

Waiting for the Sky to Close: The Unprecedented Crisis Facing Women and Girls Fleeing Ukraine



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I. **Executive Summary**



As of May 6, 2022, the number of internally displaced persons (IDPs) resulting from the war in Ukraine was 7.7 million, with another 5.7 million refugees and asylum seekers residing in neighboring countries.¹ The lack of humanitarian corridors has created a situation where people are either trapped in Ukraine or subject to a myriad of protection risks while in flight or in temporary shelter elsewhere.

While there has been an outpouring of public and private support for Ukraine, the largely ad hoc and gender-blind response cannot meet the basic needs and protection concerns of IDPs—mostly women and children—and others affected by the war in Ukraine. Duty-bearers—including international non-governmental organizations (INGOs) and the United Nations (UN)—have so far failed to adhere to their own global commitments to localization of the humanitarian response. This includes systematically creating ways for women and girls to design and lead responses, incorporating their views into all phases of the operational management cycle. With few exceptions, dedicat-

ed funding for sexual and reproductive health (SRH) and services for violence against women and girls (VAWG) has failed to materialize. Instead of the multi-year flexible funding that local women- and girl-led organizations need, these overworked frontline groups find themselves chasing grants that may only cover one to three months of total costs. They are taking on underfunded humanitarian work that they are not necessarily trained for, which ultimately derails their core missions.

In every armed conflict, men's violence against women and girls increases rapidly and stays elevated long after the fighting stops. Ukraine and the surrounding region are currently facing an unprecedented crisis of women and children displaced by the war, but urgently needed, gender-sensitive violence prevention measures are trailing behind the response. In Ukraine, and in surrounding countries, women's rights organizations (WROs) were already responding to the needs of women and girls prior to the war, and are now working to support women and girls displaced or otherwise impacted by the

conflict. Because of their extensive experience and localized knowledge, these groups are best-positioned to build the solutions girls and women need now. These organizations are asking for recognition of their expertise and for the requisite funding to utilize their knowledge in continued response to this crisis.

Instead, a familiar structure is developing: a top-down, unequal relationship between capable local actors and international humanitarian agencies. This arrangement always fails women and girls, even by these agencies' own standards. Women and girls are not consulted in the design of the aid that is being developed for them, and WROs are alienated from humanitarian coordination structures. They are expected to do more than ever, with little or no extra funding. VOICE witnessed this familiar scenario play out in relation to the international humanitarian community's response to COVID-19, where yet again the humanitarian aid sector—despite its commitments to crisis-affected populations—contributed to denying women and girls their rights to participation, consultation, and services, and in some cases subjected them to its own types of violence.²

In addition, there are a number of actors and organizations playing a vital role in the humanitarian space that may not have traditional humanitarian or crisis experience, and therefore do not or may not have the more nuanced gender-based violence (GBV) and broader protection experience. These entities are strongly encouraged to engage expertise to navigate and implement GBV and other protection regulations, policies, and strategies, and to strongly consider and integrate the related assessment recommendations included in this report.

Through a new partnership between VOICE and HIAS, and as part of a six-country assessment in the region, VOICE conducted a three-week remote rapid assessment in Ukraine to assess the needs of women and girls affected by the war, and the needs of WROs and groups responding to the emergency. The assessment revealed that the top concerns for women and girls include threats to physical safety from active conflict and continual bombardment; food insecurity; and lack of access to health-care, including the full range of reproductive health services, care for survivors of rape, and mental health. The assessment notes a range of GBV risks, including an increase in domestic violence, and an extreme lack of safe and sustainable housing and shelter options. Additionally, transgender people are unable to access appropriate health care and face extreme risk when trying to cross the border. As noted above, the WROs best placed to address these concerns are excluded from humanitarian coordination structures and, if able to locate funding at all, struggle with overly burdensome and restrictive funding structures.

Women and children are the face of this crisis and remain on the front lines of the conflict. The crisis requires locally-driven, tailored responses, through which women's organizations can influence the humanitarian response.

1 OCHA. Ukraine Situation Report. May 6, 2022, <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ukraine%20-%206%20May%202022.pdf>

2 We Must Do Better: A Feminist Assessment of the Humanitarian Aid System's Support of Women- and Girl-Led Organizations during the COVID-19 Pandemic. VOICE, 2021, <https://voiceamplified.org/voice-research-report-we-must-do-better/>

Ukraine-specific Recommendations

ICON KEY			
 <p>United Nations (UN) Entities</p>	 <p>European Union (EU)</p>	 <p>Host Country Governments</p>	 <p>Government of Ukraine</p>
 <p>Feminist Philanthropy/ Feminist Funds</p>	 <p>Member State Donors</p>	 <p>LNGO (Local Non Governmental Organization)</p>	 <p>INGO (International Non Governmental Organization)</p>

- Play a key role in facilitating humanitarian coordination, access, and information sharing- among various organizations, including donors, authorities, and humanitarian partners.



- Ensure humanitarian assistance in Ukraine is provided in line with the humanitarian principles of humanity, neutrality, impartiality, and independence.



- Provide relief to the populations impacted by the crisis, with emphasis on supporting local capacities. The Ukraine Flash Appeal should complement the government of Ukraine’s response and recognize the capacity of the government, regional, and local authorities and services, as well as local efforts.



- The Ukraine Country Pooled Fund Advisory Board should engage with women’s organizations to inform discussions and decisions on resource allocation strategy, allocation criteria, and endorsement of strategic priorities.



- The documentation of sexual violence should be a standardized process. At minimum, it must be carried out with respect for the International Protocol³ and collect credible, relevant, and reliable information on sexual violence in a manner that empowers survivors and strengthens accountability mechanisms. Documentation of violence should not be used for political gains and should center on facilitating survivors’ access to life-saving services.



- Prioritize care, services, and programming for survivors of all forms of GBV, being mindful not to create a hierarchy of importance between conflict-related sexual violence (CRSV) and other forms of GBV. Ensure all media, journalists, human rights documentation organizations, and governments are aware of the potential harm they can cause survivors by emphasizing some forms of violence over others. Ensure all survivors are given autonomy and agency to choose whether or not to go public; if they do choose to go public, make sure this is done in a survivor-centered way and accompanied by the requisite services they need.



3. International Protocol on the Documentation and Investigation of Sexual Violence in Conflict: Best Practice on the Documentation of Sexual Violence as a Crime or Violation of International Law Second Edition 2017

- Ensure the availability of systematic, targeted, and accessible health and mental health programs to different groups affected by the war.



- Expand access to reproductive health services for some of the hardest-to-reach people. This should include delivery of essential medicines, supplies, and services to ensure that sexual and reproductive health and rights (SRHR) are sustained. Expand access to lifesaving sexual and reproductive healthcare services, including 24/7 access to emergency obstetric and neonatal care and clinical management of rape, in line with the Minimum Initial Service Package.⁴



- Provide funds to scale up services and infrastructure in urban areas to meet the growing needs of IDPs. Expand multipurpose cash assistance to support IDPs and host communities in meeting basic needs, including household expenses, in regions affected by hostilities.



- Due to the gender dimensions of the crisis, it is essential for GBV actors and the GBV cluster to engage with the Housing, Land and Property Technical Working Group to reduce the risk of GBV and promote the resilience of women and girls.



4. The [Minimum Initial Service Package \(MISP\)](#) for Sexual and Reproductive Health (SRH) in crisis situations is a series of crucial, lifesaving activities required to respond to the SRH needs of affected populations at the onset of a humanitarian crisis. These needs are often overlooked with potentially life-threatening consequences. The key aims of the implementation are that there is no unmet need for family planning, no preventable maternal deaths and no gender-based violence (GBV) or harmful practices, even during humanitarian crises.

- Provide flexible funds directly to local WROs, recognizing that civil society is at the forefront of the humanitarian emergency providing life-saving services and programs to affected populations. Flexible funding is needed to support both the rapid response to the needs of women and girls in the constantly shifting wartime context, and the sustainability of local WROs via long-term core funding.



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- Make funding appeals and mechanisms to apply for funds available in Ukrainian language.



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- Look beyond the emergency, and support Ukrainian civil society—especially WROs to prevent further backsliding on the rights of women—as they identify their mid-term and long-term responses to the impact of the war. Funders must actively listen, learn, and follow, as local organizers know best about their lived experience, contexts, and effective solutions.



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- Take actions that recognize the burnout among WROs and other activist groups responding to the crisis, and provide adequate funding to support collective care strategies to ensure the sustainability of feminist movements and build the resilience of activists.



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- Call for the Russian Federation to uphold their international law obligations, cease attacks on civilians, and end the war. UN Member states should encourage dialogue between the Russian and Ukrainian delegations aimed at finding a negotiated solution to the crisis.



- Provide and coordinate the full spectrum of mental health and psychosocial support services (MHPSS) in accordance with inter-agency standards. MHPSS should be offered to IDPs and host communities at three levels: (1) Psychological First Aid should be available at IDP reception centers, through hotlines, and by psychologists in the field; (2) psychosocial support should be offered through group activities at shelters, social centers, local community gatherings, and NGOs; and (3) specialized long-term psychological or psychiatric support should be available for people with high levels of trauma. Provide specialized training to MHPSS providers on PTSD, trauma, and crisis psychology; funding for NGOs and professional associations that provide MHPSS services; and linkages among NGOs and professional associations providing MHPSS services.



II. **Assessment Framework Overview**



A. Working in partnership to support women's rights organizations

VOICE and HIAS⁵ share a vision of supporting women's rights organizations (WROs) and women's groups across the region to lead on the Ukraine humanitarian response.

The partnership aims to help WROs, local civil society organizations (CSOs), and informal groups to shape humanitarian response, recognizing the unique impact of humanitarian emergencies on women, girls, and other at-risk

groups in all their diversity. It is critical that humanitarian actions—both within Ukraine and regionally—build upon the advances in gender equality and women's empowerment made by Ukrainian and regional women's rights activists, women-led groups, and CSOs.

In addition to supporting direct service delivery by local organizations, HIAS and VOICE together will continue to advocate for the need to support WROs with un-earmarked crisis funds.

About VOICE

VOICE believes that the humanitarian sector must deliver on its promise to protect women and girls—and that women and girls themselves must lead that revolution. We are confronting one of the world's oldest and most widespread human rights abuses: violence against women and girls (VAWG). We challenge traditional, ineffectual methods of addressing VAWG in humanitarian emergencies, with a proven but chronically underused resource: the leadership of women and girls themselves.

⁵ HIAS, the international Jewish humanitarian organization that provides vital services to refugees and asylum seekers, has been helping forcibly displaced persons find welcome, safety and opportunity for more than 130 years. Currently working in more than 17 countries, HIAS is responding to the war in Ukraine through its core programming areas, including Economic Inclusion, Mental Health and Psychosocial Support, Legal Protection, and Prevention and Response for GBV, with a focus on violence against women and girls and individuals identifying as LGBTQIA+.

VOICE's approach, steeped in women's rights practice, offers something new and necessary in the fight to end VAWG. We are working toward a world where girls and women are respected leaders in designing and implementing solutions to eradicate violence—both in their communities and within the halls of power. Ultimately, VOICE's goal is greater direct resourcing of local women's organizations and their solutions to address violence. We help meet the needs of women- and girl-led organizations in a growing number of countries, including Afghanistan, Bangladesh, Colombia, Hungary, Iraq, Moldova, Myanmar, Pakistan, Poland, Romania, Slovakia, South Sudan, Syria, Ukraine, the United States, Venezuela, and Yemen.

B. What we did

VOICE's approach to this assessment is steeped in international best practices and centered on WROs identified through our network. Our focus on WROs is grounded in the recognition that these organizations are and will always be the first to respond, and have the most creative and timely solutions to address the risks of women and girls.

The VOICE assessment team spent three weeks conducting this remote rapid assessment in Ukraine, which focused on the needs of women and girls affected by the war in Ukraine and the needs of WROs, CSOs, and other local groups responding to the emergency. During the assessment, the VOICE team conducted remote interviews with 33 WROs, CSOs, and informal groups (mostly direct service providing organizations) across Ukraine.

Assessment questions⁶ were focused around the following areas of inquiry: concerns for women and girls generally and while on the move; overall safety concerns in their current location; any discrimination specific groups have experienced or have witnessed; GBV risks for women and girls (including sexual exploitation and abuse); availability and accessibility of facilities and services; cash assistance, cash distributions, access to cash, and remaining levels of financial resources; shelter sites and private accommodations and the risks and concerns of each; legal documentation and access to legal services; access to health services, including sexual and reproductive health services such as the clinical management of rape, abortion, and pre- and post-natal care; and access to good and decent work.

All information shared was treated as confidential to ensure principles of Do No Harm. Through the assessment, the team was able to develop a clear picture of cross-cutting risks for VAWG across the emergency response and how they are interlinked with access to essential services.

6 The overall assessment framework was envisioned and conducted by a team of VAWG and women's rights activists and practitioners from Eastern Europe and Ukraine; seasoned gender-based violence in emergencies (GBViE) technical specialists; a conflict-medicine/nurse practitioner sexual and reproductive health (SRH) expert; LGBTQIA+ practitioners and activists; a trauma-informed stabilization expert; and VOICE Leadership Team members, including the Executive Director and the Emergency Response Director. This dynamic team brought global, regional and local expertise together with a range of language skills and deep connections to Ukraine and Eastern Europe – building from years of VOICE's work in the region and from the specific and unique expertise of the assessment team.

C. Limitations

Due to the rapid nature of data collection in a complex and fluid environment, this was a rapid needs assessment and not intended to be a comprehensive risk and needs assessment. There were limitations of time, safety, and security concerns, and the assessment team was mindful of ethical and safety considerations when conducting key informant interviews in an active war zone. The approach was grounded in and directed by adherence to ethical considerations, which at times prevented interviews and discussions from happening.

Reliable data was limited at the time of the assessment—especially quantitative data on displaced populations. The assessment team utilized secondary sources of information to triangulate the qualitative information collected during the assessment.

Map of Ukraine



III. Ukraine Background Information



A. History of the current conflict in Ukraine

The current conflict—between the Ukrainian Armed Forces, police, and National Guard on one side, and forces of the ‘Donetsk People's Republic’ (DPR) and ‘Luhansk People's Republic’ (‘LPR’) on the other—has roots in a series of violent political rallies beginning in 2014. On February 24, 2022, Russia invaded Ukraine, and a new stage of the war began.

In 2014, war broke out after the ‘Revolution of Dignity,’ also known as ‘Euromaidan,’ which began in Ukraine after former Ukrainian president Yanukovich refused to sign the Association Agreement with the EU. Despite previous intentions to do so, he instead took a new pro-Russian political course.⁷ After three months of street protests with mass shootings of protesters, Yanukovich fled Ukraine to Russia in Feb-

ruary 2014.⁸ In March 2014, Russia occupied Crimea through a disputed ‘referendum.’⁹ Later, these two ‘republics’ of DPR and LPR—unrecognized by Ukraine and the international community—were created in the East of Ukraine, with significant backing and support from Russia.

Ukraine announced an Anti-Terrorist Operation, which sought to reclaim control of the territories in the East. In August 2014, a large invasion of Russian troops led to active fighting with serious losses for the Ukrainian army. Despite a ceasefire agreement (the ‘Minsk protocol’), the fighting continued until the end of February 2015.¹⁰ While major battles stopped at that point, violations of the ceasefire and shootings between Ukrainian Armed Forces and the two unrecognized ‘republics’ have continued until 2022.

7 “Ukraine protests after Yanukovich EU deal rejection”. *BBC*, November 30, 2013. <https://www.bbc.com/news/world-europe-25162563>.

8 “Putin: Russia helped Yanukovich to flee Ukraine”. *BBC*, October 24, 2014. <https://www.bbc.com/news/world-europe-29761799>.

9 Lee Myers, Steven, and Ellen Barry. “Putin Reclaims Crimea for Russia and Bitterly Denounces the West”. *The New York Times*, March 18, 2014. <https://www.nytimes.com/2014/03/19/world/europe/ukraine.html>.

10 Czuperski, Maksymilian, et al. “Hiding in plain sight: Putin's war in Ukraine”. *Atlantic Council*, October 15, 2002. <https://www.atlanticcouncil.org/in-depth-research-reports/report/hiding-in-plain-sight/>.

B. The humanitarian emergency in Ukraine

As of May 6, 2022, the number of internally displaced persons (IDPs) in Ukraine was 7.7 million, with another 5.7 million refugees and asylum seekers residing in neighboring countries.¹¹ The rest have fled, mostly to neighboring countries such as Poland, Romania, Moldova, Hungary, Slovakia, Russia, and Belarus. Men between the ages of 18 and 60 have been banned from leaving Ukraine. As such, the vast majority of refugees are women and children, while many women, children, and families who have remained in Ukraine have been displaced from their homes.¹²

The lack of consistent and reliable humanitarian corridors has created a situation where many people are trapped. The war rages on and continues to have a disproportionate impact on all aspects of the lives of women and girls.

The humanitarian response is largely government-led, but most of the effort has been shouldered by CSOs. Most international non-governmental organizations (INGOs) had either left the country entirely or had relocated to western Ukraine, mostly congregated in Lviv. Through this process of INGO withdrawal, the burden of delivering aid and services has fallen to Ukrainian CSOs, volunteers, and everyday Ukrainian citizens. They continue carrying out the delivery of humanitarian aid throughout all regions of the country. INGOs to date have mostly been unable to access the most in-need areas due to active fighting, mines, and risk

analyses that deem the security risks too high to deploy staff. Already vulnerable in a warzone, Ukrainian aid workers live in fear of cyber and physical threats to aid workers, specifically in the eastern regions of Ukraine, but also in border countries.¹³

The first stage of the war from 2014 to 2017 saw huge growth of social organizing in Ukraine, and thousands of new non-governmental organizations (NGOs) were established. Having worked with IDPs and veterans for eight years, the Ukrainian NGO sector has effectively been working on humanitarian response since 2014. When the full-scale stage of the war started in February 2022, thousands of volunteers immediately started helping the army, distributing humanitarian aid to civilians, supporting evacuations, and providing legal, social, and psychological support to affected people. The representatives of a number of women-led CSOs said that their priority was to equip defenders and the army at the forefront, as it was the only possible way to resist the violence perpetrated by the Russian army.

"If our army does not stop the Russian troops, this war will go through our bodies." - Interview with a woman who leads a CSO

The line between civil society and the military in the context of this war is very blurred. At the same time, per the existing standards of international humanitarian organizations, humanitarian aid should be clearly separated from military aid, and the issue of aid to armed civilians appears to be a gray area. Finally, it should be noted that one in six soldiers in the Ukrainian

11 *Ukraine Situation Report*. Last updated: 6 May 2022, OCHA, May 6, 2022, <https://reliefweb.int/sites/reliefweb.int/files/resources/Situation%20Report%20-%20Ukraine%20-%2006%20May%202022.pdf>.

12 While men between the ages of 18 to 60 are banned from leaving Ukraine, there are many exceptions, including men who have three or more children; men with disabilities; men accompanying a person or people with disabilities; and others. A full list of exemptions can be found at <https://dpsu.gov.ua/ua/Peretinnannya-derzhavnogo-kordonu-v-umovah-pravovogo-rezhimu-vonnogo-stanu/>.

13 Lyngaas, Sean. "Aid groups helping Ukraine face both cyber and physical threats", *CNN*, April 23, 2022. <https://edition.cnn.com/2022/04/23/politics/humanitarian-aid-ukraine-war-cyberattacks/index.html>

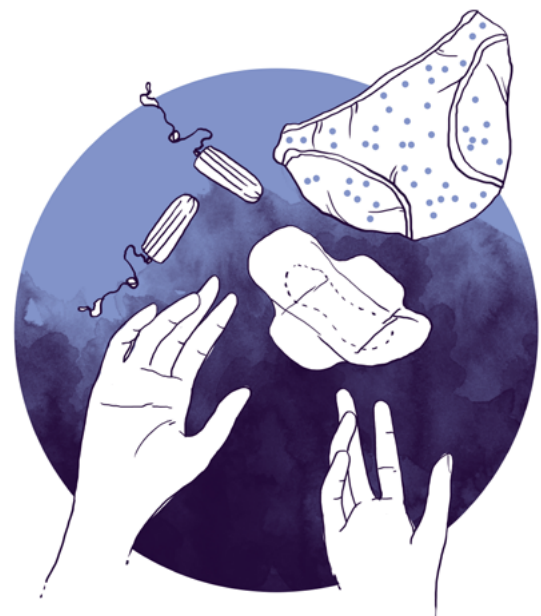
Armed Forces is a woman.¹⁴ Since the first day of Russia's attack on Ukraine and the imposition of martial law, women in various positions in the military have been undertaking demanding combat missions. They lack the equipment they desperately need to preserve their health, protect their lives, and carry out their service properly.

Women, often portrayed only for their vulnerabilities in war zones, have from day one been part of both armed civilian resistance and the Ukrainian Armed Forces. It was clear from assessment interviews that women saw not only their homeland at stake but their bodies as well.

Immediate risks to physical safety caused by the war were a source of concern. In occupied regions, physical safety concerns are mostly connected with actions of Russian troops. In regions near the active war zone, there is a risk of shelling; in liberated regions there are many cases of mine blasting; in other regions, there is a risk of bombing.

"We can't feel completely safe even here, in the West of Ukraine, because of occasional bombing."

"Before we live Popasna (Luganska oblast), we came to the local hospital as volunteers with some food for patients. We saw many wounded and ill people in the basement and no civil doctors with them. A couple of military doctors weren't able to help everyone. Next day this hospital was damaged by shelling."



¹⁴ Ferris-Rotman, Amie. "Ukrainian Women Are Mobilizing Beyond the Battlefield to Defend Their Country". *TIME*, March 22, 2022, <https://time.com/6159261/women-ukraine-war-russia/>.

C. Mapping humanitarian needs

Eastern and southern Ukraine

As of May 2022, the eastern and southern regions were the most difficult to access, including the cities of Mariupol, Melitopol, Mykolaiv, Kherson, Severodonetsk, and surrounding areas. These populations lack drinking water, food, medicines, health care, electricity, and gas, and face constant threat of shelling by the Russian army who continue bombardment of civilians and infrastructure. Due to the risk, INGOs mostly do not operate in these areas. Humanitarian aid is provided mostly by self-organized networks of local grassroots organizations, working at their own risk to evacuate the population, despite the lack of safety due to their non-neutral status. Humanitarian corridors for evacuation were recently agreed on, but local groups say they have not seen the UN, INGOs, or donors active in the region. Dnipropetrovsk oblast, which is safer than other oblasts in the eastern region, is a destination for a large number of IDPs, and is the oblast with the largest number of IDPs in Ukraine (11%).¹⁵



¹⁵ Ukraine—Internal Displacement Report — General Population Survey Round 3 (11–17 April 2022), IOM. <https://displacement.iom.int/reports/ukraine-internal-displacement-report-general-population-survey-round-3-11-17-april-2022>

Northern and central Ukraine

As of May 2022, the northern and central regions no longer report an active ground war, but they still face constant threat of air attacks. In spite of the widespread destruction of infrastructure, the area is now seeing increasing population density due to the arrival of IDPs from the eastern and southern regions. In cities under Russian occupation, civilians, including women, have faced a great deal of violence—including sexual violence—and have lost family members and loved ones. The most acute needs in this area are for housing and the repair of electricity, water, and gas networks. Damage to transport routes has limited access to food and medicine in rural and remote areas.

Western Ukraine

The western regions of Ukraine are more remote from direct hostilities and relatively safer, but air strikes still occur throughout the territory. Western regions are therefore most accessible to representatives of international humanitarian organizations. Western Ukraine has received the largest number of IDPs at 37%, or 2,850,000 out of a total of 7,707,000 (April 17, 2022).¹⁶ Compared to January 2022, the region's population has grown by almost 30%.¹⁷ Population growth has led to an increase in the burden on the region's housing stock and service infrastructure.

People are also beginning to return to Ukraine as the pressures on neighboring countries mount and as the conflict continues to change. As of April 13, approximately 30,000 people are reportedly crossing back into Ukraine daily.¹⁸

¹⁶ Ukraine — Internal Displacement Report — General Population Survey Round 3 (11 – 17 April 2022). IOM.

¹⁷ According to the State Statistic Service of Ukraine the total amount of Western regions including Lviv, Ivano-Frankivsk, Zakarpattia, Chernivtsi, Rivne, Khmelnytsky, Ternopil, Volyn' regions was 10,378,600. <http://www.ukrstat.gov.ua>

¹⁸ Ukraine: Humanitarian Impact Situation Report (as of 09:00 a.m. (EET) on 13 April), OCHA Ukraine, April 14, 2022. https://reliefweb.int/sites/reliefweb.int/files/resources/2022-04-13_Ukraine%20SitRep%20Humanitarian%20Impact_final.pdf

D. Coordination

UN coordination structures and the international community have not been able to fully coordinate response efforts and engage with the already active coordination that is happening on the more local level within Ukrainian organizations. This is resulting in parallel and duplicative coordination structures which are not interacting with each other. Coordination among local and national groups and the government has been functioning somewhat better. A UN Women rapid assessment on the impact of the war in Ukraine on women's civil society organizations found that 88% of 67 surveyed CSOs are currently working closely with volunteer groups; 64% are partnering with local CSOs; and 58% are partnering with national authorities. In response to urgent needs, employees of various NGOs create informal coordination groups that collaborate with volunteers, police, and the military.

Few WROs and CSOs interviewed during this assessment are collaborating with international donors, INGOs, and UN agencies.¹⁹ This is both because these institutions are not present in many affected areas, and also because WROs and CSOs are either unaware of UN coordination or do not have the staff to attend the meetings. In Ukraine, many organizations said that the humanitarian coordination structures continue to use exclusionary, neocolonial language and methods that make it exceptionally difficult for local groups to participate, partner, and/or access funds.

19 *Rapid Assessment: Impact of the war in Ukraine on women's civil society organizations*, UN Women, March 22, 2022. https://reliefweb.int/sites/reliefweb.int/files/resources/03_2022_un_women_rapid_assessment_womens_csos_eng.pdf.

E. Pre-existing prevalence of GBV in Ukraine & existing legal frameworks

Violence against women and girls was widespread and increasing even before the conflict escalated in February 2022. A 2019 survey conducted by OSCE found that 75% of women in the country said that they had experienced some form of violence since age 15, and one in three had experienced physical or sexual violence.²⁰ The pandemic saw an increase in domestic violence; calls to helplines grew by 50% in the conflict-affected Donetsk and Luhansk regions and by 35% in other regions of Ukraine.²¹ Nearly 80% of survivors of GBV, including domestic violence, are women, the vast majority of whom experienced repeated violence by former or intimate partners.²² The GBV response environment in Ukraine was weak before the war, and is now under unprecedented strain due to widespread internal displacement.

For survivors, there is limited access to safe places, medical and psychological support, and justice. Authorities lack the capacity to hold perpetrators accountable and to counsel and facilitate reintegration to prevent reoccurrence of violence.²³

In recent years, women's rights have gained some ground in Ukraine. The Ukrainian government ratified the Council of Europe Convention on Preventing and Combating Violence Against

20 Babovic, Marija, y Valentina Andrasek. *Well-being & safety of women. Main report*. OSCE, 2019. *Open WorldCat*, <https://eca.unfpa.org/en/publications/well-being-and-safety-women?ga=2.13619831.1312560147.1652138124-1922185609.1647266790>.

21 *Rapid Gender Analysis Ukraine*, CARE International, March 2022. https://www.care-international.org/files/files/Ukraine_Rapid_Gender_Analysis_Brief_CARE.pdf.

22 *UN Policy Options on Gender-Based Violence*, UN, November 4, 2021. <https://ukraine.un.org/en/157230-un-policy-paper-gender-based-violence>.

23 *Global Database on Violence against Women*, UN Women, Accessed April 2022.

Women and Domestic Violence (the 'Istanbul Convention') in 2015, and has since adopted the first National Plan on UNSCR 1325 on Women's Peace and Security²⁴ during armed conflict.²⁵ However, deeply entrenched gender discrimination, rising right-wing sentiments, eight years of conflict and displacement,²⁶ and the disproportional socioeconomic impact of COVID-19²⁷ have conspired to erode progress and exacerbate VAWG.

Despite a gradual transformation of gender norms among younger men, Ukrainian men still demonstrate a relatively high tolerance toward emotional, economic, and physical violence.²⁸ Gender stereotypes remain a significant factor in preventing the achievement of gender equality in all spheres of life. These are perpetuated largely by the media and formal education sector, resulting in the gendered selection of professions, the unequal distribution of unpaid work, and the increase in GBV.²⁹

Women's access to sexual and reproductive health (SRH) services in Ukraine has fallen

24 Security Council Resolution 1325 was the first formal and legal document from the Security Council that required parties in a conflict to prevent violations of women's rights, to support women's participation in peace negotiations and in post-conflict reconstruction, and to protect women and girls from wartime sexual violence.

25 *Now and the Future: Pandemics and Crisis: Gender Equality, Peace and Security in a COVID-19 World and Beyond*, Foreign, Commonwealth & Development Office, January, 2021. <https://gaps-uk.org/wp-content/uploads/2021/01/Gender-Equality-Peace-and-Security-in-a-COVID-19-World-and-Beyond-1.pdf>

26 Prior to the invasion, one million women and children were already internally displaced within Ukraine due to the conflict in the eastern part of the country.

27 *Global Database on Violence against Women*, UN Women, Accessed April 2022. <https://evaw-global-database.unwomen.org/pt/countries/europe/ukraine>

28 *Masculinity Today: Men's Attitudes to Gender Stereotypes and Violence Against Women*. UNFPA, 2018, https://ukraine.unfpa.org/sites/default/files/pub-pdf/Masculinity%20Today%20Men%27s_Report.pdf.

29 Rapid gender analysis of Ukraine: Secondary data review, UN Women and CARE, March 29, 2022. <https://www.unwomen.org/en/digital-library/publications/2022/04/rapid-gender-analysis-of-ukraine-secondary-data-review>

sharply,³⁰ and programs tackling GBV have been scarce, with access to services extremely limited outside of larger cities. Ukrainian law stipulates that women can access clinical management of rape (CMR) care in both communal and private hospitals, though other barriers may prevent access (see below under Findings). There is no mandatory obligation for doctors to report sexual crimes to the police, and under Ukrainian law, medical records are protected information and cannot be shared with anyone without permission of the patient.

F. Overall healthcare system in Ukraine

The pre-war healthcare context of Ukraine is an important factor to understand when looking at the healthcare crisis facing IDPs.

Ukraine has a centralized government-supported system, where major cities support large industrial healthcare systems with robust referral networks, and more remote areas are supported by community health clinics, midwives, and community health workers. An open pharmacy system that does not require prescriptions for the majority of medications also lends itself to easier access to healthcare for remote areas and those with chronic health needs.

Overall, the health system in Ukraine is still functioning, and IDPs can access care in the regions they have fled to. Interviews with hundreds of women indicated that access to care is normal, depending on the level of fighting in any particular area, with shortages of some drugs and unpredictable business hours reported. However, in regions with heavy fighting and shelling, access to care for even emergent cases was nearly impossible.

30 *Now and the Future: Pandemics and Crisis: Gender Equality, Peace and Security in a COVID-19 World and Beyond*, Foreign, Commonwealth & Development Office, January, 2021.

The deliberate targeting of medical infrastructure within Ukraine further exacerbates the crisis. Since the start of the war, the World Health Organization (WHO) has confirmed 186 attacks on healthcare centers and hospitals throughout Ukraine (as of May 4, 2022).³¹ For those in more remote areas, the ability to access care in Kyiv or Lviv is now limited by road blockages or destruction, safety risks, and financial barriers. These attacks have wide-ranging impacts on access to medical care as actual infrastructure is destroyed and citizens lose confidence in their ability to be safe during medical treatment. Further, as a part of the war effort, some Ukrainians are trying to avoid hospital and healthcare utilization altogether.

Ukraine has one of the highest rates of multi-drug resistant tuberculosis (MDR-TB), as well as high levels of HIV/AIDS over the past decade. Significant work has been invested by WHO and the EU into addressing the specific regional needs of these two problems in Ukraine—to not only control the spread of these infectious diseases, but also to provide targeted treatment that reduces the likelihood of further drug resistance. Additionally, due to generally poor vaccination compliance, outbreaks of measles and rubella have long been a major concern.³²

31 "WHO says 64 hospitals attacked since Russian invasion of Ukraine", *Al Jazeera*, March 24, 2022.

32 Holts, E. *Growing concern over Ukrainian refugee health*, *The Lancet*, March 26, 2022. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00568-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00568-2/fulltext)

Data on access to reproductive health care inside Ukraine is scarce. In the pre-war context, under Ukrainian law women have a right to surgical abortions up to 12 weeks into pregnancy. After 12 weeks of gestation, abortion is only legal due to medical reasons or sexual assault.³³ Prior to the war medical abortions were unavailable, but recent discussions have taken place within the Ukrainian Ministry of Health to allow the necessary medications into the country. Despite these legal guarantees, the actual accessibility of abortion for women in Ukraine is unclear.

33 *Resolution of February 15, 2006 N 144 On the implementation of Article 281 of the Civil Code of Ukraine*, Cabinet of Ministers of Ukraine, 2006. <https://zakon.rada.gov.ua/laws/show/144-2006-%D0%BF#Text>



IV. Findings

The most frequently mentioned concerns from women and WROs in Ukraine are major increases in intimate partner violence, meeting their basic needs (food and shelter), and that WROs are not being trusted and listened to in terms of their knowledge and expertise on what is needed in the response efforts, especially to meet the needs of women and girls and other at-risk groups

The complexity of this response demands the international community go beyond the often simplistic humanitarian discourse on GBV to different ways of thinking about power, violence, male privilege, movement building, and healing. Like other parts of the report, this Findings section is informed by an intersectional feminist analysis of violence as deeply rooted in women's oppression and an understanding of how it intersects with race, antisemitism, class, sexual orientation, and gender identity.

Three months after the war in Ukraine started, it is hard to deny that there is a failure of duty-bearers (including INGOs and the UN) to adhere to their own global commitments to localization of the humanitarian response and their mountains of commitments to women and girls. 90% of the 2 million people the response is intended to assist are women and girls. The response therefore must include systematic ways for women and girls to design and lead

"It is important to articulate the contribution of women to the general struggle for freedom of Ukraine now. To avoid opportunities for machismo and exclusion of the contribution of women after. We are together. The same is with the LGBT+ community, we fight against Russian aggression along with everyone." -WRO in Ukraine

responses, and incorporate their views into all phases of the humanitarian programme cycle. It is critical that the international community understands the trade-off women will continue to face, if urgent action is not taken, between their own safety and well-being and the ability to meet their most basic needs.

A. Needs and risks of women's organizations, groups, and collectives

"We, women who stay in Ukraine, are not just victims, we are also fighters, we are actively resisting and defending ourselves. We need help. If there is an intention to help us, it's important to accept our agency." - WRO representative, Ukraine

Ukraine has a strong existing network of WROs that have taken action to implement humanitarian programs and support women and girls during the war. The war has deepened existing systemic inequalities and challenges for gender justice and women's rights, reshaping the feminist and gender justice movements in Eastern Europe. WROs and civil society have built solid mutual aid systems that have been functioning to support women and girls since the war first started in 2014, and local organizers heavily depend on these systems. The work these groups are doing is especially vital, as the lack of humanitarian corridors requires that most programs be implemented by organizations already inside the country. These local organizations are able to access areas where most INGOs cannot go; they bring with them a deep knowledge of Ukraine and of the networks within Ukraine that are crucial for effective service provision.

In spite of the challenges of the war, many CSOs continue to operate. In a recent UN Women rapid assessment, half of respondents reported that their CSO is fully operational and only 7% mentioned that they were forced to suspend activities. Regardless of operational status, the majority of CSOs are facing a lack of funds, supply chain issues, and an inability to move around in communities as needed to support their beneficiaries.³⁴

With the beginning of the war, most NGOs shifted from their usual activities to urgent humanitarian response, greatly increasing their client base. Out of 67 CSOs that responded to the UN Women assessment, 66% are now providing services and interventions that they have not worked on before; 57% have been providing remote support to beneficiaries; and over 52% are re-allocating funds to different priorities. Current activities include provision of medicines, support to evacuations, shelter support, delivery of food to vulnerable groups, and providing women with hygiene kits, among others.³⁵ CSOs focus on internally displaced women (82%), women with disabilities (72%), and rural women (64%). Groups supported to a lesser extent by CSOs include female veterans, women from ethnic minorities such as Roma, LGBTQIA+ persons, and HIV-positive women.³⁶

"It is important at the moment, we can not do otherwise." - Ukrainian WRO on shifting to humanitarian activities

³⁴ Rapid Assessment: Impact of the war in Ukraine on women's civil society organizations, UN Women, March 22, 2022.

³⁵ Rapid Assessment: Impact of the war in Ukraine on women's civil society organizations, UN Women, March 22, 2022.

³⁶ Rapid Assessment: Impact of the war in Ukraine on women's civil society organizations, UN Women, March 22, 2022.

There is a need for improved coordination with WROs within Ukraine, including integrating their perspective and guidance more fully into the humanitarian response. While there has been an outpouring of public and private support for IDPs, the largely ad hoc and gender-blind response cannot meet their basic needs and protection concerns. Duty-bearers (including INGOS and the UN) have so far failed to adhere to their own global commitments to localization of humanitarian response, including systematically creating ways for women and girls to design and lead responses. Instead of partnerships driven by and grounded in local expertise and knowledge, the humanitarian enterprise is again replicating the familiar top-down arrangement, creating parallel processes that sideline or alienate WROs and other local actors. Women's groups and other *de facto* humanitarian workers have not been asked

"We do not want donors to lead processes of planning strategic anti-crisis responses; we know based on experience that funders cannot be responsive and relevant, especially if they are from colonial and imperialist countries like the US and the UK." - WRO in Ukraine

what roles they would like to play as partners in the response, or offered a seat at the table. Similarly, the current funding landscape is failing to meet the needs of the WROs who are often on the frontline of the response. Feminist, women's rights, and LGBTQIA+ organizations interviewed during this assessment all spoke of the need to fundamentally transform grant-making practices in response to the war. Protected funding for reproductive health and services for VAWG has failed to materialize. Instead of the multi-year flexible funding that

local women- and girl-led organizations need, overworked grassroots groups find themselves chasing grants that may cover only one to three months for intense humanitarian work that takes them away from their core missions.

Groups also report that donors are requiring burdensome “business as usual” reporting and due diligence that is very difficult to achieve in the war context, when staff are focused on delivering programs in extremely challenging conditions. For example, due to intense bombing and limited mobility, Ukrainian WROs often do not have access to their office supplies and organizational files. Local NGOs are requested to be registered as humanitarian aid organizations to be able to receive humanitarian aid. Donors’ lack of trust toward local organizers and a lack of solid relationships were often reported. Most organizations with were frustrated by donors, acknowledging donors’ desire to offer support but citing a lack of care in their approaches.

Funding is exclusively short-term and does not allow organizations to act strategically with an eye towards ongoing needs. For example, no additional support with capacity building or accompaniment has been reported as part of emergency funding, and the assessment did not find any examples of funding for a long-term, strategic approach to the impact of the war. What this means in practice is that there is short-term funding without institutional support that considers the overall health and necessity of these organizations and the services they are providing to prevent and respond to VAWG, both now and in the future.

Caring for the caregivers is something that is most often overlooked, and burnout is already a theme only months into the war. This is especially true for organizations providing GBV services. Women’s rights activists, civil society actors, journalists, and human rights defenders are facing increased risks to their safety and

“Older donors, who are our partners, simplified their rules and regulations [due to the conflict], helped us with documents, and checked to see if we needed anything. They keep an eye out to see if we are alive. Other donors just send letters asking to immediately send them reports with documents. They must think that we have access to our office and are able to continue business as usual.” - Ukrainian WRO representative

“The problem is that donors have no understanding of what is happening here. We sit on the call, and we have alarm sirens all the time. The donors are surprised when they hear the sirens, and I tell them ‘I should be running to the shelter now, but instead I sit and talk to you.’” - WRO from Ukraine

“Volunteers who cook for a lot of people, deliver food to people who live at metro stations and other places, they all work for free and don’t ask for money. But they also need to sustain themselves, and if they are involved full time in volunteering they need to receive some social payment to be able to do it as long as there is a need. I don’t know if we even can talk about it with donors, they have never supported anything like that.” - WRO from Ukraine

"Some current funders made us freeze our ongoing funds and programs, and others allowed us to spend money in a flexible way on urgent needs. Few donors have behaved in a very supportive way. We get small grants of 15 thousand USD to cover urgent needs. None of them have offered strategic partnership as they [assume] that this crisis will not end soon." - WRO in Ukraine

security, including increased risks of abduction and persecution.³⁷ Women working on women's rights and GBV say they are exhausted from the constant workload, the new challenges, staff shortages, and the lack of support. One WRO reportedly sent an overworked volunteer to a mountain retreat for a weekend because she needed a rest. "It's so hard," said another WRO leader, "and we don't have the habit of taking care of ourselves."

"...NGOs in Ukraine are now perceived as an institution that should distribute humanitarian aid and provide services to others. And no one seems to think about the fact that employees and volunteers of the organization themselves may need special support." - WRO in Ukraine

Finally, language barriers are a significant roadblock for grassroots groups in navigating philanthropic spaces. Most foundations do not have staff from the region, and according to Ukrainian CSOs, "an overwhelming number of non-registered groups—those who do the most important work on the ground—do not speak English."

³⁷ *Rapid gender analysis of Ukraine: secondary data review*, CARE, and UN Women, March 29, 2022,

B. GBV risks of women, girls, and other at-risk groups

Humanitarian needs are growing, and it is clear that the war will further deepen vulnerabilities and inequalities across the country and region. Based on interviews with 33 groups providing services to women and girls, there have been reports of many forms of GBV across conflict and displacement settings within Ukraine, including (but not limited to): domestic violence, fathers abducting their children, physical violence against LGBTQ+ people, sexual assault, and rape. Though data on the incidence and forms of GBV is scarce, as in all humanitarian settings, "waiting for or seeking population-based data on the true magnitude of GBV should not be a priority...due to safety and ethical challenges in collecting such data." As stated in the IASC GBV Guidelines, "...all humanitarian personnel ought to assume GBV is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions...regardless of the presence or absence of concrete 'evidence.'"³⁸

There has been a major increase in the level of domestic violence in Ukraine since the beginning of the war, which is likely to remain elevated for years after the fighting stops. The obligation of Ukrainian men to fight, and the easy access to weapons have increased stressors and tension in households, increasing the risk of intimate partner violence. Respondents report that as women are displaced and forced to stay with friends or family, they may be brought back into contact with former partners who had been violent in the past. Similarly, women may be unable to leave an abuser because the lack of available housing or shelter.

³⁸ *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*, Gender-Based Violence Area of Responsibility, Global Protection Cluster of the Inter-Agency Standing Committee, 2015 https://www.europarl.europa.eu/meetdocs/2014_2019/documents/femm/dv/gbv_toolkit_book_01_20_2015/_gbv_toolkit_book_01_20_2015_en.pdf



“Domestic violence has really increased. They [men] come home from territorial defense and he is a hero, while she has to do everything [around the house]. He has great stress on his mind [from the war] and he takes it out on her.”
- Organization working on domestic violence

“We went to the police to report a domestic violence case that happened in an IDP shelter [for those who have been displaced from the east for eight years] and the police said, ‘we have bigger problems.’” -WRO in Ukraine

There is a national toll-free hotline for GBV survivors—a 24/7 service that provides information, psychosocial support, and legal advice to survivors of all forms in violence, including intimate partner violence. The hotline is operated by La Strada and receives support from UNFPA.³⁹ Operators are trained to provide ad-

vice and facilitate referrals, including supporting survivors of intimate partner violence to develop a plan of action to meet their needs. The hotline is anonymous and is free. However, there are gaps in services and referral pathways which limit access to life-saving services for survivors and women and girls at risk of violence. Many survivors are having to leave the country to get adequate services after experiencing violence.

Conflict-related sexual violence (CRSV) is a manifestation of patriarchy, and it cannot be disconnected or de-politicized from the everyday violence that women and girls face. The assessment team heard concerns expressed by several WROs and CSOs that the media, the UN, and humanitarian actors are shining a spotlight on CRSV rather than on the multiple-and likely much more prevalent- types of GBV being exacerbated by the war. While bringing attention to the issue of CRSV is essential, prioritizing this over other forms of GBV—such as domestic violence or sexual exploitation—creates a hierarchy of GBV that is damaging to all survivors and to efforts to eliminate all forms of violence against women and girls. Survivors of other forms of violence may be further sidelined if there is less funding for GBV services that are not CRSV-related, and survivors of CRSV could face increasing levels of stigma.

The situation is worsened by problematic reporting practices by both human rights organizations and the media, especially in relation to CRSV. Journalism which does not follow a survivor-centered approach can do considerable harm to the survivor; for example, in sharing detailed stories of individual survivors, journalists and human rights organizations can expose these survivors and violate their confidentiality—which can be stigmatizing to them and is not centered on their care and well-being.

Some GBV service providers shared that media outlets and journalists have pressured them to secure survivors for feature interviews in ex-

³⁹ National Toll Free Hotline on Prevention of Domestic Violence, Human Trafficking and Gender Discrimination, La Strada Ukraine, https://documentation.lastradainternational.org/Isidocs/3376-Hotline_DV_eng_6%20months%202020.pdf

change for giving these organizations airtime. While survivors should be given autonomy and agency to make the choice to go public, this is so often done in a way that is not survivor-centered, and many do not understand that it is unethical to ask questions about sexual assault when adequate response services are not available. In addition, many WROs are concerned about survivors' experiences being used for political gain, particularly by governments as part of the information war. Journalists and human rights documentation organizations need to be aware of the harm they can cause and should be guided by people with expertise on GBV in emergencies.

Activists within Ukraine note that transgender people face specific and significant risks related to the war and humanitarian crisis. LGBTQIA+ organizations report that transgender people do not feel safe to move freely because they would have to pass through many checkpoints. These organizations are also trying to buy food and supplies for people who cannot leave their homes, and there are restrictions and rations on the number of items individuals, and even organizations providing for many, can purchase. One organization reported to VOICE that it is helping transgender people financially, with medicines and hormonal drugs, and with psychological and endocrinologist services, and noted that access to hormones is needed for trans people. People whose sex at birth does not match their gender identity are having particular problems at the border, especially trans men who have already updated their identification documents to match their gender identity and trans women trying to cross the border while men are prohibited by the government from leaving.

Some foreign organizations are suggesting and encouraging intersex people and trans women to cross the border illegally. 'They basically say - 'lose' your passport, cross the border in a panic. And we will meet you in Germany.' - WRO in Ukraine

WROs interviewed by VOICE report that caregiving responsibilities may prevent women from leaving areas under attack; women also report concerns about access to childcare and education. A long-standing Ukrainian GBV service providing organization also noted that there are growing instances of kidnapping of children by both husbands or ex-husbands, as in families with three or more children, the fathers can legally leave Ukraine.

"Women with minors often do not leave cities under attack - because they don't want to be separated from husbands." - WRO in Ukraine

"Many women do not leave the areas under fire - because they take care of older relatives". - WRO in Ukraine

"We are worried about our children...the lack of daycare and the children don't have books and they need to digest the war and focus their trauma somewhere else." - WRO in Ukraine

C. Shelter, sustainable housing, and food insecurity risks

Within Ukraine, most IDPs (66%) live with relatives, friends, or in self-rented housing. Another 6% live in private housing provided by strangers. Only 4% live in collective accommodation centers. In addition to the housing pressures created by displacement within Ukraine, people are beginning to return to Ukraine from Poland and other countries in Europe for a multitude of reasons, including feeling that other countries such as Germany and Poland are “full” or simply wanting to return home. According to UNHCR and REACH, “at least 1.26 million Ukrainians have allegedly crossed the country’s western borders back into Ukraine since February 24, 2022.” Although the number of border crossings from Ukraine into neighboring countries is increasing, the rate of increase is slowing. Meanwhile, the recorded numbers of individual crossings back into Ukraine are not always returnees, and final conclusions cannot be drawn.⁴⁰

The movement of people within Ukraine and the return of people to Ukraine has significant implications for the current shelter crisis. Many homes have been destroyed, and there is a high probability that people returning will not make it all the way back to their homes, but rather will find themselves internally displaced. These multiple displacements put even more strain on families and increase risks for women and girls.

Organizations working within Ukraine all noted that access to housing is one of the key problems within the country. There is a deficit of houses in safer regions, it is almost impossible to rent an accommodation and prices are too high. Sometimes it is easier to find accommodation in rural areas, but there are no jobs for newcomers there.

In some regions, many houses are completely destroyed. As civilian centers are targeted, this creates a challenge for those remaining in their homes, those internally displaced, and those who fled Ukraine but now seek to return. In light of the liberation of Kyiv, many people

“We don’t know how long we will be able to rent this small house in the West of Ukraine. It is too expensive for our family. But we have nowhere to come back home to.” - Internally displaced woman

“Frankly speaking, there are no showers in many shelters across Ukraine. I don’t know how people can manage not taking shower for weeks.” - WRO in Ukraine

plan to return, but the suburbs of Kyiv have taken significant damage, rendering some of them uninhabitable. Kyiv oblast was reported to have sustained over 75% damage and Irpin over 70% damage.⁴¹

In other conflict contexts, residents returning to heavily damaged areas often create shanties and camps within the footprint of their former homes, causing an enormous strain on local governments and resources. Rather than residing in large camps, most of the world’s 28.8 million IDPs live in a variety of context settings, which makes generalizations challenging to make. Many IDPs have fled to small towns and villages near their homes, but a rising number of IDPs are ending up in cities, coexisting alongside economic migrants in vulnerable circumstances.

⁴⁰ Ukraine Situation Report. Last updated: 6 May 2022, OCHA, May 6, 2022,

⁴¹ Point de presse quotidien du Bureau du Porte-parole du Secrétaire général de l’ONU: 22 avril 2022, UN, April 22 2022. <https://www.un.org/press/fr/2022/dbf220422.doc.htm>

While metropolitan settings may provide chances for reconstructing lives, they also offer unique challenges for IDPs attempting to find their way in a complicated context. Adequate housing and shelter are frequently in short supply, and IDPs may have more difficulties accessing public services like education, health, water, and sanitation.⁴² Moreover, returning to heavily damaged areas—where camp-like informal housing will inevitably be created—will open up a range of additional protection risks for women and girls due to inadequate and unsafe water and sanitation facilities (i.e., latrines and showers that may be shared with men, with inadequate or no lighting or locks), overcrowding, and shared sleeping areas. Other major concerns with increasing populations in these areas include the likelihood for food shortages, lack of clean drinking water, risk to persons due to mines and other unexploded ordnance, and further attacks on civilian epicenters that make reintegration back into Ukraine even more challenging.

Food insecurity, along with water and energy scarcity, are placing women and girls at higher risk of violence due to heightened tensions in their households and communities. Humanitarian corridors have failed to allow for the delivery of aid, and some regions face problems with food supplements and significantly increased prices. Many people lost their jobs and regular incomes and lack the financial resources to purchase food. In cities, women may not have safe access to markets. The small nearby shops where most would normally buy food are running out of supplies, and women must travel farther to larger markets—often encountering military personnel on the way, which makes them feel unsafe. Travel to the larger markets may be interrupted by warning sirens, requiring

women to return home to safety before they are able to secure food. In addition to these obstacles faced while attempting to secure food, there are now limits on what one person is allowed to buy.

“You might literally spend your whole day hunting for food.” -Displaced woman

D. Lack of cash-based assistance, livelihoods, and access to decent work

“First of all, women will be in need of money for basic needs, food, hygiene. For example, there are products in shops in Kharkiv, but to buy it one needs money, and a lot of people have lost their jobs.” - WRO in Ukraine

Despite the war, the Ukrainian banking system is working. All the usual cash assistance is being paid, including pensions and assistance to mothers and children. People have access to their bank accounts, including saving accounts.

Many have lost their jobs and incomes because of the war, however. Unemployment rates among all categories of the population will likely increase, pushing women especially into the unprotected informal sectors of the economy.⁴³ Some lost their cash savings in destroyed houses, and others spent their savings to help themselves or others in need. Many women, forced to leave their homes and possessions behind, find themselves needing to buy household ne-

42 Brookings-LSE Project on Internal Displacement. Under the Radar: Internally Displaced Persons in Non-Camp Settings. Project on Internal Displacement, October 2013, <https://www.brookings.edu/wp-content/uploads/2016/06/Under-the-radarIDPs-outside-of-camps-Oct-2013.pdf>.

43 Rapid gender analysis of Ukraine: secondary data review, CARE, and UN Women, March 29, 2022.

cessities all over again in a new place. All of this places a major strain on households—and while many men are fighting in the war efforts, this burden lands primarily on women, increasing their risk of violence.

Cash and voucher assistance (CVA) is being provided to IDPs. Since the beginning of the war, the government has issued various tranches of emergency CVA for different population groups. Although cash assistance is available, it is often delayed 4-6 weeks from the date of application due to administrative procedures and high demand. In a war-torn country, these delays leave applicants to play a deadly waiting game for their emergency assistance.

“The state provided one time assistance of UAH 6,500 to Ukrainians, but this is very little.” - WRO in Ukraine

E. Reproductive health and GBV services

Access to sexual and reproductive health (SRH) and GBV services occurs within the wider context of wartime healthcare access within Ukraine. In regions close to the war zone, there may be a lack of medical personnel and of medications. Hospitals in every region are at risk as potential targets for shelling and bombing. The urgent need for basic healthcare created by these risks, and by injuries caused by the war, means that SRH and GBV services often “take a back seat” to other forms of care.

Women are also unable to seek or access care because of the presence of hostile soldiers or nearby fighting. During the assessment, women in many areas reported to VOICE that they were unable to leave their homes for days or

weeks as fighting took place street-to-street in their neighborhoods.

Stories like hers are consistent throughout many regions of Ukraine, especially those with ongoing active fighting. They also reflect historical norms common in conflict areas: even when care is available, most people are unable to access it due to safety concerns; simultaneously, most medical systems still operating in those areas are significantly understaffed as medical personnel also flee the fighting.

Information on access to reproductive health inside Ukraine remains elusive. Following the bombing of the Mariupol Maternity Home⁴⁴ there is growing concern that patients will no longer have access to dedicated obstetrical and gynecological care. In eastern Ukraine access to these services is even more limited. While normal maternity operations may exist in parts of the country, many in the east are reporting increasing rates of home births.

Multiple groups are currently working to provide emergency contraceptives to Ukraine. Post-exposure prophylaxis (PEP) and emergency contraception are sorely needed by IDPs and host communities, especially in rural and remote areas where it may not be safe or feasible to come into a city for services.

“We have a problem with getting emergency contraception deeper into the country, and it is hard to focus on this for organizations and individuals who do not have access to food and water.” - WRO in Ukraine

⁴⁴ Bubola, E. “You would think it’s a safe place”: A nurse recounts an attack on a Mariupol Hospital”, The New York Times, April 13, 2022. <https://www.nytimes.com/2022/04/13/world/europe/mariupol-hospital-attack-nurse.html>

Resources needed to perform surgical abortions after 12 weeks (anesthesia, sterile operating rooms, technical staff, etc.) are the same resources needed to treat trauma patients, and because of the increase in trauma patients due to the war, it seems highly unlikely that these resources are available for abortion. Vacuum aspirated abortions are available within Ukraine, and can be provided in an outpatient-like setting, but still require significant technical capabilities that are likely to be unavailable. In war-time contexts OB/GYN doctors are often reallocated to support trauma surgical needs as they are one of the few medical specialties that have abdominal surgical skills.

Reports of sexual assault victims and their ability to access appropriate medical care inside Ukraine are also elusive. Ukrainian law stipulates that women can access clinical management of rape (CMR) care in both communal and private hospitals. However, VOICE's assessment found that there was a lack of knowledge amongst emergency responders about the differences between CMR versus First Aid in Rape (FAR) and how tools such as forensic evidence collection kits (commonly referred to as 'rape kits') are used in the context of war crimes. There have been robust efforts to bring in rape kits, which most groups mistakenly assumed also contained some component of FAR or CMR. In addition, while some victims are confirmed to have been transferred to Poland, it is unclear what medical care was offered to them prior to their evacuation from Ukraine and what care has been made available to them in Poland. This situation is particularly concerning since abortion is heavily restricted in Poland (and practically inaccessible), even in situations of rape.

While organizations working on GBV programming worldwide are experienced with the dynamics of sexual violence and general norms of how survivors do and do not access resources, many local organizations and newly formed organizations seemed perplexed by the trends

they are observing. For example, one organization stated that they were not convinced that sexual violence was widespread throughout Ukraine because one particular hotline had only collected a handful of calls. However, organizations working long-term in conflict-related GBV know that hotlines and formal reporting mechanisms may be used infrequently due to significant stigma around GBV and sexual assault.

WROs report that the most urgently needed items include dignity kits which can include medicines for menstrual hygiene management, yeast infection medication, emergency contraception, and sanitary pads. They cite a further need for washing solutions for places without water (powders, wet wipes); condoms; antifungal treatments; pregnancy tests; and self-tests for gynecological conditions. Displaced people are also in need of reliable information about where to access abortion, legal assistance, CMR services, safe transportation, and other GBV services as they cross borders.

Finally, while some babies born outside of Ukraine are receiving local birth certificates and social services, new births among IDPs do not appear to be tracked currently, potentially creating future challenges for undocumented newborns. Concerns also exist around the legal status of the minority of babies born to surrogate mothers who flee Ukraine.

F. Mental health and psychosocial support

Mental health and psychosocial support (MH-PSS) is a key sector to be engaged in GBV response to promote the resilience of survivors and women and girls at risk. Currently, MH-PSS services are being provided by many actors, but the coverage remains sporadic and uneven. With the recent high demand, service providers have turned to using group activities like art classes, group cooking, tea parties, and picnics in support of local communities and IDPs. There are also hotlines run by NGOs, professional associations, or volunteers, which are useful for psychological first aid, especially with less severe cases. According to one WRO, their hotlines are currently experiencing heavy call volumes, and the average call duration is longer than before the war. For people in areas of high intensity of fighting, these hotlines may not be adequate or relevant. Awareness is a challenge, as not enough people know about hotlines or how to access them.

A major barrier for effective MHPSS is the stigma associated with seeking mental health care in Ukraine. In recent years, psychological counseling and therapy have become more accepted among the middle classes in urban areas, but still many in society, especially outside of urban areas, would never admit to needing psychological help. One respondent noted to VOICE that in the absence of professional care, relatives and friends—often women—shoulder the additional burden of providing informal psychosocial support to those in need.

“Girls and women were raped, but there is a problem with access to psychological care and professional psychiatrists in Kyiv region.” - WRO in Ukraine

Finally, it should be noted that volunteers and activists responding to the humanitarian emergency may themselves be in need of psychosocial support and unable to access care.

G. Legal mechanisms for access to services

According to the Constitution, all citizens have the right to work, to medical care, and to education. To access these rights a person needs to have a passport and a national identification code. However, during the war and displacement, some people have lost their documents. There are procedures for such situations, but these can be complicated, and access is limited in some parts of the country. For example, for a child under 14 without a parent/guardian, the application for documents can be submitted by a relative or stepfather/stepmother where the child lives. In the absence of relatives, the application is submitted by a representative of the guardianship authority.^{45,46}

There is a special registration procedure for IDPs in Ukraine. It can be done online through the government's digital application ‘Diya,’ or in person at Social Services offices. This procedure is complicated for persons who no longer live in the region of official registration, which is quite common due to displacement. Such persons need to prove the fact that they lived in a recognized occupied or endangered territory.

For some, pre-existing barriers to documentation—including discrimination—may prevent access to urgently needed services. The majority of the Roma population lacks civil status documents, creating difficulties with accessing employment, health services, and education. In 2017, the Roma Women Fund Chirikli noted that 56% of the internally displaced Roma inter-

45 Order № 204, Cabinet of Ministers of Ukraine, March 6, 2022

46 Resolution № 269, Cabinet of Ministers of Ukraine, March 13, 2022









viewed were not registered, which limits their access to humanitarian assistance.⁴⁷ As one WRO representative noted, many Roma children don't have documents because there is no registration of marriage between parents. In this case, a registry office cannot do anything—such cases would go through the court, but not all judicial bodies are operational.

47 *Rapid gender analysis of Ukraine: secondary data review*, CARE, and UN Women, March 29, 2022,



V. **Recommendations and Ways Forward**

These regional recommendations are foundational for the UN, Donor/Member States, the European Union, philanthropy, host country governments, INGOs, and local NGOs to implement. They are complementary to the country-specific recommendations included in this report.

ICON KEY			
 <p>United Nations (UN) Entities</p>	 <p>European Union (EU)</p>	 <p>Host Country Governments</p>	 <p>Government of Ukraine</p>
 <p>Feminist Philanthropy/ Feminist Funds</p>	 <p>Member State Donors</p>	 <p>LNGO (Local Non Governmental Organization)</p>	 <p>INGO (International Non Governmental Organization)</p>

1. Ensure a gender-sensitive humanitarian response by supporting women’s movements across the region

A commitment to sustaining the gains for women and girls made in previous decades must underpin all programming for internally displaced persons (IDPs) in Ukraine and FDPs in border countries, with robust challenges to the inevitable patriarchal backlash. For a gender-sensitive humanitarian response to be successful, women’s and girls’ organizations and other feminist and gender justice groups providing specialist services must be supported to sustain their networks, systems of solidarity, and collective peer care.

Recommendations:

- Fund programming tailored to the specific needs of the women and children fleeing Ukraine, as well as host communities in all border countries and beyond.** Funding should prioritize the prevention of and re



sponse to trafficking and GBV, as well as access to healthcare, childcare, CVA and education. Funding must be flexible enough to support the core operations of WROs to ensure their stability both during and after the current emergency.

- **Design programs that will not rely on women and girls to provide unpaid or underpaid labor.** In most parts of the world, women are socially expected to care for other people in their homes, families and communities. Emergency program interventions must be built in ways to reduce the burdens of unpaid care work on women and girls, making every effort not to exploit them further. Make this a core principle of all programming, and ensure donors understand this as well.



- **Support local/national feminist priorities,** ranging from legal reforms and political participation to gender mainstreaming in public policies, ending VAWG, economic empowerment, and more. Look from a systemic perspective at how to best support local activism and political agendas of women's rights, feminist, and LGBTQIA+ organizations.



- **Understand the linkages between emergency response and women's rights movement-building work.** Donors who fund movements (rather than emergency response) need to understand that organizations' emergency response activities are inextricably connected to their movement-building work. Conversely, donors who fund emergency response and not women's rights work need to understand that to divorce funding from this reality will have major shortcomings in the outcomes of the response. The localization agenda must be supported and adhered to, cou



pled with a critical lens that deeply understands why funding and linkages across the Humanitarian-Development Nexus⁴⁵ are essential to the goals we share of alleviating suffering and meeting humanitarian **needs, while strengthening existing systems and structures long term.**

⁴⁵ The Humanitarian-Development Nexus is the concept of increased collaboration between organizations working in short term humanitarian aid and long term international development promoted since 2016. Strand, Arne. "Humanitarian-development Nexus". *Humanitarianism*. Leiden, The Netherlands: Brill, 2020. https://doi.org/10.1163/9789004431140_049; and Stamnes, Eli. "Rethinking the Humanitarian-Development Nexus". *Norwegian Institute of International Affairs*, vol. 24, 2016, <https://ethz.ch/content/dam/ethz/special-interest/gess/cis/center-for-securities-studies/resources/docs/NUPI-Rethinking%20the%20Humanitarian-Development.pdf>.

2. Fulfill commitments to localization by shifting power to women-led organizations

Localization became a formal part of the mainstream humanitarian reform agenda through its inclusion in the 2016 Grand Bargain, a major reform agreement between humanitarian actors. The localization agenda is focused on increasing local actors' access to international humanitarian funding, partnerships, coordination spaces, and capacity building.⁴⁶ Localization is one key to upholding the rights of women and girls in emergencies, as local women's responses are often more relevant and effective than external ones.

⁴⁶ Robillard, Sabina, et al. *Localization: A «Landscape» Report*. Feinstein International Center Publication, Tufts University, December, 2021. <https://fic.tufts.edu/publication-item/localization-a-landscape-report/>.

Recommendations: Ethical partnership

- **Engage with local organizations and WROs as equal partners toward the enhanced protection of FDPs.** The meaningful participation of women and girls, including those from marginalized groups, should be facilitated in all decision-making processes, including in planning, coordination, implementation and monitoring.



- **Ensure WROs and other local actors are part of the (re)design of coordination structures from the beginning.** Structures should complement local efforts rather than create parallel processes, which traditionally keep power in the hands of UN entities and INGOs.



- **Avoid treating women's groups as homogenous,** and understand groups' intersectional diversity based on age, religion, ethnicity, sexual orientation, disability status, etc.



- **Enable women-led organizations and activists as leaders and change-makers at all decision-making platforms,** including them within the cluster system, the UNHCR Refugee Response Plan, and all coordination structures. UN agencies and INGOs should take action to employ staff members who understand how to engage women-led organizations in a positive and productive manner.



- **Provide access to technology and address other barriers to WROs' participation.**



The VOICE-UNICEF [Partnership Assessment Guide \(PAG\)](#) provides an intersectional and feminist approach to partnership building that leverages both the resources that large funding agencies can bring, as well as the local presence and specialized knowledge that women-led organizations provide. Developed through a consultative process with women leaders in Afghanistan, Bangladesh, Kenya, Liberia, Sri Lanka and South Sudan, it provides a blueprint for a new format of partnership that centers the roles of groups and organizations that are often marginalized due to arbitrary criteria.

- **Hire bilingual coordinators to enhance locally-led coordination structures.** This not only enhances localization, but is also important for government and private shelters to ensure quality service delivery in health and psychosocial support. The coordinator can act as an interlocutor between the international and local actors.



Support and promote safe spaces (virtual or actual) for staff and volunteers in women- and girl-led organizations to meet, share experiences, and support each other.

Ensure these are focused on care for staff and volunteers and not implementation of activities, and ensure they are regular and prioritized events.



Recommendations: Funding

- **Increase stable and predictable funding for GBV programming, and support its expansion and accessibility by FDP women and girls.** This will help civil society actors respond more effectively to all forms of GBV, including sexual violence, intimate partner violence, trafficking, and SEA.



- **Provide flexible, multi-year, and unrestricted funding to local women-led organizations, including WROs, feminist organizations, and those who have been responding to the crisis in Ukraine. Include allocations for organizational strengthening and support to keep organizations sustained and healthy.** Organizations need to be trusted to determine how to spend funding according to evolving needs; just as INGOs and UN entities prefer unearmarked core funds, WROs and networks need access to the same funding flexibility. Funding and resources for WROs must be ring-fenced from the beginning and used to bolster the work these organizations are doing, especially at a time when the region's women's rights movements are facing historic threats. Include funds to reimburse WROs for costs they have incurred since the beginning of the crisis, allowing them to backdate expenditures as needed.



- **Fund both registered organizations and unregistered groups who are providing critical and urgent frontline response and services.** Supporting the sustainability of local response directly impacts the quality and scope of FDP crisis response.



- **Make it easier for WROs to access funding by reducing bureaucratic and administrative burdens.** Decrease the amount of paperwork required, and make funding mechanisms available in relevant languages as well as English so that English proficiency is not required (e.g., in Poland surrounding this emergency response, make funding mechanisms available in Polish and Ukrainian). Establish definitions and criteria for tracking against these commitments.⁵



⁵ *Feminist Humanitarian System Building Block I: Advancing Gender-Transformative Localization*. Women Deliver, 2018, https://womendeliver.org/wp-content/uploads/2019/09/WD_Humanitarian-Paper-WEB.pdf.

- **Invite WROs to lead on defining their scope of work, and take care not to incentivize 'NGO-ization'⁶ of local groups,** which threatens to derail them from their core missions. WROs should be asked what they need and what roles they would like to play as partners in the coordinated response. Work with them to unpack any unintended risks that could come with their participation.



⁶ 'NGO-ization' refers to the professionalization, bureaucratization, and institutionalization of social movements as they adopt the form of nongovernmental organizations (NGOs), which often leads to the de-politicizing of their social movements.

- **Convene current and potential grantees to discuss ways that donors (INGOs, international organizations, government/donor entities, and philanthropists) can sus-**



tainably fund local, women-led, and other feminist groups and organizations. These convenings should be non-burdensome to grantees, using approaches they agree on. Topics should include how donors can work to level the playing field.

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- **Make emergency funds accessible so that WROs can redistribute aid to women at greater vulnerability.**
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3. Address gaps in the protection of women and children

Given the unparalleled levels of funding that have gone into this response, along with the high level of humanitarian access to the border countries, it is paramount that essential life-saving protection interventions —detailed below— are prioritized and strengthened.

Recommendations:

- **All Call to Action on Protection from Gender-based Violence in Emergencies⁵ (CTA) partners —especially donor/member states and international organizations— should continue to strengthen donor accountability to the Road Map⁶ to promote increased transparency around what each government/donor entity is investing in GBV or, at minimum, the efforts they are undertaking to influence their investments so that they are applied to GBV response and prevention efforts.**



⁵ The Call to Action is a multi-stakeholder initiative specifically aimed at driving change and increasing accountability of the humanitarian system on its response to GBV in emergencies.

⁶ *The Road Map* is the Call to Action's overarching guiding framework that sets out common objectives, targets, and a governance structure to ensure that pledges are translated into concrete and targeted action on the ground. www.calltoactiongbv.com/what-we-do

- **Incorporate the views and contributions of FDPs into program monitoring to ensure Accountability to Affected Populations (AAP),** which all coordination systems (clusters/working groups), INGOs, and UN agencies have endorsed commitments to. In the preparatory stage, ensure that: women and girls participate in discussions on indicators and targets; mechanisms are developed for girls and women to provide feedback safely; and findings are used and disseminated. Anonymous feedback is also a key component of the prevention of SEA. Feedback can be collected by installing complaint boxes, distributing feedback forms, offering a website to visit or a toll-free number to call or text, and other means.⁵ Communication with affected people should come through their preferred and trusted channels and media. Ensure participatory program design and continuous monitoring to ensure the response adapts to meet changing protection needs.

⁵ Paragraph redacted from: IASC, *With us & for us: Working with and for Young People in Humanitarian and Protracted Crises*, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.



- **Bring a gender power analysis to all interventions to expose the specific risks and vulnerabilities of women and girls within the response.** Design interventions and policies that take into account women's and girls' greater exposure to SEA, trafficking, and other protection concerns. Ensure the specific risks faced by double-marginalized groups of women and girls—such as women and girls with disabilities, LGBTQIA+, and Roma—are taken into account and advocated for.



- **Increase action to regulate unofficial transportation in the region to limit risks of SEA and trafficking.**



- **Support governments to collect and responsibly share FDP demographic data** disaggregated by age, gender, origin, and other factors to strengthen PSEA, anti-trafficking, and integration efforts. Lobby governments to collect and share data on FDP movement and aid delivery.



- **Expand implementation of and compliance with the existing Humanitarian Country Team Framework on Protection from Sexual Exploitation and Abuse (PSEA).** Maintain the inter-agency community-based complaints mechanism, and disseminate information to both host and FDP communities on what PSEA is, what their rights are, and how they can access the complaints mechanism. All actors in humanitarian response, including staff and volunteers, must be aware of their responsibilities and obligations related to PSEA, including reporting cases of SEA and maintaining adherence to codes of conduct. INGOs, local NGOs, and women's organizations should be engaged to monitor the risks of SEA, with specific attention to women and girls.



* with a focus on UNHCR

- **Institutionalize the use of the [Guidelines for Integrating GBV Interventions in Humanitarian Action](#), the [Interagency Minimum Standards for GBV in Emergencies Programming](#), and the [Interagency Standing Committee Gender Handbook for Humanitarian Action](#) to inform service delivery.**



- **Host governments should be pressured to treat third country nationals, people of color, LGBTQIA+ people, and the Roma commu-**



nity fairly and without discrimination, including in accessing safe accommodation; providing adequate reception conditions; and receiving protection and integration support if unable to return to their countries of origin.



4. Improve access to essential services

As lack of access to essential and life-saving services is directly correlated with safety and security risks, all actors must take action to meet FDP reception and integration needs—including needs for healthcare, psychosocial support, safe accommodation, cash and voucher assistance, livelihoods support, and education. As discussed above, an effective response must be grounded in local CSOs and especially WROs by investing in their capacity to scale existing services.

Recommendations: Overall

- **Each border country government should develop long-term, gender-informed strategies for response to the Ukrainian crisis, with participation of WROs, feminist groups, local NGOs, INGOs, and the EU.** In recognition of limitations of government response capacities across the different countries, the international community should help close gaps in life-saving services, including those listed below.



- **Systematize translation and interpretation services across border countries.** The lack of interpreters has been cited as a barrier in all service categories. Translators can be sourced from inside all border countries, as well as within the Ukrainian population, and could provide jobs that are desperately needed.



- **Border countries should consider the creation of humanitarian hub facilities where services can be co-located to reduce bar**



riers to access, especially for protection, health, and MHPSS.

- **Address legal constraints that inhibit those who entered border countries before February 24, 2022 (both Ukrainians and third-country nationals) from being eligible for TPS.**



- **Raise awareness among journalists, human rights documentation organizations, and government entities on survivor-centered principles and approaches to prevent them from doing unintentional harm.** This should include the importance of taking every action to protect survivors who choose to go public; and the risks of prioritizing support and care for conflict-related sexual violence (CRSV) over other forms of GBV. All actors should be guided by people with expertise on GBV in emergencies, including CRSV.



Recommendations: Health, reproductive health, and GBV services

- ▶ **Ensure medical care and reproductive health services are accessible, free and holistic.**
- ▶ **Facilitate the use of multinational medical NGOs and local volunteer services to help create direct pathways for FDP patients to obtain primary medical care.** Ideally, medical service delivery can be co-located with major FDP reception and shelter locations, as well as supported by mobile clinics at smaller shelters and apartment complexes. This will also decrease the amount of emergency room utilization and decrease emergency needs.
- ▶ **Protect and enhance reproductive health services through ring-fenced funding**, in recognition of their essential and life-saving functions for women and girls. Build capacity of reproduc



- ▶ tive health services to include responsive and survivor-centered GBV services, and ensure the provision of menstrual hygiene materials.
 - ▶ **Offer additional training and education on the clinical management of rape (CMR) to providers, referral services, and volunteers working with sexual assault survivors.** Include information on the difference between forensics evidence gathering for instances of rape (i.e., ‘rape kits’), and the medical and mental health service provisions involved in CMR.
 - ▶ **Employ Ukrainian medical personnel who have been displaced.** Process and permit transfer of licensing and accreditation from Ukraine for medical and mental health personnel, educators, and other essential staff in short supply. Ministries of Health should establish prescriptive permissions for foreign providers and medical INGOs to increase equitable access to medication.
 - ▶ **Ensure testing and vaccinations for communicable disease (including COVID-19 and tuberculosis) are widely available at shelter sites and public areas.**
 - ▶ **Establish dental clinics to provide services free of charge.**
 - ▶ **Explore models of outreach or mobile services to reach those confined at home.**
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Recommendations: Mental health and psychosocial support

- ▶ **Continue to provide comprehensive information related to trafficking risks, access to basic services, registration processes, legal rights, and other essential information** through the distribution of flyers, informational posters, and government websites.



- ▶ **Provide direct and ongoing training to mental health providers and volunteers on recognizing risk factors for trafficking, as well as how to safely intervene and report.**
 - ▶ **Create safe spaces for women —particularly those in private accommodations— to gather** to build healthy social connection and support, as well as to share comprehensive information on risks and protection issues.
 - ▶ **Provide technical capacity in trauma/crisis psychological response, including specialized rapid training on trauma/crisis intervention.**
-

Recommendations: Food, shelter and sustainable housing

- ▶ **Operationalize immediate programming to address the food insecurity of FDPs in the region.** Work with women's organizations to mitigate negative coping mechanisms and prevent risks of violence to women and girls in relation to their increased insecurity due to not being able to meet their basic needs.
- ▶ **Develop and support strategies for long-term accommodations across all border countries.** Government-run reception centers need to provide more long-term accommodations and establish them as shelters following international standards.
- ▶ **Advocate for all shelter managers —whether hosting FDPs in a house, local business, hotel, or elsewhere— to adhere to this GBV AoR [guidance note](#),**⁵ which aligns with international standards and considers the GBV and protection risks of women, girls, and other marginalized groups. The guidance note advises why and how to be aware



⁵ Michelis, Ilaria. *Supporting Women and Girls Fleeing Ukraine: Guidance and Tips for Private Accommodation Hosts*. GBV AoR HelpDesk, April 13, 2022, https://www.sddirect.org.uk/media/2485/gbv-aor-helpdesk_guidance-and-tips-for-private-accommodation-hosts-20042022.pdf.

- ▶ of power dynamics, to provide basic emotional support, and to link to support services.
- ▶ **Ensure secure shelter facilities by conducting resident registration and restricting access to public visitors.**
- ▶ **Provide basic training for shelter volunteers on GBV risk reduction and PSEA.**
- ▶ **Ensure appropriate spacing of cots (in line with SPHERE standards), quantity of handwashing stations, and available COVID-19 testing.**
- ▶ **Provide regular information sessions for all residents on shelter plans, programs, and where to report complaints and find available support.**
- ▶ **Provide access to job counseling and labor market information.** Establish programs for

FDPs to obtain new professional skills needed in the labor market.

Recommendations: Cash and voucher assistance



- ▶ **Ensure that any cash assistance is coordinated with the Cash For Protection Taskforce in Ukraine and Neighboring Countries,⁵ and is distributed equitably without discrimination against any groups of FDPs, with simple and convenient procedures.**
- ▶ **Blend CVA with other services (such as health or protection).** This has been shown to be more effective than standalone interventions.
- ▶ **Follow best practices for reducing risks of GBV in cash programming.** Agencies should

⁵ Contact information and situation analysis can be found [here](#).

▶ tance using The Cash Learning Partnership [Programme Quality Toolbox](#).⁵

▶ **Sensitize women on how to access CVA.**

Some may struggle without accompaniment to distribution points, particularly the elderly or disabled and those caring for them.

▶ **Design cash and voucher disbursements to meet the needs of all household members, including children and older people.**

⁵ "Programme Quality Toolbox". CALP Network, <https://www.calpnetwork.org/resources/programme-quality-toolbox/>. Accessed May 17, 2022.

Recommendations: Livelihoods support

▶ **Address any legal barriers to the right to work that FDPs are facing.**



▶ **Improve and enhance all control of work conditions for FDPs in accordance with host country labor legislation to reduce risks of sexual and labor exploitation.**

▶ **Continue efforts to relocate and create new Ukrainian businesses in border countries to create jobs for FDPs and host communities.**

Recommendations: Access to information

▶ Ensure information platforms for refugees include detailed information on how to access services, including locations, phone numbers, and related social media platforms. Ensure those providing services have clear information related to how FDPs can access verified services to facilitate information-sharing with refugees.



▶ **Develop localized information platforms that support information-sharing to specific**

- ▶ **geographic areas**, particularly in cases in which the refugee response is decentralized to local governments.
 - ▶ **For all platforms, include information for how refugees can file complaints and grievances, who they can call, and or where they can go in emergencies—including for incidences of SEA.**
 - ▶ **Verify information that is physically posted in shelters or other places accessed by FDPs, and remove unverified information that could increase risk of trafficking and exploitation.**
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Recommendations: Education

- ▶ **Integrate all displaced children into the host country's education system to ensure their educational attainment remains in accredited institutions.** Ministries of Education should work with local and international NGOs to meet the specific needs of displaced children in the areas of language, trauma recovery, parental/guardian engagement, and any catch-up or readiness support. If online learning is needed or preferred, then access to appropriate technology should be a focus.
- ▶ **Coordinate any and all education responses with the Education Cluster.**⁵



⁵ For contact information and situation analyses, see: <https://www.educationcluster.net/Ukraine>.

Annex

Annex

