



IN BRIEF



RAPID GENDER ASSESSMENT OF UKRAINE

Photo: UN Women/Aurel Obreja

About the Rapid Gender Analysis

The lives of people across Ukraine have been profoundly impacted by the humanitarian crisis brought on by the invasion in February 2022. As of 29 April, 5.5 million refugees had fled Ukraine¹ and the number of internally displaced people had reached 7.7 million.² Of those who have fled the country, an estimated 90 per cent are women and children. Most men aged 18–60 must stay behind under martial law.³

Before the war, Ukrainian women had made measurable gains on some aspects of their rights and gender equality. But backtracking is already evident, from increasing gender-based violence to an escalating unpaid care burden, and more so for women facing multiple forms of discrimination. UN Women and CARE International conducted a Rapid Gender Analysis, based on surveys and interviews of people in communities across the country. It spotlighted the gender dynamics of the conflict and informed recommended actions.

“It’s like living in hell. Each time you wake up and you say okay, thank you, I survived. Each day you go to bed you prepare to die” — Woman in a city under attack

“I never prayed. But now I pray every night, every day, every minute – for children, for relatives, for parents, for everyone, for all of Ukraine. I pray that this horror will end soon.” — Woman

“There is no work. We used to trade in the market, but that is over. We have no place, no goods— we have nothing left.” — Roma woman

Cover Photo: Moldova - People fleeing the military offensive in Ukraine

¹ UNHCR, Ukraine Refugee Situation. Available at: [link](#).

² IOM, Ukraine Internal Displacement Report. Available at: [link](#).

³ United Nations (24 March 2022). “One month of war leaves more than half of Ukraine’s children displaced.” Available at: [link](#).

Women play key roles in the humanitarian response but are not fully involved in decision-making



Photo: UN Women/Serhii Korovainyi

A volunteer is distributing food to displaced people at the railway station in Lviv which has become a hub for those fleeing to EU countries from the war in Ukraine.

Women volunteers and civil society groups have mobilized quickly to sustain critical services and secure humanitarian aid. Their leadership and roles in decision-making have increased in families and communities.

“When it comes to the humanitarian needs of IDPs, locals and households, women do most of the work—they drive, they provide hospitals and locals with medication and food, [and] they care for their disabled relatives and children.” — Woman community member

“Some men are fighting; some men are hiding. That is, now mostly women work, men are supported by women.” — Woman in an area occupied since 2014

In more formal decision-making, however, it has become difficult for women to exert influence. This is due to the centralization of power and the military’s increased role. Officials often make decisions quickly without considering different needs.

“The decision-making process has changed. Leading positions are held exclusively by men as a requirement of wartime. Many issues are resolved by directives.” — Woman civil society representative

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



Photo: UN Women/Serhii Korovainyi

A mother and her child seek refuge in a railway station in Lviv which has become a hub for those fleeing Ukraine.

The COVID-19 pandemic intensified many inequities between women and men, including disparities in wages and jobs.⁴ The current crisis is making these worse. Women's already unfair care burden has increased significantly, for example, with schools closed and high demand for volunteer work.

"Housework and care work have increased by 50 percent. We have a lot of elderly people who need support. We speak to them and bring them bread. I do nothing except [unpaid] work and walk my dog." — Woman in a city under attack

The war is escalating unemployment and will likely push many women into unprotected informal jobs. Poverty and dependency on social payments, especially among female-headed households, is expected to rise.

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

"I can only rely on my pension and my mother's pension, nothing more. Mom can't hear or see, and she is 85 years old. I could find some extra job, but I can't leave her alone at home." — Woman in a newly occupied area)

Women confronting multiple forms of discrimination, such as those from minority groups, face additional challenges in finding humanitarian support.

"Upon arrival, we turned to the volunteers at the station and asked where the shelter was. They told us and we went, but we were refused everywhere. We felt that it was because we were Roma. We called various organizations providing city services, and they told us at first that they would settle us, but when we said that we were Roma or when we arrived, they told us there were no places anymore." — Roma woman

Impacts on mental health are a key concern but traditional gender roles leave men less likely to seek support.

"The need for psychological support services for people has increased. But let's be honest – there is no such practice that people turn to professionals to overcome psychological stress. Everyone overcomes them as they can." — Man

Women are disproportionately affected by the multiple, compounding impacts of the crisis



Photo: UN Women/Serhii Korovainyi

Women and children fleeing the invasion respite at a makeshift shelter.

While men face conscription to fight, women make up most people displaced within and outside Ukraine. Many struggle with multiple risks that compound each other and growing more acute as services shut down.

Safety fears have increased based on reports of rapes in the occupied territories as well as rising cases of domestic violence. Some services for survivors of gender-based violence have been suspended; police in many cases are no longer responding to reports of domestic violence.

“Now there are so many concentrations of men on the streets, in general, even more than women. And it is very frightening. It is not clear what is in their heads.” — Woman

“The topic of domestic violence is not supported by the authorities on any central basis. Because the war has attracted so much attention, priorities have changed greatly in terms of both women’s rights and the protection of women from domestic violence.” — Woman

Safe shelter is a top priority for women but collective facilities typically lack access to basic hygiene, sex-segregated toilets and areas for cooking and laundry. Bomb shelters do not meet basic safety standards or accommodate people with physical disability.

“The fortifications where people go, in the basements, are not designed for people to hide safely there. In the event of a collapse, they simply will not be able to get out, there are no additional exits, there are no latrines, there is no water.” — Woman

“My leg was amputated. I can’t even go down. I open the window when no shootings are heard. I can’t even think about relocation.” — Man

Access to health services is declining; sexual and reproductive health care is limited. Babies are delivered in unsafe conditions with insufficient medical supplies.

“It was very difficult to give birth in a combat zone. She was born in the basement of the maternity hospital. No diapers or formula for feeding.” — Mother of a newborn

Concerns about obtaining food are dire, with women already more food insecure than men even before the war. Food distributions typically do not address the dietary needs of pregnant/breastfeeding women and people with chronic illnesses or disabilities.

“It is no longer very scary whether a rocket will arrive or not from the sea. But it is scary that we will die of starvation.” — Woman in an occupied area

Schools remain closed in occupied areas. Education has moved online in government-controlled areas where the burden of homeschooling resting mostly on women.

“I am worried that my children are not receiving the education they are entitled to. They are at home now. Training has stopped. And children need to study.” — Woman

A call to action!



Photo: UN Women/Aurel Obreja

UN Women Executive Director Sima Bahous meets with volunteers at the Palanca – Mayaki-Udobnoe Border crossing in southeastern Moldova where thousands of refugees arrive every day to escape the war in Ukraine

Humanitarian assistance in Ukraine must address the different needs of women, men, girls and boys in vulnerable situations and from different marginalized groups. A holistic response to the crisis should prevent and respond to gender inequalities.

All planning and decisions should involve women from diverse backgrounds, especially those in vulnerable situations and from different marginalized groups. Such processes should build on the cross-cutting, intersectional and sector-specific recommendations of the Rapid Gender Assessment and other sources of gender data and analysis.

Ten priority actions include:

1. In all humanitarian assistance, meet the distinct needs of vulnerable women, men, girls and boys and different marginalized groups.
2. Prioritize women's and young people's leadership and decision-making power, including through programme approaches that support this.
3. Design cash assistance to reach the most vulnerable and at-risk women, especially in occupied territories, areas of active hostilities and rural localities.
4. Provide displaced women and men with options for vocational training and livelihoods, remaining mindful of changing gender roles.
5. Alleviate mothers' increased care burden through programming that offers support with homeschooling.
6. Extend safe and accessible mental health and psychosocial support services, offline and online, and communicate their importance to reduce stigma, particularly among men.
7. Provide gender-based violence (GBV) services that complement government services and provide resources to fill service gaps, including mobile and remote GBV services to those in hard-to-reach locations.
8. Ensure that access to collective shelters is inclusive and non-discriminatory.
9. Make sexual and reproductive health care and maternal, new-born and child health care a priority.
10. In humanitarian food assistance, consider the specific dietary and nutritional needs of the elderly, pregnant and lactating women, children under 5 and people with chronic illnesses.