

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**



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

About the Executive Summary

This document summarises initial findings and recommendations from the complete regional gender analysis report published in October 2022.

The regional gender analysis is a product of the **Regional Gender Task Force (RGTF)**, which was established in March 2022 within the framework of the Regional Refugee Response Plan, created to promote and implement a comprehensive response to support efforts by neighbouring countries to protect and assist refugees coming from Ukraine.

The Regional Gender Task Force aims to mainstream and integrate gender equality and the empowerment of women and girls in the refugee response to the Ukraine war. It is co-chaired by CARE International and UN Women and include the following organizations: ACTED; ActionAid; Center for Reproductive Rights; Corus International; Food and Agriculture Organisation (FAO); International Council of Voluntary Agencies; International Labour Organisation (ILO); International Organization for Migration (IOM); International Planned Parenthood Federation (IPPF); ICVA Network; ILGA Europe; International Rescue Committee (IRC); Medecins du Monde; Mercy Corps; Organisation Intersex International Europe; Oxfam; Plan International; Premiere Urgence International; Project HOPE; Save the Children; The World Bank; United Nations Children's Fund (UNICEF); United Nations High Commissioner for Refugees (UNHCR); United Nations; Development Programme (UNDP); United Nations Industrial Development Organisation (UNIDO); United Nations Joint Programme on HIV/AIDS (UNAIDS); United Nations Office for the Coordination of Humanitarian Affairs/ Gender Standby Capacity (GenCap) Project; United Nations Population Fund (UNFPA); VOICE; World Food Programme (WFP); World Health Organisation (WHO); World Scout Bureau European Office.

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. 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 crises 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 themes and concerns within these that required a closer examination.

It was identified that the solutions to the concerns identified 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 gender-based violence (GBV)
- ▶ Access to and availability and enjoyment of sexual and reproductive health and rights (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.

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, which was conducted between 28 July and 10 August 2022.

Limitations

The regional analysis is based on English-language resources released between February and August 2022. During this period, 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.



Findings and analysis

1. **Why focus on participation and leadership?**

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.

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

This 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.

3. **GBV was already widespread and increasing in Ukraine and highly prevalent in the region before the escalation of the war.**

Three main forms of GBV were most often mentioned in the documents reviewed for this analysis: conflict-related sexual violence (CSR), 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.

4. Access to and availability of services and the rights of individuals to access these services are impacted by restrictions in the legal and political environment in some contexts in the region and longstanding gaps and different levels of prioritisation, funding and discrimination in areas of GBV and SRHR.

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.

5. More attention needs to be paid 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.

6. 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.

7. More clarity is needed on how sex-, gender- age- and disability-disaggregated data is collected, analysed and shared.

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.

8. Women or men are viewed as homogeneous groups, overlooking important aspects of their diversity.

Analyses also 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 LGBTIQ+ 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.

9. 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.

10. More efforts are needed to mainstream intersectional analyses into humanitarian assessments

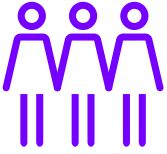
In reviewing the reports, it was noticeable that, unless a document focused on an area such as GBV or SRHR or on a particular group such as older persons or persons with disabilities, these topics were not mainstreamed in reports, which means that crucial findings and recommendations were often fragmented 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.

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 LGBTIQ+ 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.** 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.



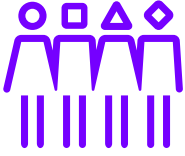
Gender-based violence

- ▶ **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 LGBTIQ+ 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.

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