSOs) that operate in challenging circumstances with already strained capacity, financial means and operational resources.

Pre-existing gender- and identity-based discrimination and inequalities create barriers to the participation and leadership of women and marginalised groups in the response. Women's increased domestic and family responsibilities together with their new volunteerism reduce their opportunities to participate in public decision-making and take on leadership roles. Other barriers faced by women include inadequate access to information; limited access to technology; perceptions about lack of transparency and influence in humanitarian decision-making; and, in Ukraine specifically, centralisation and militarisation of power and decision-making. Specific groups were identified as facing additional barriers, including women-headed households, women without documentation and IDPs - even those who had previously been involved in community decision-making.

In the first few weeks of the crisis, there was a lack of sex-, gender- age- and disability-disaggregated data, which prevented a more targeted and inclusive humanitarian response that could address the specific needs and priorities of men and women belonging to different groups. Over time, relevant authorities and humanitarian actors increasingly collected more disaggregated data, although it is not clear to what degree these data were analysed or used to inform the response. Furthermore, analyses tended to focus on single-country contexts. It is unclear whether and how data were collected, analysed and shared in cross-border response operations and protection mechanisms. From the analysis, it may be assumed that this was limited in scope.

The overall analysis tends to view women or men as homogeneous groups, overlooking important aspects of their diversity. Similarly, analyses tend to focus on single identities to analyse exclusion or discrimination. Key groups highlighted in existing analyses include women, children and adolescents, older persons, persons with disabilities, Roma and other ethnic groups and LGBTIQA+ persons. Within these groups, there is a lack of consistent approaches to understanding how overlapping identities and intersecting characteristics may affect individuals' priorities, needs, capacities and experiences of exclusion and risk.

Gaps identified in all areas of enquiry focus on the need for more in-depth understanding. For example, when barriers or challenges regarding access to good-quality GBV or SRH services were mentioned, there was a lack of depth in capturing experiences of and distinctive constraints on various groups, which may lead to discrimination or increase risks. Similarly, in analyses of the barriers that WROs experienced, such organisations are presented as homogenous entities. Overall, needs and risks took precedence over capacity and agency.

In reviewing the reports, it was noticeable that, unless a document focused on an area such as GBV or SRHR or on a particular group such as older persons or persons with disabilities, these topics were not mainstreamed in reports, which means that crucial findings and recommendations were often fragmented across reports, preventing these vital contributions from reaching mainstream analysis. This finding re-emphasises the importance of systematically integrating intersectional analyses into humanitarian operational and sectoral assessments rather than conducting such analyses as separate exercises.

Existing analyses provide a wealth of findings and recommendations under each of the areas of enquiry. It is important that the adoption of the recommendations in the response is monitored and assessed over time.

This report concludes with clear, practical recommendations for decision-makers in the humanitarian response, states, policy makers and donors.

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Background

The escalation of the war in Ukraine began on 24 February 2022, causing thousands of civilian casualties; destroying civilian infrastructure, including hospitals, and triggering the fastest-growing displacement crisis in Europe since World War II.[1] The civilian impact of the war is captured in figures reported by the Office of the United Nations High Commissioner for Human Rights,[2] in current analyses that highlight pre-existing demographic data and vulnerabilities and in assessments that are beginning to detail the compounding risks, effects and impacts that the escalated war and subsequent displacement have for particular populations.

The demographic profile of Ukraine, combined with implementation of martial law and conscription policies, led to an awareness of gender- and age-related factors in the regional humanitarian response. Ukraine has more women (54 per cent) than men (46 per cent),[3] and gender intersects with several other aspects of diversity, affecting the vulnerabilities of distinct groups, including the Roma population; people living with disabilities; women in rural communities and displacement and conflict zones and lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, plus (LGBTQIA+) communities.[4] With about 20 per cent of the population aged 65 and older, most of whom are women, Ukraine has the largest percentage of older persons affected by conflict in a single country. The country also has many stateless people[5] and a sizeable Roma population. An estimated 60 per cent of Roma women and children do not have documentation. Most stateless people in Ukraine lack any documentation proving that they are stateless.[6] In addition, more than 60 per cent of children born in conflict-affected areas do not have a birth certificate. The lack of civil status documentation raises significant barriers to assistance and protection.[7, 8]

After eight years of armed conflict in eastern Ukraine that had already left millions of people in need of humanitarian assistance,[9] the war has forced millions of people to flee their homes[10] to seek safety, protection and assistance,[11] with many also returning to, or moving from and to Ukraine.[12] At the time this report was written (August 2022), more than seven million refugees from Ukraine had been recorded across Europe.[13] Although data disaggregated according to sex, gender, age, disability and other forms of diversity are limited, figures consistently show that most of those displaced within and leaving Ukraine are women and children.[14] Reports have further identified specific persons and groups who face greater protection risks, exclusion and discrimination in Ukraine and in refugee hosting countries. These include women, men and children from the Roma community; LGBTIQA+ persons; women and men with disabilities; older men and women; pregnant and lactating women; women and men from rural areas; unaccompanied and separated children and children from institutional care.

In July 2022, an analysis by the United Nations High Commissioner for Refugees (UNHCR) of 4,871 individuals found that 99 per cent of refugees are Ukrainian, 90 per cent of the refugee household members are women and children and 23 per cent of households have at least one person with specific needs, including persons with disabilities (13 per cent of families), older persons with specific protection risks (11 per cent of families), persons with serious medical conditions (9 per cent of families), unaccompanied children (5 per cent of families) and separated children (3 per cent of families).[15] The analysis also found that people are crossing back into Ukraine for a variety of reasons, including to visit family, to obtain supplies, to access basic services or livelihoods and

to help other relatives evacuate.[16] Poland has received the largest proportion of the refugees,[17] with Moldova receiving the greatest proportion per capita of domestic population.[18]

Governments; international, national and local organisations and communities continue to assist people arriving from Ukraine.[19] However, local civil society organisations (CSOs), women-led organisations (WLOs), women's rights organisations (WROs), non-governmental organisations (NGOs), refugee- and diaspora-led organisations and volunteers are at the forefront of the response in Ukraine and in countries supporting the refugee response.[20]

A scene from the Palanca-Maiaki-Udobnoe border crossing point, between the Republic of Moldova and Ukraine on 4 March 2022. Photo: UN Women / Aurel Obreja.

Methodology

Rationale for the Regional Analysis

During the first months of the escalation of the war in Ukraine, several assessments, analyses and studies were conducted regarding gender and intersectional dynamics in Ukraine and neighbouring countries. The presentation of, and discussions regarding, rapid gender analysis (RGA) and other reports that member organisations of the Regional Gender Task Force (RGTF) issued highlighted common areas of concern, including: inconsistent and limited collection and analysis of data disaggregated by sex, gender, disability and other diversity characteristics – and, therefore, limited use of such data to produce the evidence for gender-responsive policy making and planning; the rising incidence and risk of gender-based violence (GBV) in Ukraine and in countries across Europe hosting Ukrainian refugees; serious concerns in certain countries regarding the sexual and reproductive health and rights (SRHR) of refugees, often as a result of relevant laws and policies and differing levels of accessibility and limited availability of sexual and reproductive healthcare (SRH), including time-sensitive care, in countries hosting refugees; and a recognition that, although local organisations are at the forefront of the response, an increase in demand and caseload, as well as administrative and coordination requirements, was straining already limited resources. It was also noted that, despite their extensive experience, local organisations continue to face barriers to meaningful participation in shaping the broader international humanitarian response.[21]

It was clear that concerns related to: the collection, analysis and use of data on gender and intersectionality; GBV; SRHR; and participation and leadership of women and marginalised groups in the response were not specific to one country but spanned the regional response. Furthermore, solutions to the challenges identified require national, regional and cross-border solutions rooted in broad changes in policy, programming and the humanitarian architecture.

Although these issues were considered in RGAs and other analyses, the RGTF members noted that, because the range of topics covered in many of these reports was so wide, they did not examine these concerns in detail or give more strategic recommendations to address them.[22] The lack of deeper and context-specific understanding of these concerns was seen to lead to programmatic gaps and shortcomings in the response. Furthermore, most of the studies were single-country assessments. At the time this report was written, no overview of gender aspects, including current trends, gaps and challenges within the humanitarian and regional refugee response had been developed to support identification of and addressing gender issues. RGTF members identified the need for greater understanding of these issues, and to convey common advocacy messages to address these concerns in the response.

Areas of Enquiry

When developing the framework for this regional analysis, the RGTF recognised that several areas could be further explored within national and regional assessments and analysis, some of which are highlighted in the section 'Areas for Further Research'. However, for the reasons outlined above, the following four key areas of enquiry were identified as a priority for this report.

- Participation and leadership of WLOs, WROs, women and marginalised groups.
- GBV prevention, risk mitigation and response.
- Access to and the availability and enjoyment of SRHR.
- An intersectional approach to gender and diversity inclusion.

This report is organised into sections related to each area of enquiry. Each section is organised slightly differently to reflect the specificities of the issue being addressed and the availability and type of secondary data resources reviewed for the analyses. Resources used to inform each section are outlined in Annex 1.

Aim of the report

The aim of this regional report is to consolidate findings, analyses and recommendations from existing national and regional studies to develop a greater understanding of trends across the region related to the four areas of enquiry. The regional analysis was conducted to determine what data exist, identify gaps in the data and in the response, and provide clear recommendations to address these gaps.

The **target audience** of this report is decision-makers within the humanitarian response, states, policy makers and donors.

Objectives of the report

- Analyse emerging regional trends related to the regional crisis for people of all genders and diversities under the four areas of enquiry.
- Develop an evidence base to inform advocacy at regional and national levels in the four areas of enquiry.
- Develop practical recommendations that will inform regional (and where appropriate, national) responses to the crisis to better address gender and other intersecting factors.

Throughout the development and finalisation phases of this report between April and October 2022, the context was constantly changing. New analysis and resources became available and new coordination structures and collaborative spaces were established. Therefore, some data contained in this report may already be incomplete or out-of-date or will quickly become out-of-date as the war, refugee crisis and response continue. Therefore, it is an objective of this report, that the findings and recommendations provide a foundation and catalyst for continued discussion on the key issues raised as the crisis and response evolve.

Geographic Scope

The regional analysis was designed to consolidate information from Ukraine and the neighbouring countries of Hungary, Moldova, Poland, Romania and Slovakia. Reports that covered a broader European focus were also included where relevant.

The RGTF and Analysis Action Team

The RGTF was established in March 2022 and is co-led by CARE International and UN Women. It has approximately 70 members from nearly 40 organisations engaged in the response, including UN agencies, regional entities and national and international NGOs.

The RGTF provides technical assistance and policy guidance to working groups and other related structures, established under the Regional Refugee Response Plan, at the regional and national levels, including other gender coordination structures. It functions as the main coordination, advocacy and information platform on gender equality in humanitarian action at the regional level.

In April 2022, members of the RGTF formed an Analysis Action Team to lead the development of the regional analysis. The broader membership of the RGTF was engaged throughout the process in identifying analysis reports to be included in the review and supporting the review, validation and dissemination exercises.

Approach and Scope

The regional analysis was developed over 4.5 months between April and August 2022 and is based on a review of secondary data resources published between February and August 2022. Resources comprised country-level RGAs, UN reports and NGO assessments. A small selection of resources published before February 2022 provide context to the areas of enquiry. The findings and analysis section synthesises existing resources, highlighting key trends identified in reports reviewed, all of which are listed in the bibliography, divided according to area of enquiry.

This report is a secondary data review and analysis as RGTF members agreed it was important to consolidate the existing analysis and, subsequently, to identify gaps in the analysis. As affected

populations were not consulted for this analysis report, the findings and recommendations may benefit from further primary data collection in the future. And, as affected people were not consulted, RGTF members agreed that the report would require review by and consultation with experts working on the response. Therefore, a validation process was incorporated as an integral part of the exercise of developing this report.

Validation Process

The validation process took place in July and August 2022. Thematic and humanitarian experts from within and outside the RGTF were invited to review and provide feedback on the draft report, ensuring that the analysis and recommendations reflected the current context and the priorities of those working on the response.

The validation process was designed to mitigate some of the known limitations of the report process (see below). Individuals, organisations and networks were invited to participate in the validation process through multiple channels, with the aim of providing an inclusive mechanism for feedback. To optimise reach and inclusivity, the draft report was translated from English into Hungarian, Polish, Romanian, Slovak and Ukrainian; interpretation was available in these same languages for feedback sessions.

- Oral feedback through organised drop-in sessions, with the option of interpretation.
- Oral feedback through one-on-one calls with members of the Action Team.
- A specific verbal feedback session with RGTF members during a regular biweekly meeting.
- Feedback written directly into the report in any of the translated languages.
- Written feedback to a set of guiding questions, including an open response section.

Forty-two individuals contributed written or oral feedback, including 24 respondents from UN organisations, eight from international organisations and 10 from CSOs.

Throughout the validation process, the Action Team sought additional resources in any of the relevant languages. Several resources were submitted and reviewed as part of the process. All resources submitted were in English. The feedback received during the validation process was incorporated into the report and referenced to distinguish it from the analysis of the publications reviewed (Annex 1).

A glossary of definitions of some key terms used in this report can be found in Annex 2.

Limitations

- All resources reviewed were in English. The report recognises that this limits analysis of assessments conducted by local organisations, including the recommendations within them. Requests for non-English-language documents were made through the validation process but none were received.

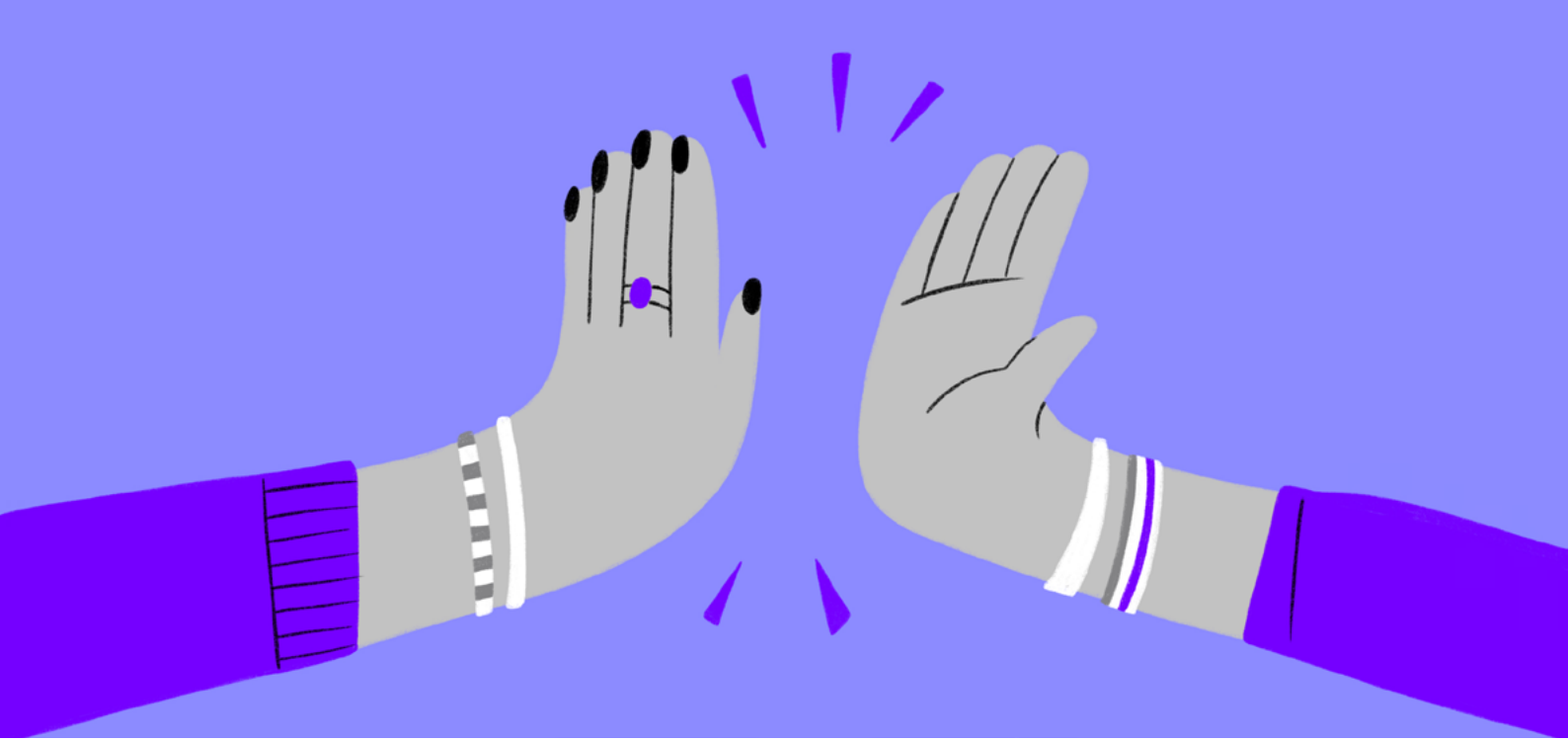
- The regional analysis was based on resources released over a specific period of time and provides a snapshot of trends based on the findings in these resources. It is hoped that this process will remain an iterative one. As the regional crisis unfolds, additional regional analyses may need to be conducted to respond to the evolving nature of the situation and increase understanding of these and other areas of enquiry.

- The focus, methodology and approach used differed from report to report reviewed (see the full list in Annex 1). The regional analysis is therefore not a rigorous analysis of the data aggregated at the regional level but rather an analysis of the trends found in the existing resources.

- Deliberate effort was made to contact key individuals, organisations and networks across the region and to create inclusive conditions for feedback. This included translation of the first draft of the report into Hungarian, Polish, Romanian, Slovak and Ukrainian and the availability of interpreters for the validation process. Despite these efforts, engagement of and feedback from local organisations was limited. The low response rate from local actors may have been a result of some of the existing concerns highlighted in this report, including the focus of local actors on the response itself and not on the initiatives of regional coordination mechanisms. In addition, the validation process took place during August, which as peak holiday period may also have limited participation.

- As already noted, throughout the development of this report, the context was constantly changing. New analysis and resources became available and new coordination structures and collaborative spaces were established. Therefore, some data contained in this report may already be incomplete or out-of-date or will quickly become out-of-date as the war, refugee crisis and response continue. Nonetheless, key issues and trends remain valid.

Findings and Analysis



Women's and Marginalised Groups'[23] Participation and Leadership

1. Why focus on participation and leadership?

Internationally agreed norms, standards and agreements[24] establish that gender equality and the fulfilment of women and girls' human rights is a universal responsibility—including the right of all people affected by war and displacement to have access to information and an opportunity to influence processes and decisions related to peace, security and humanitarian action. Member States, UN agencies, the private sector and CSOs have agreed to support the leadership and participation of women and their organisations in areas of conflict and humanitarian emergencies, in order to ensure adequate attention is given to identify and address the specific needs and priorities of women, girls and people who experience intersectional discrimination and exclusion; to ensure sustainable peace-building processes; and to protect the rights of women, girls and at-risk or minority groups.

2. The low level and poor quality of funding for WROs and WLOs is a key barrier to women's meaningful participation and leadership.

Both women and men belonging to different socio-economic, age and ethnic groups should be able to participate in many ways in planning the humanitarian action and in decision-making. In the reviewed reports, people's and organisations' participation as

community-level responders and civil society's (limited) participation in humanitarian coordination systems were most prominent. Ukraine-specific reports emphasise how national citizens and civil society mobilised rapidly to provide humanitarian assistance and services to the affected population in the country in both government- and non-government-controlled areas. Women volunteers and civil society are at the forefront of the community-level response. One report[25] found that older women, women with restricted mobility, Roma women, female-headed households, IDPs and even women with new-born babies, as well as older men and men with restricted mobility were the most active in the response. Similarly, an analysis from countries hosting refugees from Ukraine highlights the critical role of women and their organisations at reception centres and collective shelters and in providing specialist services for refugee and forcibly displaced women and children.

Many reports also noted that women's increased role as volunteers and first responders has not translated into their active participation and leadership in formal decision-making processes with international and government actors. Although no specific references were found in the secondary data review, it was reported during the validation process that the escalation of the war has exacerbated the difficulties that CSOs representing marginalised groups already faced in accessing and influencing political and decision-making processes. National NGOs are invited to participate in the humanitarian coordination system but a common finding in the analysis and validation exercise was that WLOs, WROs and LGBTIQA+ organisations reported not being able to access or participate actively in UN-led international humanitarian coordination clusters and working groups. Reports on Moldova, Poland, Romania and Ukraine noted that humanitarian donors, including international NGOs, have not consistently and adequately involved women's groups and other de facto humanitarian workers who could play a key role as partners in the response and that barriers to their participation in decision-making have not been addressed. (See below for examples of specific barriers to participation in UN-led coordination and how they are being addressed by some clusters and groups).

Most reports provide little to no analysis of other important forms of participation. One exception is the CARE- and UN Women–produced Ukraine RGA, which provides a comprehensive analysis of various types of participation of affected populations and their organisations. The report found that displaced women and men prioritise meeting their immediate and basic needs over participating in community and other public decision-making. Many displaced people also reported difficulty accessing trusted information or assistance and services This was particularly the case for certain groups, including women, older people and the Roma population.

The Ukraine RGA also found that the war has different impacts on participation depending on type or level of such participation. For example, displacement and conscription have meant that women are now the de facto heads of many households and the massive involvement of the community in volunteerism since February 2022

has also allowed for more flexible gender roles. This includes women's increased participation in household, informal and community decision-making and management of resources and men's involvement in providing psychological support to marginalised groups. Nevertheless, with the important exceptions of prominent women in the Ukrainian government and international delegations, women, WROs and WLOs in Ukraine report being less able than men to participate in and influence formal government-led decision-making, especially regarding the recovery planning.

Although the Women, Peace and Security agenda was an important focus of the work and advocacy of women's movement before the escalation of the war, most reports focus on the humanitarian response and do not consider the connection between participation and leadership in humanitarian action and peace, security and reconstruction. One report notes[26] that women's voices are not included in planning and decision-making for the humanitarian response or the wider peace process.

3. What are the main barriers to women's meaningful participation and leadership in the response?

The level and quality of funding for WROs and WLOs is the most common barrier to women's participation in the analyses. Reports note that inadequate, restricted and short-term funding and bureaucratic funding processes undermine WLOs' autonomy and agendas. Analyses also highlight that the focus of funding on humanitarian response and lack of finance for WLOs' core and operational costs impede their ability to continue their pre-war mandates and manage existing caseloads, while meeting the additional needs of affected or displaced people.

Reports note that local groups want humanitarian actors to focus on strengthening the capacity of local organisations to lead the refugee response, rather than funding international NGOs. They also stressed that, without funding to support their core work, refugee-response projects risk creating resentment among local people and communities who continue to require assistance from these organisations. WROs and WLOs report having to respond to near-continual requests from donors (UN and international NGOs), who often exert unreasonable pressure to begin activities immediately, without flexibility to adapt activities as humanitarian needs change. In Poland, for example, CSOs report greater demand and inadequate support, which has led to a perceived lack of transparency and trust in the humanitarian response.

Analyses describe how the humanitarian architecture is creating parallel coordination structures to the work of local organisations that are not sufficiently taken into consideration or proactively supported to lead the response. This overlooks critical yet less visible priorities and needs of marginalised and under-represented groups. Some reports highlight specific barriers to WRO and WLO participation in humanitarian coordination spaces, including lack of awareness or knowledge of the humanitarian

architecture, limited capacity and time to engage, perceived ineffectiveness, inaccessibility (language) and power hierarchies within these structures. One specific report on Moldova,[27] highlights the need for a rapid consultation process with WROs and CSOs to hear their suggestions for alternatives to the current humanitarian coordination regime and recommends inviting local groups to take co-leadership of coordination and providing them with funds to perform the work.

More details regarding the coordination structures and mechanisms in place at the time of preparation of this report are outlined in Annex 3.

For individual women, reports note how the war's exacerbation of pre-existing gender and intersectional inequalities increases the challenges to their participation. For example, women's increased domestic and family responsibilities and new volunteerism reduce their opportunities to participate in public decision-making, such as local authority consultation processes, and to take on leadership roles. Women heads of household and women without documentation face additional barriers to access employment. One report[28] examined the impacts of displacement on community decision-making. Chronic uncertainty, temporary status, lack of information and perceptions of exclusion were identified as barriers to displaced persons' participation, although this analysis was not gender disaggregated. Even individuals previously involved in community decision-making were not always ready to engage in such processes, due to limitations on their time to address immediate needs. The same resource highlighted that centralisation and militarisation of power and decision-making in Ukraine has reduced women's participation in government decision-making.

Reports highlight that inadequate access to accurate information and services is a direct barrier to participation.[29] For certain groups, such as Roma women, women heads of households, displaced women and older people, their relatively more limited access to technology is a specific barrier. Perceptions of lack of transparency and influence over decision-making regarding humanitarian aid was another challenge identified. Respondents in Ukraine reported not knowing how decisions are made on humanitarian aid, whether by local administrations or humanitarian organisations. They perceive a lack of transparency on how resources, particularly humanitarian assistance, are managed; to what extent the needs of different groups are considered; and how such groups can affect those decisions. Other respondents trusted that decisions on humanitarian aid are made professionally, so they do not feel the need to influence or understand those decisions.

Capacity development of WROs and WLOs is another critical gap. For example, in Poland, some organisations active in the humanitarian response lack experience or training in GBV and broader protection, including in protection from sexual exploitation and abuse (and sexual harassment) (PSEA(H)), for their own staff and volunteers. Conversely, organisations active in GBV and protection may lack humanitarian experience. Others highlighted the need for tailor-made and context-responsive

capacity support for local women's rights and LGBTIQA+ organisations, including registered and non-registered groups. Analysis for Moldova noted how the Gender Task Force (under the national refugee response), with support from the RGTF, is strengthening the capacity of sector members and early responders on gender within humanitarian response.

The reviewed reports vary in whether they apply an intersectional lens to understand who is participating and why. The analyses of local CSOs focus on WROs and WLOs and to a limited extent on LGBTIQA+ organisations. Although some reports recognise the needs and priorities of organisations representing at-risk or marginalised groups (including LGBTIQA+ people, national minorities, Roma, older women and women with disabilities) analysis of their specific challenges and priorities is limited.

4. What enablers of participation and leadership in the response have been identified?

There is less analysis of opportunities for, than barriers to, participation of different groups and organisations. The reports that focus on WROs and WLOs consistently emphasise their strengths and specialist knowledge, their close relationships with communities and their important contribution to the humanitarian response, protection of women and the rights of LGBTIQA+ persons. Reports also highlight how mobilisation of WLOs, WROs and volunteer groups has increased their visibility and voice at the community level. One report also notes that mechanisms created to foster inclusion of IDPs in local decision-making processes and to build informal relationships with local authorities have created new opportunities for women, WROs and WLOs to participate. Across the analyses, a few opportunities or enablers external to WROs were identified, such as actions or measures UN or government agencies have taken to make coordination and other decision-making structures more inclusive and representative. For example, some UN-led coordination structures actively reach out to and include WROs and WLOs in the co-design and co-leadership of clusters, sub-groups and working groups; UN Women and the Gender Equality Platform co-chair the Moldova Gender Task Force, which has 50 representatives from the government, the UN, international NGOs and local women's organisations working collectively on the refugee response; and Centrum Praw Kobiet (Women's Rights Centre) and UNHCR co-chair the GBV Working Group in Poland. However, beyond gender-focused structures, WRO and WLO participation and co-leadership have been limited in UN-led humanitarian coordination.

A scene from the Reni-Cahul border crossing point, between the Republic of Moldova and Ukraine on 3 March 2022. Pictured: Stela, volunteer at Cahul mayoralty. Photo: UN Women Moldova.

5. What recommendations have been made to increase women's participation and leadership in humanitarian decision-making and action?

The most common recommendations focus on the need for government and humanitarian actors to facilitate WLOs and WROs' meaningful participation and active inclusion in humanitarian planning and decision-making to ensure a gender-sensitive response that reflects their knowledge, priorities and needs; support to the women's movement in Ukraine and regionally to sustain previous gains in gender equality and women's rights and ensure that current humanitarian demands do not undermine WLOs and WROs' core missions and service delivery to their pre-crisis constituencies; and to provide long-term, flexible funding so that WLOs and WROs can adapt to evolving needs.

International humanitarian actors are urged to implement their localisation commitments,[30] including to equal partnerships, to use of an intersectional lens and

to funding and capacity support for WROs, WLOs and LGBTIQA+ organisations. This will ensure all members of affected populations can access information, services and feedback and accountability mechanisms.

These recommendations mirror those made in previous analyses to support women's participation in peace, security and humanitarian action in the region and elsewhere. More analysis is required to assess why these challenges continue and what actions governments and all humanitarian actors (multilateral organisations and donors, bilateral donors, international NGOs, foundations) across the region must take to ensure that WROs and WLOs can participate meaningfully and co-lead the humanitarian response and recovery in Ukraine and refugee host countries.

6. What are the main gaps in the existing analysis and recommendations?

Reports highlight the critical and unique contribution of WROs and WLOs to the gender-responsive humanitarian response. However, on the other hand, the responsibility of the government and other humanitarian actors to meet women's and other groups' right to participate is not emphasised adequately. Most of the analysis of women's participation focuses on their role as humanitarian responders and service providers, with limited focus on participating in formal government processes or planning for reconstruction and recovery.

In general, barriers are discussed broadly in terms of women or WROs as a homogeneous group rather than using an intersectional lens to understand barriers that specific groups of women face and to make recommendations to promote their participation. For example, reports note the challenges of WROs in engaging meaningfully in humanitarian coordination structures as equal partners and co-leaders, but do not recommend specific ways for humanitarian actors to increase the relevance and accessibility of such structures. Analysis of efforts being made to remove participation barriers for WROs, WLOs and LGBTIQA+ organisations is limited. Related to this is the need for data and analysis of decision-making structures and specific barriers to and opportunities for different groups to participate in them, including UN-led coordination clusters and sectors; government-led humanitarian, recovery and peace planning, and decision-making organisations; and civil society networks and coordination structures. Beyond WLOs, there is a need to better understand how displacement, increased care burden and widespread psychological trauma are affecting Ukrainian women's and other marginalised groups' ability to participate in decision-making at all levels.

Further analysis is also needed to determine women's participation in the context of National Action Plans on Women, Peace and Security and United Nations Security Council resolution 1325.[31] Ukraine and neighbouring countries have adopted National

Action Plans However, this is severely underfunded and, in Ukraine, analysis is limited to the impact of women's representation in peace and security institutions before the escalation of the war on their current ability to influence government decision-making and peace negotiations.

Some reports identified the need for greater cooperation between WROs and WLOs in Ukraine and refugee host countries, but few considered specific opportunities for networking and targeted recommendations on how to support it. For example, analysis on Poland recommends that WROs and anti-trafficking organisations in Ukraine engage with similar organisations in Poland because some trafficking is coordinated across the border, but specific entry points and areas for further networking and coordination are not systematically discussed or mapped out in the reports.

Conclusion

In Ukraine and bordering countries, women's organisations and volunteers are performing vital work in responding to the needs of IDPs and refugees. Women have mobilised to ensure that marginalised people and communities have access to essential services and humanitarian assistance and they often do this in addition to caring for their families, carrying out their regular jobs and maintaining the services and activities their organisations were providing before February 2022. Although women's leadership and decision-making have increased at the family and community levels in Ukraine, the war has centralised and militarised power and decision-making, making it more difficult for women and their organisations to influence formal political and administrative decision-making processes.

For the past two decades and more, the women's movement and organisations in countries across the region have provided specialised services (e.g., for SRHR, GBV); enhanced the capacity of grassroot women's organisations and advocated for the rights of women, girls and marginalised groups, including their participation in peace and security building and decision-making at all levels. Post-February 2022 analyses recognise the essential contribution of women's organisations to the regional humanitarian response and urge the international community and governments to implement their commitments to localisation and women's right to participate.

Gender-Based Violence

Since the start of the escalation of the war in Ukraine and the subsequent regional refugee crisis, GBV has been a major concern. This area of enquiry explores the level of attention paid to specific forms of GBV and the various groups of people who are most at risk and whether and how their needs are being met.

It should be noted that, at the time the report process began when this area of enquiry was identified in April 2022, there was still no Regional GBV Sub-Working Group. This Sub-Working Group was established and met for the first time in May 2022.

See Annex 2 for definitions of key terms, including for GBV.

1. What is the pre-crisis context for GBV?

In the pre-crisis period, the World Health Organisation estimates that one in three women in the European region has experienced some form of intimate partner violence and/or non-partner sexual violence. This figure is similar to global estimates.[32] GBV remains seriously underreported in the European Union - and indeed globally - and disproportionately affects women.[33]

- **Sexual and domestic violence.** Before the escalation of the war, GBV was already widespread and on the rise in Ukraine. A 2019 survey carried out by the Organisation for Security and Co-operation in Europe found that 75 per cent of

Ukrainian women reported experiencing some form of violence since age 15 and that one in three had experienced physical or sexual violence.[34] There was an increase in domestic violence during the COVID-19 pandemic.[35]

The Council of Europe Convention on preventing and combating violence against women and domestic violence or 'Istanbul Convention' is a landmark international treaty that addresses violence against women, including domestic violence, and outlines key prevention and protection measures.[36] Ukraine[37] and Moldova[38] ratified the Convention in July and May 2022, respectively but ratification has been blocked in Hungary and Slovakia. Further, in July 2020, efforts began to withdraw Poland's ratification.[39] Policies and laws pertaining to GBV and levels of access to GBV interventions in the region vary, with women's organisations providing many services to survivors.

- **Human trafficking.** Trafficking was another significant concern identified by many people in Europe, particularly in Moldova, Romania and Ukraine.[40] The latter has been a source, transit and destination country for human trafficking since the early 1990s, a problem that the escalation of the war has exacerbated.[41] Most persons trafficked in the European Union are women and girls, who mainly experience sexual and labour exploitation. Approximately one-fifth of individuals trafficked in the European Union are children.[42, 43]

2. What forms of GBV have been most reported on?

In April 2022, UNHCR called the Ukrainian refugee crisis a protection crisis. Two months later, in June 2022, at the United Nations Security Council, Pramila Patten, the United Nations Special Representative on Sexual Violence, called the humanitarian crisis a trafficking crisis.[44] Reports from Ukraine revealed the increasing incidence and risk of GBV, particularly conflict-related sexual violence (CRSV).[45] The Human Rights Council has established an Independent International Commission of Inquiry on Ukraine.[46] As of June 2022, the Human Rights Monitoring Team of the United Nations Office of the High Commissioner for Human Rights had received reports of 124 alleged acts of CRSV across Ukraine.[47] GBV also remains a serious concern in Ukraine's neighbours and throughout Europe.

Three forms of GBV are most often mentioned in relation to the current regional crisis—CRSV, domestic violence and human trafficking—and CRSV has received the most coverage across media outlets, documents and reports. Although CRSV is defined as sexual violence that is directly or indirectly linked to a conflict, all discussions of CRSV in relation to the escalation of the war in Ukraine have focused on sexual violence committed by official members of armed forces. Trafficking has also received considerable attention. In addition, sexual exploitation and abuse (SEA) has been raised

as a major concern and risks were particularly noted at border crossings and in different forms of available accommodation for refugees.

Information gaps persist about whether there has been a wider increase in GBV because of an overall increase in violence, the reduction in safety and security or the increase in risks resulting from gaps in humanitarian response programming (e.g., insufficient safe shelter and cash transfer initiatives)[48] that do not reach at-risk populations or do not mitigate their vulnerabilities.

3. To what extent are GBV risk factors being explored in existing analyses, and how are these being addressed in programming?

The analysis reveals important gaps in information management and sharing that make it difficult to understand the trends and types of violence that individuals face. Although the reviewed reports identify GBV risk factors and key groups at risk, the monitoring and reporting of the programmatic response is not yet comprehensive.

Border transit sites, at least within the first three months of the escalation of the war, were unlikely to have a safe, private space for survivors to ask for help. Since this time, there are now Blue Dots[49] in 36 locations along border transit routes and in urban areas for refugees. Furthermore, it was noted that safety audits have been conducted, although the reports were not available during data analysis and report preparation. Some border transit sites may still be lacking adequate support for basic protection needs, making them a high-risk point for GBV, in particular trafficking. It is unclear from the current resources what risk analysis has been undertaken of how the presence of armed forces affects conflict-traumatised survivors.

In Ukraine, GBV risk mitigation has not consistently been fully ensured in bomb shelters. Minimum standards of GBV risk mitigation such as sex-segregated and well-lit toilets were often found to be lacking in shelter sites, increasing the risk of sexual violence and other forms of GBV.

Outside Ukraine, informal and volunteer networks provide a large proportion of shelter,[50] with limited GBV risk mitigation measures in place. Individuals and organisations working on GBV have warned of this ongoing concern and have provided recommendations since the start of the crisis, but it remains unclear to what extent these recommendations have been implemented.

Existing analysis and feedback received through the validation process, raised issues related to PSEA(H). This included the nature of such a rapid response, reliance on humanitarian aid, the vast number of volunteers supporting the response – linked to recruitment procedures and vetting, inconsistent access to information for refugees (as well as staff and volunteers) on refugees' rights and entitlement and effective feedback

and accountability mechanisms. In Moldova, for example, resources reviewed, based on primary research indicated that more than half of women surveyed said they did not have any information about where and how they could obtain help in case of and information on sexual exploitation and abuse and sexual harassment (SEA(H)) or other forms of GBV.

4. What are the main gaps in existing recommendations?

The analyses and recommendations describe the burden on local NGOs to provide a response to GBV. The hostile political environment in some contexts increases this burden. Recommendations emphasise the role that international organisations and agencies could play in supporting NGOs and ensuring sustainability of services. The analyses identify key at-risk groups and the recommendations focus on increasing access to services and information while advocating for sustainable human and financial resources. While global guidance on how to improve the quality of these services and guarantee a survivor-centred approach are available, including in Ukrainian, it is not clear to what degree this guidance has been followed.

- **Quality of care in GBV response services.** The validation process highlighted possible recommendations and approaches on how to better include LGBTIQA+ people in GBV risk mitigation and prevention strategies, and support various initiatives, including safety audits,[51] that assess and facilitate risk mitigation measures. Feedback also highlighted that, because of lack of in-depth information on the experiences and needs of marginalised groups, existing recommendations do not capture how GBV services and quality of care can be provided to all.

- **Policy changes for long-term sustainability of services and systems.** Recommendations made in the documents reviewed have focused on advocacy, particularly on potential synergies between international agencies, local NGOs, national governments and donors, yet changes are required to create political and policy environments that support maintenance of survivor-centred GBV services in the long term.

- **GBV risk factors in private and community-based accommodation.** Refugees can seek accommodation and services at refugee centres and in private accommodation – either renting, staying with relatives or friends, or with persons who agree to host refugees. Analyses and feedback received during validation highlighted that a lack of vetting available in some contexts and the power imbalances that exist between hosts and refugees, can create additional protection risks. Although recommendations have been made on how to address risks and resolve safety challenges of those in alternative private accommodations,[52] more must be done to implement these guidelines across the coordination structures.

- **Impact of socio-economic factors on GBV prevention.** The impact of socio-economic barriers on GBV risk emerged as an important concern during the validation process but remains largely unaddressed in existing analyses and recommendations. WLOs have reported that women IDPs are prioritising cash, employment and accommodation, increasing the risk of exposure to sexual exploitation and survival sex.[53] Addressing this in the humanitarian and development response would encourage a coordinated, comprehensive approach to socioeconomic barriers.

- **PSEA(H) coordination and response.** In the analysis, it is recommended that all actors responding to the emergency operationalise PSEA(H) protocols and standards within their own and their partners' operations. Feedback to the validation process also noted that PSEA(H) teams are operational and are providing ongoing training to frontline volunteers and deployed staff. These initiatives may help to bridge the gaps seen in existing analysis.

Natalia, 34-years-old and her son, Dima, 8-years-old, cross the border in Medyka, on the Ukraine-Poland border, on March 2, 2022. Photo: MYOP / Adrienne Surprenant.

Conclusion

The literature reviewed highlights specific concerns about the risks of CRSV and trafficking of women and girls, but information on domestic violence and other forms of violence is limited and current analysis is insufficient to describe and understand the intersecting types of GBV.

The analysis showed the need to support a range of services for GBV survivors with trained female staff and to disseminate information about these services to refugees and hosting communities. More consideration needs to be given to understanding and addressing the distinct barriers to safe access to GBV response services that marginalised women such as Roma, transgender women and those living with disabilities encounter in different contexts across the region.

Emerging findings indicate the extent of SEA risks and the importance of fully implementing PSEA(H) measures and risk mitigation.

Sexual and Reproductive Health and Rights

A variety of concerning gaps and challenges in the area of SRHR persist in Ukraine and in the border countries hosting refugees. This area of enquiry explores the SRHR concerns that have been identified in existing resources, considers the specific groups of people who have been identified as facing particular gaps in access to sexual and reproductive healthcare and summarises the recommendations that have been made regarding SRHR thus far.

1. What was the pre-crisis context for SRHR and the operating environment for organisations working in the area?

The pre-existing legal and policy context for SRHR and the operating environment for organisations working in the area of SRHR in the relevant country contexts has been addressed in a range of materials, both predating and since the escalation of the war in February 2022.

Although national legal and policy frameworks addressing some aspects of SRHR are similar in all relevant country contexts, there are also some important differences, particularly regarding abortion, contraception and assisted reproduction. For example, whereas in Moldova and Ukraine, most forms of SRH are legal and regulatory barriers and restrictions are not significant, in Hungary, Poland, Romania and Slovakia, a range of restrictions apply. In Poland, abortion is illegal in almost all situations and emergency and other forms of oral contraception can be provided only with a prescription. Even when abortion is legal, for example in situations of a pregnancy resulting from sexual

violence, regulations require a prosecutorial certificate before abortion care can be provided. Data indicates that almost no legal abortions are performed in Poland and every year thousands of people import abortion pills online or travel out of Poland to neighbouring countries for abortion care. In Hungary, prescription requirements also apply to emergency contraception and, although abortion is legal, biased counselling requirements and mandatory waiting periods often delay or prevent access to time-sensitive care. Medical abortion is not allowed in Hungary and Slovakia.

Policies on the reimbursement of healthcare costs for refugees have also been analysed and concerns raised about the affordability of certain forms of SRH that public health insurance schemes in some countries do not cover. Although new EU legislation requires that all EU Member States provide emergency health care and essential treatment of illnesses to refugees from Ukraine on the same basis as citizens and long-term residents, this legislation has reduced impact in the sphere of SRHR in some countries because national policies do not designate certain forms of SRH as essential or basic care or do not include that care under public health insurance schemes. In addition, in some of these countries, refugees from Ukraine who do not have Ukrainian passports or nationality are not covered under this legislation. In contrast, in Moldova, refugees are now guaranteed a full package of free SRH.

Longstanding resourcing, structural and health-system challenges and deficits have also been identified as affecting the accessibility of SRH and attempts have been made to roll back protections for SRHR, gender equality and the rights of LGBTIQA+ persons in Hungary, Poland, Romania and Slovakia. Some of these countries have introduced restrictions on the operations of civil society, affecting the ability of local SRHR organisations to operate freely.

2. Have people in Ukraine or refugees in neighbouring countries been able to access good-quality SRH?

According to existing resources, access to certain forms of SRH has been difficult for many people affected by the escalation of the war and the regional crisis. In materials concerning the situation inside Ukraine, military attacks on civilian infrastructure, including medical facilities and health care settings, as well as serious disruptions in health-system functioning, have been highlighted as key concerns. For many pregnant women, disrupted access to good-quality obstetric care, including in obstetric emergencies and childbirth, is a challenge, increasing the risk of maternal mortality and morbidity.

Several factors, such as pharmacy closures, facility damage and significant supply chain disruptions, impede the dispersal of critical SRH medications. For IDPs and people in rural areas and areas with active conflict, access to basic SRH is difficult. Ukraine already had one of the highest rates of HIV in Europe and there are concerns that the

spread of HIV/AIDS and other sexually transmitted infections may increase because of lack of access to condoms, interruption in treatment, compromised diagnostic capacity and higher rates of GBV.

For refugees in some border countries, a range of factors are identified as impeding access to certain forms of SRH. Long-standing legal and policy restrictions in some countries and gaps in access to services intersect with the immediate emergency, raising real-time access barriers for people fleeing Ukraine who need SRH. Barriers differ significantly from country to country. However identified examples include: restrictive laws on abortion and emergency contraception, high cost of some forms of SRH, language barriers and other difficulties navigating complex foreign health-system requirements, lack of robust health-system protocols for certain forms of SRH, longstanding delays in access to specialised care in gynaecology and obstetrics, lack of cooperation between the public health system and civil society support structures and weak protection frameworks for certain groups. In addition, refugees seeking treatment and medicines for HIV/AIDS face lack of free care in some countries, as well as other barriers, which may in turn increase transmission risks.

3. Have particular concerns arisen about the SRHR of certain groups, and if so, what are those concerns?

The analysis identifies in broad terms challenges to SRHR facing certain groups of people, including women and girls and LGBTIQA+ persons.

Women and girls comprise most of the millions of IDPs in Ukraine and the millions of refugees that have fled Ukraine. In some border countries, they appear to face important barriers to access to some forms of SRH, including abortion care, contraception and good-quality maternal health care. Certain groups of women and girls are reportedly experiencing intersectional discrimination in the realm of SRHR because of their racial or ethnic background, disability, financial status, nationality, sexual orientation, gender identity, gender expression or sex characteristics.

There are also concerns about access to hormone treatments and other medicines for transgender and intersex people because of disruptions in supply chains into and outside of Ukraine, surges in demand due to large-scale migration, burdensome registration and policy procedures in some countries and limitations on access to medical monitoring.

Ensuring that people with HIV/AIDS have access to good-quality health care services is also a considerable challenge.

Ensuring a robust, effective response to the acute SRHR needs of GBV survivors is also difficult. This is due to delays in ensuring adequate dissemination of essential medicines

and kits, restrictive regulatory frameworks regarding abortion and emergency contraception in some countries and longstanding infrastructural deficits and failures in some contexts to provide adequate financial support to specialised CSOs and experts.

Differences between legal and regulatory frameworks on SRHR in Ukraine and those in neighbouring host and transit countries have created unique challenges for specific groups of refugees. As noted above, many women and girls have confronted sharp discrepancies between the legal and policy environment in Ukraine regarding abortion care and emergency contraception and in several border countries. In addition, there are indications that differences in the age of majority between countries may pose challenges for adolescent refugees aged 16 and older because of parental consent requirements in some countries regarding some forms of SRH. Different rules regarding surrogacy and recognition of nationality and parental status of children born from surrogacy give rise to substantial complexities for refugees acting as surrogates and for children born from surrogacy outside Ukraine.

4. Are SRHR being adequately integrated into the humanitarian and refugee response?

The analysis indicates that prioritising SRHR across the humanitarian and refugee response is difficult, although the situation differs in each country. For example, in some of the border countries, restrictive national laws and policies on SRHR and longstanding health-system gaps, difficult operating environments for civil society, historical absence of UN agency presence before February 2022 and lack of robust EU competences on health and gender discrimination in internal affairs, are impeding an effective response on SRHR. Marked discrepancies between the level of donor assistance for humanitarian and refugee response programming in Moldova and Ukraine and that in Hungary, Poland, Romania and Slovakia also presents challenges for prioritisation of SRHR in the latter countries. In Moldova and Ukraine, although significant resources are being provided, ensuring that support reaches women's rights defenders, local WROs and SRHR organisations remains challenging.

In many countries, national CSOs have led efforts to respond to the SRHR needs of refugees from Ukraine and to assist them in securing access to health care, but these organisations are operating in highly challenging circumstances, with already strained capacity, financial means and operational resources. In some country contexts, these organisations have had to turn from long-term vital human rights, advocacy and policy work to respond to the humanitarian needs of refugees. They face smear campaigns, harassment, prosecution and other threats. Many years of donor withdrawal from Central and Eastern Europe have undermined their institutional and operational capacity and resources. Financial support for these organisations has been centred on short-term grants, whereas sustainable long-term institutional funding for robust programming and policy work on SRHR is lacking.

International actors have made commitments to SRHR through inclusion of SRHR within the Regional Response Plan (RRP), the establishment of the Refugee Health Extension (RHE, see Annex 3), and work has been done and is ongoing to integrate SRHR into work-plans for existing Gender and GBV coordination bodies. However, ensuring the prioritisation of SRHR across international humanitarian coordination structures still remains a challenge.

Albina seated with her daughter Armina, in one of the two rooms of their shelter house provided by Roma community family Bucur. At left is local counsellor and community mediator Angela Radita. Photo: UN Women / Maxime Fossat.

5. What recommendations are being made, and are they being acted on?

Recommendations designed to advance action to address the SRHR needs of those affected by the escalation of the war in Ukraine and the regional crisis have been made to national governments, the European Union, the United Nations, donor governments and institutions, and humanitarian service providers. Recommendations range from proposals addressing particular SRHR needs to broadly framed, high-level

recommendations on the need for prioritisation of SRHR throughout the refugee and humanitarian response.

Several recommendations call on these actors to ensure availability and accessibility of SRH for people in Ukraine and refugees in neighbouring host and transit countries. In particular, key recommendations include the full implementation of the minimum initial service package for SRH in crisis situations[54] and addressing the SRHR of LGBTIQA+ communities. Recommendations also repeatedly call for removal of barriers to access to SRHR, including long-standing legal and policy restrictions in a range of refugee host and transit countries.

To improve SRHR for all, recommendations also focus on the need for humanitarian and refugee response plans to ensure that national CSOs have the financial means to address current SRHR needs of key populations affected by the conflict while also prioritising sustainable efforts designed to address long-term systemic and structural barriers in national health systems to better serve refugees and long-term residents.

Centring flexible, sustainable support for national CSOs working to advance SRHR as part of the response is also a key recommendation that many publications make. This requires proactive, meaningful inclusion of these organisations when framing and designing the response to the crisis and coordinating delivery of operations. Ensuring political support for these organisations is also identified as critical.

6. What are the main gaps in the analysis and recommendations?

Although existing resources address the SRHR impacts of the escalated war and resulting refugee crisis, they mostly present a brief overview of SRHR concerns and make recommendations. There is a need for deeper comprehensive documentation and analysis of experiences regarding SRHR and the barriers that people face in access to SRH in all relevant countries. Deeper documentation and analysis of individuals' experiences is currently being undertaken in a number of countries.

There is also a need for local CSOs to produce and co-author analyses so that their longstanding, in-depth knowledge and expertise can inform these analyses and a need for public institutions such as health ministries and national health organisations to provide transparent data on SRHR.

Although the analysis includes some focus on the SRHR challenges that particular groups face, it must be expanded to more fully capture and address how various forms of intersectional discrimination may be constraining access to SRH for certain groups.

Conclusion

The analysis highlights that serious challenges and concerns related to SRHR must be resolved in the humanitarian and refugee response and that concerted attention and action are vital to addressing the SRHR needs of people affected by the escalation of the war in Ukraine. Although there are context-specific differences, the analysis reveals three main trends across the region. First, donor efforts must centre sustainable, flexible, long-term, institutional financial support for national WROs and SRHR organisations at the heart of their humanitarian and refugee response plans. Second, pre-existing legal and policy barriers on SRHR are severely limiting efforts to ensure an effective response to the SRH needs of refugees in some countries. Third, the escalation of the war has created supply chain and infrastructural constraints that continue to undermine SRH service delivery in Ukraine.

A school gym, Hala Sportowa, Przy Szkole Podstawowej, serves as temporary housing for refugees in the Polish border own, Hrebrenne. Photographed on Monday, April 11, 2022. Photo: CARE / Laura Noel.

An Intersectional Approach to Gender and Diversity Inclusion

This section examines the lens through which humanitarian programming is framed and highlights how shifts from gender and vulnerability to intersectionality and inclusion can present opportunities to expand programmatic reach to include the most marginalised populations. The objective here is the following:

- To determine which intersecting identities are reflected in the Ukraine analyses and what those analyses say about their experiences
- To examine which data are disaggregated and if and how they are used to develop intersectional analyses in the Ukraine regional response
- To determine whether available data and analyses are being used effectively to inform the regional humanitarian response
- To highlight the importance and implications of addressing intersectional gender (see definitions in Annex 2.

1. Why is gender and diversity intersectionality crucial in the emergency response?

Humanitarian action is anchored in an ethical and operational mandate to ensure that assistance is based entirely on need, without adverse discrimination based on race, nationality, gender, religious belief, political opinion, class[55] or other categories of identity. The principle of impartiality emphasises the importance of identifying those most in need and addressing their multiple and intersecting forms of discrimination. Meeting the needs of all affected people requires, therefore, in-depth understanding of the priorities, vulnerabilities, risks and capacities of persons of all genders and diversities.

Research for this report shows that, although attention is paid to the situation of women, children, persons with disabilities, LGBTIQA+ persons and people from minority groups, such as the Roma community, it is often fragmented across multiple reports and recommendations, with no efforts made to consolidate data. Tied to this, the research found that collection, analysis and use of relevant demographic data is generally poor and inconsistent. As a result, certain groups' marginalisation and exclusion extends to accessing safe, effective humanitarian assistance and protection.

The review of existing resources also demonstrated that references to intersectionality or intersectional analysis are limited. It also appears that there is a lack of shared understanding of what and how various identities intersect to create situations of greatest exclusion and discrimination in the context of the escalation of the war in Ukraine and the regional crisis.

2. How are diversity factors identified and reflected in the analyses?

Most reports include an examination of gender that is based on certain categories of, and contexts for women and men.[56] This has led to a focus on the unique needs, protection risks and capacities of women in general or, in some cases, on specific groups of women, such as older women and pregnant and lactating women, in conflict-affected communities and who have been displaced inside and outside Ukraine and on men's experiences of conscription, labour and income. Such categorisation risks creating homogeneous groups of women and men and overlooking important intersections with other identities. It also risks emphasising needs and risks over capacities and agency. The result is often a lack of nuanced understanding of affected people and communities and, subsequently, lack of targeted programmatic approaches. For example, a focus on older people may overlook the distinct experiences of older women and men; a focus on persons with disabilities may not examine the specific experiences and needs of women, girls, boys and men with physical, sensory, psychosocial or intellectual impairments; and a focus on women and men may render invisible people who are neither women nor men in analysis and programming.

The review of resources also demonstrated that most reports referred to "vulnerable" or "most vulnerable" persons and "most at-risk" groups without defining or providing criteria for such categorisation. In the reports on Ukraine and border countries, the categories that were most frequently cited as "most vulnerable" included women and children; older people; persons with disabilities; persons living with HIV and other chronic illnesses requiring consistent medical attention, medication and treatment; Roma and other ethnic minority groups; LGBTIQA+ individuals and those without civil status documentation, but there was a lack of nuance and of consistent consideration of overlapping identities or the conditions and factors that lead to certain groups becoming more vulnerable than others and how that vulnerability is manifested for each group in different contexts.

The collection of representative data is central to understanding the different impacts on and needs of diverse groups. In the first few weeks of the crisis, the lack of sex-, age- and disability-disaggregated data, in general and more specifically at border crossings, shelters in transit and collective centres and in public and private temporary accommodation spaces, meant that a targeted, informed, inclusive humanitarian response was not possible. For example, although there were figures on the number of women crossing borders, other data such as age, disability and socioeconomic and family status were not available. These missing data mean that it was not possible to understand how other identities may have interacted with gender to create specific needs, priorities and risks and different groups of women's ability to navigate humanitarian assistance and protection services. As coordination and registration mechanisms were established, the relevant authorities and humanitarian actors collected more disaggregated data, although it is not clear to what degree these data were analysed or used to inform the response. Furthermore, because analyses focused on single-country contexts, how data were collected, analysed and shared with the aim of improving cross-border response operations and protection mechanisms is unclear and likely limited in scope.

3. How have diverse groups' experiences been reflected in analyses?

In general, the analyses adopt single identities as the source of exclusion and discrimination. In addition, there is a lack of clarity about how to systematically collect in-depth demographic information and analyse data regarding intersectional identities to guide specific sector programming within the humanitarian response. When more than one identity was considered, they were most likely to be age and sex (through a binary lens),[57] with other identities incorporated without consistency. Key highlights, drawn from analysis of primary identities examined in the existing analysis, is summarised below:

- **Women.** Most analyses reviewed identified groups of women who the different contexts of conflict, evacuation, temporary shelter and accommodation, fleeing

conflict and displacement within and outside Ukraine make more vulnerable than others. These include pregnant and breastfeeding women; single young women; older women; female heads of households, especially those caring for young children and older and sick relatives or friends; women from minority groups such as Roma and stateless women.

- **Children and adolescents.** As early as the first week of March, child-focused agencies were calling the crisis a "child protection crisis." Most analyses reviewed include references to or some analysis of displaced children, unaccompanied and separated children, children in or coming from institutional care and children with disabilities, but little distinction is made in the analyses between the needs and experiences of girls and boys from different age groups, including adolescents.

- **Older persons.** Some reports refer to older people without distinguishing between older women and men, and when a distinction was made, there was often little analysis of the different needs, challenges and capacities of older women and men. The exception to this was when a report focused on the experiences of older persons within the crisis. Reports that examined the needs of older people addressed their health, including continuity of medications and treatments, food, finance (for the most part, pensions), mental health and psychosocial support and safety. Some reports also addressed the situations, needs and capacities of older people as carers of small children and sick or disabled relatives.

- **Persons with disabilities.** Although many, if not most, reports referenced the situation and needs of persons with disabilities, only a few disaggregated data and information according to sex, age or impairment—physical, sensory, psychological, intellectual. Unless a report focused on persons with disabilities, most referred to their "perilous position" with few specifics. Concerns of persons with disabilities that were most examined in reports included challenges regarding evacuation, temporary shelter and alternate accommodation and transportation. A few reports referred to challenges such as power shortages that affect the use of lifts, respirators and refrigeration of medicines.

- **LGBTIQA+ persons.** In general, references to LGBTIQA+ persons rarely distinguish between the experiences and needs of people with different sexual orientation, gender identity or expression or sex characteristics (SOGIESC). At the same time, the visibility, solidarity and work of LGBTIQA+ organisations in Ukraine and other European countries in this response is noteworthy. Many have drawn attention to the situation of transgender and some intersex people at border crossings and in evacuation shelters. In addition, as highlighted in the sections above on GBV and SRHR, attention has been drawn to challenges that LGBTIQA+ persons experience in accessing appropriate health care, including SRH.[58]

- **Roma and other ethnic minority groups.** Most reports identified the Roma as a particularly marginalised group in Ukraine whose marginalisation is exacerbated in displacement within and outside Ukraine, including crossing borders and obtaining information about and access to humanitarian assistance and protection, including transitory, temporary and more permanent accommodation. Many reports linked the Roma people's exclusion to their lack of civil status documentation. Only some reports compared the situation and experiences of Roma women and girls with those of men and boys. There is a lack of nuance regarding the specific risks and experiences of Roma and other ethnic groups based on gender and other diversity factors. Although a few reports referred to other ethnic minority groups in Ukraine, none reviewed conducted any analysis in this regard.

An extended family of ten members of the Roma community who were forced to flee their homes in the village of Arbuzinka, Mykolaiv Oblast, Ukraine, to seek safety, protection, and assistance in the Republic of Moldova. Pictured: Albina, seated right, her mother Angela, and her kids enjoy a bowl of cereal for the first time since they have fled Mykolaiv. Photo: UN Women / Maxime Fossat.

4. What recommendations are being made, and are they being acted on?

Approximately half of the reports reviewed recommended (greater) disaggregation of data, with most of these referring specifically to sex-, gender-, age- and disability-disaggregated data. Some recommendations on disaggregated data were general, with no reference to disaggregation factors, whereas others were more elaborate, for example, a recommendation made to border authorities to disaggregate data according to "sex, age, disability, nationality and point of destination (if known)." Similarly, approximately half of the reports included recommendations on conducting gender analyses to inform programming, strategies, policy or advocacy, and most of these addressed some level of intersection between gender and other forms of diversity (e.g. age, disability), although even when some level of intersection was included, the relevant reports lacked detail on the unique identities that the intersection(s) and related experiences of exclusion and discrimination created. Saying this, some reports did recognise in themselves the focus on single identities, as was the scope and limitations of the report, and recommend greater intersectional analysis in the future.

5. What are the main gaps in the analysis and recommendations?

Although it is acknowledged that organisations are increasingly focusing on and encouraging the use of intersectional analysis, lack of consistency regarding a methodology for conducting intersectional analyses within humanitarian assessments more broadly creates limitations in understanding the complexity of needs and experiences in the regional response. This relates specifically to age; class; ability; education; SOGIESC; nationality; ethnicity; migration status and religion.

The lack of intersectional analysis and understanding of the compounding impacts of key intersectional identities limits the ability of humanitarian stakeholders and governments to understand the diverse needs of those fleeing the Ukraine war.

Conclusion

Collection and analysis of disaggregated data and layering and analysis of intersectional characteristics help identify the most vulnerable and at-risk groups and the targeted measures required for more inclusive programming. At the time that this regional analysis was written, various analyses using primary and secondary data had been conducted and reports produced on gender and other diversity factors. Although each includes valuable analysis and recommendations, the volume and fragmentation considerably reduce the probability of them being integrated into the response. For humanitarian actors to use an intersectional lens, they must first recognise the systemic limitations of the one-size-fits-all humanitarian architecture and lean more fully into participatory approaches led by crisis-affected communities, specifically women and historically marginalised groups in Ukraine and bordering countries.

Conclusion

Three key interconnecting threads surfaced through this regional analysis that led to the following conclusions and recommendations.

- A commitment to shifting current approaches on coordination to ensure mutual collaboration and build on the collective strengths of all actors responding to the escalated war and regional refugee crisis.

- The need for GBV and SRH services, programming and advocacy to be prioritised sustainably and to reflect the specific gender and intersectional needs of all affected communities in the immediate and longer term.

- The importance of layering and analysing intersectional identities in a coordinated way within a response to inform targeted humanitarian programming, donor and policy decisions.

This regional analysis highlights that RGAs, assessments and analyses developed since February have contributed greatly to understanding of the gender and intersectional dynamics of the escalation of the war in Ukraine and the subsequent regional crisis. This body of information and data has helped identify and raise awareness of the needs, priorities and capacities of persons of all genders and diversities. Organisations that work with specific at-risk and marginalised groups have developed valuable analyses of the impacts of the crisis on these groups and issued strong calls to action for more inclusive approaches within the humanitarian response. In addition, organisations focused on elevating specific thematic concerns, such as GBV and SRHR, have provided essential awareness and understanding.

These analyses, particularly those based on primary data, were undertaken in difficult contexts, with the overall aim of ensuring that the voices of those most at risk from the impacts of the escalated war and regional crisis are heard.

This regional analysis has also highlighted several gaps in our approach to understanding individuals' experiences and how the response addresses areas of concern. Lack of consistent, nuanced data and analysis of the specific lived experiences of persons of all genders using a truly intersectional approach is an important gap. The focus on women's and men's experiences, with analysis focused on a single identity, reduces the complexity of individual risks, priorities, capacities and coping mechanisms within the crisis. Data available in a crisis provide an essential foundation for decision-making regarding programming, advocacy, policy and funding within the response. When data and analysis is limited, fragmented or developed in parallel to mainstream decision-making, it affects the level of targeted interventions to promote gender equality for GBV and SRHR, as well as evidence that informs relevant advocacy messages to those making the decisions about policy, funding and the humanitarian response. Appropriate data and analysis also illuminate the compounding impacts of the emergency on the pre-crisis context on areas such as GBV, SRHR and the experiences of specific groups. It also supports the inclusion of appropriate measures in the response and recovery processes to ensure real, sustained change for all communities involved.

This analysis underscores that meaningful engagement and participation of all actors involved in the crisis is a right in itself. It also highlights that meaningful engagement and participation are essential to bridging gaps identified. It was recognised through the analysis and validation processes that extensive efforts have been and continue to be made to ensure that coordination mechanisms—as they relate to gender—in Ukraine and the countries hosting refugees were established quickly and are supporting critical work within the response. That said, a key finding of the analysis and validation processes highlighted the need to move away from traditional coordination to more dynamic collaboration—harnessing the collective strength of all local, regional and international actors. Feedback from local actors suggests a continued disconnect between the current mechanisms and meaningful participation of WLOs, WROs and civil society in these spaces. Local expertise and perspectives are integral to informing and interpreting analysis and to designing a targeted and inclusive response that considers and addresses all aspects of intersectionality.

The absence of dedicated convening spaces and coordinating structures at country-level for issues related to gender, intersectionality and SRHR in which local and national/local organisations participate equally creates challenges to raising the profile of such concerns to bring about the changes needed and support community-level responders. Similarly, overly siloed (separate) structures or spaces prevent these issues from being addressed in an integrated way. A final challenge relates to the integration of humanitarian response, recovery and development approaches, as well as peace processes. The escalation of the war has exacerbated many of the issues that WLOs, WROs and other local civil society actors already faced in spaces such as human rights, gender equality, discrimination and inclusion, and Women, Peace and Security. Therefore, engagement with WLOs, WROs and other local civil society groups across the humanitarian-recovery-development-peace nexus is critical to ensure holistic understanding of and approaches to the problems

Areas for further research

Areas for more in-depth analysis are detailed in the specific chapters. During the report development process, including validation, areas for future research that fell outside of the scope but were considered important areas of enquiry within the humanitarian and refugee response were highlighted and include the following:

- Analysis of gender dynamics on socio-economic inclusion e.g. on livelihoods, jobs, social protection and care burden to understand the immediate and longer-term socio-economic impacts on persons of all genders and diversity. (Such analysis may be taken up by the Regional Socio-Economic Inclusion Working Group, which is currently co-chaired by UNDP and UNHCR).

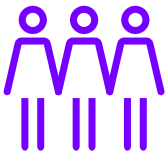
- Analysis on the gender barriers for youth, especially adolescent girls and boys around the four areas of enquiry in this report, as well as more broadly.

- Mapping and in-depth analysis of the participation of WLO, WRO and local CSOs, church and community groups in the response.
- Regional gender analysis across the sectoral response to the crisis such as WASH (including menstrual hygiene management), Food Security, Shelter, Cash, Health and MHPSS.
- Evaluation of how recommendations in current analyses are being implemented at the national and local levels; i.e., if and how they are implemented and what are the gaps.

Maryam is 20 years old and from Pakistan. She had been living in Ukraine for four months where she had started studying medicine. 28.02.2022, Poland. Photo: CARE / Valerio Muscella.

Recommendations

In all recommendations, sustainable efforts must be made across the Humanitarian-Development-Peace Nexus to ensure long-term and systematic barriers are addressed and remain in place.



Coordination, collaboration and collective strength

- **UN and other international humanitarian agencies to proactively engage and strengthen existing CSO (sub)national and regional coordination networks, platforms and mechanisms.** Practical measures include: (a) establishing a database of women's rights, SRHR and LGBTIQA+ CSOs, including their location and expertise; (b) local CSOs identifying how they prefer to network and coordinate with each other and what support (financial and other) they need from international agencies to strengthen their own collaboration; (c) donors systematically including funding and provision for psychosocial support and self-care for staff and volunteers of local CSOs; and (d) engaging CSOs in emergency planning and preparedness processes so that marginalised voices are represented and risks to these groups are mitigated and planned for.

- **At the national and regional levels, international and local humanitarian actors involved in current coordination mechanisms collaborate to develop a common vision.** This would include operational work plans and pooled financing, as well as channels of communication and mutual support, to address current barriers to participation. This will enable a contextualised, common understanding of what expertise is available, the preferred type of two-way support and required changes necessary to ensure that existing mechanisms are more inclusive. This could include: (a) identifying how local CSOs would like to engage to ensure that their ongoing work and priorities are reflected; and (b) ensuring that this space has direct links to other coordination mechanisms in the region so that the combined knowledge, analysis and priorities can be shared and concerns mainstreamed within the humanitarian response.

Women's participation and leadership

- **UN- and government-led coordination mechanisms to collaborate and take concerted action to ensure meaningful participation and leadership of WROs, WLOs and organisations representing marginalised groups working across the humanitarian-peace-development nexus.**[59] Practical measures should include (a) consultations with relevant local groups and organisations about how they want to participate in and lead humanitarian coordination and what the barriers to participation and leadership are for specific groups (e.g., preferred communication channels, knowledge and capacity exchanges); (b) monitoring and evaluation of measures undertaken to address them; and (c) supporting CSOs to identify their own needs and priorities and implement a coordinated, well-resourced capacity strengthening plan.

- **All humanitarian actors to ensure that their accountability to affected populations is prioritised, inclusive of all people and groups, and continually improved.** Led by Accountability to Affected People Working Groups, practical measures should include: (a) tailored guidance on accessible channels and formats for information on rights, services, feedback and complaints according to the needs, vulnerabilities and capabilities of specific groups; (b) inclusive, active consultation with affected populations, including groups with vulnerabilities and those most at risk, from the assessment stages through the programme cycle; (c) funding and initiatives to enable grassroots and community groups to take the lead in design and implementation of response and recovery programmes; and (d) real-time monitoring and evaluation of use and effectiveness of participation and accountability mechanisms and approaches.

Gender-based violence

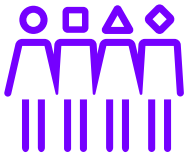
- **Humanitarian actors to develop an understanding of the impacts of the escalation of the war and the regional crisis on all forms of GBV.** Actions include: (a) paying greater attention to understanding domestic violence in all its forms (including psychological, emotional, verbal, physical, financial); (b) ensuring that risk analysis for specific groups is conducted in cooperation with local organisations that work specifically with these groups so that barriers to and enablers of access to required services and assistance are understood and ensuring that all guidance developed is targeted in the prevention and mitigation of these forms of violence; and (c) developing targeted approaches that account for people's multiple identities to ensure that survivor-centred approaches are upheld and quality of care can be ensured for all.

- **Humanitarian actors and governments to analyse the risks and safety challenges associated with alternative accommodation/settlement experiences for persons of all genders and diversities.** This is critical to ensuring a coordinated approach to GBV risk mitigation, prevention and response that is context specific and responds to the dynamic nature of this crisis.

Sexual and reproductive health care and rights

- **All actors working on the response (including humanitarian actors, governments and donors) to ensure that SRHR are prioritised** across the humanitarian and refugee response and that effective, concrete action is taken to address and remove restrictions on and barriers to access to comprehensive sexual and reproductive healthcare, including time-sensitive and essential care.

- **All humanitarian actors, governments and donors to ensure that local experts and CSOs participate in the design of SRHR response efforts and that the SRH needs and experiences of affected populations in all relevant countries are documented and analysed to guide responsive programming.**



An intersectional approach to gender and diversity

- **Actors on gender and intersectionality at the regional and country levels to collaborate on the development or adaptation of existing intersectional analysis methodology that is made available to and integrated systematically into sector and multi-sector assessments and response plans.** This will ensure that gender analysis and analysis specific to at-risk and marginalised groups are integrated into and inform broader decision-making processes.

- **At the national and regional level, create convening space for organisations representing women and marginalised groups, as well as task teams on gender and diversity inclusion, GBV, SRHR and women's participation and leadership.** This would be designed to ensure: (a) the exchange of knowledge between complementary areas of work; (b) consolidation of multiple analyses of the same population group to avoid siloed approaches; (c) validation of findings and recommendations with local actors, where it is not already done; (d) availability of the consolidated analyses in all relevant languages; and (e) the inclusion of the longer-term priorities of the hosting communities and the mandates of local organisations.

A call specifically to donors

- **Donors to ensure sustainable, flexible, long-term institutional financial support for national CSOs, including WROs, WLOs and GBV and SRHR organisations.** Practical measures could include: (a) introducing appropriate, standardised funding modalities, co-created with women, youth and LGBTIQA+ CSOs; (b) increasing investments in pooled funding for women's organisations and networks, including provision for core and institutional funding (not tied to specific projects); and (c) introducing and promoting the use of standardised mechanisms to track direct humanitarian funding for women's CSOs accurately and transparently.

- **Donors to provide sustainable, long-term funding and flexible support to national health systems for SRH programming, service provision and advocacy** to enable them to address long-term systemic and structural barriers and respond to SRH needs resulting from the war, as well as those of refugee host communities. The type of funding and support required should be identified in coordination with local CSOs.

All stakeholders to ensure inclusion of SEA risk mitigation by all actors responding to the crisis. Although there has been notable improvement in coordination of PSEA efforts, more is needed to ensure inclusion of local organisations and volunteer networks.

Annex 1
Bibliography per chapter

The resources reviewed for each chapter's analysis are listed below. Most of these analyses were developed between 24 February 2022 and 10 August 2022, which was the end of this report's validation period. A few resources pre-date 24 February and are included to give context to the current issues.

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Annex 2
Glossary

This is not a comprehensive list of all terms related to the areas of enquiry. Only terms used in this report that may require further explanation are included.

- **Conflict-related sexual violence** refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict.[60]

- **Gender.** The Inter-Agency Standing Committee (IASC) Gender Handbook (2017) defines gender as follows, "Gender refers to the socially-constructed differences between females and males — and the relationships between and among them — throughout their life cycle". The definition elaborates that "Gender, together with age group, sexual orientation and gender identity, determines roles, responsibilities, power and access to resources. This is also affected by other diversity factors such as disability, social class, race, caste, ethnic or religious background, economic wealth, marital status, migrant status, displacement situation and urban/rural setting".

  The Handbook defines a gender analysis as one that "examines the relationships between females and males...their roles, their access to and control of resources and the constraints they face relative to each other."

- **Gender-based violence.** An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.[61]

  The term gender-based violence is used within this regional analysis. However, it is recognised that some organisations refer to sexual and gender-based violence (SGBV) or violence against women (VAW). For the purposes of this report, GBV also includes sexual exploitation and abuse. While the report recognises that the term **intimate partner violence** is often used, **domestic violence** was the term used most widely within the reports reviewed and, therefore, is used within this report.

- **Intersectional gender** refers to the ways that gender is overlaid and converged with other identity factors to facilitate or constrain how conflict-affected and displaced communities respond and adapt to dynamic conditions of the crisis and humanitarian response. The unique combination of identities with gender (such as age, class, age, ability, education, sexual orientation, gender identity and expression and sex characteristics (SOGIESC), nationality, migration status, religion, etc.) experienced by individuals within the evolving conflict shape their barriers, vulnerabilities and opportunities to access essential services and pursue solutions.[62]

- **Localisation commitments.** The Grand Bargain (2016) is an agreement between some of the largest humanitarian donors and organisations (now with 64 signatories). It includes specific commitments and targets to increase funding for local and national responders (localisation) and to include people receiving aid in the decisions that affect their lives (participation).

- **Meaningful participation** means that women [and other groups] have access to decision-making processes and are able to be active and informed participants, including having influence over the format, agenda and outcomes of these processes and implementation of agreements. Meaningful participation requires that structural barriers to different women's participation are understood and addressed so that women not only have the information and resources to be active and informed participants but that institutions and people in positions of power treat women as equal and respected participants.

Annex 3
Coordination, Collaboration and Collective Strength

The following section outlines some of the key regional and national coordination mechanisms for gender, gender-based-violence (GBV) and sexual and reproductive health and rights (SRHR) in Ukraine and in the regional response. The situation is evolving quickly and is fluid in nature. Some structures were established during the report's development process and more were planned. Therefore, rather than mapping existing structures, the text below is intended to describe the vast amount of the ongoing work at the time this report was being written and to provide context for the discussion in this report on coordination, including some of the current barriers and challenges highlighted in the existing analysis and validation process.

Regional coordination structures focused on gender

In response to the scale of humanitarian need in the region, an interagency Regional Refugee Response Plan (RRP) was established for March to August 2022 and later extended to December 2022.[63] The objective of the plan is to promote and implement a comprehensive response and to support efforts of neighbouring countries to protect and assist refugees of all nationalities from Ukraine. The plan commits to implementing targeted child protection interventions and being proactive in preventing, mitigating and responding to GBV, including sexual exploitation and abuse (SEA) perpetrated by humanitarian workers,[64] and identifies the need to increase the availability of, and support access to, sexual and reproductive health care (SRH).

The United Nations High Commissioner on Refugees (UNHCR) leads and coordinates implementation of the RRP in line with the Refugee Coordination Model[65] in close collaboration and consultation with relevant government counterparts and with the support of interagency partners and other stakeholders. Within the framework of the RRP and building on existing national humanitarian coordination structures, an interagency regional refugee coordination forum[66] chaired by UNHCR with participation of RRP members and other relevant actors has been established in Geneva to ensure efficient situational information management and support of national coordination as required.

In March 2022, agreement was reached among regional refugee coordination forum members on the need to establish a Regional Gender Task Force (RGTF) under the umbrella of the forum to mainstream and integrate gender equality and empowerment of women and girls into refugee response.

In response to the large number of women and girls affected and the wide range of intersectional protection risks in the current crisis, a regional GBV sub-working group[67] was established in June 2022 that is co-chaired by UNHCR and WAVE, works under the auspices and guidance of the regional protection working group and has direct linkages with national GBV sub-working groups in the region, as well as the Child Protection Sub-Working Group[68] and the Regional Task Force on Anti Trafficking.

A refugee health extension hub[69] has also been established as an interagency initiative (in March 2022) involving the World Health Organisation, UNHCR, United Nations Children's Fund, United

Nations Population Fund (UNFPA) and European Centre for Disease Prevention and Control to provide immediate operational support to refugee-receiving countries in response to the Ukraine crisis. Its objectives include response to SEA and GBV and support of primary and emergency health care, including SRH.

National coordination structures focused on gender

In Ukraine, the Protection Cluster is operational and includes several sub-clusters. The GBV sub-cluster in Ukraine[70] has been operational since early 2015, with UNFPA as the lead agency. At the time of writing, the GBV sub-cluster was establishing sub-national coordination working groups in seven locations across the country to prevent and respond to GBV at the local level in close coordination with the authorities, NGOs and other humanitarian actors. An Age and Disability Technical Working Group coordinated by HelpAge International has existed since December 2015.[71] During the validation process, it was noted that there are national GBV sub-working groups in all neighbouring countries operating under the UNHCR coordination structures for the regional refugee response, often co-chaired with relevant national authorities; including in Hungary, Moldova, Poland and Slovakia. Anti-trafficking task forces have been established in Moldova.

The government of Ukraine has established an interagency working group on prevention of and response to conflict-related sexual violence under the Commission on Coordination of Activities of Central Executive Bodies on Equal Rights and Opportunities of Women and Men to coordinate implementation of the framework of cooperation between the government of Ukraine and the United Nations on prevention of and response to conflict-related sexual violence. As part of the framework of cooperation, it addresses comprehensive service provision for survivors, including SRH services, medical and specialised mental health services, legal assistance and livelihoods. PSEA Task Forces, have been established in Hungary, Poland, Romania, Slovakia[72] and Moldova. A PSEA Task Force[73] has been operational in Ukraine, prior to the current escalation of the war.

The Gender in Humanitarian Action working group[74] (co-chaired by Mercy Corps and UN Women) has been established in Ukraine and a gender task force[75] in Moldova (chaired by UN Women and the Gender Equality Platform). In other countries, although there is no dedicated structure for gender, it was noted during the validation process that gender is mainstreamed into the work of the protection working groups.

There is an SRH working group under the Health Cluster in Ukraine, led by UNFPA. Since the beginning of the conflict, the GBV sub-cluster has worked closely with the SRH working group to ensure prompt referrals of survivors. In addition, monthly coordination meetings were recently established between the GBV sub-cluster, Protection cluster, Health cluster, SRH working group and Mental Health and Psychosocial Support technical working group in Ukraine. At the time of writing, no specific SRHR coordination structures had been established in neighbouring countries. Work is ongoing to integrate SRHR into work plans for existing gender task forces and the GBV sub-working group in Moldova. In Poland, SRHR are addressed as a key component of the GBV sub-working group work plan but have yet to be prioritised in the work of the Health Working Group.

Annex 4
Regional Gender Task Force Membership

Regional Gender Task Force members include the following (Action Team members denoted in bold type):

- ACTED
- ActionAid
- **CARE International**
- **Center for Reproductive Rights**
- Corus International
- Food and Agriculture Organisation (FAO)
- ILGA Europe
- ICVA Network
- International Council of Voluntary Agencies
- International Labour Organisation (ILO)
- International Organization for Migration (IOM)
- **International Planned Parenthood Federation (IPPF)**
- International Rescue Committee (IRC)
- Merci Cops
- Médecins du Monde
- Organisation Intersex International Europe
- Oxfam
- Plan International
- Première Urgence International
- Project HOPE
- Save the Children
- United Nations Children's Fund (UNICEF)
- United Nations Development Programme (UNDP)
- **United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)**
- United Nations High Commissioner for Refugees (UNHCR)
- United Nations Industrial Development Organisation (UNIDO)
- United Nations Joint Programme on HIV/AIDS (UNAIDS)
- United Nations Office for the Coordination of Humanitarian Affairs (OCHA)
- United Nations Population Fund (UNFPA)
- **VOICE**
- The World Bank
- World Food Programme (WFP)
- **World Health Organisation (WHO)**
- World Scout Bureau European Office

Endnotes

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11 UNHCR. April 2022. Ukraine Regional Refugee Response Plan and Flash Appeal summary.

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22 When GBV was included as an area of enquiry in this analysis, there was no Regional GBV group.

23 Participation and leadership of women and women's CSOs was the primary focus of this section, although an intersectional lens was used to review materials to identify findings related to participation and leadership of specific marginalised groups of women and people with diverse gender identities, who commonly have the least access to and influence on decision-making processes, such as LGBTIQA+ communities, women with disabilities and women from national minorities.

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57 A 'binary lens on sex' refers to the collection of female- or male-only data. It also encompasses the idea of homogeneity wherein gender is not overlaid with any additional data such as age, disability or SOGIESC. Such a lens also excludes and renders invisible intersex people and their bodies and, therefore, their distinct needs. Where identification cards are used almost exclusively to determine sex, people who do not have access to legal gender recognition – that is, it is functionally (e.g. Ukraine since the start of the COVID-19 pandemic) impossible or legally (e.g. Hungary) impossible - are mis-categorised. This affects transgender, non-binary and intersex persons' SRH needs.

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