OVERVIEW

The full-scale invasion of Ukraine and ensuing humanitarian crisis continues to inflict widespread devastation and hardship upon its population, leaving an estimated 17.6 million people in need of multisectoral humanitarian assistance within the country.[i] This includes 6.3 million internally displaced people, 4.4 million returnees and 6.9 million people who have remained in their homes throughout the war.[ii] Women and girls account for 55% of the 11.1 million people targeted, and for 57% of the 17.6 million people in need of assistance and protection.[iii] As of August 2023, 61% of those displaced were female.[iv] Country-wide large-scale missile attacks continue to destroy and damage critical infrastructure and disrupt the provision of critical services, including water, healthcare, shelter, and electricity.[v] According to the Government of Ukraine (GoU), over 800,000 houses have been damaged or destroyed since the escalation of the war, and hundreds of thousands of people are now living either in collective centers (CC) or damaged buildings.[vi] An estimated 14.6 million people require health assistance, with 7.8 million people currently targeted for this assistance, of which 52% are women.[vii] As the war continues, pre-existing gender and intersectional inequalities will further increase the vulnerability of marginalized groups such as LGBTQI+,[viii] Roma,[ix] people with disabilities,[x] and people living with HIV/AIDS[xi] and other conditions requiring continued medical attention.[xii]

The rapid gender analysis (RGA) used a mixed methods approach to remotely collect and analyze qualitative and quantitative secondary and primary data. The primary data collection took place March-April 2023 in Kharkivska, Dnipropetrovska, Odeska, and Mykolaivska Oblasts. It aims to better understand specific needs, priorities, opportunities, and barriers to services and life-saving assistance available across the crisis-affected populations. Additionally, this RGA seeks to highlight barriers and opportunities to meaningful participation for women-led organizations and women's rights organizations (WLOs/WROs) in the humanitarian response. It builds on previous data to ensure decisions are based on evidence and accounts for the dynamic nature the humanitarian crisis.

KEY FINDINGS

The war in Ukraine is not gender neutral. Since the full-scale invasion, women and men have been playing distinct and specific roles. As the humanitarian crisis ensues, a general trend has emerged: women are often providing alone for their families while facing loss of income, family separation, and massive disruptions in the provision of essential services, whilst many men are engaged in the more direct war efforts on the frontlines, exposing themselves to potential death, severe injuries and mental health distress.

Building on previous RGAs, the following are some of the new key findings of the 2023 RGA:

GENDER ROLES AND RESPONSIBLITIES: Adolescent girls have taken on more unpaid care work to support women in coping with the increased responsibility of care for children and family members. For unemployed men who are not in military service, access to social support has become more difficult due to strategies adopted to avoid conscription.[xiii] Respondents identifying as LGBTQI+ also echoed the need to remain out of the system and challenges in securing livelihood opportunities.

HEALTH: Male IDPs surveyed noted challenges in accessing health care services, particularly in making appointments, and accessing necessary information, as many strive to keep a low profile to avoid conscription. The main barriers for LGBTQI+ individuals are financial, compounded by discrimination and breaches of patient confidentiality which can pose a potential security risk.[xiv] With regard to sexual and reproductive health (SRH), continued stigma as well as the closure of many schools and the switch to online education has diminished information on SRH, creating a barrier to accessing expert advice and connecting to professionals for adolescent girls. Furthermore, 29% of men and 32% of women between ages 19-59 in the RGA survey reported not having access to mental health and psychosocial support (MHPSS), especially in more rural areas. Adolescent girls suffer from mental health issues due to fear for safety, disruptions in education and leisure activities, and because of the pressures of increased involvement in childcare and domestic activities. Adolescent boys are more likely to adopt harmful coping mechanisms to manage stress, including smoking and dropping out of school.

MULTI-PURPOSE CASH ASSISTANCE: MPCA is currently the main modality of assistance to cover the basic needs of affected populations across Ukraine.[xv] IDPs have reported that MPCA is mainly spent on health-related expenses (48%), food (45%) and rent (42%).[xvi] Female recipients were more likely than men to report using it for non-food items, medicines and health services related to SRH.[xvii] People with low digital literacy and people without proper documentation face increased risk of not being targeted by cash assistance. Single men have also been

identified as having less access to cash assistance than others because of the strategies they use to avoid being mobilized to fight.

SHELTER: The number of Collective Centers (CCs) established in primary schools, university dormitories, sports facilities, factories, offices, and churches, has dramatically increased – from 160 in 2021 to 7,600 in 2022. Many residents are the most marginalized groups; e.g. 61% are female, 17% are people aged over 60+, and 25% are children.[xviii] CCs are particularly attractive to female-headed households, of which 20% report being unable to afford rent and utilities compared to 13% of male-headed households.[xix] LGBTQI+ individuals face particular difficulties in finding safe shelter, due to social stigma and discrimination.[xx] Many CCs require financial investment to ensure adequate, gender-responsive and inclusive facilities and structures for improved living conditions.

WASH: 45% of all CCs need WASH-related repairs, including showers and toilet renovations, while 13% of CCs reported issues with the drainage system.[xxi] The absence of sufficient sex disaggregated WASH facilities (such as showers and toilets) increases GBV and child protection risks. At the community level, damage to energy infrastructure has caused problems in pumping and sanitizing water at facilities, while at the household level, damage to houses has interrupted access to clean water.[xxii]

FOOD SECURITY: As families prioritize essential needs like food, they are resorting to measures that have implications for their nutritional health, with 59% of female-headed households intentionally purchasing cheaper food, compared to 50% of male-headed households.[xxiii] The RGA survey found that more than any other group, LGBTQI+ individuals have resorted to other food-related coping strategies, such as limiting portion size and reducing the number of meals per day.

EDUCATION: 71% of children between ages 3-17 have had their education disrupted, negatively impacting their mental and physical wellbeing and safety.[xxiv] It is estimated that more than 40% of children in Ukraine will not be able to go back to school full-time in the 2023/2024 academic school year, and will have to rely on online or hybrid learning due to a lack of bomb shelters in schools and the threat of air strikes.[xxv] With increased responsibilities in unpaid care work for adolescent girls and pressures to support the household for boys, there is a growing risk that disruptions of school programming will lead to protection risks for both girls and boys.

PROTECTION AND GENDER-BASED VIOLENCE (GBV): Men generally reported feeling safe to move around their city; however, men's mobility is more likely to be restricted by fears of conscription.[xxvi] Women and girls – especially those travelling alone – are at heightened risk of human trafficking and sexual exploitation and abuse in highly insecure areas, at border crossing points, in transit, in CCs, and in bomb shelters.[xxvii] The increase in intimate partner violence (IPV) is particularly alarming as before the full-scale invasion, Ukraine had lower than the global average rates.[xxviii] IPV is frequently underreported due to the limited police capacity to respond in the absence of proper training. Men face increased protection risks due to being targeted by conflict-related violence such as forced disappearing, extra-judicial killing, torture, and sexual violence. Both IDPs and those managing CCs have had limited awareness of GBV prevention and response, including of trafficking and sexual exploitation and abuse (SEA) by humanitarian aid workers.[xxix] Additionally, safe and confidential reporting of SEA through community-based complaint mechanisms have not been well established or visible, thus creating increased challenges for accountability and reporting.

PARTICIPATION AND DECISION-MAKING: Women comprise the majority of frontline workers, volunteers and first responders who support affected populations, either through formal and informal associations or *ad hoc* groups. Both women and men report that volunteering helps them to cope with the stress of the war, as a way to feel useful when so many people are struggling to access basic goods and services. However, the large presence of women at local and grassroot levels supporting affected populations has yet to translate into more political decision-making. The redirection of human and financial resources towards the war effort has reduced the focus on social and economic issues, making women's participation and civic engagement more challenging.

"*Very soon, all agencies will start drafting something and the inclusion of women's rights organizations in this process will be a huge motivation for them. Then, I think a second recommendation for all international actors that are helping Ukraine on gender equality would be to think about programming that supports institutional development of women's rights organizations, and that addresses burnout issues, and mental health support.*" (KII, Odesa)

PARTICIPATION OF WROs/WLOs IN THE HUMANITARIAN RESPONSE: WLOs/WROs have been at the forefront of the humanitarian response to affected populations since the escalation of the war. Many WLOs/WROs now involved in providing humanitarian assistance were previously not humanitarian organizations per se. The war has driven many to redirect their efforts to support the population with basic goods and services.[xxx] WLOs/WROs

bring valuable skills and are usually able to obtain access to hard-to-reach communities and the most marginalized people within them, in addition to bringing a strong understanding of the needs and realities of women, girls, and communities.[xxxi] However, they face challenges in accessing both volume and quality funding, language barriers, navigating humanitarian coordination systems, and high workload to meet donor compliance requirements. Most WLOs/WROs now work closely with INGOs as implementing partners due to limited direct funding, which is less than 1% of total humanitarian funding.[xxxii] Hence WLOs/WROs generally receive smaller grants, as INGOs strive to diversify their portfolio and support a greater number of local organizations catering to diverse target groups.[xxxiii] Influencing decision-making at various levels is restricted, as WLOs/WROs have less power within the international system, despite most UN agencies and INGOs committing to WLO/WRO participation and locally-led humanitarian response. Compliance with donor requirements further leads staff to be severely overstretched, and the most critical need of WLOs/WROs is receiving support to avoid staff burnout.[xxxiv]

KEY RECOMMENDATIONS

General recommendations	
Data, assessments and analysis	Invest financial and technical resources to increase the number and quality of updated intersectional gender analyses carried out in partnership with WLOs/WROs to reflect ongoing changes in the crisis.
Inclusivity of humanitarian response	Scale up in-person registration for key services while ensuring targeted messaging reaches those who may have reduced access to information and opportunities through official channels, especially LGBTQI+ people and men eligible for military service.
Participation and decision-making	Develop action plans, including accountability measures, within sector-specific clusters, working groups, UN agencies and INGOs to increase WLO/WRO participation and decision-making, as well as collaboration with local and national actors representing marginalized groups.[xxxv]
	Allocate sufficient financial and human resources to apply the IASC Gender Equality and Empowerment of Women and Girls in Humanitarian Action Policy,[xxxvi] and ensure policies and procedures support the meaningful participation and inclusion of women, men, girls, boys and people with diverse gender identities, from different groups and backgrounds.[xxxvii]
Sector programming	
Health	Provide mobile healthcare service delivery for those with reduced healthcare access, particularly IDPs, adolescents, the elderly, people with disabilities, single-headed households, those without documentation, and those living in remote areas – including the provision of lifesaving and routine medicines to those with chronic conditions, such as diabetes and HIV.
	Sexual and Reproductive Health (SRH)
	Uphold the Minimum Initial Service Package (MISP) for SRH in Crisis Situations,[xxxviii] including access to contraception and safe abortion care.
	Increase information sharing and awareness raising on SRH for adolescent girls and boys to reduce stigma, and utilize social media to disseminate messaging through existing popular platforms.
	Mental Health and Psychosocial Support (MHPSS)
	Scale up information dissemination and delivery of MHPSS services, especially in rural and remote areas, by strengthening referral systems and increasing the number and diversity of specializations of clinical psychologists.
	Adapt MHPSS messaging to reduce stigmatization of mental health issues to target groups such as adolescent boys, adult men, veterans, the elderly, LGBTQI+ individuals, and WLO/WRO staff and volunteers facing burnout.

Multi-Purpose Cash Assistance (MPCA)	Partner with WLOs/WROs and organizations representing marginalized and special needs groups where possible to support information dissemination, community consultation, registration, and distribution of MPCA.
Shelter	Support local and national organizations, particularly those focused on supporting Roma and LGBTQI+ individuals, to increase safe and accessible shelter options for those experiencing discrimination or documentation issues when seeking housing.
	Shelter in collective sites
	Allocate sufficient resources for Managers of CCs to work with local authorities to implement the CCCM and UNHCR *Collective Centers standards in Ukraine*[xxxix] to ensure adequate facilities and structures for GBV risk mitigation and improved living conditions.
	Monitor the uptake of *Resolution 930 on Minimum Standards for the Functioning of Collective Sites* by compiling lists of CCs and working with local community groups to track its implementation, including adequate space for inhabitants, gender-segregated and disability-accessible spaces and bathing and toilet facilities with inside locks, and common spaces for children's online education.
WASH	Increase water points for areas with reported contaminated water supplies where possible, and consult with women, girls, the elderly and people with disabilities on locations, distances, sex disaggregated facilities and routes to ensure access and mitigate safety risks.
Food security and livelihoods	Scale up livelihoods programs that target single women with dependents and include the provision of support services such as childcare to facilitate access to long-term employment while working to re-create support systems to manage increased unpaid care responsibilities.
Education	Where schools are closed, increase face-to-face learning opportunities (versus remote) where possible, particularly for girls, children with disabilities and children from vulnerable families. Where schools are open, encourage the return of all children to school where safe to do so.
Protection	*Conflict Related Violence* Collaborate with specialized organizations on tailored services (particularly MHPSS) for survivors of conflict-related violence such as torture, focusing on the needs of male survivors.
	Gender-Based Violence (GBV)
	Strengthen more robust GBV prevention initiatives and risk mitigation measures across all sector programming, such as increasing consultative sessions with stakeholders, providing GBV training to frontline workers, and conducting engagement activities with men and boys focused on gender-transformative social norm change.
	Continue to work with relevant actors at all levels to improve the quality and number of GBV services and referrals, including barriers to services due to social stigma. Develop targeted services for older women, women in rural areas, women with disabilities, LGBTQI+ individuals, and female and male survivors of CRSV.
	Child protection
	Provide after-school activities and increase leisure space for children to increase mental and physical wellbeing, improve learning outcomes and provide better access to employment opportunities for mothers and single-headed households.
	Protection from Sexual Exploitation and Abuse (PSEA)
	Share information at the beginning of every project on the right to free humanitarian assistance and conduct consultations with affected populations to set up safe and user-friendly community-based complaints mechanisms – particularly women, marginalized groups, and people in rural and remote locations.
	Provide adequate financial and technical resources to mainstream PSEA policies, systems, and procedures in the humanitarian response to prevent, mitigate and respond to SEA.

[i] OCHA, HNO Ukraine 2023, December 2022.

[ii] *Ibid.*

[iii] OCHA, HRP Ukraine 2023, February 2023

[iv] IOM, Registered IDP Area Baseline Assessment Ukraine, Round 27, August 2023.

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[vii] UNFPA Regional Response to Ukraine Emergency Situation Report #18. May 2023.

[viii] Protection Cluster, Protection of LGBTQI+ people in the context of the response in Ukraine, May 2022.

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[xiii] For example, keeping a low profile, avoiding registering for unemployment benefits, and keeping their names off lists of recipients of cash assistance.

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[xix] 2022 MSNA Gender Focus Snapshot, REACH, February 2023.

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[xxv] Save the Children, *Two out of every 5 children miss out on fulltime school as second academic year starts during war*. August 2023.

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[xxxiv] Action Aid, *Standing up for our Rights: Feminist Insights from the Ukraine Response*, February 2023; CARE International, *One Year After the Escalation of the War in Ukraine: Making International Funding Work for Women's Organisations*, February 2023.

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[xxxvi] IASC, *Gender Equality and Empowerment of Women and Girls in Humanitarian Action Policy,* November 2017.

[xxxvii] IASC, *Guidance on Strengthening Participation, Representation and Leadership of Local and National Actors in IASC Humanitarian Coordination Mechanisms*. July 2021.

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