



Rapid Gender Analysis Ukraine

Introduction

The invasion of Ukraine on the 24th of February came as a shock to the country and the world. This Rapid Gender Analysis Brief seeks to draw the attention of those engaged with Ukraine in humanitarian operations to the most significant gender issues - both existing and emerging - and propose measures to address them.

Like all military operations, this one will take its toll on many communities within Ukraine, with distinct effects on women, men, children and marginalised groups. The starkest example is the current contrast between the requirement that Ukrainian men aged 18 to 60 years stay and join the fighting, and media images of mostly women, children and the elderly fleeing the country.

Ukraine has made modest gains on women's rights in recent years and has a developing state-level 'gender machinery'. These gains were already under threat from deeply entrenched and persistent gender and discrimination-based inequalities, eight years of conflict in the east of the country, and the gendered social and economic stress wrought by the COVID-19 pandemic. This current crisis, with mass displacement inside and outside Ukraine, will add to that complex situation and put pressure on any gains that have been made.

Humanitarian actors need to build on the advances in gender equality and women's empowerment by Ukrainian women's rights, women-led and civil society organisations, and work with them to identify and respond to the different humanitarian needs of women, men, boys, girls and people of all genders. This Rapid Gender Analysis Brief for Ukraine and the Gender in Crisis Ukraine infographic are a first attempt to identify the gender, age, and diversity issues so that humanitarian responses can better meet people's different needs as the crisis evolves.

Key Findings

Most of the people fleeing Ukraine are women, girls and boys. Adult men are staying in Ukraine.

Ukraine already has an unusual [demographic population profile](#) with many more women (54%) than men (46%). This is compounded by the current crisis. Men aged 18 to 60 years are remaining in Ukraine, while mostly women, children and older people are fleeing the conflict-affected cities and leaving the country. This means the demographic profile of affected people is likely to be quite distinctive in terms of gender and age depending on where people are located.

Humanitarian programming must take into account the diverse needs of the population to be effective. Ukraine has more than 130 ethnic groups (Census 2001) and many minority language groups. Gender intersects with diversity factors to create distinct groups with specific vulnerabilities. These include the Roma community, older people, people with disabilities, women in rural communities in displacement and conflict zones, and LGBTI communities (See UWF's '[Whose Voices Will Sound Louder in Civil Society](#)'; and [International Alert, Charitable Foundation Nasnaha and Gender Action for Peace and Security \(GAPS\) UK](#)).

Key marginalised demographic groups on whom there is available information include:

- **Older age groups who comprise more than a fifth of the Ukrainian population.** Older people over 65 years represent 22% of the population. Older women are more marginalised and economically vulnerable than older men with the gender pay gap leading to a gender pension gap (32% in 2018). Because the number of women of retirement age is higher than men, women are more dependent on state pension and social policy measures. Also in 2018, a baseline survey of conflict-affected older women and men in the government-controlled areas (GCAs) of Donetsk and Luhansk conducted by [HelpAge International](#) found that 20.5% of older people (75.8% of whom were women) experienced at least one type of violence and abuse. The most common form of abuse was emotional / psychological abuse ([UNDP Ukraine \(2019\) Gender Equality Strategy 2019-2022](#)).
- **Data and information on the number and situation of people with disabilities is limited –** According to the State Statistics Service, in 2020, there were 2.7 million persons with disabilities in Ukraine (i.e. approx. 6% of the population). The figure of 2.7 million [reported to OHCHR](#) was also reported in 2010 and so the accuracy of the data must be questioned. Also, according to the State Statistics Service, in 2019, there were 163,886 children with disabilities. Stigma, lack of specialised support services and physical barriers mean that children with disabilities are more likely to be placed in specialised boarding schools or institutions where about half of the children have a disability or developmental delay ([UNICEF, 2021](#)).
- **The Roma population faces ongoing discrimination.** Even data on the Roma population in Ukraine is contested. The last Census took place in 2001. It put the number of Romani in Ukraine at 47,600. However, according to various estimates, the Roma community comprises between 200,000 and 400,000 people living in all regions of the country ([Council of Europe, 2021](#)). In 2013, Ukraine adopted a Strategy and Plan of Action for the *Protection and Integration of the Roma National Minority into Ukrainian Society*, [neither of which address gender issues or the needs of Roma women and girls](#). A 2019, a report by [Minority Rights Group Europe on the Roma in Ukraine](#) noted the continuing discrimination and violence against the group. During the COVID-19 pandemic, Roma communities were affected in distinct ways: the majority lack civil status documents, creating difficulties in accessing education, employment and health services. In addition, about 55.6% of internally displaced Roma interviewed by the [Roma Women Fund, Chiricli](#), were not registered, which limits their access to humanitarian assistance.

- **Significant numbers of Internally Displaced Persons (IDPs) pre-date the current crisis.** As of March 2021, [UNHCR, reporting data from the Ukrainian Ministry of Social Policy](#), confirmed there are almost 1.5 million IDPs, of which 58.56% are female and 41.44% male. In addition, pensioners make up 49.6%, children 13%, persons with disabilities 4% and people of working age 26.6% of the IDP population. [UN Women \(May 2020\)](#) report that internally displaced women face discrimination in attempting to access economic resources, public services, and decision-making processes. In the current conflict, there is a significant risk of double or triple displacement of those who were already displaced.

Ukraine is one of the poorest countries in Europe and Ukrainian women are more likely to receive social assistance than men. [UN Women \(May 2020\)](#) citing data from the State Statistics Service reported that, in 2018, women constituted 72.2% of those registered to receive social assistance and 73% of applicants for in-kind aid and cash assistance. There are significant levels of distrust amongst the Ukrainian population of financial systems and [39% of the population is unbanked](#). [Access to the internet](#) is highly variable depending on geographic location. It is more available in urban (76% have access) than in rural areas (44% have access). Women make up 92.2% of single parents. During the COVID-19 pandemic, women experienced heightened economic stress caused by the double burden of house- and care-work and limited financial resources.

The labour market reflects gender inequality. According to the International Gender Gap Index Report 2020, Ukraine ranks 59th of 153 countries with the labour market. The market exhibits gender inequalities in several ways; since 2014, the pay gap between men and women increased from 24% to 26%, occupational segregation means that women tend to occupy specific sectors associated with lower pay and are under-represented in upper management positions (reported in [USAID, 2017](#)).

Health statistics reveal that Ukrainian women outlive men by about 10 years. This is similar to that observed in other East European countries but almost double that of Western Europe. The gap is attributed, in part, to behavioural differences with men smoking and/or drinking alcohol more, working in unsafe jobs and not seeking treatment for health issues (reported in [FAO, 2021](#)). COVID-19 vaccination rates are also lower than the European average. Ukraine has the second highest rates of [HIV](#) in Eastern Europe and Central Asia, affecting about 1% of the population. In Ukraine, health workers are primarily women who represent 83% of health and social care workers ([USAID, 2017](#)).

Women's access to sexual and reproductive health (SRH) services in Ukraine fell sharply during the pandemic according to [International Alert, Charitable Foundation Nasnaha and GAPS UK](#). As this new crisis results in increased displacement and severe impacts on health infrastructure, the increased risk of COVID-19 combined with growing numbers of crisis-affected men, women, boys and girls in need of emergency health services, will put additional pressure on the country's already-stretched health system ([OCHA Sit Rep 1, February 26, 2022](#)). Global standards show that 4% of the displaced population is estimated to be pregnant women and girls and 15% of them will require life-saving emergency obstetric newborn care for treatment of complications in pregnancy.

Gender-based violence (GBV) affects at least one fifth of women. A nationwide study found that 22% of Ukrainian women between 15 and 49 years experienced at least one form of physical or sexual violence in their lifetime (reported in [FAO, 2021](#)). Domestic violence is the most prevalent form of violence. The COVID-19 pandemic saw an increase in domestic violence against women, children and older people. Calls to domestic violence [helplines grew by 50%](#) in the conflict-affected Donetsk and Luhansk regions and by 35% in other regions of Ukraine. Participants in a [2021 study](#) on gender equality, peace and security in a COVID-19 Ukraine noted that the increase in GBV was a product of a complex set of social, cultural and economic factors that support a culture of non-interference in 'family affairs' and a culture of silence around such violence.

Ukraine has extremely high levels of literacy. [UNESCO](#) reports that women and men in Ukraine have almost 100% literacy. Ukraine has achieved gender parity in enrolment from the pre-primary up to tertiary level of education. The greatest gender disparities in enrolment in educational institutions are seen in technical and vocational education. There are distinct gender patterns in fields of study, with young women and men channelled toward certain academic subjects, women, for example, are more likely to study healthcare and education ([State Statistics Service, 2020](#)).

More women are participating in Ukrainian decision-making, but men still dominate politics and leadership positions. The percentage of women members of parliament in Ukraine increased from 2.7% in the 1990s to 11.7% in 2014 and to 20.5% in 2019. A gender quota system for parliamentary elections is in place since 2014 and for local councils since 2015. However, the absence of financial and other supports for women candidates and of a quota compliance mechanism, coupled with high levels of violence and abuse, including cyber-bullying, against women candidates, limited the impact of the system somewhat. In the 2020 local elections, women's representation grew from 15.3% to 28%. This latter figure reflects increased representation of women in large towns and cities but a drop of 12.6% on the local councils and 14.8% as settlement, village and city mayors ([PIN, 2021](#); and [USAID, Ukrainian Women's Fund \(UWF\), NDI, 2021, Final Gender Monitoring Report on the Early Parliamentary Election in Ukraine](#)). Ukraine was the first country to adopt a National Action Plan on United Nations Security Council Resolution 1325 during armed conflict. Ukrainian women leaders, mediators and organisations have been extremely active in efforts on women peace and security with the launch of the 2020 campaign [Women Are Key to Peace](#).

Women's organisations exist in Ukraine and are active throughout the country. A variety of women-led organisations (WLOs), women's rights organisations (WROs) and civil society organisations (CSOs) are all present in Ukraine. The 2014 Maidan Revolution generated high levels of civic activism, especially among young people using social media. Respondents to a [UN Women 2020 study](#) on the capacity of women's organisations and CSOs on gender equality and women's rights in Ukraine noted that the greatest challenges to progress on gender equality and women's rights are the lack of political and public support, and the lack of resources. They identified organisations focused on a range of themes including:

- Economic and political equality
- Gender Based Violence,
- Women Peace and Security,
- Business leadership,
- Law reforms and policy advocacy
- Poverty reduction,
- Women with disabilities,
- Sexual and reproductive health and rights,
- Roma women,
- Lesbian, bisexual, transgender, intersex and queer (LBTIQ) issues and rights.

Recommendations

To States bordering Ukraine:

- Collect gender, age and disability data refugee from Ukrainians fleeing violence and work with partners to ensure a gender sensitive response.
- Engage with Ukrainian women leaders, mediators, and organisations working on the Women Peace and Security agenda on matters pertaining to peace and security.

To humanitarian donors:

- Consult with Ukrainian women leaders and representatives of marginalised groups like Disability Rights Organisations and the Roma community to understand the needs identified by them and to increase their influence in making humanitarian decisions in and for their communities.

- Include/insist on the inclusion of gender, age and disability sensitive data and indicators for all proposals to ensure the impact on women, girls, and marginalised population groups can be identified and measured.
- Prioritise the funding of progressive Rapid Gender Analysis (as above). Given the scale and speed of ongoing and expected fighting and displacement, the response must be commensurate in scale and speed.
- Local and national actors are best placed to respond but will require significant financial support quickly and potentially additional support if local capacity is overwhelmed. Identify and support women-led and women's rights organisations and INGOs who support them.
- Ensure there is funding available for the provision of immediate services to GBV survivors and essential and lifesaving SRH services, in line with the Minimum Initial Service Package (MISP).
- Use tools like Gender and Age Markers to ensure gender and diversity is mainstreamed from the beginning into funding humanitarian multi-sectoral response. Make sure the Gender and Age marker tools can be used quickly by applicants.
- Ensure the gender and diversity-oriented content of briefing materials, talking points, speeches, and websites.

To humanitarian leadership and actors:

- In each area of intervention and, wherever possible, in collaboration with local women's organisations, conduct progressive Rapid Gender Analysis to understand the distinct needs, priorities and capacities of women, girls, boys and men from diverse groups.
- In the absence of statistical data that is disaggregated, use available pre-crisis data to inform the planning and implementation of all relevant humanitarian actions.
- Take deliberate measures to ensure the inclusive participation of women from diverse communities at all decision-making levels and on topics related to the humanitarian response. Liaise and work in partnership with women-led and women's rights organisations and the INGOs that support them.
- Cash Voucher Assistance (CVA) is likely to be a key modality in providing humanitarian assistance. Make sure that humanitarian responders:
 - Partner with local organizations especially women led organizations to support affected women and girls with cash voucher disbursements.
 - Explore the broader financial landscape and adopt use of crypto currencies where feasible in areas where cash might not be available from financial institutions,
 - CVA disbursements should be aimed to meet needs of all household members including children and the older people.
- Map the media landscape in each area of operation to identify affected people's preferred and most trusted channels of communication. Recognise that different groups (e.g. single mothers with young children, people with disabilities, Roma communities) will have different communication and information needs and will likely have access to and trust different media channels, language and format, including those they can and will use to provide feedback or make complaints.
- In all communications on the crisis, feature the diverse voices of women from the most vulnerable groups, including women with disabilities, Roma women, women living with HIV/AIDS and single mothers, and do so in a way that highlights their capacity and agency. Identify and actively engage women members of particular communities in the dissemination of information within the group.
- In each area of intervention, collaborate with relevant local and national actors to conduct a GBV services mapping. Such mapping should also include a gap analysis and the development of referral pathways and associated communications campaign.
- Collaborate with UNFPA, local and international health actors to ensure that the full package of life-saving SRH services and supplies guided by the MISP are available.